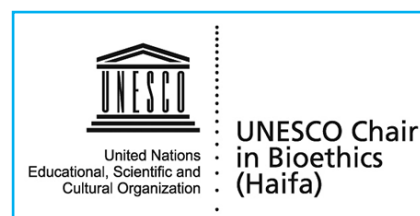




December 2020
Year 7, Issue 21



Bioethical Voices

Newsletter of the UNESCO Chair in Bioethics, Haifa

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Editorial

Bioethics at the time of the COVID-19

Different behaviors and opposite reactions stem from the current situation strongly influenced by the COVID-19. If it is true that no country was prepared to handle such an unknown disease, some states have tried to tackle the pandemic properly, while many others show serious and scandalous lacks even in this period.

Nowadays, two opposing scenarios are revealing: on the one hand, effective measures have been taken in order to struggle against an anomalous health emergency, by adding numerous Intensive Care Units beds, by providing economic support to the weakest people and to all those work activities negatively affected by the pandemic and by the restrictive measures taken against the COVID-19. We must not forget an impeccable medical organization, which follows clear and precise orders, performs swabs and creates a tracking system that has worked and continues to work. An enviable leadership makes this powerful organization work in the running and tries not to be overwhelmed by this complex situation.

On the other hand, the opposite is observable in other states: the contagion curve has grown dizzy, the tracking is out of control; chaos and controversies, the game of politicians at the blame, the sterile proclamations lacking credibility have occupied all the time available while the emergency was growing. This time could at least be used to set up Intensive Care Units, add beds and organize transportation. Some scenes come from certain countries, as if they were involved in a war: the pandemic beyond all limits, the cities invaded by the sounds of ambulance sirens, the hospitals crowded beyond decency, the infected abandoned in the emergency rooms together with all the other sick people, a very high number of deaths in the ward and outside, in the squares, social security at risk, often more critical than the health one in contrasting the Covid-19. Ethically irresponsible behaviors have led to the disaster: this would have been averted if those governments had taken care to devise at least some more effective countermeasures for the predictable second wave.

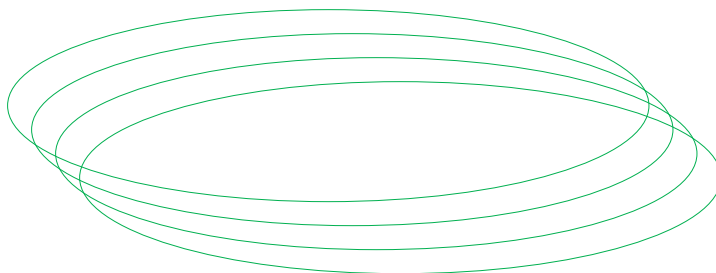
Furthermore, opposite behaviors are taking place among the people. There are still those who do not believe the virus is spreading and those who are upset, terrified to the point of dying of fear. Sometimes it's all in our brains: it is possible to register opposite responses from situations of fear and anxiety. Some signs during the lockdowns have led, at least during the first months, to unsuspected solidarity and to waves of contagious optimism, when it was said: "Everything will be fine". On the opposite, there is another response: tension and stress can cause events to take another course and result in increased aggression, constant search for a scapegoat, the elderly people left to themselves because "economically unproductive", intolerance on the behalf of some young people who believe to be "invincible", widespread inclination to racism, denial, conspiracy, outbursts of anger and violence, including domestic violence, especially towards women. These attitudes and behaviors are often the consequences of an irrational attitude and fear of the future, which leads to new forms of selfishness.

COVID-19 has heavily affected our activities as well. It also “infected” our events. Due to the pandemic, the World Bioethical Conference was forcibly postponed to 2022; it will also be held in Porto, in order to fully confirm the many reasons for the continuing relevance of Bioethics in the world, above all in such dramatic moments as these we are experiencing. It is well known that we are facing a challenge that transcends national and political borders as well as cultural differences. Thus, we are convinced that we can do it thanks to solidarity and cooperation. The same spirit animated our latest activities related to the World Bioethical Day (WBD): in the following pages we will give a detailed report about this, since we continue to be an irreplaceable platform to promote the exchange of information and to encourage worldwide insights in the bioethical field.

This Newsletter issue is therefore largely dedicated to the celebration of the various WBDs that have taken place in spite of the strong restrictions imposed. Inside, you will find a rich documentation with articles directly related to the coronavirus and the situation that the various Units are facing in this period, plus a special session dedicated to the voices of our students in order to explain how they experienced the lockdown and collect their opinions about the distance learning. You will participate in a dialogue articulated in a constructive climate and once again not only favored, but also stimulated with the precious coordination of the Director of the UNESCO Chair in Bioethics, Prof. Amnon Carmi, who is very confident in the role played by the new generations for the development of Bioethics in the world.

Read and reread several times, if you can, this Newsletter. Perhaps you will easily find the answers you are looking for these days: how to move in the time of Covid-19 without forgetting the role of Bioethics in the middle of social insecurity, fears of new poverty, fear of death, political opportunities, the role of school, economic issues, fatigue and sometimes despair perceived by the doctors. And patients' life.

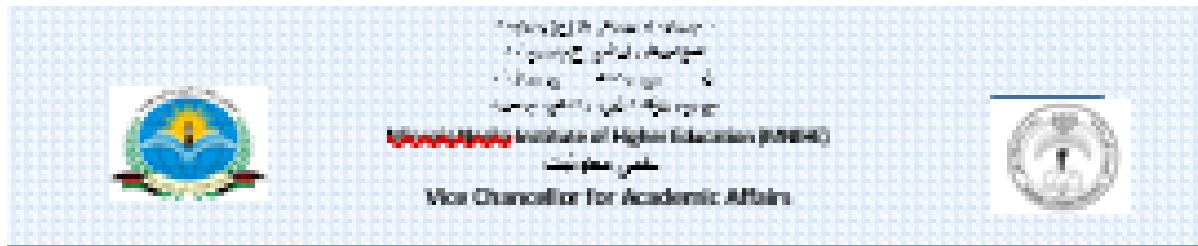
Giacomo Sado, Editorial Board Director



World Bioethics Day 2020

World Bioethics Day 2020 Reports

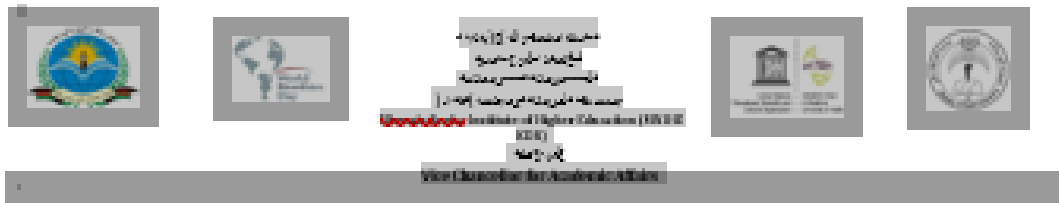
S. No.	Name of the Unit/Institute/Division	Name of Unit /Sub-Unit Head
1	Afghanistan Unit	Dr. Noor Khaliq Noor
2	Asia Pacific Division	Prof. Russel D'Souza
3	Bulgaria Unit	Prof. Alexandrina Vodenicharova
4	Cyprus Unit	Prof. Andrie Panayiotou
5	Finland Unit	Dr. Susanne Uusitalo
6	Greek Unit	Prof. Evangelos Protopapadokis
7	DPU Pune India Unit	Dr. Shailaja Mane
8	DYP Kolhapur India Unit	Dr. Shimpa Sharma
9	GMC Bhavnagar India Unit	Dr. Chinmay Shah
10	Karpaga Vinayaga Kerala India Unit	Prof. Sufala Sunil Vishwasrao
11	Santosh University India Unit	Prof. Jyoti Batra
12	Seth GS Medical College Mumbai India Unit	Dr. Mariya Jiandani
13	Italy European Centre for Bioethics Unit	Dr. Miroslava Vasinova
14	Italy Unit – Genoa University	Prof. Franco Manti
15	Italy Unit -Milan La Statale University	Prof. Riccardo Zoia
16	Italy Unit Milan Bicocca University	Prof. Patrizia Borsellino
17	Italy Unit—Naples Pegaso International University	Prof. Luigia Melillo
18	Mexico Queretaro Unit	Dr. Hilda Romero Zepeda
19	Nepal Unit	Prof. Dhama Ratna Shakya
20	Romania Iasi Unit	Prof. Elena Toader
21	Russia Volgograd Unit	Prof. Alena Donika
22	Taiwan Unit	Daniel u Chang Tsai
23	Ukraine Unit	Dr. Ludmila Hrevsova
24	Vietnam Unit	Prof. Thian Nguyen Duchinh



BIOETHICS DAY 2020 REPORT

Letter/Out #
(4152/6284)/VCAA
29 - 08 - 1399 (19 - 11 - 2020)

Dr. Nisar
MHE Kandahar



د محصلينو نړيواله ورځ (۱۹۴۱) د ټولګ ملي ورځ (۱۹۴۱)

**National Bioethics Day
2020**

**Students World Day
2020**

د غوره، نوښتگر، معلول، ښځينه، ځانګړي او درې شت

**Appreciation & Respect of Best, Innovative, Disable & Female
Students**

ټه راغلاست! Welcome کندهار

کابل افغانستان Kandahar

ټولنه [۱۹۴۱/۱۲/۱۹] ۰۲:۰۰ PM, Thu 19 Dec 2020



World Bioethics Day (WBD) 2020 Celebration-Afghanistan Unit

Awareness on Ethics 2020

L4153/6284 VCAA MNIHE (19/11/2020, 29/08/1399)

This year the WBD was celebrated with events, taking place on 19 November 2020. The event was coordinated by the National Bioethics Committee, Lecturers and Specialists of Mirwais Regional Hospital, Faculty of Medical College, Faculty of Law/Political Sciences, and Faculty of Economics with more than 200 audiences as students, students' parents, student's relatives, academic, professional, governmental participating and including among other conferences, discussions occasions, and seminars.

The occasion was inaugurated at the general auditorium by chancellor and head of Bioethics Unit. The occasion was published by institute media section. The events were deemed very successful.

A detailed program of events along with some photos can be found below:

A) The bellow table is of Appreciation of Students:

Category of Students for Appreciation	Number
Female	19
Disability with Higher Education	1
Specialization Exam 1399	2
Topper in Semester	16
Male	43
Disability with Higher Education	2
Exit Exam 1399	1
Specialization Exam 1399	2
Specialization Exam 1399, Ultrasound & Exit Exam 1399	1
Topper in Round	3
Topper in Semester	34
Grand Total	62

B) Below are pictures:







WORLD BIOETHICS DAY –
ASIA-PACIFIC INAUGURATION

DEPARTMENT of EDUCATION, UNESCO CHAIR in BIOETHICS, UNIVERSITY of HAIFA
WEBINAR SUMMARY REPORT

Prepared by Emeritus Professor Des Cahill, RMIT University, Melbourne and Australian Bioethics Unit of the UNESCO Chair in Bioethics, University of Haifa.

This special UNESCO Chair webinar was held on Monday, 19th October, 2020 to inaugurate the Asia-Pacific Division's celebration of World Bioethics Day. It was conducted under the sponsorship of the Department of Education's UNESCO Chair in Bioethics located at the University of Haifa which works to encourage the teaching of bioethics in medical and health sciences and law courses with its 250 centres across the world. The meeting was co-chaired by the Melbourne-based Professor Russell D'Souza, Chair, Department of Education (International Program) of the UNESCO Chair in Bioethics and Professor Mary Mathew, the director of the Indian component of the Chair. It was attended by 225 online participants.

Professor Derek D'Souza began the proceedings by acknowledging that the Division had been initiated by Professor Russell D'Souza in 2014. Then a group of Indian students under the tutelage of Professor Princy from the Amrita Institute of Medical Sciences in Kochi danced the song, "We Are the World".

The chief guest, Professor Ronald Harden, General Secretary of the Association for Medical Education in Europe and from the University of Dundee, officially inaugurated the Day for the Asia-Pacific Division. Described as 'the icon of medical education', Professor Harden outlined the dilemmas of medical education, now writ even larger by the unexpected pandemic in a rapidly changing world. He asked: could COVID-19 be a catalyst for change and provide an opportunity to remake medical education? As medical educators, we need to recognize the emerging requirement for greater collaboration, and how best to use the new technologies. Hence, there was the need for greater innovation. He formally inaugurated World Bioethics Day.

Then for a short time, various speakers from across the Asia-Pacific world spoke. Professor Mary Mathews spoke of how she had met Russell in 2013. She said the unit in India had trained 3,000 students in the bioethical demands of their professions. The movement had become very strong in India with 72 units and 60 student wings, all the result of the work of Russell D'Souza.

Professor O.P. Kaira congratulated everyone, asking all to re-dedicate themselves as doctors on World Bioethics Day. He said, "Bioethics education is now very important in India", drawing attention to the five bioethical principles. Dr. Vedprakash Mishra said, "We are all walking an illustrious path". He went back to the 1948 UN Declaration and what followed provided a repository of wisdom and human dignity based on human equality. One cardinal principle has always been that might is right, but now this has changed to, might is not right, but right is the right. It is the path to civility and humanity, and this came with the need to be prudent.

Dr. Harischandra Gambheera from the Kelaniya University just outside Colombo spoke against Sri Lanka's quarantine law which had been revived from legislation made 100 years ago. Quarantine

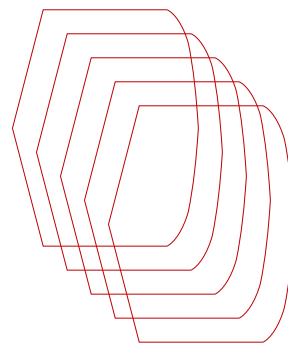
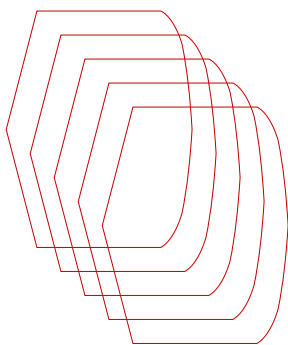


facilities had been established in faraway places well away from relatives and the policy was being implemented by the army. Major General Zin Bidin, Dean of the Faculty of Medicine at the Cyberjaya University in Selangor in Malaysia, said that Russell D'Souza had moved bioethics to a higher plateau, and now e-units in bioethics were being implemented. Regarding C-19, the situation was under control even though there had been recent new cases. Dr. Deva from UTAR University in Kuala Lumpur added to this that "we are at a dangerous period in our lives as C-19 had raised many issues though the good news outweighs the bad. It had made us realize that we were too reliant on industry funding. But we can go forward by innovating".

Dr. Rizwan Taj, head of the UNESCO Chair unit in Pakistan and from the Pakistan Institute of Medical Sciences in Islamabad, added that everyone is sharing the same problems, and bioethics work now included workshops for health workers but "we are behind India. I have been trying to include bioethics in medical education, and only now is there some progress". Also from Pakistan, Dr. Sarosh Salem from the Shalimar Dental College in Lahore said her college had established a bioethics unit in 2017, but "there are too many gaps in Pakistan but we are doing workshops around the country". According to Dr Dhana Ratna Shakya from the Koirala Institute of Health Sciences in Dharan in Nepal, the Nepal UNESCO unit had been established in 2013 and whilst there had been much progress there were still many challenges. But now the unit was involved in research projects.

Dr. Mary Ann Abacan, representing Dr Alvin Cabalas from the University of the Philippines said that U.P. had established a unit five years ago, and there was now a M. Sc. in Bioethics. Dr. Ali Al-Dabbagh, Dean of the College of Medicine at the Hawler Medical University at Erbil in the Kurdistan region of Iraq said that his country had had so many challenges but "we want an integrated medical ethics unit established with a proper platform". Finally Dr. Theong Low from Melbourne said that Professor Russell D'Souza had begun talking about bioethics eight years ago, "he is so persistent". Unfortunately no university has wanted to be involved. The Australian unit had been inaugurated in February 2020 and the C-19 pandemic had prevented any further progress.

Finally Professor Mary Mathew thanked everyone for a very worthwhile webinar as did Professor Russell D'Souza.



REPORT
WORLD BIOETHICS DAY 2020
BENEFITS AND HARMS

Name of the Institute: Medical University of Sofia, Bulgaria

Name of the Unit: Bulgaria Unit of the International Network of the UNESCO Chair in Bioethics (Haifa)

Name of Unit Head: Assoc. Prof. Alexandrina Vodenicharova, PhD

Date of Celebration of event: 19 October 2020

Program:

Part 1. Opening Ceremony 10:00 – 10:30

Opening speech:

Name: Academician Prof. Lachezar Traikov, MD, D.Sc.

Title: Rector of the Medical University of Sofia

Speeches by Representatives of Institutions and Professional Organizations:

Name: Prof. Magdalena Aleksandrova, PhD

Title: Dean, Faculty of Public health, Medical University of Sofia

Name: Assoc. Prof. Dimitar Bulanov, MD, PhD

Title: Dean, Medical Faculty, Medical University of Sofia

Name: Prof. Bojidar Jordanov

Title: Dean, Dental Faculty, Medical University of Sofia

Name: Prof. Zaharina Savova, PhD

Title: Director, Medical College, Medical University of Sofia

Name: Student Vidin Kirkov

Title: Chairman of Student Council, Medical University of Sofia

Name: Mr. Hristo Georgiev

Title: Representative of UNESCO, Ministry of Foreign Affairs

Name: Dr. Vania Kastreva,

Title: Head, Management of Education Department, City Council of Sofia

Name: Academician Hristo Grigorov,

Title: Chairman of the Red Cross in Bulgaria

Name: Prof. Krasimir Gigov, MD, PhD

Title: General Director of the Red Cross in Bulgaria

Part 2. Guest lecture by eminent personality in Bioethics /Panel Discussion/: 10:30-11:00 am

Name of the speaker: Prof. Tzecomir Vodenitcharov, MD, PhD, D.Sc

Title: Department of Health Policy and Management, Faculty of Public Health, MU - Sofia

, Discussion on the topic: Innovative strategies for risk management and achieving economic, social and individual benefits and quality in healthcare.

Part 3. Scientific Paper Presentations: 11:00 – 12:00pm

Moderator:

Head of the Bulgarian Unit - Assoc. Prof. Alexandrina Vodenicharova, PhD

Scientific Paper Presentation:

Decision making about incompetent patients - benefits and harms.

Assoc. Prof. Radka Goranova- Spasova, MD, PhD, Department of Bioethics, Faculty of Public Health

Assoc. Prof. Natalia Shtereva- Nikolova, MD, PhD, Department of Bioethics, Faculty of Public Health

Assist. Prof. Elisaveta Petrova- Djeretto, PhD, Department of Bioethics, Faculty of Public Health

Parents' awareness of children's rights - a prerequisite for benefits and lack of harm.

Assoc. Prof. Neli Gradinarova, PhD, Department of Bioethics, Faculty of Public Health

Ethical challenges related to COVID-19.

Assoc. Prof. Nikolai Hristov, MD, PhD, Department of Social Medicine, Faculty of Public Health

Discussion and Suggestions on Benefits and Harms

Part 4. Students' Competition and Awards for Essays and Posters on Bioethics: 12:00-12:30 pm

Moderators:

Head of the Bulgarian Unit - Assoc. Prof. Alexandrina Vodenicharova, PhD

Member of the Steering Committee, Bulgarian Unit - Prof. Sashka Popova, MD, PhD

Duration and place of poster exhibition: 10.00 – 12.30 pm, Auditorium "Sveta Ekaterina"

Target audience: Students of the Medical University of Sofia

The awarded students of this year's competitions of essays and posters are as follows:

3 students for essays and 1 student for poster

In total: 4 students from the specialties: medicine and nurse

Closing the conference.

Place of WBD: Auditorium "Sveta Ekaterina", University Hospital "Aleksandrovska", Medical University of Sofia

Date of WBD: October 19, 2020

Signature of the Unit Head: A. Vodenicharova

WHY BIOETHICS
WHY BIOETHICS

19.10.20

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ΣΕ ΕΥΡΩΠΑΪΚΕΣ ΠΑΝΟΥΣΜΟΥΣ

ΕΛΛΗΝΙΚΗ ΔΗΜΟΚΡΑΤΙΑ
ΠΕΡΙΦΕΡΕΙΑ ΑΤΤΙΚΗΣ

Α ΠΑΝΕΠΙΣΤΗΜΙΟΥ ΑΘΗΝΩΝ
ΑΓ. ΠΑΝΤΕΛΕΩΝ ΝΟΣΟΚΟΜΕΙΟ

alpro

FINLAND UNIT

The Finnish unit organised a seminar on October 19, 2020 in the celebration of World Bioethics Day. The global theme was harm and benefit and our seminar asked about the challenges and possibilities of digitalisation in health care. The theme was timely as the seminar was also available online to the participants and two speakers and quite a few participants attended the seminar online. Susanne Uusitalo, the chair of the Finnish unit, opened the seminar. The speakers of the seminar were a selection of researchers and practitioners who provided their insights to machines as company, digital health care system in Turku area and the value of privacy in a digitalised health care.



After the individual presentations, two doctoral candidates of practical philosophy at the University of Turku, Laura Puumala and Mireille Isaro chaired a panel discussion among the presenters. The discussion was lively and enabled further discussions on the topics the speakers had brought up. The audience had the possibility to engage in the discussion as well. In the time of COVID-19 pandemic, the World Bioethics Day in Finland reached audience beyond academia due to its digital possibilities.

The event description in Finnish: <https://blogit.utu.fi/unescochairinbioethics/>



REPORT OF WORLD BIOETHICS DAY 2020

Dr. D. Y. Patil Vidyapeeth, Pune
(Deemed to be University)

“WORLD BIOETHICS DAY” 2020 CELEBRATION
ASIA PACIFIC DIVISION
on Saturday, 31st October 2020 From 11am to 2pm

Chief Guest

Dr. Princy Louis Palatty
HOD and Prof. Dept of Pharmacology,
Amrita Institute of Medical Science, Kochi
Head, South India Unit, UNESCO Chair in Bioethics (Haifa)

Special Invitee

Dr. Dilip Kamat
Patron
IMA PCB (Pimpri, Chinchwad and Bhosari)
Representative of Professional Organization

THEME: BENEFIT AND HARM

In Presence of

 Hon. Dr. P. D. Patil Chancellor Dr. D. Y. Patil Vidyapeeth, Pune.	 Dr. (Mrs) Bhagyashree R. Patil Pro-Chancellor Dr. D. Y. Patil Vidyapeeth, Pune.	 Prof. (Dr.) N. J. Pawar Vice-Chancellor Dr. D. Y. Patil Vidyapeeth, Pune. Chair of UNESCO Chair in Bioethics Program, DPU	 Dr. Yashraj Patil Treasure and Trustee Dr. D. Y. Patil Vidyapeeth Society, Pune.
 Dr. A. N. Suryakar Registrar Dr. D. Y. Patil Vidyapeeth, Pune.	 Dr. (Brig.) Amarjit Singh Principal Director and CEO Dr. D. Y. Patil Medical College, Hospital and Research Center, Pune.	 Dr. P. Vatsalaswamy Director Academics Dr. D. Y. Patil Medical College, Hospital and Research Center, Pune.	 Dr. J. S. Bhowalkar Head DPU Unit of Bioethics UNESCO Chair, Haifa Dean, Dr. D. Y. Patil Medical College, Hospital and Research Center, Pune.

Dr. Shailaja Mane
 Secretary, DPU Unit of Bioethics UNESCO Chair, Haifa
 Prof. Dept. of Pediatrics, Dr. D. Y. Patil Medical College, Hospital and Research Center, Pune.

JOIN ZOOM MEETING
<https://dpu-edu-in.zoom.us/j/94126856659?pwd=OXN3MnBjNi9YYWpscWovb2M2WHVZdz09>
 Meeting ID: 94126856659, Password: 537254

Designed by: Arvind Seshan DPPM, Pune

NAME OF THE INSTITUTE:

DR.D.Y.PATIL VIDYAPEETH,(DPU), PUNE, INDIA

NAME OF THE UNIT: DPU UNIT OF UNESCO CHAIR IN BIOETHICS

NAME OF UNIT HEAD: DR. J S BHAWALKAR

NAME OF SECRETARY: DR. SHAILAJA MANE

DATE OF ESTABLISHMENT OF UNIT: 18TH MARCH, 2015

STUDENT'S WING OF UNIT ESTABLISHED ON: 16TH MARCH, 2015

PROGRAM DETAILS:

Dr. D.Y.PATIL VIDYATEETH,Pune (DPU) Unit of Bioethics ,UNESCO chair in Haifa celebrated the World Bioethics Day on *Saturday, 31st October 2020* as per guidelines given by chair.

LIST OF COLLEGES PARTICIPATED:

Around 200 students and faculties from different colleges of DPU attended World Bioethics Day 2020.

- ✦ Dr.D.Y.Patil Medical College , Hospital and Research Centre,Pune
- ✦ Dr.D.Y. Patil Dental College,Pune
- ✦ Dr.D.Y.Patil College of Physiotherapy,Pune
- ✦ Dr.D.Y.Patil College of Nursing,Pune
- ✦ Dr.D.Y.Patil College of Homeopathy, Pune
- ✦ Dr.D.Y.Patil College of Ayurveda, Pune
- ✦ Dr.D.Y.Patil Biotechnology and Bioinformatics Institute,Pune
- Dr.D.Y.Patil College of Optometry, Pune

Saturday, October 31,2020|Dr.D.Y.Patil Vidyapeeth| Zoom App| World Bioethics Day 2020|11:00am- 3:00 pm

The Dr. D Y Patil Vidyapeeth, (DPU Unit) Pune of Bioethics, UNESCO Chair in Haifa had organized The World Bioethics Day 2020.

The dignitaries who graced the events were:

- Dr. Dilip Kamat, Patron, IMA PCB, Representative of Professional Organization.
- Dr. Professor Princy Palatty, HOD Pharmacology and National Chair Curriculum, Amrita Institute of Medical Sciences,Kochi, Head, South India Unit, UNESCO Chair in Bioethics.
- Dr. Hiren Shah, Specialized Pediatrician, Ahmedabad.
- Dr. Nirmal Dhumane, Consultant Orthopedic and Joint replacement surgeon, Chinchwad.
- Dr. Maya Bhalerao, Anesthesiologist.
- Dr. Geetanjali Sharma, President, Poona Ophthalmological Society.

Dignitaries from DPU who have attended the event,

- Dr. (Mrs) Bhagyashree P. Patil, Pro-Chancellor, D. Y. Patil Vidyapeeth, Pune.
- Dr. N. J. Pawar, Vice-Chancellor, Dr. D. Y. Patil Vidyapeeth, Pune,
- Dr. Yashraj Patil, Treasure and Trustee Dr. D. Y Patil Vidyapeeth Society, Pune,
- Dr. A.N Suryakar, Registrar, Dr. D. Y Patil Vidyapeeth ,
- Dr. Amarjit Singh, Principal Director & CEO, Dr. D. Y Patil Vidyapeeth

Dr. (Mrs) P. Vatsalaswamy, Director Academics

Dr. J. S. Bhawalkar, Dean.

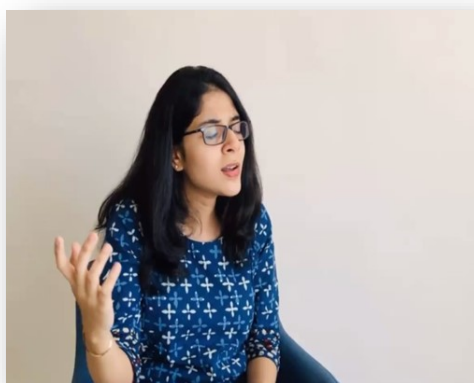
Dr. Sharad Agarkhedkar, HOD, Dept. of Pediatrics DPU Medical College Pimpri Pune

Dr.Shailaja Mane, Professor,Dept.of Pediatrics, Dr.DYPMC, Pune

The event was attended by Heads of Departments, faculty members and students of nearly total 200 people.

World Bioethics Day 2020 Celebrations began in the morning at 11am, in Zoom platform "Benefit and Harm"

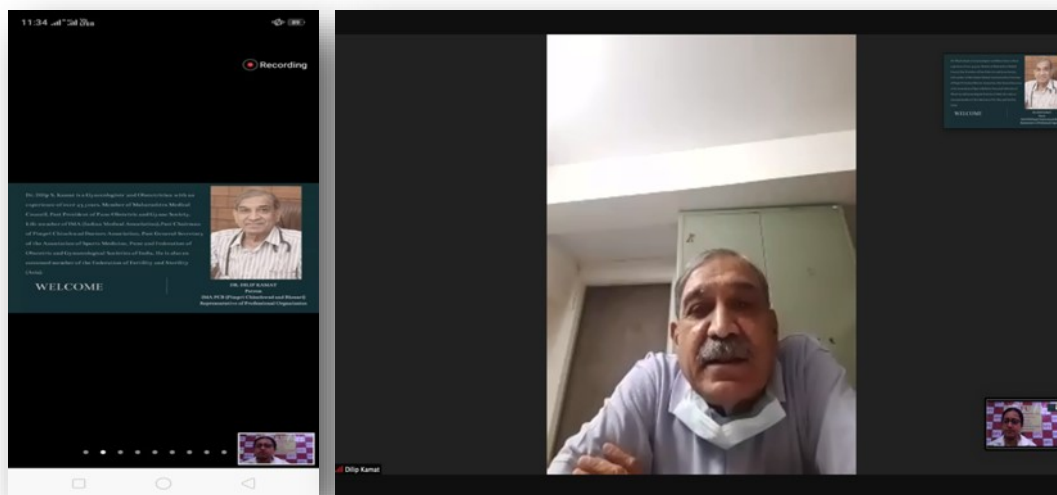
The event started with a melodious Ganesh Vandana performed by The Music Secretary Students' Council 2019-20, of DPU Medical College Pimpri Pune, Prithvi Chandra Vadlamani.



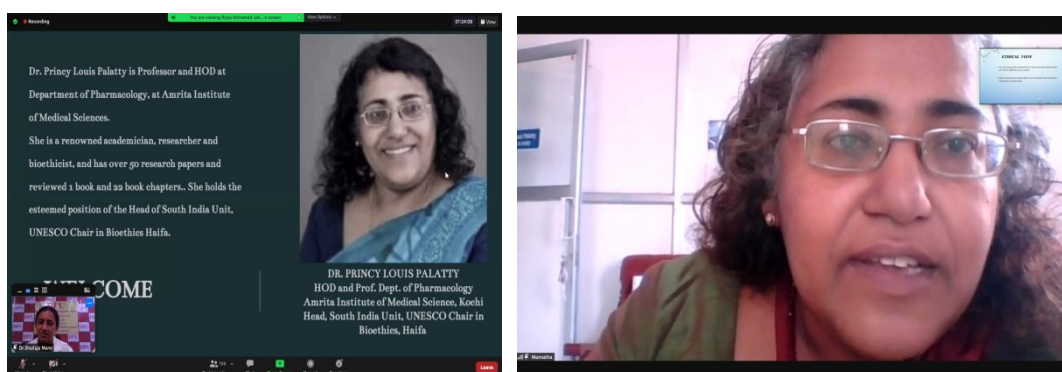
Opening Speech was given by Dr. J.S Bhawalkar, Dean, Dr. D.Y Patil Medical College, Pimpri, Pune followed by a welcome note from Dr. N.J.Pawar, Vice Chancellor,DPU They welcomed the gathering with an energetic speech, appreciating all the students from different sister colleges who actively participated and encouraged the activities of DPU Bioethics Unit.



Dr. Shailaja Mane, Head DPU *UNIT OF UNESCO CHAIR IN BIOETHICS* introduced the Special Invitee, Head/Representative of Collaborating Professional Organization: **Dr. Dilip Kamat**, Patron, IMA PCB, Representative of Professional Organization followed which he gave a speech explaining about the collaboration of professional organization and importance of valuing the theme of Benefit and Harm.

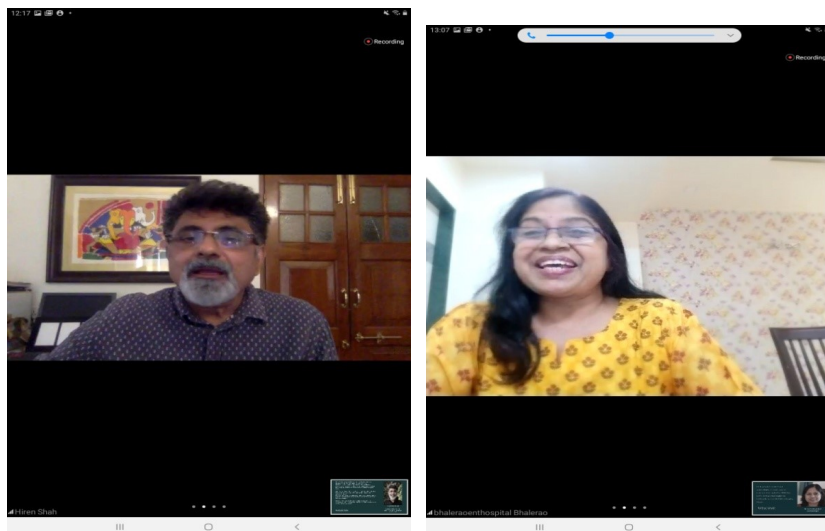


Dr. Shailaja Mane, introduced our Chief Guest, **Dr. Professor Princy Palatty**, HOD Pharmacology and National Chair Curriculum, Amrita Institute of Medical Sciences, Kochi, Head, South India Unit, UNESCO Chair in Bioethics. Dr. Palatty, drew our attention, explaining the theme of world bioethics 2020 Benefit and Harm, which made it easy to understand the concept.

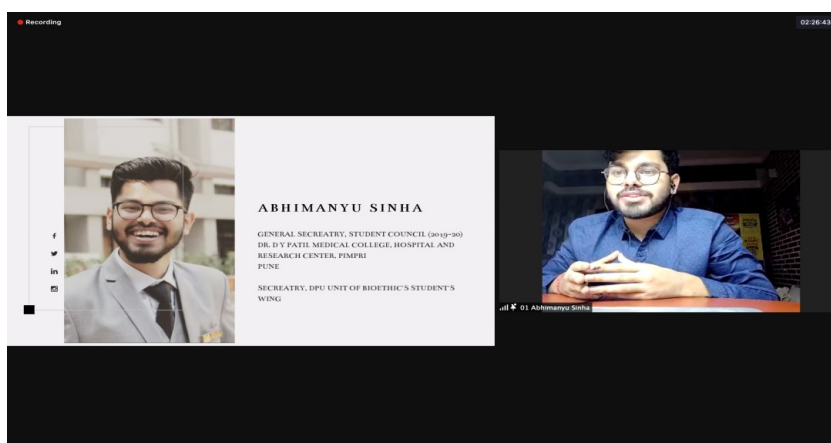


Next we had the address from our judges,
Dr. Hiren Shah, Specialized Pediatrician, Ahmedabad.
Dr. Nirmal Dhumane, Consultant Orthopedic and Joint replacement surgeon, Chinchwad.
Dr. Maya Bhalerao, Anesthesiologist

Who judged the events we conducted on the occasion of World Bioethics Day 2020, we had Artistic Poster, Scientific Poster, Photography, Short film making on the Theme- Benefit and Harm. They shared their valuable thoughts and pointed out the minute mistakes which were missed by the participants, and appreciated and encouraged all of us.



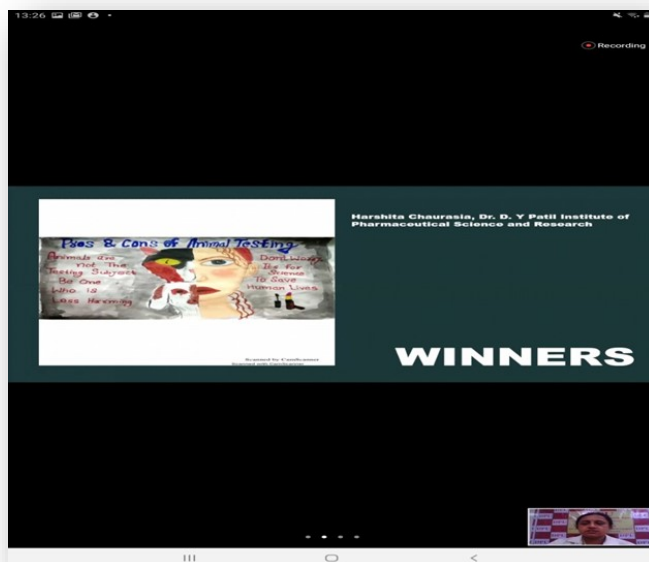
Dr. Shailaja Mane presented the the Active Members Award to Abhimanyu Sinha, for always being active throughout the year in coordinating and organizing various events under the DPU Unit of Bioethics and encouraging their fellow mates for participating in such events.



There was display of the entries by the enthusiastic participants from various sister colleges from Dr. D.Y Patil Vidyapeeth,Pune followed by declaration of the results, by Dr .Shailaja Mane, BIOETHICS DPU Unit Head.

ARTISTIC POSTER

WINNER- Harshita Chaurasia, Dr. D. Y Patil Institute of Pharmaceutical Science and Research



SCIENTIFIC POSTER

WINNER- Udit Ganguly, Dr. D.Y. Patil Medical College and Hospital

BENEFITS

- Patient has a right to choose diversity and quality health care
- Especially in countries where the state has repeatedly underfunded the health care sector, privatization helps bridge the gap
- Quality and competition leads to better overall performance of providers
- Increased quality: Lower doctor patient ratio, access to better diagnostic tools, tests etc.
- Increased privacy, flexibility, reduced waiting time for treatment.



HARM

- Privatisation leads to the relative neglect of problems from which there is little to earn. Everyone including the state is interested in setting up commercially viable units. National preventive programmes get neglected
- Privatization will increase the gap between rich and poor, amounting to encouraging 'survival of the richest,' which cannot be the goal of any civilized society.
- Discrimination: Private and public healthcare facilities should offer the same service and move to par. In countries where the two hospital settings are running, private firms tend to discriminate patients with certain medical coverage on basis of money transferred



CONCLUSION

- Privatisation has undoubtedly improved the quality of health care and widened its scope and availability and private health services will continue to flourish, since they provide curative and rehabilitative services that the state does not provide.
- However it does also pose a threat to accessibility of health care services thus the core should remain publicly financed
- Privatization requires clear health policy goals that can be measurable such as transparency and accountability
- Privatized services, insurance or facilities need to be regulated, monitored and evaluated under the same terms as their public equivalents

 Public

 Private

 Partnership



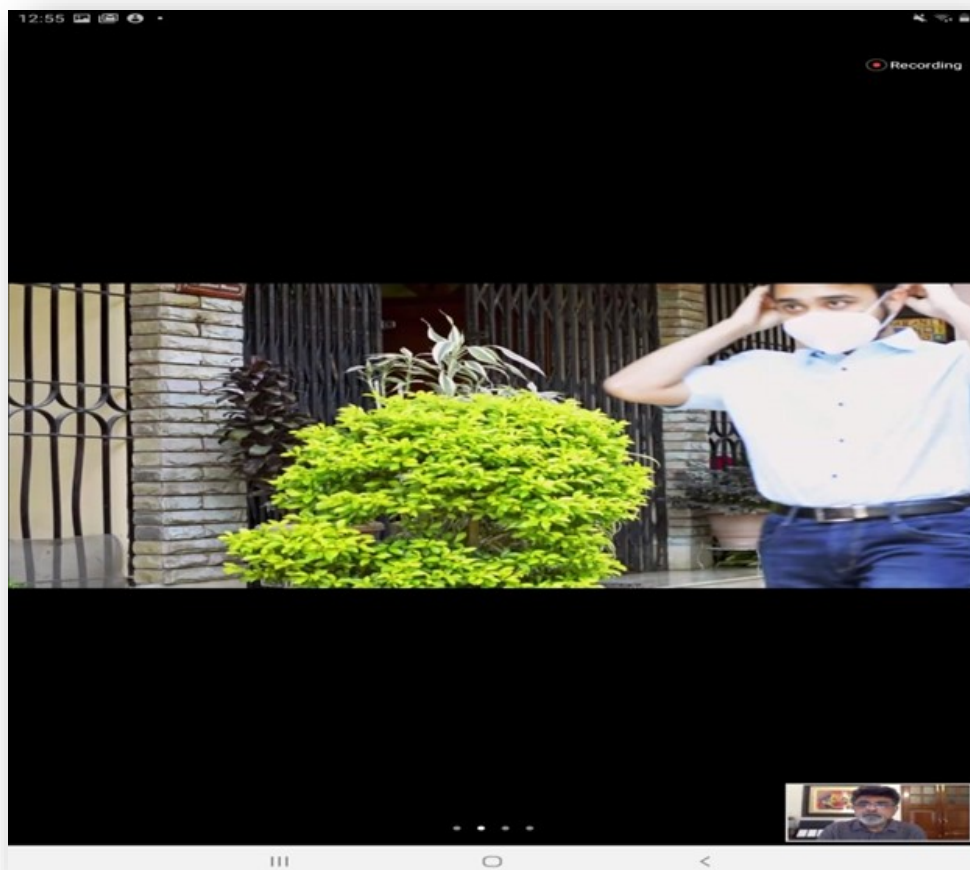
PHOTOGRAPHY-

WINNER- Sowmitri Raj , Dr. D.Y. Patil Medical College and Hospital



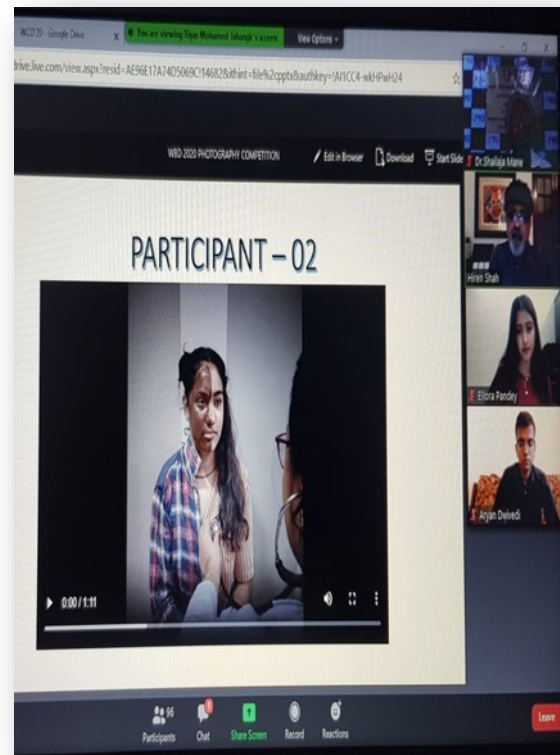
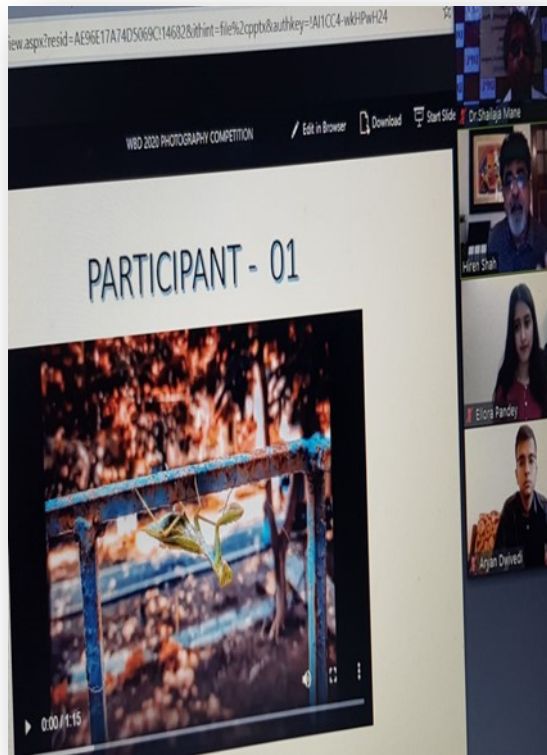
MOVIE-

Winner, Dr. D.Y Patil Medical College and Hospital

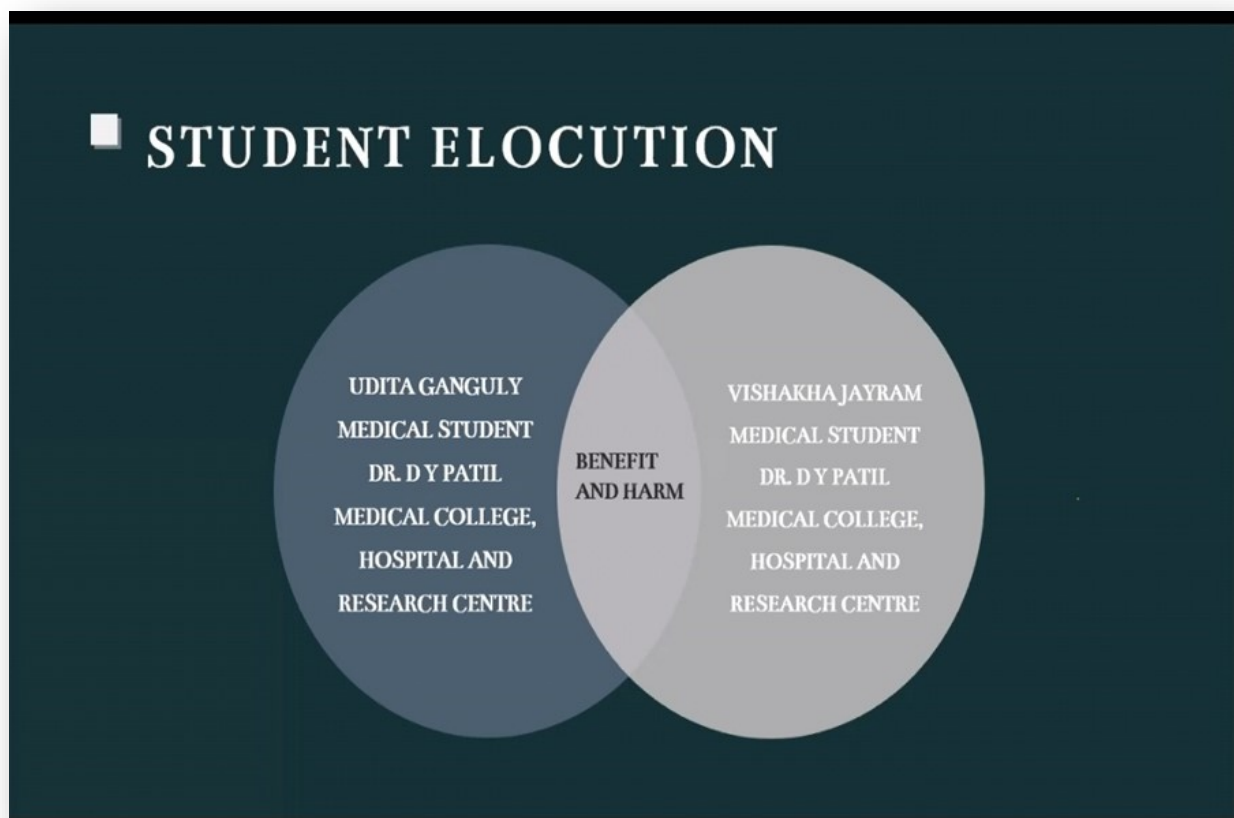


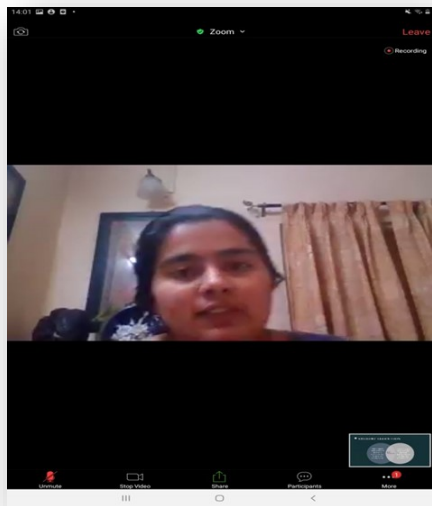
Display of the entries





Further we had Student Elocution





Slam Poetry :

Students from various colleges enthusiastically participated in slam poetry on the theme done in English and other local languages as well. Total 11 students presented their poems. The event was judged by-

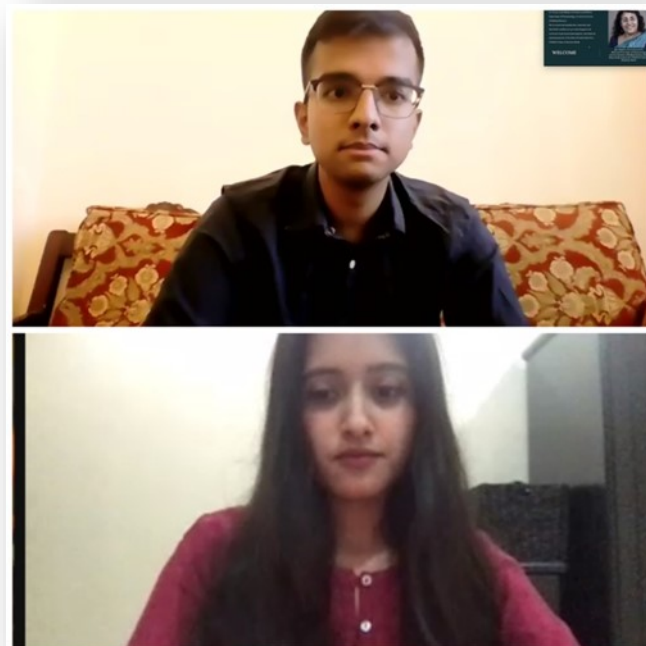
Dr Geetanjali Sharma, Ophthalmologist , President of POS

Dr. Shashi Prabha Prasad, Professor Dept. of Ophthalmology, Dr. D Y Patil Medical college, Hospital and Research Centre Pimpri, Pune

There was declaration the winners of Slam Poetry.

The event came to an end with vote of thanks given by Abhimanyu Sinha, General Secretary Dr. D. Y. Patil Medical College Pune.

Comparing of the event was done by Aryan Dwivedi, Ellora Pandey and Richika Singh, Students of DPU Medical College Pune.



INDIA DYP KOLHAPUR UNIT

Name of College/Unit: D Y Patil Education Society Deemed University, Kolhapur

Title of Event: WBD 2020 Celebrations

Type of Event: Online, two-day event

Names of organising faculty	Designation
Dr Shimpa Sharma	Head of Unit
Dr Anita Gune	Secretary
Mrs Suchitra Rathod	Member, Foundation Committee
Dr Milind Sabnis	Member, Foundation Committee
Dr Anjali Wagh	Member, Foundation Committee
Dr Padmaja Desai	Member Foundation Committee
Dr Suhas Kulkarni	Member Steering Committee
Dr Sunita Patil	Member Steering Committee
Dr Devarat Harshe	Member Steering Committee
Dr Javed Sagar	Member Steering Committee

Participants (Number):

Students (68) - Male (23), Female (85)

Faculty (42)

Non-Teaching Staff (33)

Description of event:

Phase I: Online events; conducted from 8th October – 15th October 2020

Artistic Poster Competition for students: Topic “Tribute to Corona warriors”

Poetry Competition for students: Theme: Benefit and harm

Phase II: Online, Interactive Seminar format

Session I: 19th October 2020: 10:30 am to 12 noon

Session II: 20th October 2020: 10:30 am to 12 noon

Apart from Guest Speakers, Vice Chancellor & Lead Chair Dr R K Mudgal, Pro-Vice Chancellor & Head of Unit, Dr Shimpa Sharma Co-Lead Chair & Dean of Medical College Dr R K Sharma also addressed the gathering.

Details of Guest Speaker/Invited Faculty (external to University):

Speaker 1:

Name: Professor Praveen Arora

Designation: Head, International Committee for World Bioethics Day, UNESCO Chair in Bioethics, Haifa ;

Institution: Sri Aurobindo Medical College and PG Institute, Indore

Topic: Benefit vs harm – Practical Learnings

Mode: Online Lecture

Speaker 2:

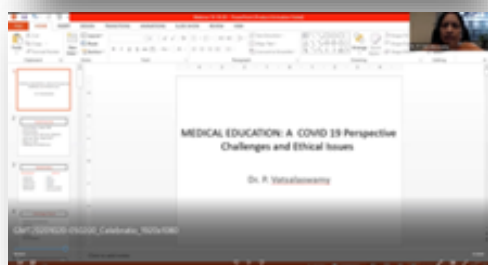
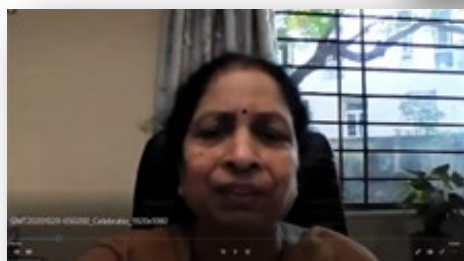
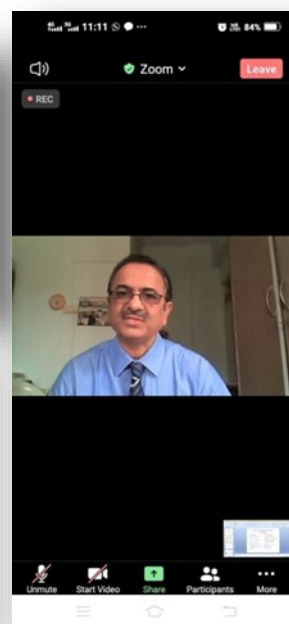
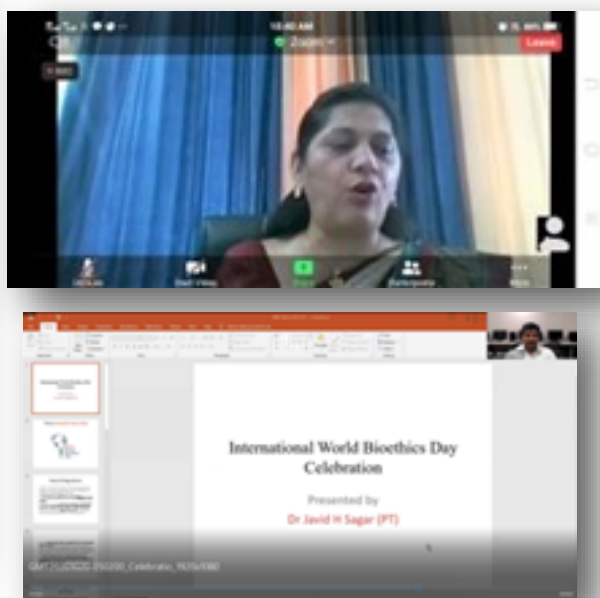
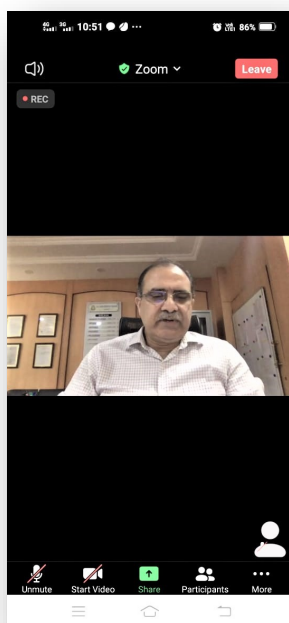
Name: Professor Gurupadappa K

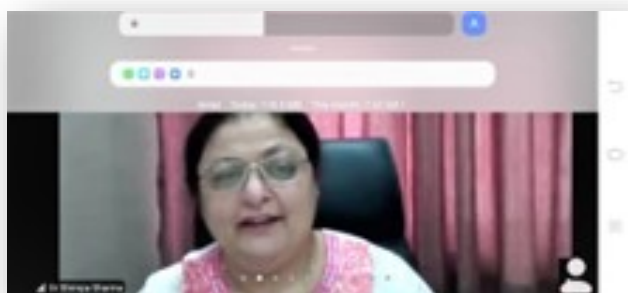
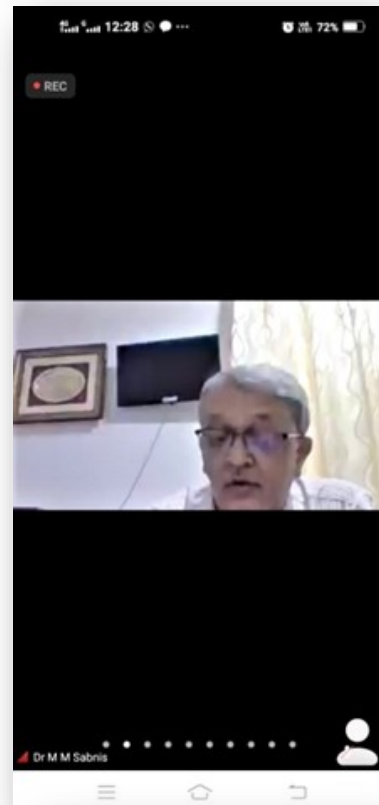
Designation: Professor, Head of Department, Biochemistry
Institution: Shimoga Institute of Medical Sciences, Karnataka
Topic: Benefit vs Harm- conceptual understanding
Mode: Online Lecture
Speaker 3:
Name: Dr P Vatsalaswamy
Designation: Director Academics, Ex-Dean
Institution: Dr D Y Patil Medical College, Pune
Topic: Medical Education in COVID 19 – Challenges & Ethical Issues
Mode: Online Lecture

Was certificate given to participants? Yes

Number of photographs attached: 14

Program of event attached (if applicable): Yes







GOVERNMENT

MEDICAL COLLEGE

Since 1995

Bhavnagar, Gujarat



October 19, 2020



19^{Oct}

Topic

- 1 Ethics in Research: Why Good Clinical Practice?
- 2 Role & Responsibilities of Ethics Committee
- 3 Application process for EC submission
- 4 Informed Consent

Speaker

Dr. Chinmay Shah
Dr. Bhargav Purohit
Dr. Ashish Anovadiya
Dr. Chinmay Shah

20^{Oct}

Topic

- 1 Role & Responsibilities of Principal Investigator
- 2 Protocol Deviation/Violation
- 3 Record Keeping & Documentation
- 4 Multiple choice question based assessment (40 marks)

Speaker

Dr. Kailesh D. Bhalani
Dr. Bhargav Purohit
Dr. Manish Barvaliya

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‘World Bioethics Day 2020’

Theme: Benefit and Harm

Karpaga Vinayaga Unit of the UNESCO Chair in Bioethics

The Karpaga Vinayaga Unit of the UNESCO Chair in Bioethics, Karpaga Vinayaga Institute of Medical Sciences and Research Centre celebrated ‘World Bioethics Day 2020’ on 19th October 2020. The students of Karpaga Vinayaga Educational Group - Karpaga Vinayaga Institute of Medical Sciences and Research Centre (KIMS & RC), Karpaga Vinayaga Institute of Dental Sciences (KIDS) and Karpaga Vinayaga College of Nursing (KVCN) participated in this event. The theme for the year 2020 was Benefit and Harm and all programmes were conducted to highlight the theme among the faculty and students.

Undergraduate Medical, Dental, Nursing and Allied Health Sciences students and Postgraduate students participated in this interdisciplinary event. A total of 777 students participated in this grand event. This interdisciplinary event to celebrate World Bioethics Day 2020, was conducted successfully in an online platform. The Inaugural Programme was graced by Dr. Sufala Vishwasrao, Head of Bioethics Unit, Principal, KIMS&RC; Dr. M. Kannaki, Medical Superintendent, KIMS&RC and Dr. Navin Rajaratnam, Secretary, Bioethics Unit, Professor of Physiology, KIMS&RC among other dignitaries and faculties from Medical, Dental and Nursing.

During the inaugural programme, our Medical Superintendent, Dr. M. Kannaki, welcomed all the faculty members and students to the programme. She gave an insight into important ethical issues faced by students and medical practitioners during COVID-19 pandemic and also helped us gain more knowledge on the theme of the year, Benefit and Harm.



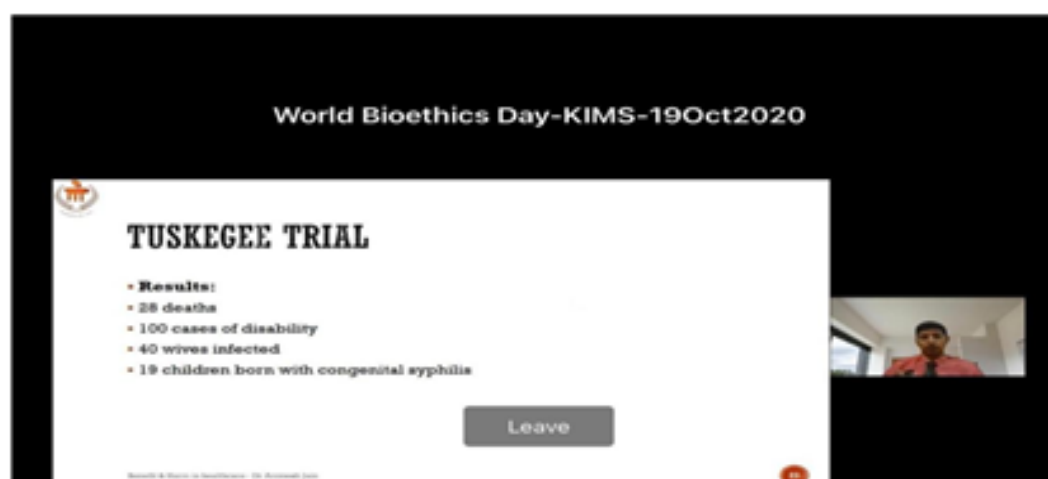


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This was followed by the keynote lecture by Dr. Animesh Jain, Professor, Department of Community Medicine, Kasturba Medical college, Mangalore. He enlightened the audience with his talk on "Benefit and harm in healthcare - The delicate balance"



The next facet of the event was the Panel Discussion on "Benefit and Harm". The panelists were Dr. Ramula M, Professor and HOD, Department of General Surgery, KIMS&RC; Dr. Bhuvaneshwari.M, Assistant Professor, Department of Orthodontics, KIDS; Dr. Thirunavukkarasu D, Professor, Department of Community Medicine, KIMS&RC; Dr. Mahesh J, Assistant Professor, Department of Public Health Dentistry, KIDS and Dr. S. Punitha Josephine, Vice Principal, Karpaga Vinayaga College of Nursing.

The competitive events that were open to the student participants were Speak Bioethics, English Essay Writing, Tamil Essay Writing, English Poetry, Tamil Poetry, Drawing, Debate, Digital art and Slogan competitions, to commemorate World Bioethics Day 2020.



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EVENTS		
WELCOME ADDRESS		
9.00 am – 9.15am	Dr. Sufala Vishwasrao Principal, Head of Bioethics Unit, KIMS	Dr. M Kannaki Medical Superintendent, KIMS
9.15am – 9.45am	"Benefit and Harm in health care – the delicate balance" -Dr. Animesh Jain, Professor, Department of Community Medicine, Kasturba Medical College, Mangalore	
	Panel discussion; "Benefit and Harm"	
9.45am – 10.30am	Dr. Ramula M Professor & HOD, Department of General Surgery, KIMS	Dr Bhuvaneswari M Assistant Professor, Department of Orthodontics, KIMS
	Dr. Thirunavukkarasu D Professor, Department of Community Medicine, KIMS	Dr. Mahesh J Assistant Professor, Department of Public Health Dentistry, KIDS
10.30am – 11.30am	Dr. S.Punitha Josephine Vice Principal, Karpaga Vinayaga College of Nursing	
11.30am –12.30pm	Moderator Dr. Navin Rajaratnam Professor, Department of Physiology Secretary, Bioethics Unit, KIMS	
12.30pm – 1.30pm	Speak Bioethics Debate Valedictory Event	

The main competitive event of the day 'Speak Bioethics' had 10 enthusiastic students qualified to participate and spoke on subtopics on the theme of the year, Benefit and Harm. The participants were required to give an extempore speech for three minutes on the allotted topic which was related to Benefit and Harm. The best participants were declared winners by Dr. J. Mahesh, Senior Assistant Professor, Public Health Dentistry, KIDS.

A debate competition was conducted and 6 important ethical dilemmas were debated fiercely by the students on these ethical issues faced during the pandemic. This event was judged by Dr. Arumuganathan, Associate Professor, Department of Psychiatry, KIMS&RC.

The Drawing competition was another event that motivated the students to bring out their creativity and showed their interest in knowing more about bioethics. A total of 55 students each took part in the Drawing competition to display their artistic skills. This was an offline event. This event was judged by Dr. S. Girija, Professor, Department of Anatomy, KIMS&RC.

Essays written by the participants of the Essay Writing competition were inspired by the theme of the year. Participants effectively presented their views on Benefit and Harm in the form of well written essays. The English Essay Writing competition had 52 participants and was judged by Dr. R. Madhumitha, Assistant Professor, Department of Pathology, KIMS&RC. While the Tamil Essay Writing competition had around 30 participants and was judged by Dr. Karthik, Associate Professor, Department of Pathology, KIMS&RC.



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The Poetry Writing competition was conducted similarly and had 154 participants who expressed their ideas in English and Tamil. The English entries were judged by Dr. Lakshmi, Department of Community Medicine, KIMS&RC. The Tamil poems were judged by Dr. T.L. Anbumani, Vice principal, Professor and HOD, Department of Anatomy, KIMS&RC.

Other offline events include, the slogan competition, also based on the theme of the year, Benefit and Harm. We received about 20 enthusiastic slogans, which were judged by, Dr. Santhosh, Professor and HOD, Department of Biochemistry, KIMS&RC.

We also had a Digital art competition to ignite a creative fire in the minds of our participants. This event saw about 10 participants teamed up and was judged by Dr. Vadivel, Professor and HOD, Department of Physiology, KIMS &RC.

An E-Poster competition was conducted, to encourage the academic and theoretical importance of the theme of the year, Benefit and Harm. This event had, about 36 participants including teams, this event was judged by Dr. Seshadri, Assistant Professor, Department of Pharmacology, KIMS&RC.

This event was brought to an end by a valedictory ceremony which involved announcing the winners of all the offline events. This gesture was appreciated. The organisers were grateful for the success and expressed this through a vote of thanks. And the event was declared complete.

World Bioethics Day 2019 – Winners List



English essay

Name	Course & Year	Institution
Tiya paily	I Yr AHS Student	Karpaga Vinayaga Institute of Medical Sciences
Ishwarya.S	Final Yr AHS Student	
Sreedevi prasad	I Yr AHS STUDENT	
M.Sharmila	III Yr Nursing Student	Karpaga Vinayaga College of Nursing
G.Mugesh khanna	III Yr Nursing Student	
K.Pavithra	III Yr Nursing Student	



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Nikitha.S	Final Yr BDS Student	Karpaga Vinayaga College of Dental Sciences
Srivikasni.J	Final Yr BDS Student	
Subatharani.A	Final Yr BDS Student	
Keerthana.BV	II Yr MBBS Student	Karpaga Vinayaga Institute of Medical Sciences
Venkatesh.M	I Yr MBBS Student	
Sathya.G	II Yr MBBS Student	
Tamil essay		
Name	Course & Year	Institution
Nandhinipriya.S	II Yr MBBS Student	Karpaga Vinayaga Institute of Medical Sciences
R.Akshaya vardhini	Final Yr Nursing Student	Karpaga Vinayaga college of Nursing Sciences
Abdul azeez	III Yr Nursing Student	Karpaga Vinayaga College of Nursing Sciences
English poetry		
Name	Course & Year	Institution
Sandra Ann Alex	I Yr BDS Student	Karpaga Vinayaga Institute of Dental Sciences
M.Ramkumar	Final year MBBS student	Karpaga Vinayaga Institute of Medical Sciences
KC.Vanisri	I Yr MBBS Student	Karpaga Vinayaga Institute of Medical Sciences
Tamil poetry		
Name	Course & Year	Institution
Keerthana.K	II Yr MBBS Student	Karpaga Vinayaga Institute of Medical Sciences
Venkatesh.M	I Yr BDS Student	Karpaga Vinayaga Institute of Dental Sciences
Sandeep Nedunjazhian	I Yr Nursing Student	Karpaga Vinayaga College of Nursing Sciences
Drawing		
Name	Course & Year	Institution



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Thenisha	I Yr MBBS Student	Karpaga Vinayaga Institute of Medical Sciences
Janani	III Yr BDS Student	Karpaga Vinayaga Institute of Dental Sciences
Priyadharshini	III Yr Nursing Student	Karpaga Vinayaga College of Nursing Sciences
Digital art		
Name	Course & Year	Institution
Aadhi.S and Simrita Sivaramakrishnan	I Yr MBBS Students	Karpaga Vinayaga Institute of Medical Sciences
Prasanavenkatesh.G and Narendhiran	II Yr MBBS Students	Karpaga Vinayaga Institute of Medical Sciences
E-poster		
Name	Course & Year	Institution
Minna Pradeep	III Yr MBBS Student	Karpaga Vinayaga Institute of Medical Sciences
Gokul S, Gurubaran T, Gopu Lakshman G	II Yr MBBS Students	Karpaga Vinayaga Institute of Medical Sciences
Belcia Evangelin B, Jayaharini K, Nithya varshini R	I Yr BDS Student	Karpaga Vinayaga College of Dental Sciences
Slogan		
Name	Course & Year	Institution
Shilpa Maria TS	II Yr MBBS Student	Karpaga Vinayaga Institute of Medical Sciences
Praveena P	Final Yr BDS Student	Karpaga Vinayaga Institute of Dental Sciences

Sankaranarayanan
Principal
Karpaga Vinayaga Institute of
Medical Sciences
GST Road, Chinnakolambakkam,
Madhuranthagam - 603 308

Dr Navin Rajaratnam

Secretary, Bioethics Unit, Professor of Physiology, KIMS&RC

Minutes-19.10.2020

World Bioethics day

The second program of World Bioethics Day was conducted on 19.10.2020 10: AM onward on virtual ZOOM platform

The theme was **"Benefit and Harm"** the faculty and student were welcome by unit bioethics head -Dr. Jyoti Batra, Dean Research, Santosh deemed to be university followed by details of bioethics unit. Ms. Mehak Aggarwal & Mr. Arjit bansal from 3rd and 2nd Prof MBBS respectively gave introduction about bioethics in medicine and its importance in clinical practice. The Programme was also addressed by respected vice chancellor Dr. Tripta Bhagat and Registrar Dr. V. P. Gupta. There was a case discussion by students with faculty members from department of Surgery by Dr. Rajiv Verma, Associate Prof of Dept. of Surgery, Pediatrics Dr. Alka Aggarwal, Dean Medical & Prof of Pediatrics, Dr. Rani Srivastava, Prof & Head of Clinical Psychology & Prof Dr. Jyoti Batra Dean Research, Central Research Unit followed by **"DEKHO MESSAGE"**. Thank you, speech, delivered by Ms. Mehak Aggarwal.



BIOETHICS UNIT
C E L E B R A T I N G



World Bioethics Day

19th October 2020 | 11:30 AM -12:30 PM
on



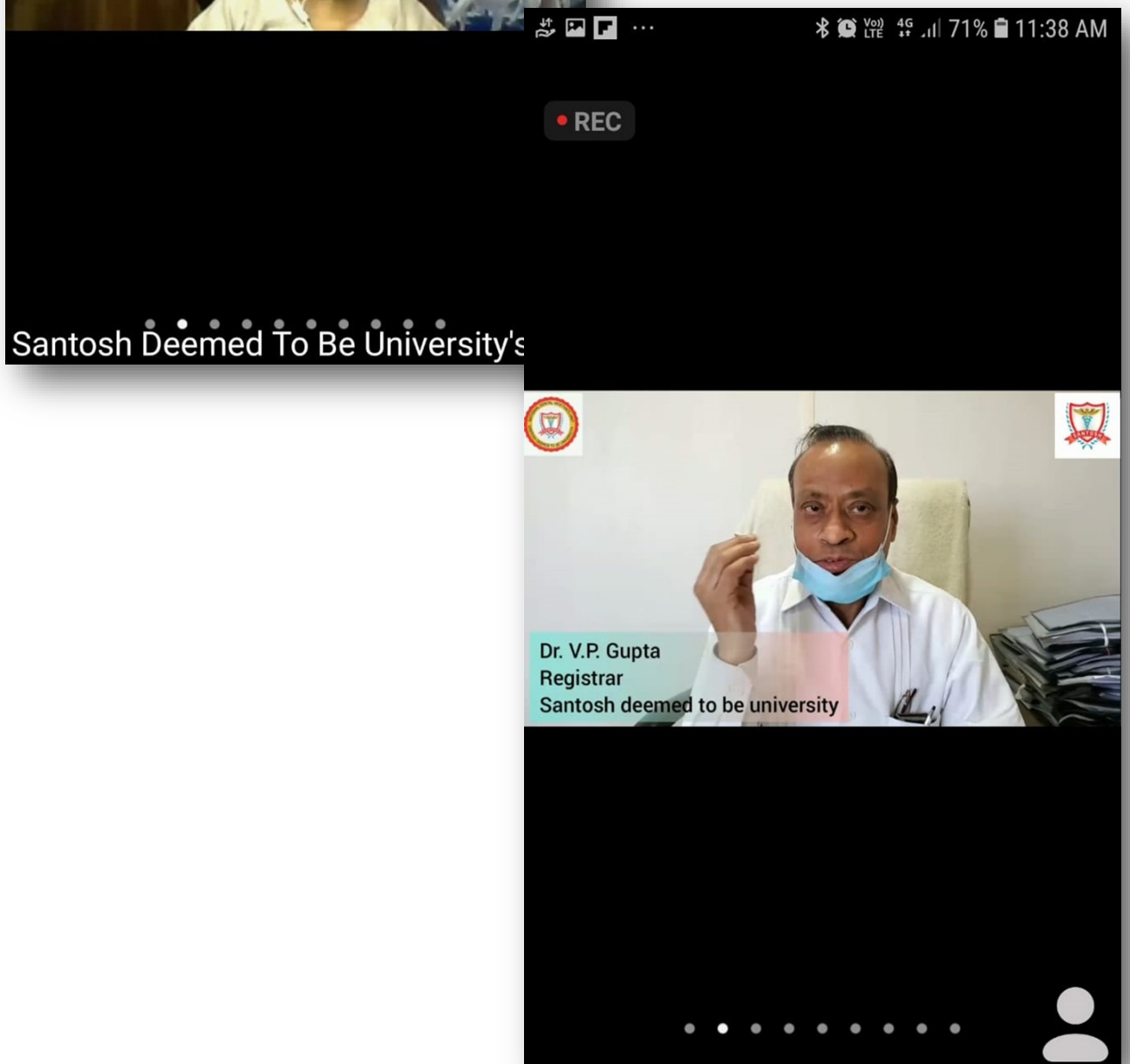
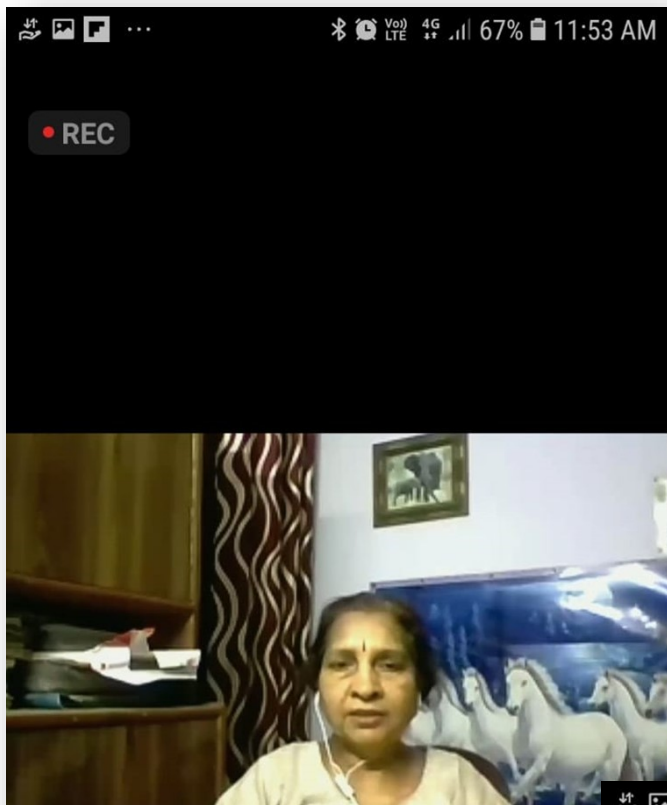
Discussion of case Study of Bio-Ethics
Topic- **"Benefit and Harm"** for case discussions related to different medical fields-Surgery, Paediatrics, Psychiatry and research.

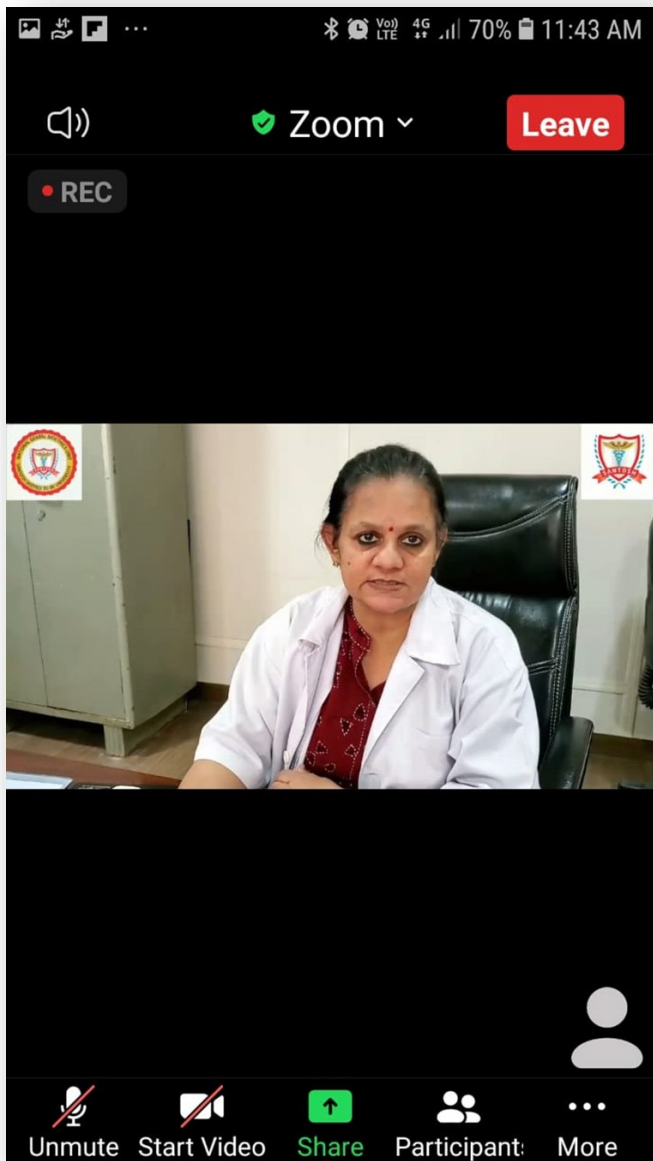
We will be recording the discussion between students (Mehak Agarwal and Arjit Bansal) and the doctor from the related field about cases of benefit and harm in the clinical situations.

Prof. (Dr.) Jyoti Batra	Prof (Dr.) Rani Srivastava
Prof (Dr.) Alka Aggarwal	Mehak Aggarwal (MBBS 3 rd Prof)
Prof (Dr.) Amit Verma	Arjit Bansal (MBBS 2 nd Prof)









World Bioethics Day 2020

The GSMC MUHS UNESCO Bioethics Unit celebrated the World Bioethics Day on Monday, 19th October 2020 along with a weeklong celebration prior. This year the pandemic had us in a new normal way of celebrations with a lot of new learning and resilience. The World Bioethics Day 2020 began with the strong student wing that carrying out various activities based on the theme of World Bioethics Day 2020 'Benefit and Harm'.

Due to the current situation of COVID 19, all competitions were held online/offline mode on virtual platforms. Students were involved in planning, organizing and execution of these events. Experts from outside and within the institute were invited as judges.

Poster making Competition 2020: Poster making competition was held on the theme 'Benefit and Harm'. All the participants were instructed to submit soft copy of their poster on mail. Total 38 registrations were received. There were 11 registrations from Seth GSMC & KEMH and remaining 27 were from other MCGM colleges.

Photography Competition 2020: 08 entries were received. It was kept open for undergraduate students, postgraduate students and employees of MCGM colleges. The winning photographs were felicitated.

JIGYASA 'Ethical Reflections on the COVID 19 Pandemic' 2020: This was an attempt to tender young minds in nurturing and understanding research. They were given four articles related to various ethical challenges during the pandemic for critically appraising. The participants presented a summary of the article, its strong points and weak points. They were asked to imagine they were writing an original bioethics paper and what was the single most ethical challenge they would focus on. This was followed by question answer session from the judges. Total 12 registrations were received from the undergraduate students of Seth GSMC & KEMH.

IDEON 'Ideas Combating the Pandemic' 2020: WHO and UNICEF has warned the nations on an alarming decline in the number of children receiving life-saving vaccines around the world due to COVID 19 pandemic, these disruptions threaten to reverse the hard-won progress in immunization. Also, Older people are particularly affected by the COVID19 outbreak because of their vulnerability as well as the complexity of health organisations, particularly in the often-compartmentalized interactions between community, hospital and nursing home actors. Not only that, the COVID-19 pandemic has led to maternity services adjusting in how they provide antenatal care to pregnant women due to the government restrictions regarding social distancing which has definitely impacted on pregnant women's access to routine antenatal care. These are some of the stories.....and taking inspiration from these problems, we thought why not make young doctors to do a little brain storming and Thus, SETH GSMC and KEM hospital Bioethics Unit thought of this competition. Here is a Hypothetical situation, "*Consider yourself to be a Medical Officer of a Primary Health Care Centre (PHC), how will you solve the problems stated below (any 2 out of 4) in a novel, innovative and techy way*" 1. Immunisation of infants 2. Medical Follow up of geriatric patients 3. ANC checkups and aseptic deliveries. 4. Education and training of people in your area to control the pandemic. Individual participants were expected to make a short PPT explaining the solution for 5 minutes, followed by question answer round for 6 min.

STORY TELLING Competition 2020: This was based on this year's theme 'Benefit and Harm'. Participants were told to video record a story based on this theme. Various stories related to work and personal life were narrated. It gave an opportunity to reflect. This was a way of exploring emotions and actions.

Guest Lectures: Cancer research is increased tremendously over few years even then we have not found miraculous cure. "Ethical Issues in cancer therapy and Research by Dr Sewanti Limaye who is currently working as Consultant - Medical Oncology, Kokilaben Dhirubhai Ambani Hospital and Medical Research Institute and Director Clinical and Translational Research, Oncology. Because of her experience as a clinician and researcher. She spoke on ethical issues by taking a case of women with breast cancer, she is treated and investigated and found to have a rare genetic type of breast cancer for which drug is available in research setting. Then how the patient is consented and takes part in research. A brief journey from practice to research was elucidated by her Dr. Akash Shukla, who is currently working as in charge and Head of Medical Gastroenterology – KEM Hospital and Hepatologist at Global Hospital delivered a talk on "Ethics of Transplant Medicine". He is trained in transplant medicine, prolific researcher and a hard core physician. He narrated the story from history to types of transplant. The demand and the supply crisis in India. He touched on the prevailing rules and the regulations governing transplant. He emphatically conveyed the message of donating organs and body.

Key Note Address: The main event was organized on 19th October 2020 in the afternoon. Dr Mariya Jiandani, Head of the Unit welcomed all, introduced the theme and spoke about the events planned to celebrate the World Bioethics day. Dean Dr Hemant Deshmukh addressed the audience. Following the speech, the annual bulletin of the Bioethics Unit 'Inarch 2020' was released by the Dean Dr. Hemant Deshmukh. Subsequently Dr Anjali Telang secretary of the unit presented the annual report.

The key note speaker Dr Vasantha Muthuswamy, renowned Senior Deputy DG & Scientist G (Retd.), Indian Council of Medical Research who is also President, Forum for Ethics Review Committees in India (FERCI), Chair, Ethics Advisory Committee & Central Ethics Committee on Human Research, ICMR, Member, National Apex Committee for Stem cell research & Therapy (NACSCRT), President, (Former) Senior Deputy Director General, ICMR, New Delhi, India Madam was associated with development of atleast 30 national and international guidelines from ICMR guidelines to ICMR-DBT National guidelines for Stem cell research and therapy, 2007. With her immense experience and contribution in taking research ahead in India. She was the right person for the talk on "Ethical issues in stem cell research" After explaining the basic tenants of ethics madam highlighted the guidelines of ICMR research, basic concept of stem cell research, how it evolved, present scenario and its applications..She started her talk from the past to the present form of stem cells, types of stem cells, Categorization of stem cell based on the ethical and/or safety concerns regarding source of stem cells and levels of manipulation which warrant additional review and monitoring. The areas mainly are classified as Prohibited / Restrictive/ Permissible. She also emphasized the success rate of stem cells and how people should be alert about the false hope generated by advertisement, media and clinicians. engaged the audience with ethics in stem cell research in an interesting and thought-provoking speech. She discussed the various ethical issues related to stem cell research. She went on further to explain the monitoring mechanism of stem cell research in our country and globally. The address ended with risk benefit analysis.

Inarch Release: The "Inarch" is annual bulletin of the unit released every year on world bioethics

day. The articles are written by students and Bioethics wing members. Along with invited guest articles.

Prize Distribution:

The prize distribution ceremony was held for felicitation of the winners of the bioethics competitions. The judges invited for these competitions from within the institution and outside institution were also felicitated. Ms Shruti Tilak Was awarded the Best Student Wing Member award. Dr.Nayana Ingole, Head of Steering Committee presented the vote of thanks. She specifically appreciated the student wing members' efforts in making the event successful.

Winning poster

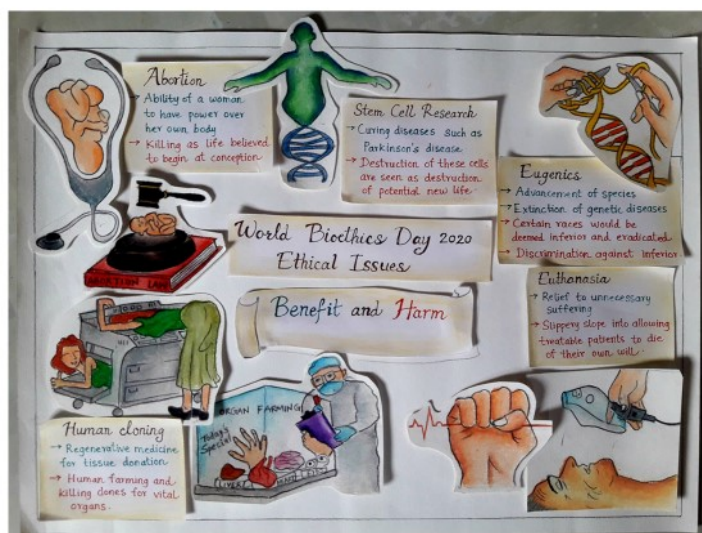


1ST

NIKITA BADHE

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LTMGH, SION

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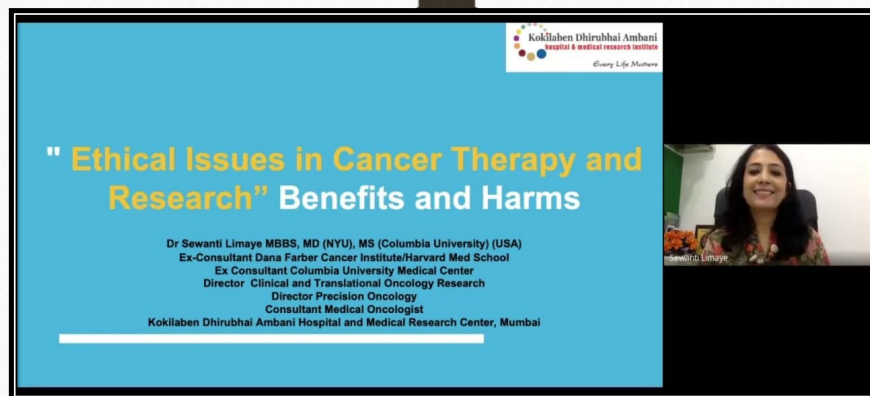


2ND

ZOYA
KHATRI

II YEAR MBBS
GSMC, KEMH

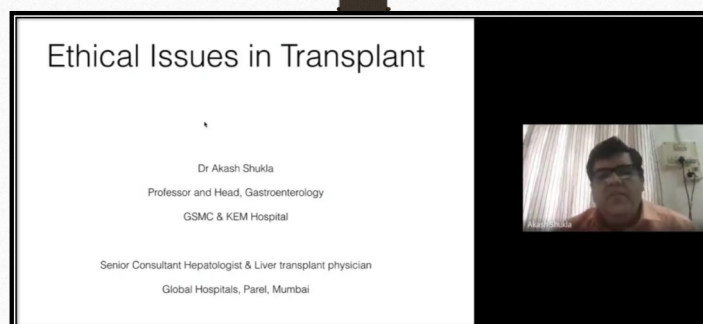
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" Ethical Issues in Cancer Therapy and Research" Benefits and Harms

Dr Sewanti Limaye MBBS, MD (NYU), MS (Columbia University) (USA)
 Ex-Consultant Dana Farber Cancer Institute/Harvard Med School
 Ex Consultant Columbia University Medical Center
 Director Clinical and Translational Oncology Research
 Director Precision Oncology
 Consultant Medical Oncologist
 Kokilaben Dhirubhai Ambani Hospital and Medical Research Center, Mumbai

DR SEWANTI LIMAYE
 Consultant Medical Oncologist,
 Kokilaben Dhirubhai Ambani Hospital and Research Center, Mumbai



Ethical Issues in Transplant

Dr Akash Shukla
 Professor and Head, Gastroenterology
 GSMC & KEM Hospital

Senior Consultant Hepatologist & Liver transplant physician
 Global Hospitals, Parel, Mumbai

DR AKASH SHUKLA
 Professor and Head, Gastroenterology,
 GSMC & KEMH, Mumbai

Dr Vasantha Muthuswamy (MBBS, MD, OBGY)

Currently working as President - (The Forum for Ethics Review Committees in India (FERCI))

Former Senior Deputy DG , ICMR headquarters

- She has delivered more than **1000** lectures on bioethics, drug development, clinical trials, genomics, stem cell research, research methodology, GCP
- She is done research management for **25 years** at ICMR Headquarters, New Delhi
- She worked as co PI. in NIH funded project on Capacity building in ethics for India for **10 years** since 2002
- She is associated with development of at least **30** national and international guidelines
- She is part of training/ workshops in Bioethics as faculty in more than 35 countries
- She is part of SIDCER -FERCAP recognition programme in India and has made receive recognition for **17 IECs** in India





WORLD BIOETHICS DAY

«Benefit and Harm»

(art. 4 UNESCO Declaration on Bioethics and Human Rights)

Aosta, Monday 19 October 2020

PROGRAMME

10:00 Welcome on behalf of the Authorities (Chantal Certan, Education Minister; Gabriella Vernetto, Technical Manager in Education Ministry; Miroslava Vasinova)

10:10 Presentation of the the photographs and graphic posters drawn by the Artistic High School students in Aosta (Lorenzo Bona, teacher of Graphic Disciplines);

10:20 Contribution by Gianni Nuti, Professor at Aosta Valley University;

10:35 Presentation of the letters and essays written by the Classic High School and by the Regional Professional Technical Institute students (Antonella Mauri, teacher of Italian Literature);

10:45 Musical pieces performed by the Musical High School students;

10:55 Contribution by Alessandra Ferraro, editor-in-chief journalist of TGR RAI Aosta Valley;

11:10 Reading of poems to music written by the Classic High School students in Aosta (Manuela Lucianaz, teacher of Italian Literature);

11:15 Contribution by Monica Gazzola, professional nurse at ASL Aosta Valley;

11:30 Reading of poems to music written by the Classic High School students in Aosta;

11:35 Contribution by Alessandro Trento, Psychologist and Psychotherapist;

11:45: Debate;

11:55 Awarding of the works and conclusion.

The event was moderated by Antonella Mauri, detached professor at the School Autonomy Support Office, Superintendency of Studies in Aosta).

HARM AND BENEFIT

The theme of today's conference places us in a specific position in terms of time: damage and benefit are the results of an event, action, or process. Therefore, they represent the outcome, what happens subsequently. Likewise, they also recall a static, defined, certain, closed dimension.

Thus, we can associate that the concepts of risk and possibility – positioned in a dynamic and indefinite dimension, of potentiality – would seem to precede the event.

To better understand how misleading this distinction is, it is necessary to resort to the difference between event and experience. If the former is what happens in reality, the latter is what occurs in the experience where the objective meets the subjective.

Only through our world, the relational, social, and cultural rules that we possess, can we come to a subjective experience that partially reflects reality. The perceptual process itself is an active process in which reality is reconstructed from a neurological point of view to reach consciousness.

In common sense, experience means knowledge acquired through contact with a specific area of reality (a definition that highlights the relationship of the subject with reality) or all the events and phenomena that are the subject of perception, reflection, experimental verification (a definition that stresses the dynamism of the concept itself).

In psychological terms, the experience is what derives from a personal matter, that is, the result of an active process of the individual on reality for the construction of the subjective experience. The experience comes from that magical drive to know the world, the result of the inborn purpose that pushes us to explore our surroundings. It is, as a matter of fact, the curiosity towards the unknown. It is desire, which arises from the feeling of completeness of what has already been learned. It is, as a matter of fact, the result of that inner drive to go further, in the often unconscious belief, that only by experiencing the world can one discover oneself, and only through oneself can one experience the world.

The experience arises from the integration between the objective event and subjective elements such as personal history, relationships, values, the social and cultural system. It is the result of the combination of body sensations, perceptions, emotions, and thought. It is the relationship between the single event, the history of events, and the narration that I make of them. The concept of experience is both charming and complex in terms of psychological work: while it opens up unlimited possibilities, it leads us back to the difficult task of grasping forms of risk that are not immediately identifiable and generalisable.

Experience – in combining the event with the subjective narration of the event itself – is placed in the middle between risk and damage, that is, between possibility and benefit. Keeping our gaze towards this intermediate position allows us to stay in a dynamic dimension, where uncertainty resides and where the intervention of the subject contributes significantly to defining the outcome of the event as damage or benefit.

Likewise, the definition of trauma – understood as a disturbance of the psychic state produced by an event with considerable emotional charge – emphasises the subjective element.

At greater length, trauma is an emotional fracture that occurs with a strongly negative and life-threatening event, which undermines the sense of stability, security, identity, and physical and mental continuity of the person or individuals who have faced it (AISTED).

If we were to represent trauma through a metaphor, we could imagine a stone thrown into a pond. The famous ripple effect will depend on several factors: the peculiarity of the stone, how it is thrown and falls, the characteristics of the pond. The first two dimensions concern the event, while the third dimension relates to the individual and above all his or her protection and risk factors that can be of different nature: individual, social and relational, cultural, legislative.

Regardless of the stone's peculiarities, its size, or the speed and strength of the impact, the pond will react differently depending on its ability to take in the impact and return to the previous equilibrium. Similarly, a single event may have a more or less significant impact on the individual or community based on the ability of the latter to react to the impact and integrate the event into their narrative by ensuring that it does not grow into a traumatic dimension.

If events have an objective characteristic – despite the awareness of the reductionist nature of this statement – the experience goes beyond the rules that determine its nature as truthfulness or falsehood. Based on this assumption, it is, therefore, possible to state that the experience, as a subjective fact, is in itself always true.

Now, the current pandemic situation leads to having to deal with events that potentially generate experiences of fear, uncertainty, helplessness, frustration. Circumstances that may have a more or less significant impact on us.

We are therefore called to accept the dynamic space of the uncertainty between the event and the meaning it takes on for every one of us. In the obligation to suspend the time between risk and damage, or between possibility and benefit.

It is in that space that events can develop both in a traumatic and transformative dimension but also in a creative one as well. The heroic action to which we are called is to take care of ourselves, to assume as an organising principle the responsibility for our well-being, also psychologically, as well as the health of the other.

Hence, this health crisis could potentially lead us to a substantial change of perspective in the relationships between the individual and the system, in a clearer individual assumption of psychological well-being as an important aspect through which to achieve a more general health purpose.

Dr. Alessandro Trento

Psychologist and Psychotherapist

President of the Aosta Valley Association of Psychologists

Member of the Italian National Council of the Association of Psychologists

Phone: +393289062976

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Via Ginod n.7

11100 Aosta

Italy



European Centre for Bioethics and Quality of Life - UNESCO Chair in Bioethics Italian Unit



Istituto Italiano di Bioetica



BENEFIT AND HARM

november 26th, 2020

02.00 pm (UTC+1)

MICROSOFT TEAMS code: wftj64q

14.00 Conference opening:

Greetings from the President of the European Center for Bioethics and Quality of Life -UNESCO Chair in Bioethics Italian Unit dr. Miroslava Vasinova

Greetings from the Rector of the University of Genoa: Prof. Federico Delfino

Greetings from the President of the Order of Doctors and Dentists of Genoa: Prof. Alessandro Bonsignore (University of Genoa)

14.20 Awarding of the UNESCO 2020 award for Bioethics to Prof. Franco Manti

PARTECIPATIONS:

Coordinates: Luisella Battaglia

Evandro Agazzi *How to optimize the cost-benefit balance in the presence of a plurality of values and people*

involved?

Franco Manti *The harm - benefit calculation and its limits*

Michele Schiavone *How to understand the Hippocratic principle "primum non nocere" in the psychiatric field?*

Anna Di Giandomenico *The harm and benefit ratio in the bio-legal field*

Paolo Gianatti *The Ligurian Regional Ethics Committee at the time of Covid: a true story*

Marianna Gensabella *The good of the patient in times of pandemic emergency*

Gian Franco Porcile *Ethics in clinical trials: reflections of a medical oncologist*

Luisella Battaglia *People, not just patients. How to balance the cost / benefit ratio in clinical trials?*

Rosagemma Ciliberti, Marta Licata *Dr. Link between harms and benefits: an operational project to ensure continuity in care*

Monica Toraldo di Francia *Precision medicine: a new way of thinking about the concepts of health and disease*

Maria Antonietta La Torre *Use of life-saving technologies in conditions of scarcity of resources*

Silvana Cagiada *New technological tools for psychological support in emergency situations*

Alessandra Fabbri *Well-being and well-living with chronic pain: utopia or possibility?*

Natasha Cola *Human rights and care of Temporarily Present Foreigners: costs and benefits*



To properly celebrate the fifth World Bioethics Day (WBD 2020), even during the current epidemiological context, the two Universities of Milan, Statale and Bicocca, decided to join efforts and continue the tradition of their collaboration by organizing a conversation among experts, to be published online on the website of the Italian Society of Forensic Medicine (SIMLA), a shared virtual common area for the Italian Medico-Legal community.

Professor Riccardo Zoja, full Professor of Forensic and Legal Medicine at the University of Milan and President of SIMLA, introduced the WBD 2020 panel and moderated the intervention of the two invited speakers:

Prof. Patrizia Borsellino, full Professor of Philosophy of Law at the University of Milan Bicocca, analyzed the global topic of WBD 2020 “benefit and harm” in the context of medical practice, while

Dr. Antonella Piga, researcher in Bioethics, Forensic and Legal Medicine at the University of Milan, explored the implications of the principle “benefit and harm” with respect to the scientific research.

Both interventions focused specifically on the COVID-19 pandemic, Professor Borsellino examined the emerging relationships and dilemmas deriving from the limited access to care during the healthcare emergency, whereas Dr. Piga described the bioethical implications and complexities related to clinical trials during these exceptional pandemic times, in which strong pressures to

obtain results quickly lead to requests for accelerated authorizations.

The conversation, in Italian, can be accessed from the link: <https://www.simlaweb.it/19-ottobre-giornata-mondiale-della-bioetica-benefit-and-harm/>



19 ottobre: Giornata Mondiale della Bioetica – Benefit and Harm



Franco Marozzi



19/10/2020



Condividi

Abstract

In occasione della Giornata Mondiale della Bioetica, che si celebra ogni anno il 19 ottobre sotto l'egida dell'UNESCO e della UNESCO Chair in Bioethics dell'Università di Haifa, SIMLA ha organizzato una conversazione sul tema scelto per questa celebrazione "Benefit and Harm" (Benefici e danni) con particolare riguardo alle questioni connesse alla sperimentazione clinica.

On the occasion of the World Bioethics Day, which every year it's celebrated on October 19 under the aegis of UNESCO and the Chair of Bioethics of the University of Haifa, SIMLA organized a conversation on the theme chosen for this recurrence "Benefit and Harm" (from art.4 of UNESCO Declaration on Bioethics and Human Rights) with particular regard to ethical questions in clinical choices and in the allocation of resources well as issues related to clinical trials.



World Bioethics Day 2020 Report

Also this year, it was decided to celebrate the World Bioethics Day 2020, dedicated to the 4th of the Universal Declaration on Bioethics and Human Rights on “More Benefit and Less Harm”, during the Pegaso International Conference (Online Education without Social Distance: Challenges for Internationalisation and Culture of Peace), which was held in virtual mode on 23rd and 24th October 2020.

The 2020 PiConference focused on the topics and aspects of distance education, health care, and culture of peace, which are the basis of international solidarity and cooperation, especially in the EuroMed region. So the three panels titles were strictly linked and converging to the same direction:

- *Online Education to Strengthen Internationalisation*
- *Education for Culture of Peace*
- *Advanced Medical Knowledge, Practice and Associated Technologies: More Benefits and Less Harm.*

The 2020 PiConference was also co-organised this year by Pegaso International with:

- the consortium of 17 partners (5 from EU programme countries and 12 from MED partner countries) of Med2IaH Project (MEDiterranean Countries: Towards Internationalisation at Home) regarding the panel Online Education to Strengthen Internationalisation;
- the AlBabtain Cultural Foundation, Kuwait, regarding the panel Education for Culture of Peace.

Program of the day

UNESCO World Bioethics Day 2020:

Panel Discussion Advanced Medical Knowledge, Practice and Associated Technologies:
More Benefits and Less Harm

Saturday, 24.10.2020 • 10.00–12.00

Welcome Address:

Luigia Melillo, Director of International Research Office of Italian Unit of UNESCO Chair in Bioethics and Rector of Pegaso International, Malta

Moderator:

Abdelhamid el Zoheiry, President, Euro Mediterranean University, EMUNI, Slovenia

Panelists:

Shai Linn, Deputy Head, UNESCO Chair in Bioethics, University of Haifa, Israel

Neville Calleja, Director of Health Information & Research, Ministry of Health, Malta

Wang Bo, Deputy Director of The Belt and Road Science and Technology Education Exchange Center, Ningbo University of Technology, China

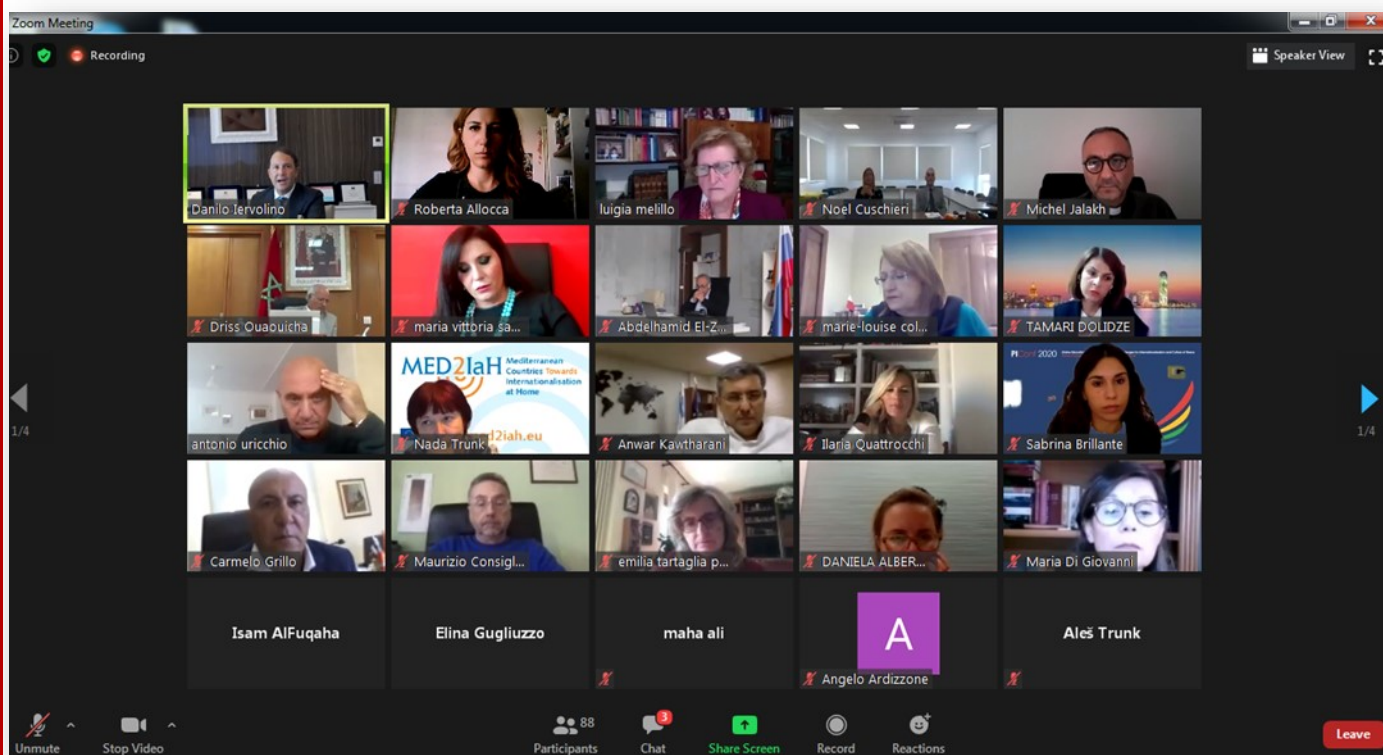
Russell D'Souza, Director, UNESCO Chair in Bioethics, Department of Education, Australia

Rui Nunes, Director, UNESCO Chair in Bioethics, Department of Research, Portugal

Arora Praveen Kumar, Head of International Committee for World Bioethics Day UNESCO Chair in Bioethics and Professor of Department of Forensic Medicine and Toxicology, SAIMS, India

Antonella Mauri, UNESCO Chair in Bioethics, Department for Youth Bioethics Education, Italy

Marta Licata, Coordinator of the Research Centre for Osteoarchaeology and Paleopathology at Insubria University, Varese, Italy



Opening and Welcome Address

Prof. Luigia Melillo as Rector of Pegaso International and Director of International Research Office for Lifelong Learning Bioethics Education of UNESCO Italian Unit, also on behalf of Dr. Mirka Vasinova, President of European Centre of Bioethics and Quality of Life, welcomes all those present in the online meeting, and introduces her speech, underlying the need to integrate ethics into daily practice, increasing interest and respect for the values involved in health care delivery and raising awareness of competing interests.

She refers to the WBD theme of this year, which focuses on Benefit and Harm, the 4th article of the Universal Declaration on Bioethics and Human Rights, concerning the implementation of the advancement of scientific knowledge, medical practice and related technologies.

The article recites:

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

Prof. Melillo states that *"there could not have been a more appropriate article to reflect on the risks of experimenting beyond the limits (there has been much discussion about the vague origins of this pandemic in the laboratory) on the vaccine rush by bypassing the correct stages of experimentation in some countries and especially to reflect on the growing gap in public health care in this terrible pandemic."*

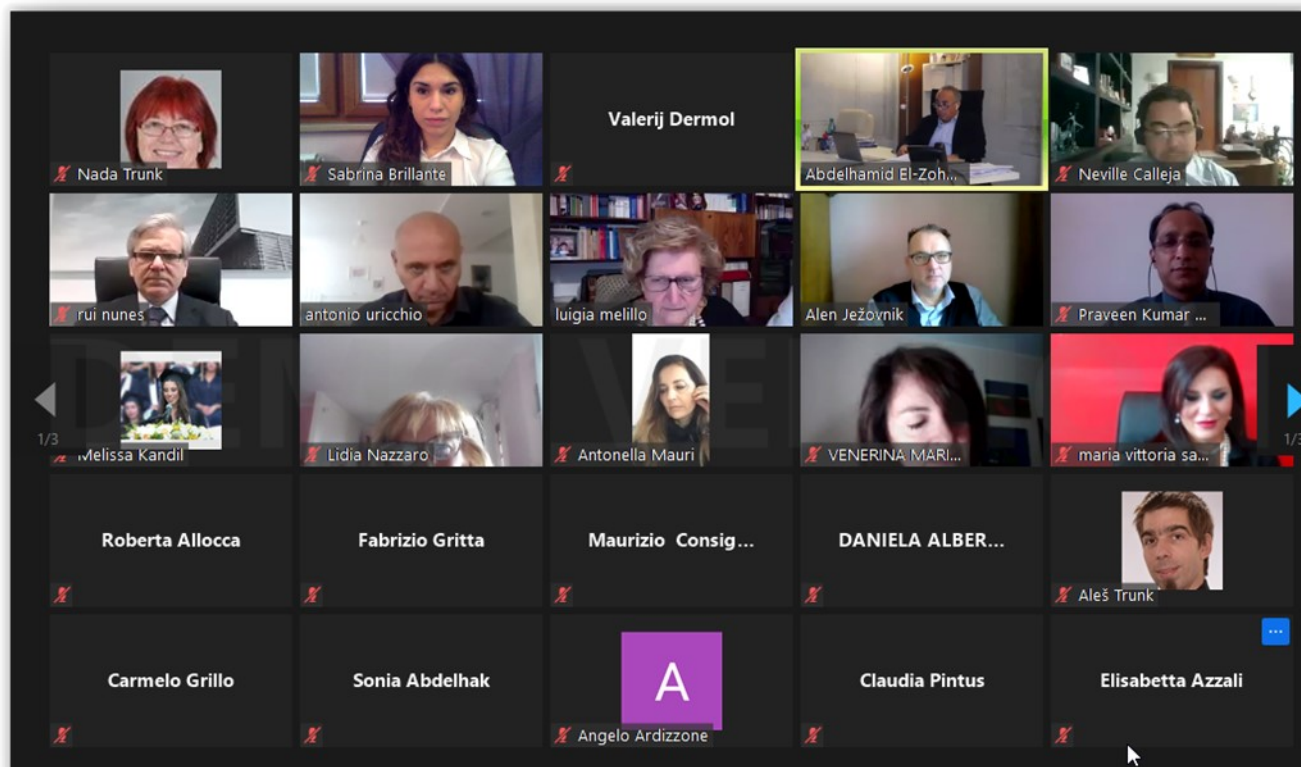
She underlines that the resolution brings a comprehensive definition of the benefits of research, and this article is democratic in the global sense of the term and attentive to the aspirations of the most vulnerable people.

She remembers that the UNESCO Declaration describes the ethical principles that guide respect for human dignity, as well as dealing with biomedical, biotechnological, health, social and environmental issues, through the use of terms such as "solidarity", "liability", "individual responsibility", "diversity" and "social development", and speaks of the term "equity".

Prof. Melillo closes her speech with a very important question about the existence of global inequalities, to reflect on:

"After the pandemic are they already growing or they grow even more, starting with access to the vaccine?"

Abdelhamid el Zoheiry, President of Euro Mediterranean University, EMUNI, Slovenia is the moderator of the session



He points out that: “The UNESCO declaration 2008, article 4, is being put to a test with COVID19 and heavily politicized. Researches are being worked fast and published on the media without peer review. Science faces extra pressure from the public opinion which is leading to scepticism and strong competition between companies (pharmaceutical and medical).”

Panelists’ Speeches

Prof. Shai Linn, Deputy Head, UNESCO Chair in Bioethics, University of Haifa, Israel shares some good points of reflection on Ethical issues in time of COVID19 epidemic. The debate takes place also with the succession of numerous interventions, including that of Neville Calleja, Director of Health Information & Research, Ministry of Health, Malta who talks about the role of technology and the healthcare system.

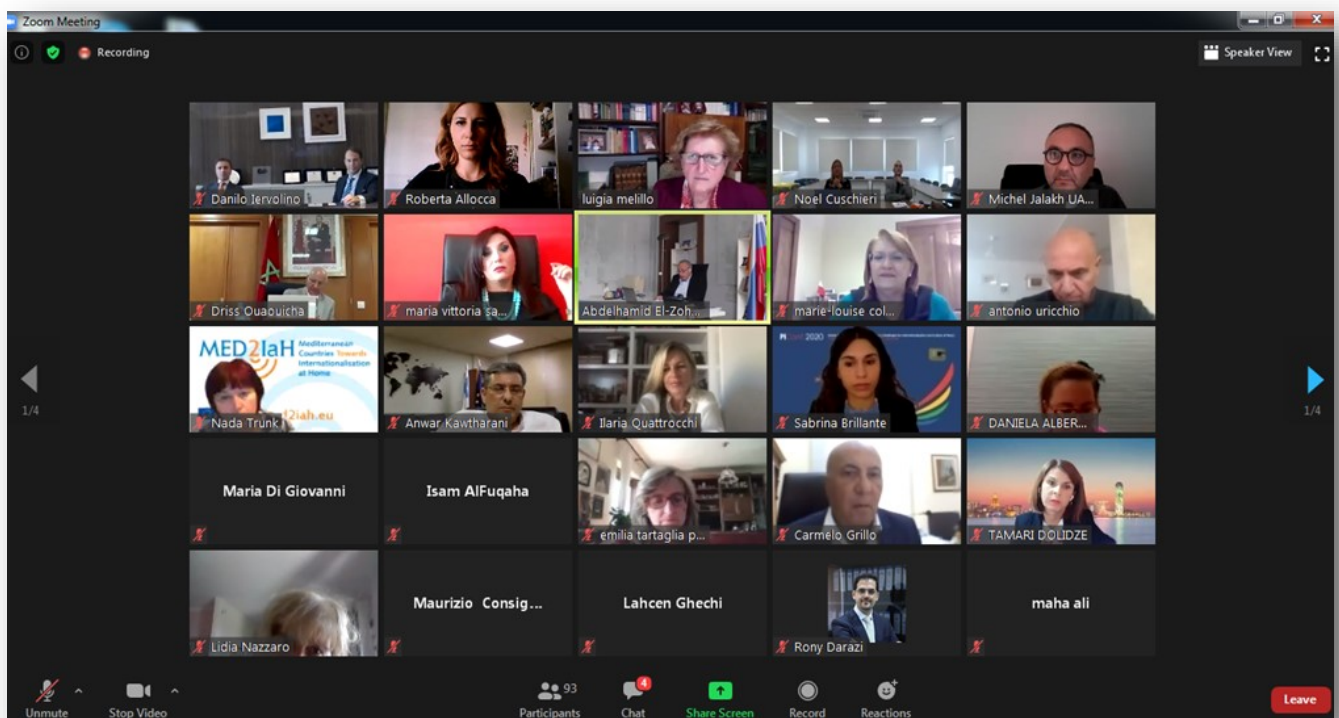
Wang Bo, Deputy Director of ‘The Belt and Road’ Science and Technology Education Exchange Centre, Ningbo University of Technology, China introduces some reflections about the important role of Medical engineering (an emerging discipline) in global epidemic control and prevention. Rui Nunes, Director, UNESCO Chair in Bioethics, Department of Research, Portugal tells us about of one positive thing from COVID19, that is: worldwide recognition of the professional values and dedication of health care.

Another international point of view is that one of Prof. Arora Praveen Kumar, Head of International Committee for World Bioethics Day UNESCO Chair in Bioethics and Professor of Depart-

ment of Forensic Medicine and Toxicology, SAIMS, India: when talking about advancement, it should be on the benefits of individuals. So Bioethics, compassion and traditional spirituality need to be taught.

Antonella Mauri, UNESCO Chair in Bioethics, Department for Youth Bioethics Education, Italy aims to start from highlighting the 4th article: it underlines the coexistence of harm and benefits. This period gives a positive opportunity for meditation and the research of what is essential in life.

Marta Licata, Coordinator of the Research Centre for Osteoarcheology and Paleopathology at Insubria University, Varese, Italy concentrates on the fact that the measures necessary for survival are those that will determine profound transformations in the populations that live through it, from many points of view: demographic, economic and social.



PIConf 2020

Online Education without Social Distance:
Challenges for Internationalisation
and Culture of Peace

Online Conference
23–24 October 2020

www.piconf.net



PEGASO INTERNATIONAL
HIGHER EDUCATION INSTITUTION



Advanced Medical Knowledge, Practice and Associated Technologies: More Benefits and Less Harm

UNESCO World Bioethics Day 2020

Panel Discussion • Saturday, 24.10.2020 • 10.00–12.00

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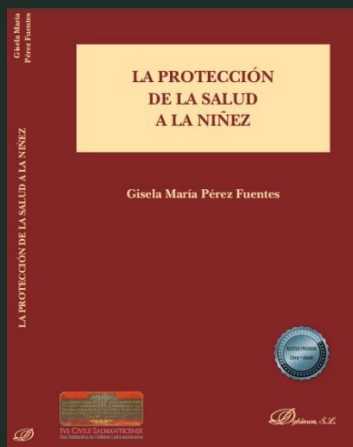
Marta Licata, Coordinator of the Research Centre for Osteoarcheology and Paleopathology at Insubria University, Varese, Italy

UNESCO World Bioethics day 2020 is co-organized by UNESCO Chair in Bioethics, which, every year, celebrates just in October the World Bioethics Day. This year it focuses on issues of Benefit and Harm, the 4th article of the Universal Declaration on Bioethics and Human Rights, in applying and advancing scientific knowledge, medical practice and associated technologies. There could not have been a more appropriate article to reflect on the risks of an experimentation pushed beyond the limits and of a growing gap in public health care in this terrible pandemic.

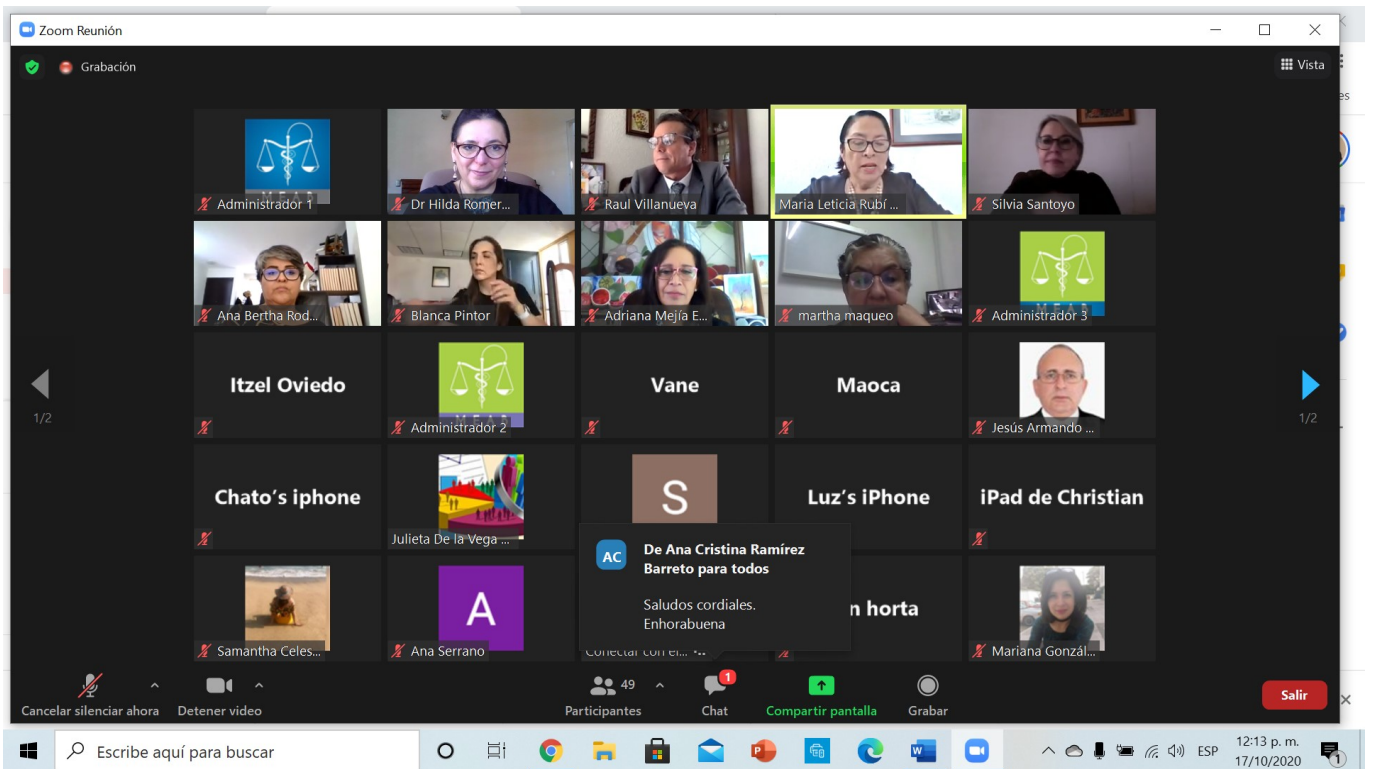
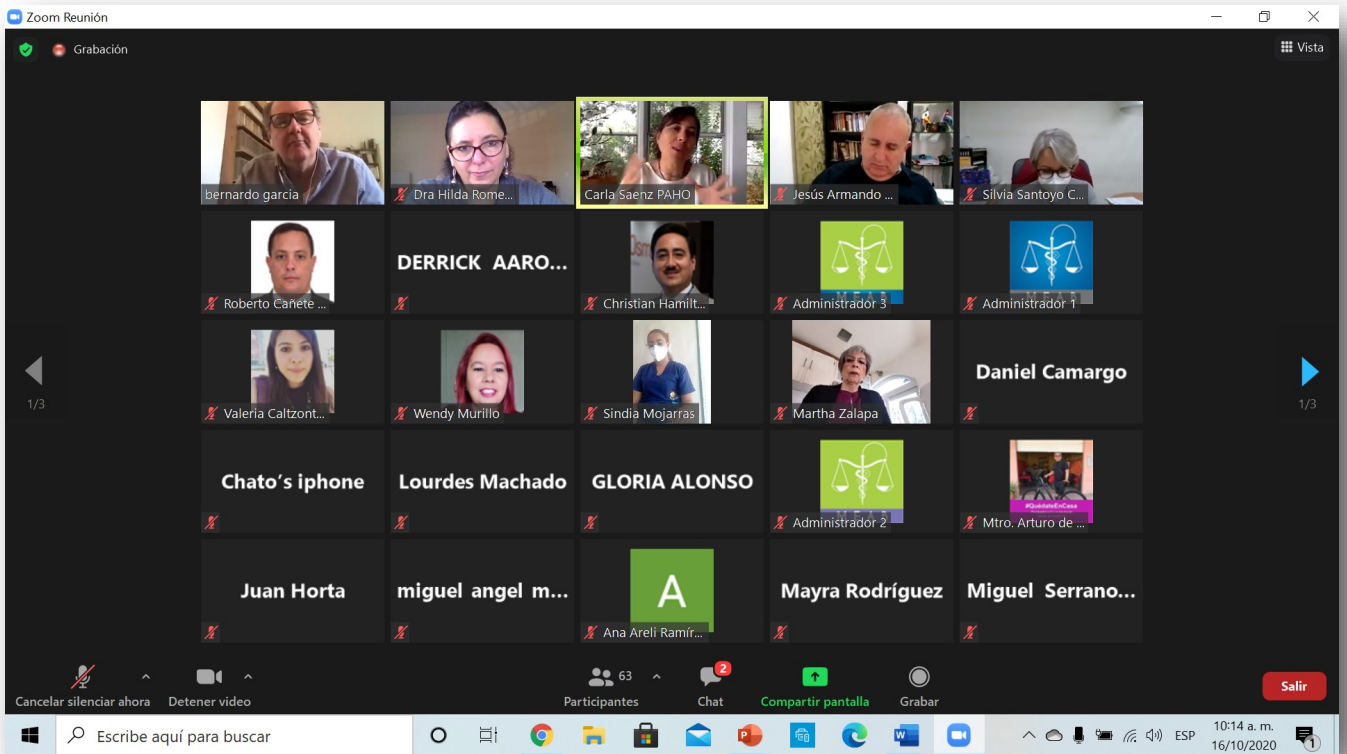


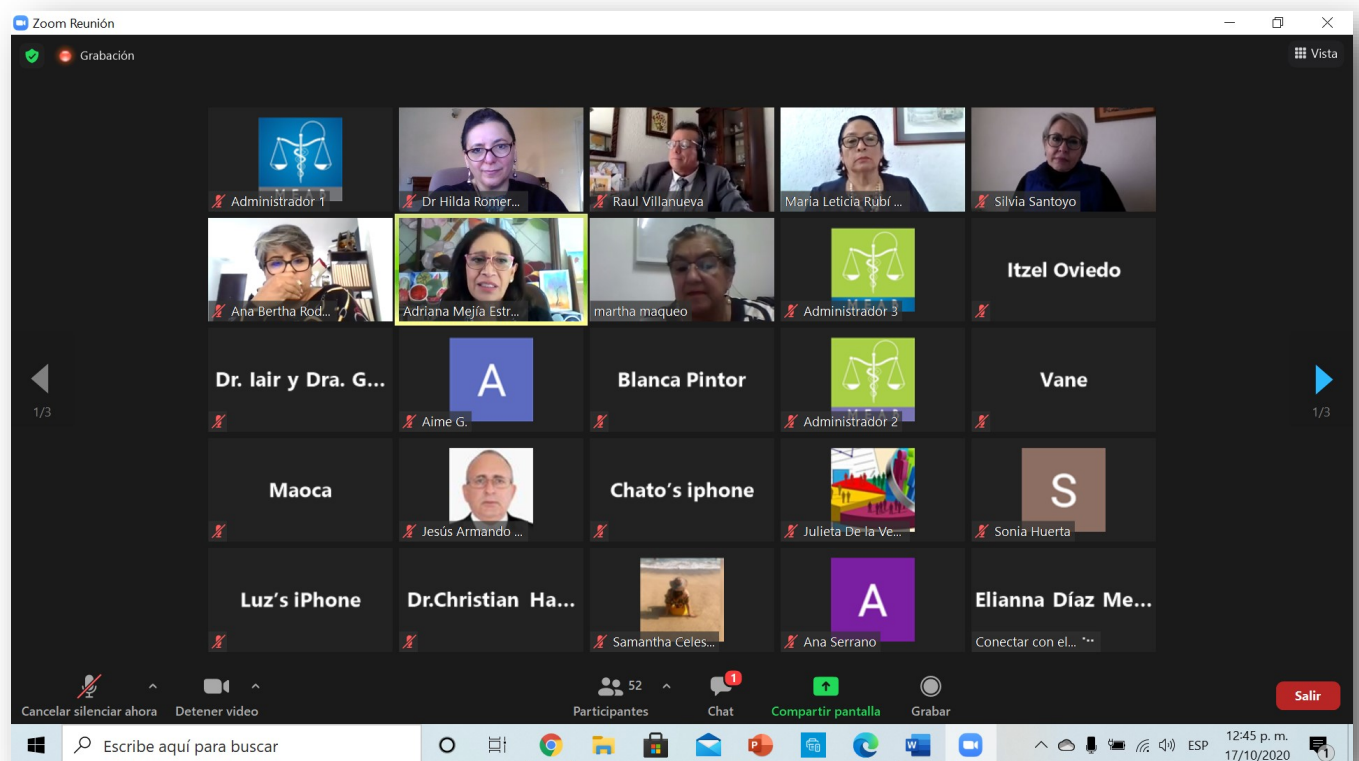
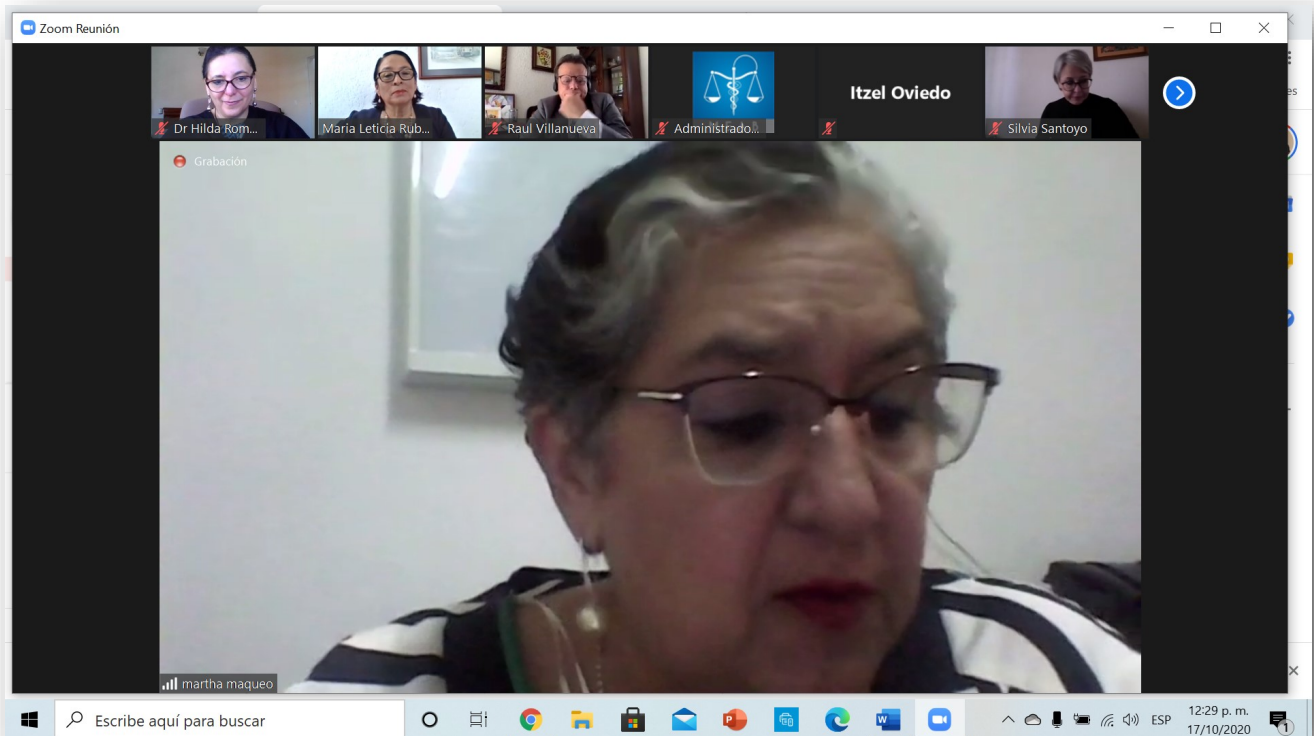
MEXICO UNIT

2 de Octubre, 2020, Aula Forense UAQ, 17h



Posgrados PNPC-
CONACYT de la
FACULTAD DE DERECHO.
Evento financiado
CONACYT 310683





Universidad Autónoma de Querétaro
Facultad de Derecho y Facultad de Filosofía

Maestría en Ética Aplicada y Bioética
Unidad de Bioética y Comité de Ética
en Investigación de la DIP, UAQ

Cátedra Patrimonial en Bioética, 2020
IV UNESCO Salud para Todos
(UNESCO Healthcare 4all)



Dr. Derrick Axons
Jamaica & Caribe



Dr. Roberto Cañete
Matanzas, Cuba



Dr. Salvador Arellano
Filosofía, UAQ



Dr. Bernardo García
Filosofía, UAQ



Dra. Hilda Romero
Ingeniería/ Derecho, UAQ

16 y 17 de octubre, 2020
Reunión Internacional Bi Modal:
Presencial y Virtual

Programa para el fortalecimiento de CTI a partir
de la investigación, regulación y la perspectiva ética

Posgrados PNPC-CONACYT de la Facultad de Derecho.
Evento financiado CONACYT 310683

Informes e Inscripciones: Dra. Hilda Romero Zepeda Coordinadora del Programa phd.hromero@gmail.com



MAESTRÍA EN
ÉTICA APLICADA
Y BIOÉTICA



Universidad Autónoma de Querétaro **Facultad de Derecho y Facultad de Filosofía**

Maestría en Ética Aplicada y Bioética Unidad de Bioética y Comité de Ética en Investigación de la DIP, UAQ

16 y 17 de octubre, 2020 **Reunión**
Internacional Bi Modal: Presencial y Virtual

Cátedra Patrimonial en Bioética, 2020 **IV UNESCO Salud para Todos** **(UNESCO Healthcare 4all)**

■ **Viernes 16 de octubre**
 Aula Forense, FD-UAQ

Hora	Actividad
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■ 9 - 10 hrs. Dra. Carla Sáenz, FAO. Guías éticas en América Latina y el Caribe

■ 10 - 11 hrs. Dr. Roberto Cañete Villafranca. Cuba. Prioridades y Ética en la Salud Pública

■ 11 - 12 hrs. Dr. Derrick Aarons. Jamaica.
 ¿Quiénes son las Islas Caribeñas en términos de ética y salud?
Conferencia en Inglés con

■ *traducción* 12 - 14 hrs. Mesa de discusión:
 ¿Qué se requiere en América Latina y en el Caribe ante el COVID?
 Dr. Roberto Cañete Villafranca,
 Dr. Derrick Aarons, Dra. Hilda Romero,
 Dr. Bernardo García Camino,
 M.Sc. Eduardo Fariás Trujillo

■ 15 - 17 hrs. Descanso.

■ 17 - 20 hrs. UNIDAD DE BIOÉTICA:
 Reunión de Trabajo.
 Planes de desarrollo
 y capacitación para América
 Latina y el Caribe. CREEI.

■ **Sábado 17 de octubre**
 Aula Forense, FD-UAQ

Hora	Actividad
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■ 9 - 10 hrs. Dra. Silvia de los Á. Santovo Cristini. SESEQ. Capacitación y Formación Bioética en el Sector Salud del Estado

■ 10 - 11 hrs. Dr. José S. Arellano Rodríguez. UAQ.
 Ética como fundamento en la Salud para todos (Health 4all) UNESCO

■ 11 - 11:30 hrs. Descanso.

■ 11 - 13 hrs. Relatoría de la Mesa de trabajo: Planes de desarrollo y capacitación para América Latina y el Caribe. CREEI.
 Dr. Roberto Cañete Villafranca,
 Dr. Derrick Aarons, Dra. Hilda Romero,
 Dr. José Salvador Arellano,
 Dr. Bernardo García Camino,
 M.Sc. Eduardo Fariás Trujillo

■ 13 - 14 hrs. Cierre de Actividades.

Evento financiado CONACYT 310683

Programa para el fortalecimiento de CTI a partir de la investigación, regulación y la perspectiva ética





Universidad Autónoma de Querétaro
Facultad de Derecho



Maestría en Ética Aplicada y Bioética
Programa para el fortalecimiento CTI a partir
de la investigación, regulación y la perspectiva ética

Curso-Taller **de Capacitación y Formación Docente en Bioética y Derecho 1** **- 3 de octubre de 2020**

1 de Octubre / Bio-Regulación

Sesión Zoom Meeting Dr. Roberto Cippitani

9 - 12 hrs.	Sesión Plenaria
13 - 15 hrs.	Ensayos Cortos y Presentaciones
17 - 19 hrs.	Dr. Raúl Ruiz Canizales

2 de Octubre / Regulación de la Información

Sesión Zoom Meeting Dr. Roberto Cippitani

9 - 12 hrs.	Sesión Plenaria
13 - 15 hrs.	Ensayos Cortos y Presentaciones
17 - 19 hrs.	M.en A.P. Ricardo Ugalde Ramírez

3 de Octubre / Regulación de la Innovación Biotecnológica

Sesión Zoom Meeting Dr. Roberto Cippitani

9 - 12 hrs.	Sesión Plenaria
11:45 hrs.	Cierre de la Sesión



Dr. Roberto Cippitani
Conferencista Magistral

Doctor en Derecho
Facultad de Medicina
Università degli Studi
di Perugia - Italia



Se contará con traducción simultánea
Curso sin costo con 25 horas de valor curricular

Posgrados PNPC-CONACYT de la Facultad de Derecho.
Evento financiado CONACYT 310683

Informes e inscripciones: Dra. Hilda Romero Zepeda Coordinadora del Programa phd.hromero@gmail.com





de la DIP, UAQ

16-17 Octubre, 2020

Cátedra Patrimonial en Bioética, 2020 ***IV UNESCO Salud para Todos (UNESCO Healthcare 4all)***



Dr. Derrick Aarons
Jamaica & Caribe



Dr. Roberto Cañete
Matanzas, Cuba



Dr. Salvador Arellano
Filosofía, UAQ



Dr. Bernardo García
Filosofía, UAQ



Dra. Hilda Romero
Ingeniería / Derecho, UAQ



Caribbean Research Ethics Education Initiative

Programa para el fortalecimiento de
CTI a partir de la investigación,
regulación y la perspectiva ética

Posgrados PNPC-CONACYT de la FACULTAD DE





16-17 Octubre, 2020. Reunión Internacional Bi Modal: Presencial y
Virtual Cátedra Patrimonial en Bioética UNESCO, 2020
IV UNESCO Salud para Todos (UNESCO Healthcare 4all)

Viernes 16 de Octubre, 2020
Aula Forense, FD-UAQ

Hora	Actividad
9-10	Dra. Carla Sáenz. FAO. Guías éticas en América Latina y el Caribe
10-11	Dr. Roberto Cañete Villafranca. Cuba. Prioridades y Ética en la Salud Pública
11-12	Dr. Derrick Aarons. Jamaica. ¿Quiénes son las Islas Caribeñas en términos de ética y salud? (Conferencia en Inglés con traducción)
12-13	Mesa de discusión: ¿Qué se requiere en América Latina y en el Caribe ante el COVID?
13-14	Dr. Roberto Cañete Villafranca, Dr. Derrick Aarons, Dra. Hilda Romero, Dr. Bernardo García Camino, M.Sc. Eduardo Farías Trujillo
15-17	Descanso.
17-18	UNIDAD DE BIOÉTICA:
18-19	Reunión de Trabajo. Planes de desarrollo y capacitación para América Latina y el Caribe. CREEI.
19-20	

Sábado 17 de Octubre, 2020
Aula Forense, FD-UAQ

Hora	Actividad
9-10	Dra. Silvia de los Ángeles Santoyo Cristini. SESEQ. Capacitación y Formación Bioética en el Sector Salud del Estado
10-11	Dr. José Salvador Arellano Rodríguez. UAQ. Ética como fundamento en la Salud para todos (Health 4all) UNESCO
11:00-11:30	Descanso
11-12	Relatoría de la Mesa de trabajo: Planes de desarrollo y capacitación para América Latina y el Caribe. CREEI.
12-13	Dr. Roberto Cañete Villafranca, Dr. Derrick Aarons, Dra. Hilda Romero, Dr. José Salvador Arellano Dr. Bernardo García Camino, M.Sc. Eduardo Farías Trujillo
13-14	Cierre de Actividades.

Programa para el fortalecimiento de CTI a
partir de la investigación, regulación y la
perspectiva ética



17 DE Octubre, 2020, Aula Forense UAQ, 12h

Adriana Mejía Estrada
Hilda Romero Zepeda

BIOÉTICA EN LAS PROFESIONES DE LA SALUD

BIOÉTICA EN LAS PROFESIONES DE LA SALUD



Adriana Mejía Estrada / Hilda Romero Zepeda
Compiladores

PFCE

Presentación del Libro Bioética de las Profesiones de la Salud ISBN 978-607-542-142-1

Resultado del trabajo conjunto entre la
Universidad Michoacana de San Nicolás de
Hidalgo y la Universidad Autónoma de Querétaro



Cátedra Patrimonial en Bioética, 2020
IV UNESCO Salud para Todos
(UNESCO Healthcare 4all)



Programa para el
fortalecimiento de CTI a
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Posgrados PNPC-
CONACYT de la
FACULTAD DE DERECHO.
Evento financiado
CONACYT 310683



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UNESCO Chair
in Bioethics
University of Haifa

International Seminar Series on Bioethics and COVID-19 Pandemic



United Nations
Educational, Scientific and
Cultural Organization



Nepal National Unit
of UNESCO Chair in
Bioethics

Our Esteemed Speakers



Prof. Dr. Russell D'Souza
Head & Chair
Asia Pacific Division &
Chair Department of Education
International Program UNESCO Chair in Bioethics

Topic - COVID 19- Effects on Psychological
Health of
Health Care Workforce And Impact on Function



Prof. Vedprakesh Mishra
Pro Chancellor
DMIMS Deemed University &
Head
National Academic Program
Indian Program UNESCO Chair in Bioethics

Topic - COVID 19 and Bioethics in the Medical Curriculum



Prof. Princy Palattu
HOD Pharmacology
Head
Integrated Curriculum UNESCO
Chair in Bioethics

Topic - Ethical Implication in COVID
Vaccine development and distribution



Prof. Mary Mathew
Head
Indian Program of UNESCO Chair
in Bioethics, Manipal, India

Topic - Address on behalf of Asian
Program of the UNESCO Chair in
Bioethics



Prof. Dr. Dhana Ratna Shakya
Head
Nepal National Unit of UNESCO
Chair in Bioethics

Topic - Report on Activities of
Nepal National Unit of UNESCO Chair in Bioethics



Prof. Dr. Shivendra Jha
The Dean Academics
BPKIHS

Topic - Address
on Behalf of BPKIHS

Moderator

Date - 07 November, 2020 (Saturday) Time- 04:00 PM Kathmandu Time

Platform - **zoom**

Organized by - Nepal National Unit of UNESCO Chair in Bioethics, BPKIHS in
association with - Department of Education International Program of the UNESCO
Chair in Bioethics.

Register in advance for this meeting:
<https://us02web.zoom.us/join/zoom/register/tZcqf-ysqTgiHNRzffYJzVuAorvldvRXEXw2>



Prof. Sami Lama
Member Secretary
Nepal National Unit of
UNESCO Chair in Bioethics



World Bioethics Day 2020

October 19th- 2020

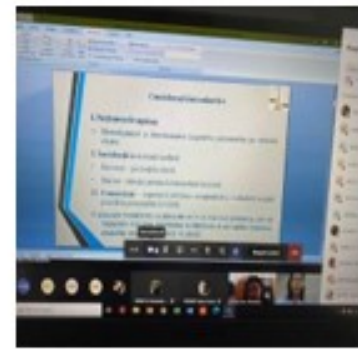
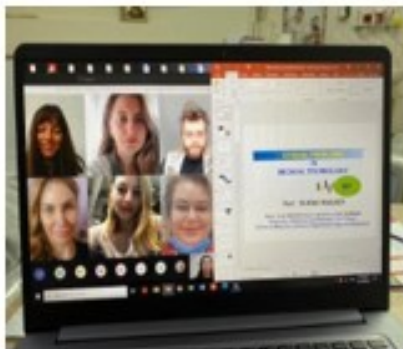
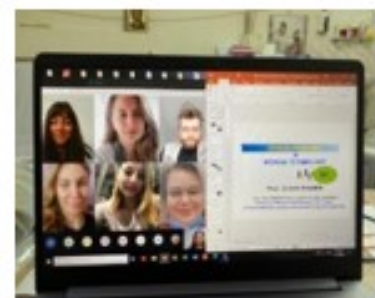
Name of the Institute: University of Medicine and Pharmacy G.T. Popa Iasi, ROMANIA

Name of the Unit: Romanian Unit of the International Network of the UNESCO Chair in Bioethics (Haifa)

Name of Unit Head: Professor Elena TOADER

BENEFIT AND HARM

IN THE AGE OF MEDICAL TECHNOLOGIES



CELEBRATION OF THE WORLD BIOETHICS DAY IN VOLGOGRAD STATE MEDICAL UNIVERSITY

Since 2016, Russian (Volgograd) Unit of the International Network of UNESCO Chair in Bioethics (Haifa), on the basis of the Department of Bioethics, Philosophy and Law with a course in the Sociology of medicine at Volgograd State Medical University, the *World Bioethics Days* are celebrated annually on October 19.

The date of the holiday was not chosen by chance. On 19 October 2005, the 33rd Session of the General Conference of UNESCO adopted the Universal Declaration on Bioethics and Human Rights. The Declaration embodies a set of bioethical principles that has been agreed upon by 191 Member States of UNESCO after an intense elaboration and consultation process involving independent and governmental experts from all regions of the world. This set of bioethical principles provides a common global platform by which bioethics can be introduced and strengthened within each Member State, and UNESCO is mandated to promote, disseminate and elaborate these principles for practical purposes.

Within the framework of the World Bioethics Day, an essay and poster competition is organized among students. The theme of the competition is announced by the leadership of the International Network of UNESCO Chair in Bioethics (Haifa). In 2016, when the celebration of the World Bioethics Day was celebrated for the first time, the theme of the competition was “Human Dignity and Human Rights,” as well as the title of one of the 15 principles of Bioethics (Universal Declaration on Bioethics and Human Rights, 2005).

This year at Volgograd State Medical University, in the year of the 15th anniversary of the Universal Declaration on Bioethics and Human Rights, within the framework of the World Bioethics Day, the Volgograd Unit of the International Network of UNESCO Chair in (Haifa) held the International scientific online conference of students and young scientists. The slogan of the conference, as well as the topic of celebration of the World Bioethics Day, was announced by the leadership of the International Network of UNESCO Chair in Bioethics (Haifa) – “Benefit and Harm”.

Famous scientists and teachers of bioethics took part in the online conference. The President of the Volgograd State University of Medicine, Academician of the Russian Academy of Sciences, *Vladimir Ivanovich Petrov* opened the conference with greeting.

The conference was attended by Russian and foreign speakers:

Honored Scientist of the Russian Federation, Professor, Doctor of Philosophy, Doctor of Law, Head of the Local Ethics Committee *Natalya Nikolaevna Sedova*;

Corresponding Member of the Russian Academy of Sciences, Doctor of Medical Sciences, Professor, Head of the Department of Pharmacology of the Yaroslavl State Medical University, *Alexander Leonidovich Hohlov*;

The visiting lecturer of medical scientists in Hannover, associate professor of the Medical College of Oldenburg, Dr. *Frank Scheffka* (Germany);

Director of the Oral and Maxillofacial Surgery Clinic of the National Hospital, Dr. *Hussein Ismail* (United Arab Emirates);

Director of Sino-Guinean friendship hospital, Head of cardiology department, Professor at uni-

versity of Conakry, medical counselor of the President, Professor *Tolno Sandy Cola* (Guinea); Doctor of Philosophy, Professor of Yerevan State Medical University, Head of the Armenian Unit of the International Network of UNESCO Chair in Bioethics (Haifa) *Davtyan Susanna* (Armenia). In their speeches, the speakers discussed the importance of bioethics for medicine and biomedical research, about the benefits and harms of medicine. Medicine and its various aspects are one of the most significant components of modern human civilization. Nowadays, more and more problems regarding healthcare and the human condition have become a concern in the field of medicine. It means that medicine is becoming more prominent in some human aspects over social, cultural or political fields. Although medicalization has its benefits, there are some consequences to it.

The medicalization shifts the border between the normal and pathological. Some 'abnormal' indications which are caused by underlying social and economic reasons are defined as 'symptoms'. This leads to the neglect of the role of social policy. Medicalization defines behavior as a medical problem or illness. It is easier for political institutions to address a disease or a syndrome than digging into the reasons behind the pathological conditions. For example, it is far more swift for the Ministry of Welfare to address medical needs of depressed alcoholics rather than finding a solution to help them quit this habit or to solve the related social or economic reasons (joblessness, financial problems, work pressure, pressure from studies, etc.).

In addition, foreign speakers spoke about the peculiarities of national medicine from the standpoint of bioethics, how bioethics developed in their states. Professor Davtyan Susanna showed the conference participants wonderful slides about the history of bioethics in Armenia.

In the final part the conference, the Head of the Russian (Volgograd) Unit of the International Network of UNESCO Chair in Bioethics (Haifa), Professor A.D. Donika, summed up the results of the student essay competition and announced the winners. The first place was taken by the work of the 3rd year student of the Faculty of Medicine Fung Siu Ling (Malaysia), the second place - the work of the 2nd year student of the Faculty of Dentistry Morozov Savva, the third place - the essay of the student of the Faculty of Medicine Strelchenko Alexandra.

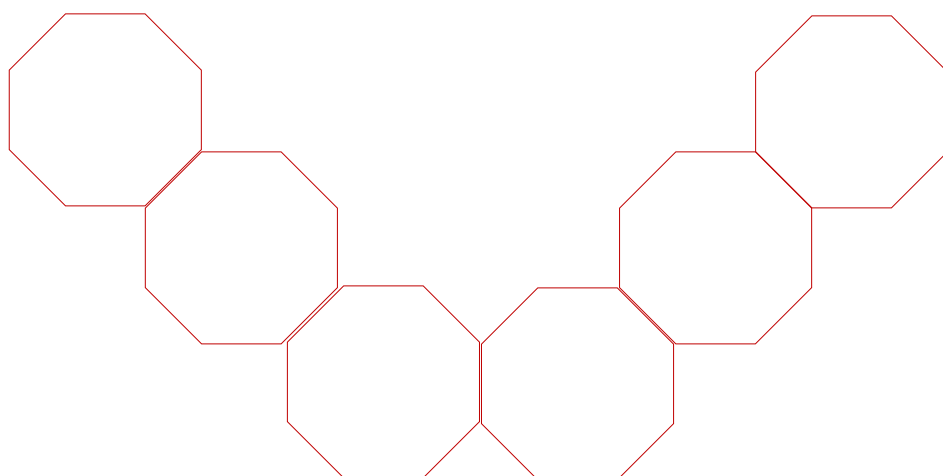


In the photo - The President of the Volgograd State University of Medicine, Academician *Petrov V.I.* opened the conference with greeting.

A.D.Donika, Doctor of Sociology, Professor, Professor of the Department of Philosophy, Bioethics and Law with the course of sociology of medicine at the Volgograd State Medical University, Head of the Russian Unit of the International Network of UNESCO Chair in Bioethics (Haifa)



A.D. Donika, Doctor of Sociology, Professor, Professor of the Department of Philosophy, Bioethics and Law with the course of sociology of medicine at the Volgograd State Medical University, Head of the Russian Unit of the International Network of UNESCO Chair in Bioethics (Haifa)





הקתדרה לביו-אתיקה של אונסקו
UNESCO Chair in Bioethics

המרכז הבינלאומי לבריאות, משפט ואתיקה, הפקולטה למשפטים, אוניברסיטת חיפה
The International Center for Health, Law and Ethics, University of Haifa



WORLD BIOETHICS DAY 2020

Name of the Institute: Mackay Medical College, New Taipei City, Taiwan

Name of the Unit: Mackay Medical College

Name of Unit Head: Dr. Ling-Lang Huang

Date of Establishment of Unit (dd/mm/yyyy): 26/11/2017

Place: MacKay Memorial Hospital, Taipei

Date: 21st-22nd Nov 2020

Attendees: 170 people

Crosstalk among Medical Humanities, Holistic Care and Digital Technology in Post-COVID-19 Pandemic Era

Date	Time	Topic	Speaker
21 Nov	9:40-9:50	Introduction	Dr. Yih-Jer Wu
	9:50-10:40	Why Narrative?	Dr. Harry Yi-Jui Wu Dr. Yu-Yueh Tsai
	10:55-11:45	Visual Imagery Narratives: Video "Bird"	Aco Chang Dr. Peter Yi-Cheng Wu
	12:45-15:45	Photovoice Workshop: Art Narratives	Dr. Peter Yi-Cheng Wu Ms. Carol Li
	16:00-16:50	Panel Discussion	Dr. Peter Yi-Cheng Wu Dr. Ling-Lang Huang Carol Li
	16:50-17:00	Closing Remark	Dr. Yih-Jer Wu
22 Nov	8:50-9:05	Opening Remark and Introduction	Superintendent Dr. Chien-Liang Liu Dr. Hung-I Yeh Dr. Yih-Jer Wu
	9:05-9:45	The Effects of COVID 19 on the State of Virginia and on U.S. Medical Education: One School's Experience	Prof. Lee Learman Prof. Dave Trinkle
	9:45-10:35	Shifting Medical Education from Knowledge to Critical Thinking	Prof. Mark H Swartz
	10:50-11:40	The Impacts and Conflicts of Virtual Reality (VR) Technology in Medical Humanities	Prof. Kenichi Hakamada

11:40-12:30	The Predicament of Health Humanities in Contemporary Asian Medical Education	Dr. Harry Yi-Jui Wu
13:20-14:00	Humanities in Epidemic Prevention and Medical Education	Prof. Daniel Fu-Chang Tsai
14:00-14:40	Human Enabled AI: Mechanistically Translating Human Experience into Scalable Decision Analytics	Dr. Chi-Chun Lee
15:10-15:50	Medical Humanities as Academic Disciplines Worth Learning, Immersing, and Researching?	Prof. Yen-Yuan Chen
15:50-16:30	Narrative as Resistance: Cultivating Holistic Health Care in the post COVID 19 Era	Dr. Peter Yi-Cheng Wu
16:45	Closing Remark	Dr. Hung-I Yeh

We celebrated the World Bioethics Day 2020 by organizing a two-day international conference at MacKay Memorial Hospital. In the year that humans are attacked by COVID-19 pandemic, both medical doctors and students face new challenges. We took this conference as an opportunity to re-examine the impact on medical staff for the changes on care and treatment process. It also gives us a chance to examine how medical education adapts to the rapid change in this condition.

Narrative Medicine Workshop (21st Nov): We invited scholars and visual artists from different fields to discuss the significance of narrative medicine in clinical works and medical education. In the morning session, Dr. Harry Yi-Jui Wu first introduced the application and development of narratives in medical education. Dr. Yu-Yueh Tsai then demonstrated how narratives improves the life quality of patients with cancers or mental disorders. Ms. Aco Chang shared her animated movie "Bird" which describes the experience of panic attack and ornithophobia, followed by a panel discussion with Dr. Peter Yi-Cheng Wu. In the afternoon session, Dr. Peter Yi-Cheng Wu and Ms. Carol Li guided the attendees to practice two narrative methods: Photovoice and visual art. These creative processes have demonstrated to facilitate a person's narrative competency as well as mental health.

International Conference (22nd Nov): Scholars in the fields of medicine, humanities, and computer sciences from the United States, Japan, Hong Kong, and Taiwan are invited. Talks in four symposiums on the topics of the applications and implements of medical humanities and artificial intelligence (AI) in modern medical education are presented using both online and actual conferences. In addition, Prof. Lee Learman and Prof. Dave Trinkle shared their changes in medical educations in order to rapidly react to the COVID-19 pandemic. These presentations and following panel discussions facilitate new directions of all-vista healthcare and medical education.



Group photo of attendees of Narrative Medicine Workshop on Nov 21st.



The online conference on Nov 22nd.



The actual conference at the MacKay Memorial Hospital on Nov 22nd.



Group photo of attendees in Taiwan at MacKay Medical College on Nov 22nd.



United Nations
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Cultural Organization



UNESCO Chair
in Bioethics
University of Haifa

Webinar



ĐẠI HỌC Y
1902
HÀ NỘI

Bioethics and COVID-19 Pandemic



Prof. Dr. Russell Dsouza
Head UNESCO Chair in
Bioethics, Haifa Australia



Prof. Dr. Mary Mathew
Head-Indian Program,
MAHE, Manipal



Prof. Dr. Tran Thanh Huong
Head UNESCO Chair
Bioethics Unit HNU, VN



Prof. Dr. Trevor Gibbs
President Association for
AMEE, United Kingdom



Dr. Tran Tho Nhi
Hanoi Medical
University, Vietnam

THEMES:

1. COVID 19- Effects on Psychological Health of Health Care Workforce and impact on function
2. The Good, The Bad and The Ugly: Medical Education at a time of COVID 19 Pandemic
3. Ethical Lessons learnt from the COVID 19 Pandemic
4. Social stigma and its association with mental health of health-care workers during COVID-19 in Vietnam.

Time: 11th November 2020 Time Australia 6.30 PM Vietnam 2.30 PM India 1 PM United Kingdom 7.30 am

Join Zoom Meeting: <http://us02web.zoom.us/j/8179403041>; Meeting ID: 817 940 3041

About Units

Experiences About Ongoing Covid-19 Pandemic

Over the past 6 months the corona virus disease 2019 (COVID-19) has marched relentlessly westward. On march 10, WHO said that Europe was now the centre of pandemic, but as usual we were living our busy lives without even knowing or having any idea that our lives are going to change forever for the sins or the damage you could say we have done to the society, people or environment etc. My exams were over I was happy and was planning with my friends for going outside in weekends. Next day we went college, and everyone was asked to wear masks, sanitise your hand and follow social distancing. The main thing I could focus on was social distancing there it seemed funny to me and I was like I can't follow social distancing with my friends. I cannot do anything alone I need my friends to socialise with me not distance me from them. There was fuss everywhere we were excited to go home but like for only 15 to 20 days as it seemed it is not coronavirus it is somewhat like Karuna Aunt who came in our house for vacation and then we had to change all our habits and behavior because of her annoying nature and always wanting to see perfection in every aspect of person. Likewise following I realised there was no difference between two of them. I came home on 16th March 2020 happy child with not so much of luggage/clothes. March and April went by just knowing and following lockdown and quarantine measures and guidelines of the government. Then in the middle of June the cases started rising rapidly and everyone along that time was so negative dad if you ask something they will just say that everyone will suffer from this disease least you could do is increase your immunity. so, we did that gave a boost to businesses of turmeric, Patanjali Ayurveda, Kadha and what not. Everything was going smoothly the major problem for me was online classes. Being a medical Student, I was not able to get through the things without practicals and demonstrations. I do appreciate the hard work our teachers did put for us. But I personally think it became like more hectic schedule for us and continuously looking on one screen my eyes vision from being a normal myopic person went on increasing to a point where my head was painig so much that I did not want to even sleep/ wake or do anything. And moreover I gain weight also an my parents were continuously after me to do exercise and perform yoga and all but as I said the changing of schedule from an offline mode to online mode had worsen the situation more. And adding to it were the daily notices, pdf's and mails about the reopening of Colleges, exam date which made things more and more unclear and uncertain in my life. Then one day I was watching TV and then suddenly there was news of suicide or murder or what crap media people made of Sushant Singh Rajput death's. The main topic that grew that time that people would really love to take or should I say just post and put Story on the social media accounts and handles was "MENTAL HEALTH". People always say talk about your suffering, depression, mental health as etc , but personally going through all the thoughts and seeing what is happening in the world just waking up with questions of vaccine or going to bed that will the things get normal or we have to live like this and just blame God for our deeds. I eventually felt like that I am also one of them as I used to get angry at unreasonable things overthink some past stuff like just cry on that and blame every-

one. Gradually after talking to my mother and friends on the topic I got normal and thought to change my schedule and sleep and rise on time and do some sort of physical exercise. I think depression and anxiety is not a one-day thing it is like a series of processes and things taking place in our lives that goes on gambling in our mind. Then I literally felt like giving up on TV and newspaper like on a daily basis there was some sort of increase in crime and harassment against people especially women. I also helped migrant workers those who were the most affected during this lockdown like daily-wages workers. Now shifting onto learning things was cooking I am sure everyone had his or her hand on it. I think cooking is good as a hobby to indulge in if you feel low or your mood is upset. Cocooning increased in this pandemic. There is rise in home spending and made at home things as people stay more local. Winners will be those who zero their sights on the home. Now as a medical student I would also like to talk about the health care workers the one who treat selflessly, how they are being treated selfishly by the public.

I think an explicit message of covid-19 is that other people/place can carry an invisible threat. Deciding on what to do specially in relation to large decisions such as Holidays and where to live or work is becoming a more anxious process.

Covid-19 is biggest global event and challenge of our lifetime. In the future we will find a return to normalcy in many aspects of life. But there is no question that many things will change possibly forever. This pandemic has altered the experience of being a customer, an employee, a citizen and human. People have started being in contact and more social towards their relationship with other family members and also back with some what we called old school customs or memories which is also a source of creative innovation -back new ways to live. I would like to end my article with only one statement that COVID-19 has taught us two things First is tit for tat, what you give to environment or what you do to the natural resources, You will definitely face the consequences of it and 2nd is nothing is certain and sure in life. Let life give you up's and down, enjoy it. As it is said "Difficult roads often leads to you a Beautiful Destination"

Thankyou.

Maitreyi Shukla

MBBS - 1st year

Dr. D.Y. Patil Medical College, Pune

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THE NEW NORMAL - The story of Human Resilience

Background: The month of March in Maharashtra generally coincides with the beginning of Hindu new year, and is Gudhi Padwa the first day is the most auspicious. However, this year in March 2020, the Hindu new year began with the 'new normal' - a worldwide lockdown with the COVID-19 Pandemic. Almost all socio-cultural-economic human transactions ground to a standstill. Restaurants, shopping malls, theatres, public & private transport, most industrial activities as well as many private health establishments were shut. The only people seen moving around were the health care providers, conservancy workers and our police force - all essential services- who were allowed to leave their homes in the service of society.

The situation which was initially considered as a passing one; brought about many changes in the way we live and interact with our environment. Health care focus shifted to prevention, containment and treatment of SARS CO V2 (COVID19). Health care infrastructure was continually modified, upgraded and expanded to admit those who would be affected. Open grounds were converted to domes, wards to ICUs. Continuous attempts were made to meet the ever increasing ventilator requirements. Social justice demanded that the resources be redistributed to save lives. Suddenly there was a change in health statistics of patients visiting OPDs and in hospital admissions as though the innate ability to heal themselves had strengthened.

Impact on mental health: Risking one's own life and that of the family in the infection outbreak while performing duty is bound to cause lot of mental distress. These feelings needed to be respected. The conflict between duty to care and personal safety had to be resolved, where duty was above fear. As health care workers it was the fear of unknown, the right and wrong. As the disease was new it was important to weigh the benefit vs harm to the patient and therapist both alike. For patients, fear of stigma and discrimination by the society on diagnosis or as potential carriers and ultimately fear of death were amongst the reasons of mental anguish. The thought of dying alone and not having a proper burial or cremation to satisfy the spiritual needs, warranted care and compassion. In the words of a patient it was " I am not scared of dying but I am scared of dying alone"

How people improvised-

Allowing patients to talk to their relatives through video calls.

Encouraging and training to maintain fitness during quarantine and isolation,,

Accepting the disease and spreading awareness to modify the socializing habits

Engaging themselves in activities that were long pending to learn, relearning simple tasks, hobbies and finding ways to contribute in family gave solace.

Searching opportunities in the midst of danger.

Impact on Rehabilitative services: As the focus shifted to the pandemic, those seeking rehabilitative services were badly hit. Those with non- communicable diseases, cardiac problems, chronic respiratory and neurological dysfunctions, vision issues; the pregnant, children and the elderly suffered too.

Owing to complete lockdown declared by the Government, transport, banking services were curtailed. As a result, many rehabilitation centers were shut, temporarily and some even permanently. Lack of access and sensitivity to the need of those in need of rehabilitation left many with disabilities. The beneficial act of mitigation of COVID impact was being overshadowed by the harm of loss of functional ability and freedom of movement. Patients who were operated before the declaration of the lockdown, who otherwise had to follow-up in the physical / occupational therapy OPDs, were unable to report. Planned Surgical Interventions were stalled and the pre as well as post-operative rehabilitation for such patients was put on hold. Patients with neu-

rological dysfunction like hemiplegia and Parkinsonism who needed long term rehabilitation were unable to access rehab service. There were no private clinics running nor home visits by any therapists. Asthmatics, COPD, ILD, Tuberculosis patients did not dare to venture out. All cardio pulmonary rehabilitation patients who visited OPD regularly for nebulization, breathing and exercise were lost to follow up. Advanced Rehabilitation Centers of various specialities, including Asthma OPD, Neuro-OPD and musculo-Skeletal OPD reported negligible patient count owing to this lockdown. Fear of disease, Lack of transportation and financial issues constrained people from availing the skeletal services. In spite of facing deleterious health related issues, priorities of patients had now shifted to economic health. These multifactorial problems led to inadequate rehabilitation of the large spectrum of patients who were actually non COVID patients. The family members of these patients faced a lot of hardships; physical, because patients could not become functionally independent in the speculated time due to lack of rehabilitation, & psychological as a consequence of the COVID-19 pandemic.

Along with their regular medications and fixed daily/weekly expenditure, families were faced with an added expenditure now - that of acquiring masks, sanitizers, gloves and other protective equipments for the patients and caregivers. After 2 months of lockdown, the crisis heightened as there were no jobs. Persistent disabilities made patients unproductive for family and society. Some patients migrated to their native places as and when transport was available- these places mostly being small towns or villages with no rehabilitation services.

Tele-rehabilitation: Though telemedicine is age old it gathered footage in the pandemic. Use of social media served as boon for the therapists to connect with patients and their relatives. As a mode of communication some patients were contacted through mobile (Voice & Video calls) and rehabilitation guidelines were given. This is how therapists started 'Tele-Rehabilitation', as a need of the hour. Patients became more receptive and responsible to follow and abide by the instructions given by the therapist, following home exercise program. Voice call, messages, WhatsApp call or video call all became a part of tele-rehabilitation program as approach to reach the patients. However it was the means only for those who had smartphone or those who could visit a centre to connect or with good network connectivity. Still, majority of patients remain unattended. Any physical form of exercise or instruction would compromise on safety leading to under treatment.

Changing Lifestyles: This Global Pandemic led to a rise of hardships and difficulties in each and every sector. Psychological distress was evident in all. Only source of communication, recreation or facilitation was on social media based on information technology. The IT sector, with long hours of work-from-home, started reporting health issues due to poor posture, long hours of screen time, sedentary behaviour, altered sleep habits and altered meal patterns.

With the gymnasias and public parks shut, outdoor physical activity was zero. Release of new television series and movies on popular internet channels made the entire population 'Sofa-ridden' as though there was no options at their disposal. Benefit vs harm needed to be balanced. Webinars, online schools and classes, work from home was the new norm.

Quality Time: Working from home gave many a lot of spare time, and they started being involved in recreational activities, and were stress-free, at least for a short period after decades. Career-tied individuals who seldom had time for themselves and their families, got an opportunity to emotionally bond with their families. Hostel students who were away from their homes, and who managed to reach their homes well before lockdown, got a golden opportunity of spending quality time with their families.

Individuals who were 24x7 occupied with their work schedules, now had free time to focus and develop some hobbies, and to do what they always wanted to. Each one tried to give meaning to their life, the pandemic brought out resilience of mankind.

Looking back, looking ahead: Nature healed itself with clearer skies and pollution free air to breathe, along with healing of mankind by building a sense of community. COVID 19 taught us to make hitherto unimagined changes overnight to sustain ourselves. It taught us to be adaptable and resilient minimizing our wants and needs. It showed new ways to serve others with care and compassion. Life did course correction to the new normal accepting the changes around teaching us to be more resilient. Whether the pandemic came as a boon in disguise only time can tell!

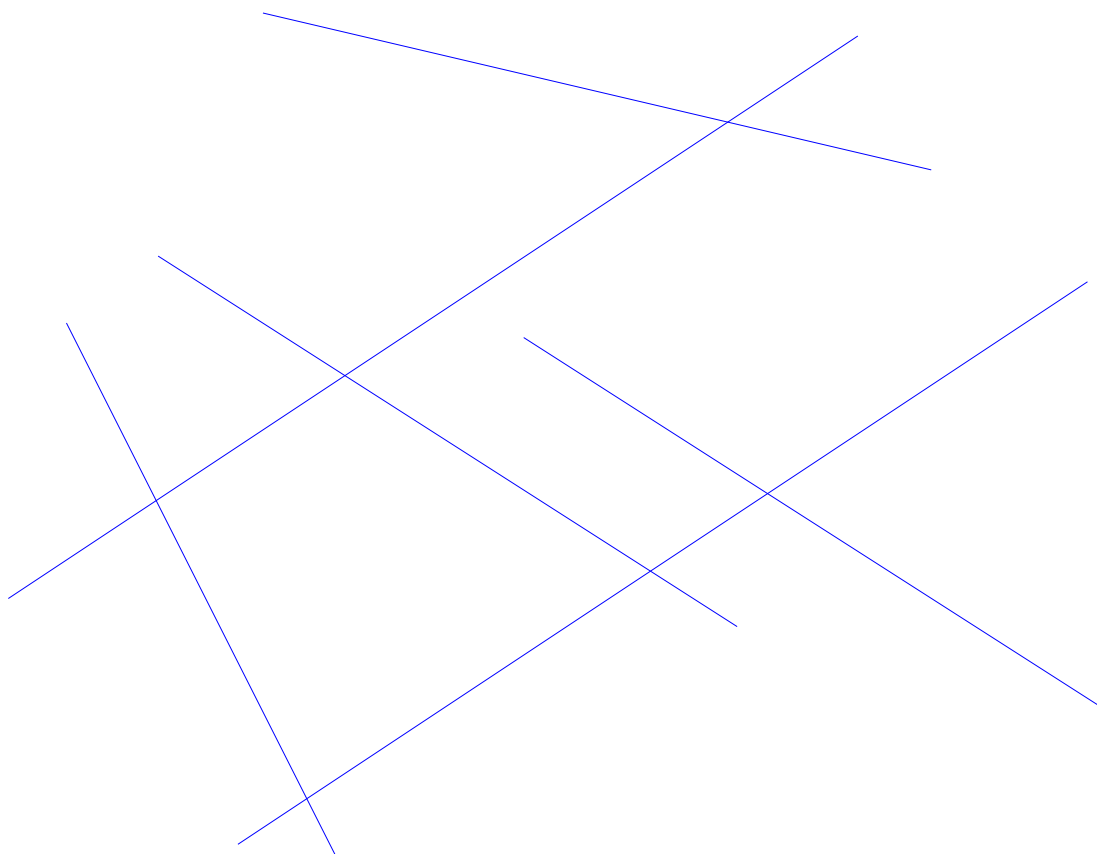
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EXPERIENCES RELATED TO THE COVID-19 PANDEMIC

What was reported in December of 2019 has now malignantly spread all over the world. The transmission was meticulously traced to bats which was transmitted to humans, probably via an intermediary host in Wuhan, China. Reported to the WHO as a virus having flu like symptoms on the 31st of December, the coronavirus has since infected 41.6 million, of which 28.3 million have recovered and 1.14 million people have succumbed to the virus worldwide to date. From China it spread exponentially to Italy, Australia, India and soon to the whole world.

While vaccines typically require years of research and testing before they reach the clinic, work is going on at a frenetic pace to expedite the process of making COVID-19 a vaccine-preventable disease. The first vaccine safety trials in humans started in March, and now 10 have reached the final stages of testing. Currently 48 vaccines are in clinical trials on humans and at least 89 pre-clinical vaccines are under active investigation in animals, however there are no approved vaccines for human use as yet. An optimistic estimate for the same is March of 2021. With a viable vaccine, which will be able to inoculate people against the virus not close by, we have learnt to live with it.

The pandemic has undeniably changed our lifestyles and will continue to do so until the whole world is inoculated. For me, it brought me back home from college which was a welcome change, with this came online classes, social distancing, wearing masks in public, etc....soon one thing led to another and before we knew it our nation was on LOCKDOWN. While this caught some of us off guard, others saw this coming and were well prepared. As most of you may know, the coronavirus spreads from person to person through small droplets (droplet infection) from the nose or mouth which spreads when an infected person coughs or exhales. These droplets remain viable for up to 72 hours on plastic and stainless steel and 24 hours on cardboard surfaces. This mode of transmission brought sanitization, face masks and social distancing into the picture. Social distancing is the new normal which until a few months ago went against the very fabric of our society, that was used to high fives, hugs and handshakes. Wearing face masks in public while maintaining 6 feet distance at all times made face to face communication and going about your daily routine, quite frankly very difficult. Travel was most definitely out of the question, living 5 minutes away from the beach and listening to the waves crash, it seemed so close yet so far. With the imposition of the lockdown, to help curb its spread, came far reaching consequences. But like all things if you look really close there's always a silver lining.

Not just the skyline is becoming clearer with each passing day, the rivers are visibly purer, and the once endangered flora and fauna is now coming back to life. The Ganga may be cleaner today than it was in 1986, as none of the industrial waste is being dumped in it. Same goes for the Yamuna. With absolutely limited movements of vehicles, the metro cities of India are breathing in relatively cleaner air with safer levels of pollutants to deal with. The return of pink flamingos to Mumbai beach due to reduced human activities around the area is something to rejoice about. So while humans have been hurting during this pandemic, the Earth has been healing itself.

Being a medical student, the fate of my education was left hanging by a thread and the uncertainty surrounding it stoked stress. The transition from traditional face to face to online teaching methods comes with its own set of pros and cons. While tuning into the lectures from the comfort of my own home, allows for greater flexibility, an opportunity to group similar lectures together and re watch them and of course not having to worry about being presentable and ultimately dressing down. However loss of personal contact will undeniably effect medical training.

Seeing how most Universities replaced physical examinations with unsupervised online ones, relying solely on an individual's integrity as the only safeguard against cheating. My university conducted our prelims online and honestly it was the most relaxed I've ever been during a paper, but I'm not quite sure as to how true an evaluation it will be. Being within the confines of my own home, more than often I found myself bogged down with lack of motivation. So I tried everything to stay focused and what worked for me was staying miles away from social media, establishing a routine akin to my own needs, spirituality and spending time with my family. Especially in times like these where feeling anxious and lethargic is second nature to us, following a balanced diet is of immense importance. With all the extra time on my hands I decided to hone my culinary skills. In doing so, there was an incidence where I almost blew up the kitchen when I forgot to turn the oven off, I got a well deserved ear full for that, so kids always keep your timers handy, I learnt the hard way.

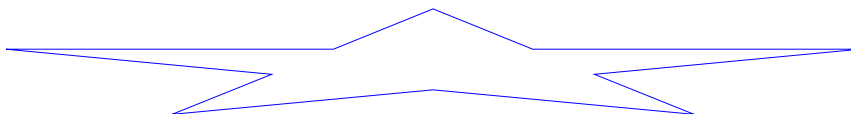
This crisis is undoubtedly slowing down the global economy, increasing unemployment, poverty and turning our lives upside down. Coronavirus brought the world to a complete standstill. In my 19 years on this planet, I've never seen the streets of Goa; my hometown so deserted. I've never seen so many people going hungry all at one time, so many people losing their jobs all at one time and so many losing their loved ones all at one time; and all to a disease which we still aren't able to fully understand. A disease that went on infecting and killing thousands like it was no one's business and we're still trying hard to stop it in its path. In retrospect, the Coronavirus did for some what no one or nothing else was able to do. For me, it gave me perspective on life as a whole making me realise how fortunate I am. It brought me closer to my family, made me realise how important having a family is. Trust me, when you're at rock bottom family will never fail you. I've got my priorities set straight and have so much more clarity on what really matters and what really is the measure of a good life. A good life for me is simply being happy, having a pristine state of mind and being able to save more lives. I'm grateful to be in the medical profession and I realise that now more than ever.

Louise Veneziana Barretto.

October 2020

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Experiences related to ongoing COVID-19 pandemic

When I took a flight back home in March 2020 with a broken foot in tow, seeking the comfort of my home under the pretense of a pandemic just to get a break from the hectic college life of a medical student, I thought of the pandemic as a temporary solution or even an excuse to take a step back and take time to heal mentally and physically. Seven months down the lane, it's the beginning of November, now I am back on my feet, feeling normal as ever, wondering if this never-ending break will one day finish before I lose my sanity.

The remaining term of the first year of my medical school was unmistakably shaped by forces outside the control of our education leaders. The COVID-19 pandemic caused schools, colleges, and universities across the nation as well as globally to quickly pivot in an emergency fashion to online teaching and learning. All of a sudden the traditional college life and experiences were reduced to something we got at a touch of the hand. Group study sessions, meeting friends for lunch, interacting with professors after lectures all were replaced by video calls and zoom sessions. There was a complete paradigm shift in our way of learning, perceiving things, and communicating with others. Still, we adapted to the new era of online education because the lockdown was upon us and the alternative of going out and catching the virus was undoubtedly an ignorant choice. Social distancing and work at home had become the new norms and we had to learn how to keep up with that.

As time went by, we all formed a new routine to live by and with the extra time in hand, the need to be productive was harboring in our minds in order to temporarily forget about the increasing death toll due to the virus. For me, the alleged extra time in hand was put to some other use. As the virus entered our city, the domestic help at our home left. We were left to our own devices and understood the importance of doing chores without which a home is incapable to function. Add on to that, the storm of anxiety-inducing news and additional stress due to the fact that my father was in essential services. The thought of being productive despite the onslaught of suggestions on the internet was nowhere near my mind. But gradually things got better. My fracture was healed by then so I helped my mother with the chores and a clear division of tasks among all the family members was done. As for the stress, we all found some activities to channelize it. I got back to my love for art and discovered various avenues of it which helped in guiding my thoughts in a creative way. I also feel listening to music helped me introspect and release all the pessimistic thoughts occupying the corners of my mind. We all fell into a new pattern and a new normal was achieved.

Somehow the first few months of the pandemic went by so quickly and we didn't even get to know. Perhaps it was spent trying to set ourselves in this new lifestyle all the while dealing with online education and exams. But as soon as the exams ended, so did our motivation to study. Our syllabus was done for and we had no idea when our university exams would be taken or when we would be called back. So academically again I was at a standstill, not knowing what the future beholds and tired of going through the same books again and again. Also, a feeling of hopelessness was there because every day when a frontline healthcare worker was saving a life, we were sitting at home unable to do anything to save the world. Then sometime later a few opportunities were presented to me, begging me to whisk myself away from the monotonous study routine and the helplessness I was facing about the pandemic and I didn't say no. I participated in many online competitions and associated myself with student organizations like GCMER and MSAI. They not only gave me a chance to explore my academic depth but also encouraged me to build my profile by conducting various webinars. The world was already falling apart in front of

our eyes- the COVID-19 pandemic and adding onto that so many social issues like Black Lives Matter, climate change, gender inequality, and even communal issues in our country, were going on, all of which left an imprint on my life and I wanted to do my bit even if I was incapable to help with the pandemic. These organizations gave me a platform to vocalize my thoughts on these matters and gave me a chance to create awareness even if it was in a smaller group setting. I discovered a version of me that was hidden all these years – a more confident, articulate, and productive version and I couldn't be more content with it.

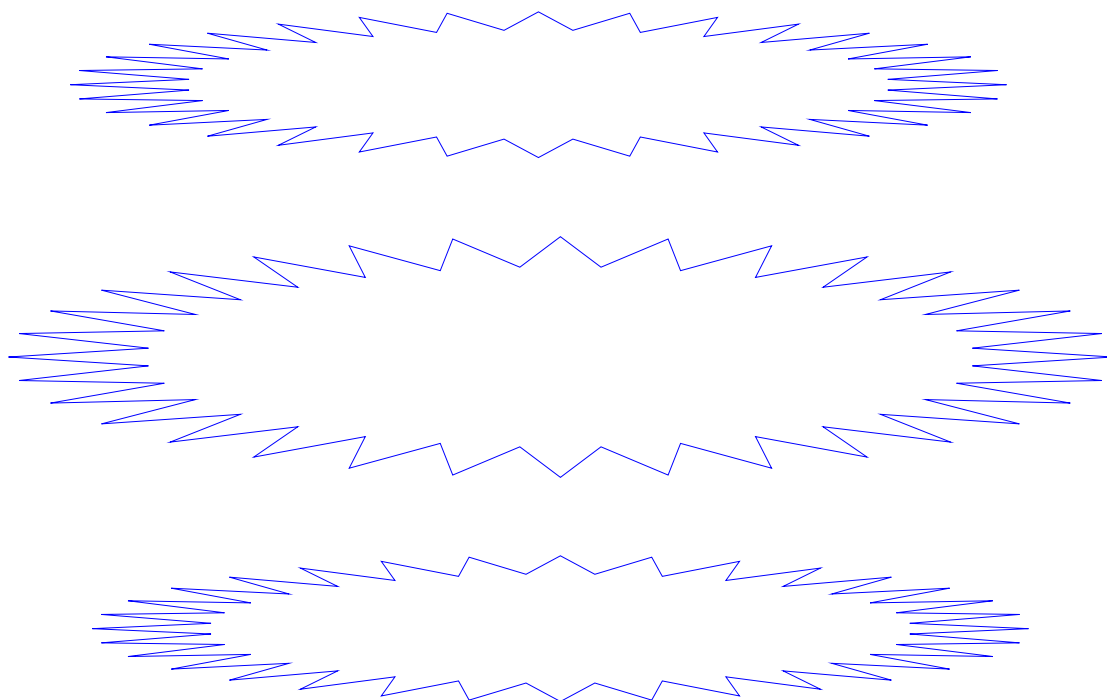
The pandemic definitely gave me an opportunity to discover the layers of my personality-the good and the bad. It pushed me to my limits and forced me to look at things in a three-dimensional way and also taught me to focus on the bigger picture. Personally, this year was anything but dull; it was full of raw emotions and painful realizations of the fragility of the human condition and the extent to which we need one another. Also it not only taught me to have patience but how to keep yourself together when everything and everyone around you was falling apart. I wish that a pandemic wouldn't be needed for me to understand the complexity of human nature, the suppressed thoughts and feelings everyone goes through but I'm glad to have these experiences in my bucket as they have in a way shaped me to face the world head-on when all of this ends.

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MBBS-1

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Topic: Experiences related to ongoing COVID-19 pandemic

Ever heard the saying? 'No matter who you are, you are a part of history, and you can create further history.' An example best set by is none other than a virus which is now-a-days a part and parcel of our life, SARS-CoV-2. Just a few grams of it spread across the globe, using humans to destroy them by exploiting the habit of mediocre hygiene. Mouths were shut by the mask but the will to strive for life kept humanity on its toes screaming with actions. Novel it sounds as the virus itself.

On 24th March 2020, the first nationwide lockdown was declared. The aim was to curb the transmission of the virus. But who knew it would be extended so much that the students would live in present with the nostalgia of college while actually being a part of it.

Sacrifice /'səkrɪfɪs/

An act of giving up something valued for the sake of something else regarded as more important or worthy. All the citizens of this country solemnly resolved to stop the notorious advancement of this virus.

All of us still fighting but in the process there were many changes brought to the homo sapien community and its modus operandi.

From giving up all the social life to reduction in the supply of resources, we faced it all. From adapting to wear a mask, to sanitizing our hands 20 times a day, we went through all.

The privileged ones were the ones who were able to reach back home to their loved ones and more so the people who had enough to feed themselves in the interval of no income. Because everyone did not have the same luxury. Some died on the way, some gave up with the inability to feed themselves. Many steps were taken so that maximum number of people get the daily essentials by the local communities, trust and foundations and also the by the government to provide foodgrains at a very subsidized rate.

Talking globally, at least 84 countries declared emergencies. The relation between countries improved too but on the other hand some conflicts and dynamic worsened so much that The United Nations had to declare Global ceasefire. The world experienced a mixed bag of occurrences in the world of economics. All of us are heading to an economic crisis. Many of the employees were fired, shops and outlets were shutdown to decrease the cost of running the businesses corresponding to the decrease in spending power of the consumers and the relative demand. Unemployment curve went on an exponential trip towards the ceiling. Whatever businesses prevailed also saw a change in the transaction process. The ones who ensured lesser contact delivery systems and online mode of payments attracted more consumers. While some went broke, some took the advantage of the situation and started selling products and services which could distract people away from the excess 'in-home' environments. Thus came a boom of infopreneurs. New courses being launched everyday. Knowledge spreading at a never before speed. As we see there was not only a growth in the personality development but also in a way we could heal mother nature as well. Decrease in the fuel consumption led to decrease in the air and the noise pollution levels to such an extent that the Himalayan ranges were seen miles away from Punjab itself. Apart from these awesome perks which humanity gained and the much awaited hours we spent with our families there was also a sector of our society which was suffering. The elderly who had been staying alone, the people who were suffering from mental illnesses became one of the victims of this lockdown. We saw humanity coming back from discussions of colonization and economic expansion to helping and empathizing our fellow mates. New relationships were formed, some broke up and yet the balance maintained. The medical and paramedical staff irrespective of

their background and financial conditions came forward to serve the nation, to serve God's own fellowmen. We sometimes clapped for them, some banged utensils.

"We invited the dark, to show off our flames,
We lighted the candles, sovereign we became"

- 'P'hiliac

Many warriors we lost but their deeds which might go unsung but will be cherished as a whole by us. Some people made a fortune, some declared bankruptcy, some got inspired some psyched out just because they weren't able to achieve what their favourite influencer could. We didn't stop be it a marriage ceremony or the demise of a dear one.

We witnessed the grandeur of this splendid world divide into much smaller circles maintaining social distance, and yet everything continued.

The stories of labor and love, bringing back family members from thousand of kilometers away be it on a cycle or on a scooter kept the spirit high. We were still able to prevail even against the odds.

What we learnt from this lockdown i would like to summarize as

Not always would it be,
Being out of town would mean free;

Affection must not always be displayed,
It's the precaution we took to keep them safe,
It's not the number of visits that we make,
If we don't do so it's their health at stake;

There are quite a few things where you might feel ruled upon'
Take a deep breath, life will take new roads thereon;

How would it be to take that chance,
Sounds a melancholy, find a way to dance.

It's okay to be weak,
You'll grow someday,
Efforts shall speak ,
You'll find your way.

There's always the silver lining to the darkest cloud.
The silent ray of light will shout out loud;

Remember we do always have more,
Don't let the storm signify the shore;

Value instead of whiling time on the contrary,
For happiness is best served temporarily.

'P'hiliac

Sandeep Ramdas Peswani
Dr. D. Y. Patil Medical College Pune

THE GOOD, THE BAD AND THE WORST: COVID-19

The COVID-19 disease has now achieved pandemic status. The World Health Organization has issued guidelines for managing the problem from both biomedical and psychological points of view. While preventive and medical action is the most important at this stage, emergency psychological crisis interventions for people affected by COVID-19 are also critical. This includes direct interventions for patients, and indirect for relatives, caregivers, and health care professionals. The pandemic has sparked a crop of diary entries and essays that describe how life has changed. Novelists, critics, artists, and journalists have put words to the feelings many are experiencing.

As early as February, it was clear that individuals at the highest risk for severe disease and death from COVID-19 included people over 60 and those with underlying conditions, such as hypertension, diabetes, and cardiovascular disease. The danger they face is painfully evident in many nursing homes and other long-term care facilities in which conditions exacerbate the risks. Too frequently, residents share rooms and mix in close quarters, and they have frequent and high-touch physical contact with staff who move from room to room. But in these times also, few countries developed plans to protect the vulnerable, older individuals who rely on assistance in long-term care facilities.

The students had some advantages as well as disadvantages. Students could use their quality time in studying and other activities like watching movies and some craftwork, in which they are interested. They had the best time to spend with grandparents, cousins, mothers, and fathers and got proper time for self-studies. The students faced some major disadvantages as well. They had their Online classes, where the adoption rate is around 50-60% whereas in the classroom the adoption was around 80-90%. Online classes affect the eyes of the students due to long hours in front of the blue screen. Small children like the playschool and the primary grades have low concentration power, and these small kids do not have the ability to sit for a longer time in front of the blue screen. Poor children faced a severe problem with their studies as they do not have access to laptops and computers; all these students are naïve, think there should not be this disparate education.

The young people's employment prospects in Asia and the Pacific are severely challenged due to the pandemic. Youth (15-24 years) were hit harder than adults (25 and older) in the immediate crisis and risk-bearing higher longer-term economic and social costs said the report. According to a report based on a regional assessment of the 'Global Survey on Youth and COVID-19', In India, two-thirds of firm-level apprenticeships and three-quarters of internships were completely interrupted during the pandemic. Urgent, large-scale, and targeted responses, including youth-targeted wage subsidies and public employment programs, and measures to mitigate the impact on students of the disruption to their education and training are recommended to the government.

Considering the impact of the pandemic on medical students, they are greatly affected too. The 1st year medical students were in a daily habit of attending college and being utterly preoccupied with lectures, practicals, studies, and examinations. This year with the introduction of the new concept of competency-based medical education students were exposed to the hospital set up by early clinical exposure. Since the news of a nationwide lockdown was announced from March 26, 2020, in response to the spread of the coronavirus disease-19 virus, it imparted a great impact on the 1st year medical students. To complete the scheduled curriculum, online teaching-learning sessions were initiated by medical colleges. Students tried their best to cope up with new online learning sessions, completing assignments, and appearing for vivas, but they lack the

practical exposure they had in college. Dissections and practicals help to understand the concept better, but regrettably, the MBBS students did not get a chance to do the practicals which affected almost a year of their already long curriculum.

The COVID-19 pandemic is straining health systems worldwide. This pandemic has exposed the poor health system worldwide and impacted healthcare workers badly in all aspects. They are more vulnerable to COVID-19 infection than the general population because of being frequently in contact with affected individuals. The rapidly increasing demand for health facilities and health care workers threatens to leave some health systems overstretched and unable to operate effectively which directly has a major effect on health care workers. While currently, all the energies in the country are focused on controlling the transmission and curtailing morbidity and mortality due to the pandemic, it is important to take a look at how this infection and its fallouts can impact the healthcare scenario.

The COVID-19 situation has positively impacted the way people emote and maintain relationships. They got to spend time with their family and plan their work better. This actually helps them build a better future for both work and family. From shaking hands to namaste, we all have had a lifestyle change for the good. People are going to remember to cover their mouths while coughing, and to sanitize hands after touching anything else because now they know what can happen if they don't.

This quarantine welcomes ideas, hacks, tips, & tricks to beat the lockdowns & help our communities. Companies across the world have started thinking about coming up with product & service ranges that enable us to be as connected as they are with their teams and also your loved ones. Finding creative ways to not let the boredom of four walls get you is the newest trend and rightfully so.

Running businesses remotely is no longer something that we think is impossible & can also bring about this massive wave of change in Real estate, especially in the tier 1 cities. With businesses realizing they no longer need a fancy, large physical space in the city center to run their business as smoothly as ever, the demand for innovative and engaging workplaces is going to come down.

REFERENCES :

<https://europeansting.com/2020/08/25/covid-19-has-laid-bare-the-cracks-in-long-term-care-heres-how-to-fix-them/>
<https://www.vox.com/culture/2020/4/5/21208629/essays-life-during-coronavirus-arundhati-roy-david-byrne>
<https://www.frontiersin.org/research-topics/13561/coronavirus-disease-covid-19-psychological-behavioral-interpersonal-effects-and-clinical-implication>
<https://timesofindia.indiatimes.com/readersblog/covid-19-effect-on-student-life/covid-19-effect-on-student-life-23470/>
<https://economictimes.indiatimes.com/news/economy/indicators/41-lakh-youth-lose-jobs-in-india-due-to-covid-19-pandemic-ilo-adb-report/articleshow/77613218.cms>
<https://www.njppp.com/fulltext/28-1594013249.pdf?1603788150>
<https://www.japi.org/x26474a4/corona-virus-covid-19-and-its-impact-on-health-care-workers->

The article is written by Urvi Manchanda, 1st-year MBBS students at Dr. DY Patil medical college, Pimpri, Pune.

Name of the unit: DPU Unit of Bioethics Chair in Haifa.

COVID-19 IN TURKEY

The last known coronavirus disease is COVID-19 which has appeared in China, in December 2019, and rapidly spread worldwide ^[1]. It has caused a pandemic in the world. The first confirmed case of COVID-19 in Turkey was a 44-year-old male who was referred to the hospital on March 9, 2020 ^[2]. It was announced by the Health Minister of Turkey, Dr. Fahrettin Koca at a press conference on March 11, 2020 ^[1]. Koca announced that a male citizen had tested positive and that he had been infected with the virus after returning from Europe. Koca also declared that the patient was completely isolated, his general condition was good, and all of his family members and those who had had contact with him were under surveillance ^[1]. Koca added that “The coronavirus is not stronger than the measures we will take. A quarantined patient cannot threaten society ^[3]”; and underlined that the problem was global, but the fight had to be national, and Turkey was prepared to fight against Coronavirus ^[1]. Turkey confirmed the first COVID-19 related death on March 17, 2020 ^[2].

The Current Status of COVID-19 in Turkey

As of May 10, there exist 138,657 confirmed cases of COVID-19 in Turkey. The reports of COVID-19 related numbers such as total cases, total deaths, total recovered, total tests, total ICU patients and total intubated patients are announced by Ministry of Health via its web page and twitter account, and these numbers are updated daily. According to this data on May 10 2020, 1,370,598 total tests have been done, 3,786 patients have died and 92,691 previously positive patients have recovered from the disease ^[4].

Health Minister Fahrettin Koca announced “Turkey is currently passing over the peak of the novel coronavirus pandemic but the drops in numbers must be consistent,” on April 29, 2020. He also stated that “The number of recovered patients in Turkey in the past 24 hours reaches twice that of newly diagnosed patients,” and shared new data of COVID-19. As reported by him, the death rate for intubated patients dropped from 74% to 14%, and for intensive care patients it dropped from 58% to 10% ^[5].

Healthcare workers and their efforts have been immensely important in Turkey and the Health Minister has thanked them for their hard work. As of April 29, he declared that at least 7,428 healthcare workers had been infected with COVID-19, which constituted nearly 6.5% of all cases ^[5].

On May 4, 2020, Minister Koca made a presentation about Turkey's fight against COVID-19 at the video conference of the World Health Organization (WHO). Koca highlighted that they were effectively cooperating with all global partners, and that world needed a stronger WHO. According to Koca, “Solidarity is our strongest weapon against this unprecedented threat. At this point, we must put aside disagreements and focus on the solution. After overcoming these challenging times, we must come together and see what went wrong ^[6].” Koca, about the current situation of COVID-19 in Turkey, said that with great testing capacity and early treatment protocols, Turkey had been able to reduce the rate of disease progression to pneumonia from 60% to 12%. In the later stages of the treatment, Turkey did not rush to intubate patients. Instead, it was seen that giving high-flow oxygen to the patients in the prone position, yielded positive results. Turkey has achieved a significant increase in the rate of recovery for non-intubated patients. The mortality rate of ICU patients have also progressively reduced from 58% to 10%. Turkey has been able to reach 99% of all contacts with filiation studies, and this means approximately 455 thousand peo-

ple in 44 hours through this process. Koca also underlined the importance of health information technologies. He said that Turkey had achieved a peak level 30 days after the first death was reported as a result of the measures taken. The fact that Turkey was one of the countries the virus reached relatively late, combined with the fact that the peak level was reached earlier in Turkey than in other countries, have resulted in Turkey having one of the lowest case fatality ratio among European countries ^[6].

On May 6, 2020, Minister Koca stated that Turkey had completed the first phase of the fight against Coronavirus and entered the second phase, but that success was still dependent on outside conditions and measures taken. He underlined that the healthcare army had gone a long distance, and thanked the Turkish people for their support. Koca said that the number of recovered cases were quickly approaching the number of total cases; and that the number of recovered cases had surpassed the number of active cases that week for the first time.

These results are proof that Turkey has been successful in diagnosis, treatment and containment efforts. Koca warned the Turkish people that the pandemic was ongoing and that the facts about the virus remained unchanged. Home was still the safest place to be protected from the virus ^[7]. He added: "This should not mean that we are giving up on measures. We will be free in a controlled way ^[7]." Normalization means a controlled social life. Thus, Turkey is creating the new normal in the second phase and this new normal will be different than what Turkish people were used to. Therefore, life in Turkey will be reorganized as a controlled social life and this new situation will have its own rules. The people of Turkey will be free, in the constraint of two main rules: firstly, if they have to go out, they will wear masks and secondly, they will practice social distancing ^[7].

Finally, Koca stated that Turkey's goal is to zero the number of new cases and new deaths and also to ensure continuous success and achieve good results ^[7]. The Ministry of Interior of Turkey has also issued a circular on May 6, 2020 regarding the normalization period in Turkey ^[12]. Barbershops, beauty salons and hairdressers are allowed to begin work as of May 11, 2020. After then, many business sectors are allowed to reopen workplaces because of economic, social and psychological impacts of COVID-19 ^[13].

What Turkey Has Done in Comparison to Other Countries During the COVID-19 Pandemic?

The pandemic has reached Turkey later than many other countries. At first, most of the confirmed cases were linked to people coming from China, Iran and European countries; therefore the top priority for the Government of Turkey was to detect these cases by finding their contacts and isolating them as well. Like other countries ^[8], it was important for Turkey, too, to improve its capacity to detect cases not only at points of entry but also in health facilities and communities.

As mentioned before, the first COVID-19 case in Turkey was detected on March 10 and announced on March 11, much later than in many European countries. Four new cases were reported on March 12. Then new cases were added day by day. The death rate was 2.4% as of March 25 ^[15]. Istanbul has the highest number of cases compared to other cities in Turkey. The start of the epidemic in Turkey shows high similarity with the early stages of it in Italy and Spain. Although the Minister of Health and the Government of Turkey were quick to take the necessary measures, a nationwide curfew was not declared. However, curfews for certain age groups (≥ 65

and <20) and weekend curfews for high-risk cities were implemented. Petersen & Gökengin argue that the consequences of an epidemic similar in proportion to Italy would have been devastating in Turkey^[15].

Turkey has already implemented some measures against the spread of the disease compared to other countries. The most important ones are the closure of educational institutions right after the first case, the prohibition of public gatherings and the cancellation of all public events such as football matches, theaters, cinemas, and religious activities in the following weeks^[15]. The early preparation of the healthcare system with the Scientific Board was very important in the scientific management of the epidemic. Moreover, developments related to the pandemic in the world were followed closely, procedures updated, and healthcare workers trained by following the suggestions of the Scientific Board and the decisions of the Ministry of Health. The protection of healthcare workers was revised according to new regulations. Likewise, personal protective equipment (PPE) for healthcare workers was provided but providing enough PPE for all healthcare workers took time. The capacity of the available ICUs was also revised, elective surgeries that needed intensive care were canceled. COVID-19 cases which did not need hospitalization were isolated and all those with whom they had had contact were quarantined^[15].

Turkey also evacuated its citizens in the COVID-19 pandemic from other countries such as Germany, Italy, Spain, and the USA. Turkey performed the first evacuation operation by bringing back 32 Turkish citizens and 6 Azerbaijani, 3 Georgian, and 1 Albanian citizens from China to the country on February 1 with a well-educated and equipped medical team. Those who were on board, the medical team, and pilots were quarantined at the quarantine hospital in Ankara when they were back in Turkey. Before and after the flight, everyone underwent a detailed medical examination and there was nobody showing any symptoms. Protective measures were also taken against the transmissions by droplets and aerosolization. When back to Turkey, nasopharyngeal swab samples were taken from people for PCR testing in the 3rd, 10th, and 14th days in Ankara and all test results came negative. Then 14 days of quarantine was completed and the medical team and pilots also spent the last 4 days at their homes^[16].

21,000 pilgrims returned to Turkey from Umrah in March and 6,448 of them who returned after March 15, 2020, were put in quarantine in empty student dormitories, in 7 different cities such as Ankara, Konya, and Eskişehir. Unfortunately, 224 COVID-19 positive cases were reported among them and taken under the treatment. Additionally, 4,821 people were brought back to Turkey from various countries such as Italy, Spain, Germany, Tunisia, Lebanon, Azerbaijan, Ukraine, and Kazakhstan. They were also quarantined in empty student dormitories, in different cities such as Istanbul and Bolu. Moreover, Turkey performed other evacuations from Iraq and Iran. 3,358 students who lived in Europe were brought back from different European countries on March 25. The students were also quarantined in government facilities, in different cities. This evacuation process is still being evaluated, in terms of its effects on the spread of the coronavirus, and its psychosocial outcomes in Turkey^[16].

When compared to Asian countries, Turkey was behind South Korea regarding test capacity at first, but currently, more than 30,000 tests can be done in a day in Turkey. Turkey should learn the management and control of the epidemic from countries like South Korea, Singapore, and China. Turkey should continue to test, provide adequate PPE for each hospital timely, and also provide a healthy working environment and suitable working hours for healthcare workers^[15].

The Lessons Learned from the Previous Pandemics in Turkey and Their Usage for the COVID-19 Pandemic

The National Pandemic Plan of Turkey was published in 2006. The Pandemic Influenza National Preparedness Plan of Turkey was updated according to experiences from 2009 Influenza-A pandemic. This Plan was prepared under the coordination of the Ministry of Health, General Directorate of Public Health (GDPH), and it was published in the Official Gazette as the Presidency Circular 2019/5. Then Provinces were requested to generate “Provincial Pandemic Influenza Preparedness and Action Plans” and 81 Provincial Health Directorates prepared drafts of own Action Plans. After the evaluation of these plans, Provinces were asked to complete their preparations in the frame of the feedbacks given. Then, Pandemic Coordination Boards and Operation Centers were established on the national and provincial levels. Since COVID-19 is caused by a virus that transmits via respiratory droplets like Influenza, The Pandemic Influenza National Preparedness Plan is also adaptable to the COVID-19 pandemic ^[2].

This National Pandemic Plan provides an outline of the minimum elements needed for optimal readiness. The aim of the Plan is to secure the continuity of public services. The Plan also aims to reduce transmission, the pandemic strain, the number of patients, hospitalization, and deaths due to the disease, and the socioeconomic burden due to the pandemic ^[2].

One of the key lessons learned from previous health crises in Turkey was that a rapid response from the Ministry of Health and other arms of Government, as well as the quick reaction of civil society and local communities was critical. Previous pandemics provided case studies of political, societal and socioeconomic consequences of such crises. Thus, this information highlighted that Turkey needed the cooperation of all sectors as part of the response to COVID-19.

Previous epidemics and pandemics in Turkey had also shown the importance of well-prepared national plans and their applications, trained health workers and specialists, and in particular public health specialists and services.

Which Measures Have Been Taken to Control the Spread of COVID-19 by the Government of Turkey?

Preparation for the COVID-19 pandemic had begun before the first case was detected in Turkey. The Ministry of Health of Turkey built teams to work 24/7, and set up a Scientific Board for COVID-19 at the Public Health Emergency Operation Center. This Scientific Board conducted the “COVID-19 Risk Assessment” and then, “COVID-19 Guideline and Case Report Form” was prepared on January 22, 2020. This guideline’s first version was published on January 24, 2020. This way a standardized approach to suspect COVID-19 cases all over the country was provided. It is updated constantly in accordance with the updates of WHO, the current scientific developments, international developments, and course of the disease in our country and published on the website of the Ministry of Health of Turkey. Therefore, updated risk assessments, guidelines, case report forms, regulations of personal protective equipment, treatment algorithms, brochures and other related documents have been released regularly ^[2].

The Ministry of Health of Turkey have made many regulations for COVID-19 pandemic. According

to regulations, the Public Health Management System (HSYS) is being used for the case-based follow-up. All of the COVID-19 possible cases, people who came from abroad and had to be isolated at home and those with whom they had had contact are monitored with HSYS. The data of HSYS is started to be entered retrospectively on March 17, 2020. This data is shared daily. The samples for COVID-19 are being tested by PCR and rapid diagnostic kits, and analyzed at the Central Microbiology Reference Laboratory and other authorized laboratories in several provinces. In each province of Turkey, Pandemic Hospitals have been determined and all possible and confirmed cases have been admitted and treated in those hospitals. Additionally, nonemergency surgeries and nonurgent dental practices have been postponed. Scientific studies have also been conducted on virus isolation, vaccine, drug and plasma treatment and the studies are still going on ^[2].

Healthcare personnel and the public have been trained about COVID-19. Different communication channels and social media have been used for giving information related to the disease such as prevention and general hygiene rules ^[2]. Various preventive measures have also been taken by the Government of Turkey such as social distance orders, weekend curfews, limiting foreign admission to the country and air traffic, limiting ground transportation and trains, the closure of business and educational institutions.

In February, all flights to and from China, Iran, Italy, South Korea and Iraq were stopped. In March, President Erdoğan announced that Turkey suspended all international flights as part of measures to curb the spread of coronavirus ^[9]. Domestic flights were also restricted. Flight restrictions were, at first, to certain countries, then gradually expanded and all flights were suspended. Foreign nationals were prohibited from entering Turkey. 14-day self-isolation and symptom monitoring were requested from those who arrived from high-risk countries to Turkey. Those preventive measures are also applied to Turkish citizens who came from Umrah and who have been discharged from the quarantined areas. Moreover, health control measures have been taken at land, air, sea entry points and ships ^[2].

Measures have also been implemented in areas such as penitentiary institutions, dormitories, nursing homes, military barracks, hotels, restaurants, shopping malls, cinemas, theaters, airports, bus stations, train stations, public transport, and intercity busses. At first, some restrictions were implemented for gathering places or high-risk places for disease transmission, next all places such as entertainment venues, bars, night clubs, theaters, cinemas, concert halls, wedding halls, mosques, tea gardens, restaurants, cafes, internet cafes, all game halls, all indoor playgrounds, amusement parks, swimming pools, saunas, sports centers, hairdressers, barbers and beauty centers have been temporarily suspended. Moreover, prayers with the congregation, Friday prayers, funerals and following gettogethers, all meetings, social organizations and other organizations which bring people together, sports activities and all kinds of scientific, cultural, artistic and similar meetings or activities at national and international level were suspended. Hygiene and cleaning measures have also been taken for transportation vehicles such as public transportation and shuttle buses and the number of passengers allowed on such transportation has been limited to 50% of the capacity. Road and air travel are only allowed after obtaining a permit. Entrance and exit to and from 30 metropolitan cities and Zonguldak was restricted ^[2].

Educational institutions have been temporarily closed as of March 16, 2020, and distance education is still ongoing. Regulations such as flexible working hours and working from home for workplaces and offices have been applied. People with chronic diseases or those over 60 years old, disadvantaged or disabled groups, pregnant women, and nursing mothers entitled to nursing

leave have been granted administrative leave. A restriction has been implemented as a curfew for people who are 65 or older and who are with chronic disease on March 21, 2020, then it has been extended to young people who are under 20 on April 3, 2020. Lastly, weekend curfews and quarantine measures have been implemented for the same provinces starting from April 11, 2020 ^[2].

Morgue and burial procedures and autopsy procedures have been regulated and carried out for those who died of COVID-19. Personal protective equipment has been used in the undertaking of such tasks ^[2].

According to the current situation of the COVID-19 pandemic in Turkey, the Government of Turkey seems to have acted quickly to take the necessary measures for the interruption of transmission. The strategies of the government have aimed to identify cases early, isolate possible cases and trace contacts to prevent or limit person-to-person transmission. It has been especially important to put stringent early detection and surveillance measures in Turkey. For this reason, Turkey has deployed filiation teams for monitoring citizens to curb the spread of virus.

Health Minister Fahrettin Koca has announced Turkey's COVID-19 data, and informed the public about the process and the recommendations of the Coronavirus Scientific Advisory Board in press conferences almost every day. Koca said that there are 5,849 filiation teams in Turkey, and they have so far detected 468,390 people who had been in contact with the virus in one of press conferences following the meeting of the Coronavirus Scientific Advisory Board on April 29, 2020 ^[5].

Like other countries ^[8], since existing healthcare systems in Turkey are already dealing with many diseases and challenges, the main fear was that an unmanageably large caseload would be develop. As of 29 April, Koca said that Turkey had the lowest death rate from coronavirus among the European countries, and the country ranked 80th in the world in COVID-19 related deaths ^[5].

What is the Risk Profile of Turkey in terms of Susceptibility to COVID-19?

COVID-19 can lead to a serious lung inflammation, acute respiratory distress syndrome (ARDS), cardiac and renal injury. This disease can be serious in patients especially with older age and comorbidities (diabetes mellitus, hypertension, and heart failure). Patients can be divided mainly into two groups. The first group includes asymptomatic or mild cases that usually recover. The second group includes severe cases (approximately 15%) that develop multi organ failure, primarily respiratory failure and require intensive care unit (ICU) admission ^[2].

In the light of current information about COVID-19 in Turkey, it seems that older people and people with a range of underlying conditions have been more affected like in Asian and European countries. Turkey is still piecing together evidence based information and current experiences on how COVID-19 will affect different age groups and people. The Coronavirus Scientific Advisory Board is analyzing Turkey's COVID-19 data and updating the information for Turkey's act plan for this pandemic.

How Has Life Changed During the COVID-19 Pandemic in Turkey?

First of all, Turkish citizens have had to adapt to the preventive measures which were recommended by the Government of Turkey to mitigate the spread and impact of COVID-19. Personal hygiene, in particular regular hand washing has become more important than before.

Although there were much misinformation and false preventive suggestions about COVID-19, the members of the Coronavirus Scientific Advisory Board and public health specialists have taken action to debunk misinformation through TV programs and their twitter accounts. The Health Minister gave information and reports about the current status of the pandemic in Turkey almost every day through press conferences and his official twitter account since the end of February. The public have closely followed him and paid much attention to his conferences, statements and tweets.

The evacuation operations were important periods for Turkey during the pandemic. Those operations brought some medical risks and new social problems to Turkish society. One of those problems was the transferring of coronavirus from one place to another despite the measures taken. Others were social and psychological traumas and concerns in society because of some COVID-19 positive evacuees. Like in other countries, some locals did not want people in their cities where the evacuees were quarantined. Thus, this situation also caused another public problem. Moreover, regardless of the social, mental, and economical status of the evacuees, they were put in quarantine strictly for 14 days^[16]. For example, some evacuees did not want to stay in the dormitories prepared for the quarantine in different cities of Turkey, and some evacuees even tried to escape from those places. Likewise, some of the Turkish citizens blamed the evacuees and the government because of the spread of the disease. Thus, the Turkish people had to cope with those concerns, too. The tension between the evacuees and the locals decreased after the end of the quarantine process.

Turkish people have started to avoid unnecessary travel and take precautions to stay away from crowded areas in accordance with recommendations and measures taken by the government. Those over 60 or with underlying conditions, such as cardiovascular disease, diabetes, chronic respiratory disease or cancer are strongly recommended not to leave their homes and to avoid visitors. Those who are younger or in lower-risk categories are asked to be aware of their ability to spread novel coronavirus to those more vulnerable than them. Accordingly, the Government of Turkey declared a curfew for old people who are 65 or older and who have a chronic disease, and then extended this curfew to include young people under 20. Those who have been at home for over a month have had a hard time and psychological, physical and economic difficulties. Then Ministry of Interior issued a circular for those restricted with the curfew on May 6, 2020; according to this which those citizens who are 65 or older and citizens with a chronic disease were allowed to go out on May 10, between 11:00 am and 15:00 pm, complying with the social distance rule and wearing a mask. Likewise children who are under 14 years old will be allowed to go out on May 13, and young people who are in between 15-20 years old will be allowed to go out on May 15, between 11:00 am and 15:00 pm complying with walking distance, social distance rules and wearing a mask^[10].

After the curfew for the elderly and at-risk populations, military police, watchmen employed by the government, police, and municipalities started to help those people (e.g. for shopping, health issues, etc.) in Turkey. Vefa Social Support Group by the Government of Turkey also started to help those people for their personal needs. After then, President Erdoğan announced the initiation of a donation campaign called "We're Enough for Each Other Turkey" (In Turkish: Biz

Bize Yeteriz Türkiye) ^[14]. Turkish people have tried to help each other economically and psychologically. They supported their elderly neighbors and those with economic difficulties. Especially some municipalities such as Ankara and İstanbul have supported the society with social regulations for making their life easier.

The situation of migrants is one of the important issues in Turkey. With the regulations related to COVID-19, migrants are examined in health institutions according to case algorithms, too. If necessary, samples are taken from them and isolation rules are applied for 14 days under observation. The migrants are also trained on COVID-19 in Migrant Health Centers. They are informed about the prevention measures of the disease. Likewise, informative materials on COVID-19 are prepared and translated into other languages for them. The Ministry of Health has also made regulations for everyone to utilize personal protective equipment, diagnostic tests, and medications used for related COVID-19 treatment regardless of whether if they have social security or not ^[2].

Currently, it is mandatory to wear a mask in public places such as markets, buses, and subway trains where physical distance rules might not be applied. Measures for physical distance rules must also be taken in such environments. Sales of products such as clothes and toys have been stopped, only food and cleaning products are allowed to be sold ^[2]. However, there are still some difficulties in practicing physical distance rules, especially in markets. Moreover, markets and public places are getting more crowded because of the good weather and Ramadan.

The Lessons Learned from the COVID-19 Pandemic in Turkey

The world is still learning a lot about COVID-19 and how it will affect different populations ^[8]. Every country wants to take all possible measures to guard itself against COVID-19, so does Turkey. As in all countries, it is possible that some cases of COVID-19 in Turkey are still being missed, but it is thought that most are being picked up.

At first, there was too much misinformation about COVID-19 and it was really dangerous for the public health in Turkey. It has been seen that people should be informed about such diseases from reliable sources. It has also been seen that the spread of rumors and misinformation can cause the potential panic and discrimination.

Prevention and mitigation interventions by the government must be employed, and the government has to work on this seriously with the help of specialists. Additionally, evacuation and quarantine processes should be prepared in a very detailed manner. The economic, psychological, and social aspects of them should be evaluated carefully. Some practices in those processes can lead to health concerns, economic and social anxieties in the public ^[16]. Therefore, new problems might appear in time, which can also make the existing situation even harder. The Government of Turkey should be well-prepared for those processes and should manage them keeping in consideration all possible social problems.

One important point is about the socio-economic status of people in Turkey. Turkish citizens who are living in poor and overcrowded areas and who had to close their business places temporarily or who had to leave from the work during the pandemic have been confronted with significant socioeconomic obstacles. In these circumstances, the government should support those people socially and economically with well-prepared regulations. According to the article of Açıkgöz &

Günay, the Government of Turkey announced a \$15.4 billion economic stimulus package on March 18, 2020, and introduced “a mix of tax cuts, payment deferrals and increased pension pay-outs to help citizens and businesses”; but the government should take measures for long term to save jobs and reduce the burden on people who have left work. Turkey has been the host country for the largest refugee population, in particular for Syrians, in the world for quite a while, and this situation will also bring a financial burden to Turkey ^[17]. Hence, the Turkish economy is under the danger of a financial crisis, and Turkey should take life-saving measures to cope with this crisis.

COVID-19 pandemic in Turkey has revealed the value of the health-care workers. Like previous pandemics, it has also shown the importance of a well-prepared national pandemic plan, trained health workers and specialists, in particular ICU specialists, infectious disease specialists, public health specialists and epidemiologists. Turkey has also seen that the importance of education, training, adequate personal protective equipment, especially masks, tests, ventilators and updated protocols. Additionally, the importance of public advices, sanctions and applications regarding hygiene and social distancing has been understood. In sum, like other countries in the world, Turkey has seen that national preparedness and community engagement is very important for fighting pandemics, too.

The Ministry of Health of Republic of Turkey has not collaborated with the Turkish Medical Association during the COVID-19 pandemic. The Ministry of Health should work together with the Turkish Medical Association, and they should inform the public with common infographics, texts, brochures, videos, etc. which is important for creating an environment of trust in Turkey ^[11]. Moreover, the decisions of the Scientific Board have not been shared during the pandemic. Those decisions should be shared with Turkish society transparently again for creating trust in the management of the pandemic ^[18].

Consequently, Turkey should work on worst-case scenarios and prepare for mitigation measures in a pandemic like the rest of the world ^[8]. Turkey also has to rethink the health services and health policies to ensure the continuity of critical health services. The Government of Turkey and its partners have to prepare health services well and work on other critical measures and possible challenges for such health crises like pandemics. Additionally, as Açıkgöz & Günay argue: “This pandemic has severe adverse effects on the employees, customers, supply chains and financial markets” and it will probably cause a global economic recession ^[17]. Açıkgöz & Günay also argue ^[17]: “It seems that this pandemic will lead to a permanent shift in the world and its politics, especially in health, security, trade, employment, agriculture, manufacturing goods production and science policies”. Therefore, Turkey also should develop new strategies to prepare for the post-pandemic world like other countries in the world.

REFERENCES

- Ministry of Health of Republic of Turkey Web Page (2020). “Koronavirüs, Alacağımız Tedbirlerden Güçlü Değildir” [online]. Website: <https://www.saglik.gov.tr/TR,64383/koronavirus-alacagimiz-tedbirlerden-guclu-degidir.html> [accessed 5 May 2020].
- Demirbilek et al. COVID-19 outbreak control, example of ministry of health of Turkey. *Turk J Med Sci* (2020) 50: 489-494. doi:10.3906/sag-2004-187
- Anadolu Agency Web Page (2020). Turkey confirms first case of coronavirus [online]. Website: <https://www.aa.com.tr/en/latest-on-coronavirus-outbreak/turkey-confirms-first-case-of-coronavirus/1761522> [accessed 6 May 2020].

Ministry of Health of Republic of Turkey Web Page (2020). Türkiye Günlük Koronavirüs Tablosu [online]. Website: <https://covid19.saglik.gov.tr/> [accessed 6 May 2020].

Anadolu Agency Web Page (2020). Turkey currently passing over peak of pandemic [online]. Website: <https://www.aa.com.tr/en/health/turkey-currently-passing-over-peak-of-pandemic/1823201> [accessed 6 May 2020].

Ministry of Health of Republic of Turkey Web Page (2020). “Koca Briefs WHO on Turkey's Fight Against COVID-19” [online]. Website: <https://www.saglik.gov.tr/EN,65414/koca-briefs-who-on-turkeys-fight-against-covid-19.html> [accessed 7 May 2020].

Ministry of Health of Republic of Turkey Web Page (2020). “Turkey Has Completed the First Phase of the Fight Against Coronavirus” [online]. Website: <https://www.saglik.gov.tr/EN,65455/quotturkey-has-completed-the-first-phase-of-the-fight-against-coronavirusquot.html> [accessed 7 May 2020].

Payne, C. COVID-19 in Africa. *Nat Hum Behav* (2020). <https://doi.org/10.1038/s41562-020-0870-5>

Anadolu Agency Web Page (2020). Turkey cancels all int'l flights amid COVID-19 outbreak [online]. Website: <https://www.aa.com.tr/en/latest-on-coronavirus-outbreak/turkey-cancels-all-int-l-flights-amid-covid-19-outbreak/1782602> [accessed 6 May 2020].

Ministry of Interior of Republic of Turkey Web Page (2020). 65 Yaş ve Üzeri/20 Yaş Altı/Kronik Rahatsızlığı Bulunan Kişilerin Sokağa Çıkma Kısıtlaması İstisnası Genelgesi [online]. Website: <https://www.icisleri.gov.tr/65-yas-ve-uzeri20-yas-altikronik-rahatsizligi-bulunan-kisilerin-sokaga-cikma-kisitlamasi-istisnasi-genelgesi> [accessed 7 May 2020].

HUBAM (Hacettepe University Center for Bioethics) Web Page (2020). “COVID 19 Pandemisi ve Etik” Duyurusu [online]. Website: <http://www.hubam.hacettepe.edu.tr/ekler/pdf/pandemi/covid19/covid19pandemisiveetik.pdf> [accessed 7 May 2020].

Ministry of Interior of Republic of Turkey Web Page (2020). Berber/Güzellik Salonu/Kuaförlerin Açılması Genelgesi [online]. Website: <https://www.icisleri.gov.tr/berberguzellik-salonukuaforlerin-acilmasi-genelgesi> [accessed 9 May 2020].

Anadolu Agency Web Page (2020). Turkey to keep industry alive: Industry minister [online]. Website: <https://www.aa.com.tr/en/economy/turkey-to-keep-industry-alive-industry-minister/1832746> [accessed 9 May 2020].

Ministry of Interior of Republic of Turkey Web Page (2020). Main Page [online]. Website: <https://www.icisleri.gov.tr/> [accessed 9 May 2020].

Petersen & Gökengin. SARS-CoV-2 epidemiology and control, different scenarios for Turkey. *Turk J Med Sci* (2020) 50: 509-514. doi: 10.3906/sag-2003-260

Şencan & Kuzi. Global threat of COVID 19 and evacuation of the citizens of different countries. *Turk J Med Sci* (2020) 50: 534-543. doi: 10.3906/sag-2004-21

Açıkgöz & Günay. The early impact of the Covid-19 pandemic on the global and Turkish economy. *Turk J Med Sci* (2020) 50: 520-526. doi: 10.3906/sag-2004-6

Halk Sağlığı Uzmanları Derneği (HASUDER) Web Page (2020). Yeni Koronavirüs Hastalığı (Covid-19) Pandemisine Türkiye’de Hazırlıklılık ve Yanıt: 28. Gün Değerlendirmesi [online]. Website: <https://korona.hasuder.org.tr/pandeminin-28-gun-degerlendirmesi/> [accessed 9 May 2020].

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A silver lining- my experiences in the lockdown

by Reeshika Bose

My experience in the lockdown being a student has had its own ups and downs. Being the introvert I am, I think I have enjoyed myself to the fullest. But on the contrary, I never thought being confined to our own homes for almost 8 months now would take such a huge toll on my mental health. That being said I have been lucky enough to have had such a stupendous support system- friends and family. They have propelled me through these uncertain times and have given me enough space to be let alone.

During the very initial days of the lockdown, I was living the sloth life and to be honest I was whole heartedly embracing that. Soon after though, I had to bid adieu to my sloth life and believe me it was genuinely hard. But I am so glad I did. Once I came up with a routine, I think it helped me the most. I am currently in my first year of MBBS, so the pressure is tangible. Its overwhelming having to do med school from home. None of us were prepared for this pandemic, we thought it would be a one-week vacation, so a lot of us didn't carry any books. Studying from pdfs have been a real task. Nevertheless, I made it work. Apart from studying, I have also indulged in the so called "lockdown trends". From my first attempt to making the dalgona coffee and baking banana bread to making tik toks (of course, when it was still a thing in India), I have done it all.

But the oddity of being at home soon started to dwindle and I started to feel anxious. Some days I even had panic attacks. My increased screen time on my phone left me so unmotivated and unproductive. It was almost like I had forgotten how to cope. However, over time, I found ways in which I could deal with this pressure.

The lockdown allowed me to keep in touch with my creative side. Dancing has always been my passion but with college stress I just couldn't keep up with that. Since lockdown started, I have shot five dance videos. I have also been journaling which I think has kept me sane through these times. Reading has also let me escape the real world. I have also been getting my hands on some art, baking a wide variety of desserts and even cooking meals for my family. Feeling inspired again really helped me cope with my mental health. Moreover, I started to devote more quality time with my family. I hadn't realised how much I missed them until I spent more time with them. Apart from all these I have also really enjoyed being part of a medical association. It has given me the opportunity to learn about the various relevant issues not only in healthcare but also in life. I have also been lucky enough to have made new friends along the way. Overall, I think I have been able to cope with the lockdown stress when I was doing the things, I love the most.

Almost 8 months later, I feel so much healthier. I have kept a positive head; I have fought through the lockdown blues and took it as an adaptive learning experience that we all faced. It's been really hard on all of us but we aren't alone. Things will get better eventually and we will see the light at the end of the tunnel. But till then, all we can do is stay at home, look after our loved ones and ourselves, and look forward to a better forthcoming.

ZOOMING IN ON THE ZERO YEAR

by Sara Saxena

Since uncertainty characterizes the world we sojourn, crises are a quintessential element of it. These crises, comparable to the one we're facing now, can be rather overwhelming at times. In December 2019, a cluster of pneumonia-like cases from Wuhan, China, were reported to the World Health Organization. Back then, no one had anticipated that this local viral infection would go on to be a pandemic that would bring the world to a halt. The outbreak of the novel coronavirus led to the enforcement of lockdowns all over the world, thereby engendering millions of students like myself to be stuck at home.

Heading into June, the third month of lockdown, life had come to a complete standstill. I was stuck in a mundane and dissipating cycle of extremely late bedtimes, Netflix sprees and endless snacking. The pandemic had left me completely disoriented, too indolent to even glance at the few textbooks I had with me. Surrounded by the myriad of events that the world had witnessed in the backdrop of the virus, I had become numb to the plight of people, and more disconcertingly, I had lost purpose.

My mother runs a private practice as a pathologist in a town called Sambhal in western Uttar Pradesh. Coming from a small town, I had an unostentatious take on life. I was used to a slower pace, fewer people and, a strong sense of community. Resources, however, were always extremely limited. So, when the pandemic struck, we were hit hard. Upon noticing my general lack of disinterest in the surroundings, my mother urged me to lend a hand with work. She wanted to get her laboratory approved by NABL and ICMR so that she could begin testing for Covid-19. Frankly, due to the lack of anything better to do, I agreed.

Our first step was to acquaint ourselves with the norms provided by the NABL to set up a molecular laboratory. We then had to look for a certified biotechnologist which turned out to be an appreciably tougher task than we initially thought. A childhood friend of mine, truly a godsend, had returned from Glasgow around this time. Having completed her Masters in Biotechnology, she assumed the role of the biotechnologist of the laboratory. Due to an impediment in resources, we have limited space for the construction of the Covid-19 Unit. On the arrival of the biosafety cabinet (BS-3), we found out that one of the two RNA extractors of the Truenat testing machine was broken. We were all left devastated by the news because by then, we had exhausted almost all the funds, and buying another extraction unit would have a deleterious effect on our economic state. This forced my mother to take a hefty bank loan. Meanwhile, the entire staff was made to take quality management systems and molecular lab training workshops according to ISO-15189. I was predominantly involved with inventory and stock management, ensuring NABL calibrations for the autoclave, incubator, and centrifuge, and making flyers and posters for the lab. I also accompanied the staff to the local government hospital for workshops on Sample collection. Sample collection in the case of an infectious disease is very tricky because there's an imminent threat that the infection may spread to the staff. We were taught about double layering, sample kiosks and the general precautions to be taken by the sampling personnel.

By the time July rolled in, I was completely engaged with the work we were doing in the lab. I felt a sense of belonging that I had been craving for as long as I can remember. I finally felt at home.

However, this didn't last long because as fate would have it, our exam dates were announced. I was extremely restless about going back to the lab to assist my mother so I hustled through the exams. Around the time of my last viva, the first virtual inspection of the lab was scheduled. After concluding the viva, I rushed to the laboratory only to find that the application was rejected due to poor internet connection and the technical training of the staff was found to be non-complied as the staff recapped a used needle which is considered a major non-compliance. This left the entire team distressed. We immediately filed an application for reassessment and luckily, a reinspection was granted to us within two weeks.

This time around, we decided to leave no stone unturned. Between endless quality control workshops and hardly any tea breaks, we found ourselves dreaming about markers for Hepatitis-B. Repeated staff training and cramming up vaccination schedules had become routine for us so when it was time for the reinspection, we knew we were ready. With a different accessor, the process went smoothly. There were no technical errors and no non-compliances were raised. We had been approved. Despite the small victory, there was a lingering sense of exhilaration in the air and it was because every person in that room knew that we had only just begun. After a small samosa party, we all returned home with a sigh of relief.

My work at the lab was done, therefore, my visits there reduced drastically. I continued to visit as frequently as I could but never stayed for very long. During this time, I would simply sit and observe the staff donning their safety gear, testing patients, working tirelessly from morning till evening. In one incident, the senior lab technician approached my mother to ask her for accommodation because he was afraid that if his frail and aged mother were to be infected, he didn't have the money for her treatment. Upon hearing this, the entire staff proposed contributing amounts from their salaries to find him a lodge. Being witness to the helplessness of the people that I grew up with, the same people who would sneak in an extra sweet lassi from the local mithaiwala on hearing of my arrival or completed my school projects while I played pinball on the computer, broke me in ways that I cannot express. These nimble-footed workers, agile and adaptive to the changing times, with their unbridled spirit, are unquestionably, the heroes of our time.

My experience during this pandemic was an enriching one, reorienting my relationship with my family, and devising a revived appreciation for the simple pleasures of life. It invoked in me a sense of duty, I finally found purpose. I am absolutely aware of the privilege I am exercising while writing this very article as countless healthcare professionals continue to battle this malady. This, in all honesty, is an account of my assurance that with my newfound knowledge and experience, I will not repent my years of rigor only to step into a profession I don't value, and therefore, be willing to compromise on my conscientiousness.

As life follows death, after any unfavorable event, the world eventually sees the light of the dawn. We have witnessed remarkable feats of adaptability and solidarity with the world adhering to social distancing, working from home, adopting online platforms of education, and our government agencies and healthcare workers facing an unprecedented crisis. We too must partake in the unwritten resolution to overcome and tread forward, creating our symphony of hope and optimism. For sooner or later, this too shall pass.

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EXPERIENCES RELATED TO ONGOING COVID-19 PANDEMIC

by Bhavika Rathi

The COVID-19 pandemic put the world on pause and has been an experience to remember for one and all. It has been a unique year with newer challenges for everyone to face. Although 2020 has been nothing short of a disaster year, my personal experiences differ as I have learned a lot in this lockdown.

In India, the dependence on domestic help is immense. As the lockdown ensured physical distancing norms in place, I took stock of the situation and lent out a helping hand. From doing the dishes to learning essential cooking, the lockdown was worth staying put.

Being an Undergraduate Student I never thought that I could manage to attend classes and complete my assignments and tests from the comfort of my home. Such is the technology and it comes of great use in this period of uncertainty. The lockdown has taught me the essence of having a loving family and how bonding with family is an essential component. From watching shows to playing games to several moments of laughter to video calls with distant relatives to virtual parties with cousins, the term social distancing never meant the same. My family also adopted a weekly cooking schedule with one of us cooking dinner for the rest of us for one night of the week. This period also gave me time to look into some forgotten hobbies and interests like photography and dance ensuring that there were no dull moments to recollect. I managed to achieve some mindful minutes through yoga and meditation, a much-needed break from the daily hustle-bustle of life. It made me self-reliant, at peace with myself, and a lot calmer. The lockdown measures have taught me the importance of personal hygiene. It has shown a simple way of living, and brought back attention to healthy practices like washing hands, for the sake of good health. Unnecessary ordering-in of food came to a grinding halt which helped in building health. Shutting down of work has also contributed to short term benefits like a decline in carbon emissions and air pollution giving mother nature some time off.

The lockdown has inculcated patience in me as I have been stuck at home for 8 months- something I never could have even dreamt of.

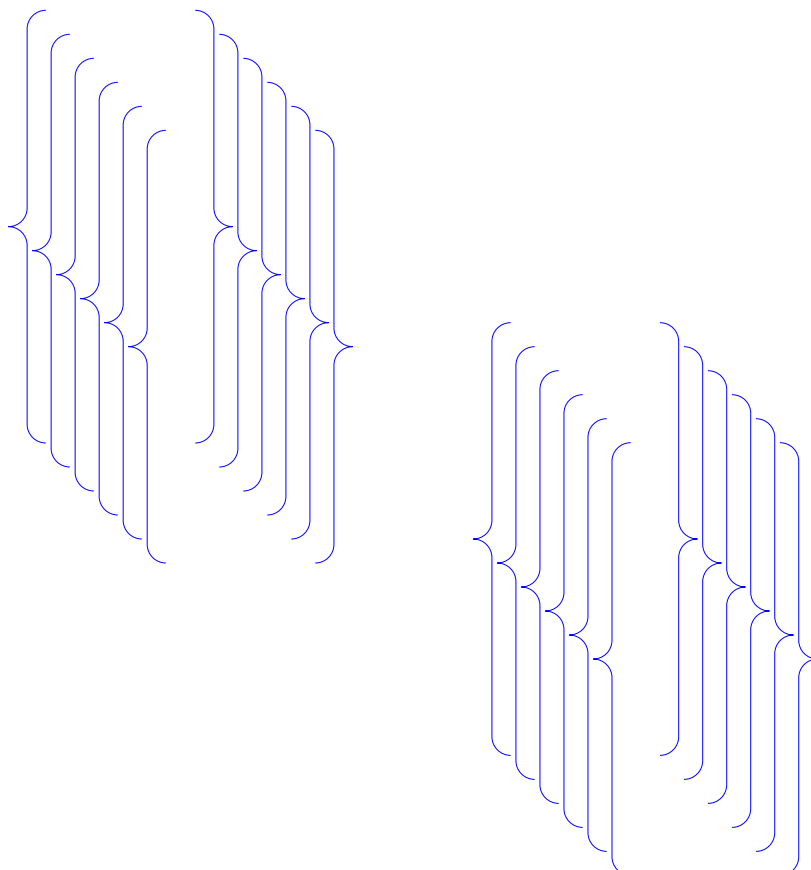
Just like a coin has two sides so does this period. There have been several bad moments in the lockdown. The first off being straight and simple- STRESS. The fear and anxiety of the unknown enemy outside. The extra work at home and lack of physical fitness apart from a few mindful minutes. Stress has triggered a lack of sleep, improper sleeping patterns and stress eating, all contributing to poor health. Seeing near and dear one's face pay cuts and losing jobs isn't pleasing to hear. COVID-19 has impacted thousands of people who have been out of work for weeks, thus creating a financial burden.

Without a job and the certainty of knowing when one will return to work, paying rent and utilities has been a problem for many. To add on to all of this addiction to gadgets and wasting time on social media is a big issue that this lockdown has presented. The lockdown has most certainly taken a jolt on mental and physical well-being.

This crisis inevitably led to the rise in anxiety levels of the general public. The youth is uncertain of their future career prospects while entrepreneurs are uncertain about when things will get back to normal and so on. The pandemic has brought out the worst around us and led to a huge economic downfall. And a lack of mental health experts and organisations has left the affected groups vulnerable to their environment. The inability to go out and meet people while they say that man is a social animal contributed to frustration and stress.

This situation is far from ideal. From my perspective, touch and in- person interaction are essential however, we must overcome all difficulties that life throws at us with the best we are provided with. Therefore, perhaps we should take this time to re-align our motives by engaging in things that are of importance to us and bring us happiness. I learned how to dig deep and find appreciation for all the small talks, gatherings, and face-to-face interactions. My realization came from having more time on my hands and noticing the shift in conversations I was having with those around me. After all, maybe this isolation isn't "social distancing", but rather "physical distancing" until we meet again.

Maybe the world needed a time-out to remember how to appreciate what it had but forgot to experience. Life is to be lived through the experience, not to be used as a pastime to observe and compare oneself with others. I'll leave you with a simple reminder: never forget to take care and love more because, in a world where life is often unpredictable and ever-changing, one cannot risk taki



The Antisocial Dilemma

by Kashish Jain

Times are difficult and it may seem impossible. Controlling and harnessing one's mind, being the toughest of all.

During this period, where we have all the time we could ever need, with a pandemic on the streets taking lives every day, our minds tend to wander and overthink. We start dwelling on our mistakes and shortcomings. This increases a risk of mental health problems and strips away our chance at a good mental health.

But it is okay. Know that everyone is going through the same thing, if not in the same way. It is important to divert ourselves and root for the positives. It is important that we get through this time, in a healthy and positive manner. It is not as hard as it sounds! Rather fun and you can make the most out of this pause that we have hit on life.

Personally, it has been the worst and best time of my 20 years of existence. Being a medical student, staying busy always came as part of the deal but all of a sudden that was stripped away from me. I had time. It seemed alien yet comforting at first; I could do whatever I wanted but then, my lifestyle hit rock bottom along with almost zero human interaction and contact. The first time I went out, my eyes were not used to the now everywhere masks and hidden faces. The time I took comfort in, took the shape of a dilemma. But slowly when I realised that everyone is going through the same thing and with the moral support I got from my family and friends, made me want to get my life on track. Getting my studying routine to top hill was comparatively easier than doing the same with my lifestyle but then we started hosting seminars in collaboration with MSI and speaking at them which drastically helped in outlining a better lifestyle. In my view, It is hard to change habits once they settle in but definitely not impossible. This COVID-19, I learned one is very much capable of change.

Start with awareness. Know when you are over thinking and piling up thoughts, making up scenarios and different realities. Once you know that, you will realize the errors of your thoughts-"I hate the way I am and I am never going to succeed in life" but do you? Will you really? Let me answer that for you- No! The chances? They are quite low and you worrying yourself about it is not going to change that. You are a unique individual with your personal set of skills and overthinking does not make the list!

The next atrocity are Regrets. Most of us are in such a habit of dwelling upon our pasts and regretting our possible missteps compelling us to miss out on our present and choose the same full-of-regrets future.

Choose to let go of the past, live your present and cherish the future. Look for solutions for the problems you face, and work your way out of it.

It is your life and you are in the driving seat. "All that we are is a result of what we have thought."
~ 'The Secret'

BIOETHICAL DILEMMAS AMIDST THE PANDEMIC

A famous Chinese prover says “By three methods we may learn wisdom: First, by reflection, which is the noblest, second, by imitation, which is the easiest, and third by experience, which is the bitterest.” And in the current scenario of a pandemic-stricken world, we are all doing all that is in our might to combat and conquer the monster that is COVID 19. Everyday learning by experiment and also by experience, sometimes failing, but still going on in the hopes of one day delivering humanity from this dreadful virus that has plagued our entire world.

Whilst the entire world stands at crossroads deliberating whether or not to adapt to a new life-style amidst the current pandemic or to wait for the fateful day when it is finally over, a chosen few were not ethically affording of the liberty of this contemplation. These people are our doctors and healthcare providers.

Soon as the pandemic hit our country and phrases like “quarantine” and “social distancing” started to become colloquial terms, we all were immediately deployed to our respective hospitals, and gladly did we march! The claps, the thali- beating, the respect and the trust, everything motivated us all to jump into this wildfire. But COVID19 has been here longer than we had hoped and sadly, it might stay longer that we can anticipate right now.

We have been working in COVID wards for almost 6 months now and as slowly the ring of the claps is fading the reality has started to sink in. All this time spent in COVID wards has helped to lessen the disease burden but at the same time it has brought to thought, a serious question that constantly lingers in the minds of the currently undertraining PG students – what will happen when this pandemic will finally be over? Will we be able to learn enough of our own chosen specialties? What will be the status of general healthcare when we will take hold of the reins? Decreased patient load in our own departments, less and less people turning out for even OPDs and along with that 15 day COVID duties in alternation, all of this, has got us thinking, and it has started to dawn on us that somehow the patient care we are giving today is compromising on the patient care we will be giving our entire life. And this very feeling is extremely unsettling. It sometimes even overpowers our compassion to work in the COVID duties.

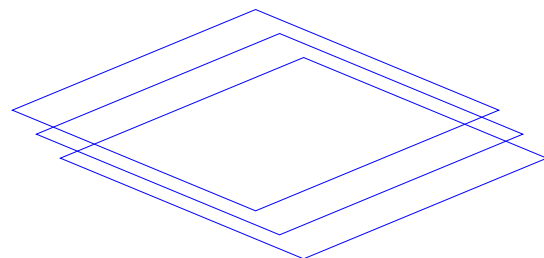
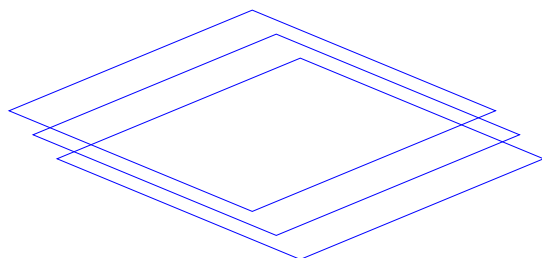
At the outset of the pandemic, we, as under trainee PG students witness scenarios no one has seen before, the uniqueness of this situation is what brings out questions that had never been raised before. A lot of research work is currently running for the drugs we are using to treat those who are struck by CORONA, not enough evidence is available about their long-term adverse effects, yet we are going on prescribing these medications left, right and centre to all our patients. Regardless of age, gender, ethnicity or even sometimes ignoring pregnancies and possible effects on the unborn child. But we make peace with ourselves asserting that it is all for “the greater good”. But placing the health of the community over the health of the individual is a decision we would all be comfortable not taking. It is a borderline breach of the autonomy of the patient as well as edges on violating the “non malfeasance” clause of bioethics. It is an ordeal to explain to a pregnant woman that the medications necessary to improve her health and reduce the risk of infecting her other family member might potentially harm her precious baby.

Another struggle that comes up daily in a pandemic infested world is the equitable distribution of protective gear for all healthcare providers regardless of their social strata or hierarchy of position in the healthcare facility. The nurse, the cleaners, as well as the doctors are at equal risk of contracting COVID from the patients, and hence a surgical mask for the cleaner and an N95 for

the doctor is not a fair trade but it is one that is noticed frequently. Monetary supremacy should never override the basic dominion of humanity. But alas! That too is one of the things that is noticed everyday in these hard times. A patient has to sign a document stating that he/she may contract COVID from the hospital itself and that the hospital will not be responsible for the same, he has to pay extra charges for an RTPCR or RAT test, extra charges for PPE, sometimes repeated referrals to other doctors for redressal of a simple fever, extra tests, everything that would not be happening in a normal world, everything the patient and his relatives did not plan for. And to factor in this extra money, at short notice, is impossible for many, and sadly they drop out of the hospital or take against medical advice discharges. When we see the look of loss of hope or internal conflict within the patient and his relatives trying to calculate where they are going to arrange the money from and how, specially at the time of emergency, the feeling is enough to torment us for nights together. And to explain that we are doing everything within our capacity to curtail the spread of COVID within the hospital premises, but still there remains a risk that their beloved son/wife/daughter/father can contract COVID from the hospital makes it difficult for the patients to place their trust in the doctors.

But, as Albert Einstein once said and I quote, **“Pure logical thinking cannot yield us any knowledge of the empirical world; all knowledge of reality starts from experience and ends in it.”** – drawing from his wise words, and considering the magnitude of our problem, it is imminent that in these tough times, we need to implement the slightest sliver of knowledge we have, make the best use of our resources and acquire additional skills to make the slightest positive change. COVID is a roller-coaster and has taken the entire world for a spin, we as doctors have gained the once in a lifetime chance to serve our people when they need us the most, serve our country when it needs us the most. And that satisfaction has been the only driving force for all of us healthcare providers who are constantly between the devil and the deep sea, battling the ethical conflicts in our minds. **“FOR THE GREATER GOOD”**.

AKANSHA PARASHAR
RESIDENT 1ST YEAR
OBSTETRICS AND GYNAECOLOGY DEPARTMENT
MGM MEDICAL COLLEGE AND HOSPITAL, AURANGABAD.





Santosh Deemed to be University

Meeting Minutes

Date- 15/10/2020

World Bioethics Day at Santosh Deemed to be University was Celebrated with full enthusiasm. The details of the programs conducted are as follows:

The first Program in the series was

An International webinar on “Research in Covid-19 pandemic and role of Bioethics” was conducted successfully on 15th October 2020 between 2pm to 5pm.

- 1) The program was held at 4th floor, Board room, Santosh medical college.
- 2) The program was started by Dean Research and Bioethics unit Head, who welcomed the International/ National guest speakers.
- 3) A detailed report about the activities of Bioethics Unit of the Institute was presented to all, that was appreciated by the Prof. Dr. Russel D’Souza, Chair, Education Department, International Program of Bioethics, University of HAIFA, Melbourne, Australia.
- 4) Head, National Dental Bioethics Program and Vice Dean, Santosh Dental College gave an Insight on upcoming activities of the chair.
- 5) Prof Russel D’Souza, Prof. Madalena Patricio, Prof Derek D’Souza, and Prof. Animesh Jain delivered very interesting talk on effect of Covid-19 pandemic on different aspects of Research.
- 6) The International webinar was actively attended by more than 100 faculty and students globally.

Thank you all for making this webinar a grand success.

Prof (Dr) Jyoti Batra- Dean Research, Santosh Deemed to be University

Prof (Dr) Rajiv Ahluwalia- Vice Dean, Santosh Dental College.





SANTOSH
Deemed to be University



in Association with



United Nations
Educational, Scientific and
Cultural Organization



UNESCO Chair
in Bioethics
University of Haifa

**DEPARTMENT OF EDUCATION,
UNESCO CHAIR IN BIOETHICS, UNIVERSITY OF HAIFA**

Organizing an International **Webinar**

Research in

COVID-19

Pandemic & Role of Bioethics

Date: Thursday, 15th October, 2020 | Time: 02:00 pm to 04:00 pm

OUR SPEAKERS



PROF. (DR.) JYOTI BATRA
Head, Bioethics unit &
Dean Research,
Santosh Deemed to be
University



PROF. (DR.) RUSSELL D'SOUZA
Chair Education Department
International Program UNESCO Chair
in Bioethics
University of Haifa



PROF. MADALENA PATRICO
Department of
Medical Education,
School of Medicine,
University of Lisbon



PROF. DEREK D'SOUZA
National Head Training
Indian Program UNESCO Chair
in Bioethics MIMER Pune



PROF. ANIMESH JAIN
Professor of Community Medicine
Head Bioethics Unit UNESCO
Chair in Bioethics
KMC Mangalore



DR RAJIV AHLUWALIA
Head, National Dental
Bioethics Program,
UNESCO Chair in
Bioethics, Haifa

WHEN THERE ARE NOT ENOUGH HEALTH CARE RESOURCES... ETHICAL AND LEGAL ISSUE OF MEDICAL TRIAGE:

The Round Table organized by the Ukrainian Unit of the UNESCO Chair in Bioethics (Haifa)

In times of COVID-19, we all hope that it would be possible to escape the worst: overcrowded hospitals, lack of life-supporting equipment and medical personnel.

In many countries, however, the course of events urges us: it is important to get ready for the worst-case scenario. In Ukraine, the number of people with confirmed COVID-19 is rapidly growing. While 7,959 new cases of COVID-19 were registered as of 1 November 2020, already 9,397 cases were confirmed as of 8 November 2020, in Ukraine.

At the end of October 2020, Mr. Maxim Stepanov, the Minister of Health of Ukraine, pointed out that when the number of COVID-positive patients approaches 20 thousand persons, the resources of the Ukrainian health care system will be exhausted and it will be necessary to implement the medical triage protocol.

What are the rules of medical triage in Ukraine? Do they answer the challenges appearing in connection with the COVID-19 pandemic? Do said rules comply with the principles of bioethics? Are the medical doctors ready to apply such rules?

Those issues were discussed at the Experts Round Table «When There Are Not Enough Health Care Resources... . Ethical and Legal Issues of Medical Triage» that was held on 3 November 2020 online. It was organized by the Ukrainian Unit of the International Network of the UNESCO Chair in Bioethics (Haifa), the Scientific-Research Institute of the Medical and Pharmaceutical Law and Bioethics at the Academy of Advocacy of Ukraine, and the Education and Research Center for Medical Law of the Institute of Law at the Taras Shevchenko National University of Kyiv. Healthcare managers, medical doctors, practicing lawyers, and scholars were among the 50 participants of the event.

As it is known, the concept of triage has applied in the military and emergency medicine since the 19th century. However, the pieces of Ukrainian legislation in force that relates to medical triage applicable under the conditions of war or catastrophes are not adjusted to the situations of the critical lack of healthcare resources resulted from the pandemic like COVID-19. Thus, for example, they do not cover the cases of distributing limited resources at the intensive care units. That is why the question of who save first may arise. It would be especially sensitive and painful because, if taken, the triage decisions as forced steps, would concerns civil population, including the vulnerable.

Director General of the Quality of Life Directorate at the Ministry of Health of Ukraine MD Andrii Gavryliuk and head of the Ukrainian Training Center of Emergency Medicine Dr. Vitalii Kryliuk supported the necessity of introducing changes to the Ukrainian legislation in force, particularly to the relevant Ministerial orders.

Head of the Ukrainian Unit Dr. Radmyla Hrevtsova pointed out that the rules to be introduced for distributing limited resources, especially those at intensive care units, should be grounded on generally acceptable ethical foundations and told of foreign experience of answering ethical dilemmas in times of COVID-19.

Other legal professionals speaking at the Round Table discussed the legislative controversies connected with medical triage and the risks of legal liability of doctors that may currently arise from triage decisions.

Prof. Tetyana Gardashuk, department head at the Institute of Philosophy of the National Academy of Science, addressed the issue of justice and the right to equal access to medical services while rationing in times COVID-19. Also, she pointed out the necessity of proper informational campaign.

The perspective of the most vulnerable patients, e.g. those suffering from orphan diseases was covered by the representatives of patients' rights advocacy organizations.

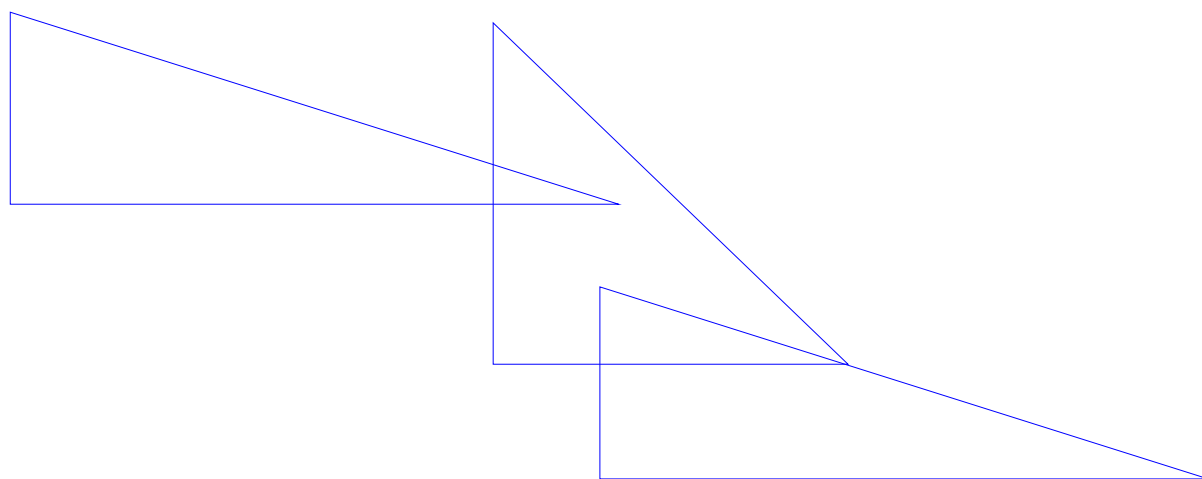
Another important issue raised at the Round Table was the legal force of the rules for medical triage to be implemented. Most participants have agreed that there should rather be recommendations in the form of Guidelines to allow accounting for the variety of situations.

The participants adopted the Resolution to be sent to the state authorities and agreed to continue searching for healthcare rationing solutions capable of ensuring the respect to human rights and dignity of all persons. The most ethically and legally acceptable course of action, however, is the taking of all efforts to prevent the situation when triage decisions have to be made.

Ass. Prof. Dr. Radmyla Hrevtsova, Advocate,
Head of the Ukrainian Unit of the UNESCO Chair in Bioethics (Haifa)

Міністерство охорони здоров'я України. Оперативна інформація про поширення коронавірусної інфекції 2019-nCoV [Ministry of Health of Ukraine. Operational information of the spread of coronavirus infection 2019-nCoV] // МОЗ України: офіційний веб-сайт [Електронний ресурс] – Режим доступу: <https://moz.gov.ua/> .

Радіо «Свобода». Степанов: у найближчі тижні кількість нових випадків COVID-19 в Україні може становити 8-10 тисяч [Radio “Liberty”. Stepanov: In the forthcoming days, the number of the new cases of COVID-19 will possibly equal to 8-10 thousand] // Радіо «Свобода»: офіційний веб-сайт – 28.10.2020 [Електронний ресурс] – Режим доступу: <https://www.radiosvoboda.org/a/news-stepanov-moz/30902831.html> .



Youth Bioethics Education

YOUTH EDUCATION IN COVID-19 PANDEMIC

In this year, anywhere over the world, professors, teachers and students have been forced by the pandemic emergency to face an extraordinary situation and experience distanced learning for a long period of time.

On occasion of the online webinars, we have heard professors and teachers' voices and considerations. It's time to listen to students in order to know what they think about.

In the following section, we have collected drawing drafts, photographs, poems, letters and essays written by the high school students in Aoste, Italy. These works show thoughts, dreams, proposals and regrets grown up in their mind about Benefit And Harm during their first lockdown, in the months of March, April and May 2020.

Firstly, I would like to highlight the oxymoron laying inside the fourth principle of UNESCO Declaration on Bioethics and Human Rights: the title underlines the coexistence of harm and benefit in the same situation and, if we consider better our life experiences and history, we will see that everything in itself presents opposite and irreconcilable aspects. This is the origin of a dilemma.

It is often not possible to choose between an absolutely positive and absolutely negative option, but the first one is likely to entail negative consequences, anyway. When we make a choice, we are aware of the fact that we have to accept both the benefits and harm involved in our actions.

As in medical practice and in scientific knowledge advancement, professors and teachers have taken this risk in universities, high schools, colleges and primary schools : in this period strongly influenced by the drawbacks of the pandemic emergency, students are involved in online education, much more than before. Surely, this option is aimed to grant the continuity of the cultural preparation for the students, forced to stay home because of the lockdowns and the confinements decreed in order to prevent them from being affected by the contagion. In most cases, loneliness turns out unbearable and the days students spend alone, isolated from the world, are similar to a desert that is impossible to cross. Distance from everyone looks like a damaging condition, unnatural to human beings, who need contact with other people in order to feel alive, to exchange opinions, to share feelings, thoughts, ideals and emotions.

On the other hand, this period has given people the opportunity to discover an hidden and forgotten side of isolation: the self, interiority, meditation and research of what is essential in human beings and in the world. Most people didn't use to face this condition and unexpectedly they have experienced the same situation as Seneca, the ancient Roman philosopher who lived in the first century a. C.

He was exiled to Corsica, the big island in western Mediterranean Sea. This place is covered by a desert in its northern and central part and it was inhabited by a hostile population. In spite of this, Seneca wrote that nothing could be stolen from him: his wealth was always with him, that is mind and soul; virtue, that made a man of himself; the world, the infinity of the sky, in which he could reflect himself and which he considered as a brother. In that desert he didn't feel lost, he spent proficiently his time because he thought about himself, his life and he had the possibility of devoting himself to meditation and the practice of philosophy.

As Massimo Recalcati, a famous contemporary Italian philosopher and psychoanalyst, says, everyone experiences a dilemma, a paradoxical opposition: is it better to live inside the edge of our identity, to protect ourselves against the encounter with what is unknown and preserve our isolation or should we aspire to the freedom of this encounter and inscribe our life in the relationship with each other? Both of these options include a risk, but we cannot refuse these perspectives, because our psychological balance depends on the acceptance of both of them.

In distance learning we experience the isolation and the encounter: we lose the proximity of the closest people, but we gain the cultural contact with the most distant ones. Listening and learning about what is different from our traditions and about other people let us open our mind and support a culture based on tolerance and peace.

Prof. Antonella Mauri

Youth Bioethics Education Expert UNESCO Chair in Bioethics Italian Unit

The following section is dedicated to high schools students in Aosta, Italy, who participated in the WBD 2020 competitions. Throughout their works, they intended to express fears, pains, hopes and dreams related to the first period of their lockdown during the last spring. Their testimonies take into account the pros and the cons they experienced in their lives when they were confined at home and kept in touch with their teachers and schoolmates only thanks to the distanced learning.

In this way students had the opportunity to understand deeply the meaning of the principle BENEFIT and HARM and apply their thoughts and reflections to the context and the situation they were forced to face.

Poems, letters, essays, photographs and graphic posters echoed loneliness, sometimes desperation, uncertainty, ideas, discoveries, suggestions, but certainly an extraordinary awareness of the potential of the new challenge. As far as we are concerned, the current time is dramatically the mirror of the past.

The order of the works is free, essentially for two reasons: the first one, because they aim to create a sense of variety by alternating different shapes of artistic expressions and attitudes about the current situation; the second one, because they are intended to highlight the fact that different approaches deserve the same consideration.

We hope you will appreciate young generation's sincerity and transparency.

Alma Bus
15 years old,
Social Health High School
Aosta, Italy

Tuesday, 17th March 2020

Dear grandma Rina,

I discovered just three hours ago that you left us without even saying goodbye. You couldn't hug me once more, you didn't have the chance to tell me for the last time how thin I am and that I should eat more. All because of a stupid virus, it's ridiculous. A part of me is pretty sure that everything would be different now, if you would've stayed at home as we told you or if you had been less stubborn.

Maybe now we would be playing cards or writing together the recipes book that you wanted to give me as a present, even though I don't even know how to cook pasta. I am writing you this letter because I used to talk with you about everything, about school and even about my school-mates, and from the most insignificant to the most important things. Your presence has been very important to me since it has changed my life. This is the reason why I have decided to talk to you about my feelings toward this unreal situation right now, even though you are not here with me anymore. You know how much I hate staying home and that right now the only way to escape from this reality are my books. Plus, nearly all the shops are closed from 6 pm and this is one of the many reasons why I decided to read again all the ones I already had and even some that you left me. I also watched again the whole Star Wars saga and it was nice because it took me back in time for a few hours and didn't make me think I was forced to stay home.

It's hard to explain, but the few times I can go outside I feel happy and sad at the same time. I feel happy because I'm finally outside, but sad because I can't meet anyone. You know, I have no longer seen your friend, that old and kind lady whose name I never remember. Thanks to this experience I understood the importance of laughs, which are too difficult to remember and too short to really enjoy them, and of those missed smiles because they are hidden under the masks we must wear now. You can't imagine how many times I have hoped to get stuck in the monotony that now surrounds us, locked in these four walls that we call home. However, now they have become some sort of prison. Sorry if I've become a little bit gloomy, but I guess you can understand how much this situation hits me. It's just that I really miss my old life, my classmates, the train rides and the teachers too. I would give anything to go back in time to that classroom which is now empty, but that only some few weeks ago was filled by our laughs and our smiles. It was just a room, but we made it become it the 2D SSAS.

Goodbye grandma Rina, you don't know how much I will miss you.

Forever yours,

Alma

DISTANCE LEARNING – MY OPINIONS

I think it's unbelievable how our world can instantaneously change, drastically revolutionizing our habits, our certainty and the routines we are used to having: the current epidemiological emergency, however, has made this perception an actual reality.

As a matter of fact, on 23rd February 2020 the Council of Ministers in Italy enacted implementing provisions aimed to protect the citizens' health through social distancing. For this purpose, during the first days of March the Government decided to close schools and to propose a new learning method based on virtual communication in order to avoid educational damage due to the prolonged period of house arrest.

If this fact had happened some years ago, the educational activities would have ceased and, perhaps, just the privileged or the particularly motivated students would have had the opportunity to satisfy their cultural requirements.

During the distance learning period, anyway, the video-lessons gave a rhythm to the students' lives, who had to organise their days and could stay in contact with those who previously spent every day with them. Teachers and classmates, thanks to technological devices, had the possibility of meeting up in virtual classes, collaborating online and sharing their projects and their works.

Personally, I believe that this experience has let us understand how valuable technology is and how strong is its potential if it is used with the commitment to enable a constant enrichment of our knowledge.

These considerations, nevertheless, don't illustrate some critical aspects, especially in the case of the return of a house arrest. I'm referring, first of all, to the emotional sphere. The dialogue between professors and pupils, the physical contact, all the feelings we shared through verbal language when we attended school in part disappeared and this situation was likely to cause damage on a psychological level. Losing any kind of social interaction is sorrowful and several forms of individualism and loneliness may stem from it.

Learning isn't just the result of a banal transmission of information: it is linked to the interest of discovery and exploration of what surrounds us and this is possible thanks to the teachers' vitality and passion.

In conclusion, I think that forced situations are never constructive: human beings, in their complexity, undoubtedly need to see the world in colours.

Alessandro Graglia
15 years old
Classic High School
Aosta, Italy

BENEFITS AND HARMS OF DISTANCE LEARNING

In these weird and somewhat difficult months, distance learning has proved to be the only solution for young people in order to provide a simulation of the school routine we are accustomed to.

Therefore, technology has allowed us to be reached in our homes, avoiding the vacuum in our process of study and training : thus, it has let us continue our learning path.

Teachers have adopted new teaching strategies and methodologies. The use of technology has highlighted the potential of some tools, such as Classroom and Meet, and has favored the development of students' and teachers' attitudes and skills.

Anyway, it has pointed out some critical issues as well, because all the students do not have the same opportunities. First of all, the learning process has not been guaranteed to those who did not have adequate or sufficient means of communication, in order to satisfy the needs of an entire family or even a stable Internet connection.

In addition, the weakest children, those who need constant support, have utterly suffered because of their difficulties.

After a first period of confusion and disorientation, we have quickly gotten used to this new situation that has been replacing our classroom life for a long time, even though we miss direct contact in human relationships.

Distance learning has forced us to develop autonomy in the management of the lessons and in the organization of our daily commitments, no longer rhythmed by the bell ring.

If it is true that keeping a social and relational context alive is one of this new teaching methodology aims, technology doesn't let teachers understand us, while previously they could identify our difficulties by looking at us in our eyes.

On the other hand, now teaching is more personalized and each of us receives the individual exercises corrections, followed by a grade and a judgment, which allows us to take stock of our progress.

In conclusion, we should profit from this situation that, even though it will never replace the direct relationship between pupils and teachers, turns out as a real opportunity to understand the meaning of learning, aimed at an important goal, not simply a good mark.

Alice Maniezzo
15 years old
Classic High School
Aosta, Italy

BENEFIT AND DAMAGE (ART. 4 Universal Declaration on Bioethics and Human Rights) "In the application and advancement of scientific knowledge, direct and indirect benefits of persons should be maximised and any harm to individuals should be minimised."

Starting from the affirmation of this principle, explain your observations on what you have experienced firsthand in distance teaching: on the one hand, teaching methodologies related to technology have avoided a gap in students 'process of studying and training, but on the other they have highlighted some critical issues.

What benefits and damage do you think students like you have been affected by?

This global pandemic has arrived unexpectedly. Certainly , many people were already alarmed, but I don't think anyone imagined that within a few weeks we would all be locked up in our homes. I did not expect such a rapid spread of the virus, I did not even think it was possible to stop the world in this way, but both of these phenomena have proved it.

When schools in Milan were closed, I still refused to believe in a block of activity worldwide. A friend of mine told me about the attempts his school made in order to be able to connect teachers and students online and how more than once the applications used proved inadequate. Often, in fact, when the whole class finally entered the video lesson they could not keep the connection for more than a few minutes. I therefore thought that they would try to open schools again as soon as possible, but this was not the case.

That day I was not in Aosta, where my school is. I came back home to celebrate my father's birthday and so I was forced to pack my bags by phone driving a roommate of mine to bring everything home. I thought I would stay at home fifteen days (i.e. time to manifest any symptoms) ; so, I did not take everything with me , just the necessary to follow the lessons and perform the exercises. I left most of my clothes and even the computer that I haven't been able to recover yet. During the first few days teachers left us quite calm, they were reorganizing and we did not understand what would happen. Even after a short time, they began to send us homework to do and we had to send them done via email. We were all thinking about going back to school after a week and so at first no one was particularly concerned about getting on with the program, but because of the delayed quarantine the school began to organize distanced lessons. We have not encountered any significant problem about internet connection: two attempts were enough to find a suitable platform.

Now we continue regularly with lessons that I find very comfortable but I miss my classmates. Besides , teaching methods are all studied on the basis of a comparison between teachers and students and therefore teachers often proceed a little too quickly as they cannot observe the class to realize the situation. Sometimes I lose the thread of speech, especially with the most complicated subjects.

The load of tasks is adequate, sometimes too many commitments overlap; anyway , we can always solve problems by writing to teachers. Another problem we have to face is in fact the communication with our teachers who do not know that other colleagues often add too many exercises. Teachers normally have a general overview of our calendar and therefore it is easier for them to distribute the commitments in an homogeneous way.

Another App that has proved very useful is Classroom, a Google creation that has already existed for a few years. This app allows professors to receive tasks neatly and students to have well in mind all the commitments that the application remembers regularly. I realize that my situation is

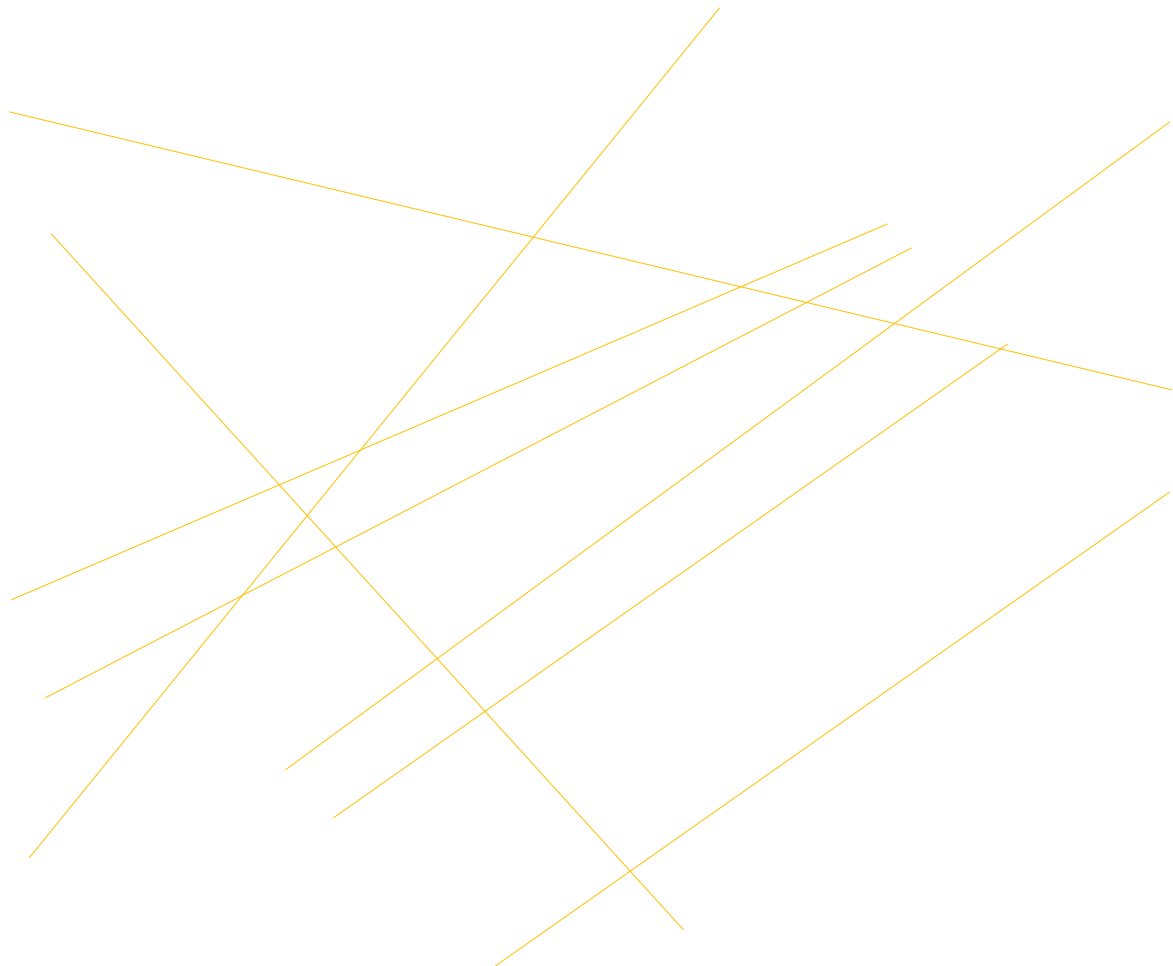


better than that of many people. In fact, although I have to stay at home, I can go into my garden and I think I would never be able to spend the quarantine in an apartment in the city center, as many people do. I appreciate the patience they are facing this unique situation with.

In addition, I read on the social media about many kids who are raising their complaints because their teachers are charging them with work and no longer distinguish the school hours from those that normally we would spend at home relaxing. I am therefore grateful that my teachers understand that, while we have much more time at home, we all need time for ourselves and, even if we use it by reading, playing or watching television, it is not time lost: it is simply time we dedicate to our recreation.

Overall, I believe that teachers and schools are doing their best to ensure that our education continues on a regular basis and that the problems that arise should not overshadow the commitment that each of us is putting into the continuation of the school curriculum.

5 May 2020
Margot Comune,
15 years old
Classic High School
Aosta, Italy



TEACHING AT A DISTANCE.

It's February when we, students, get the first cold shower: stopping school trips announced the first of a long series of decrees by the Council of Ministers about the Coronavirus emergency. In the following weeks, the situation gets worse and worse and the world pandemic is declared.

In Italy, like in other countries around the world, life stops its usual course. Politicians start talking about a lockdown.

Economy is stalling and Italy is in the midst of a deep crisis.

In an overwhelming context of total confusion, on 4th March 2020 at 5:00 pm there is a breaking news announcement :Schools must be closed.

On that precise day, I was skiing with my friends, the guys with whom I used to train every day. When hearing the news, we all rejoiced, everyone thinking that the school tests would be postponed.

On the way back home, the atmosphere on the bus was joyful and suddenly our post training tiredness disappeared.

A few hours later, the news is official: Schools will be closed for two weeks.

Over the next three, four days – long days full of anguish and fear- it was as if we were living in a surreal world. All of a sudden, we are on holiday and we are misled by the idea to stay at home loitering.

Alas, the big blow is immediate: The Ministry of Education activates a task force to start dealing with platforms dedicated to distance learning (the DAD), preventing a possible gap in students' learning process and training, so that the right to study is guaranteed to everyone.

In a nutshell, "we're screwed"!

All our dreams, all our hopes fades away. So, instead of being bent over reading books, eating chips and drinking coke, we unfortunately find out having either Greek or Latin lessons waiting for us. Hence, the new adventure of remote school starts. Everywhere, it echoes that the school community is really giving a great test. Actually, lessons are a bit different than usual: videoconferences, video lessons, group chat..

In this first phase, everything goes smoothly. The transmission of the didactic material, the blessed tasks, loaded on the app Classroom, and on the class register, turn out fair, moderate, objective, practically right. Teachers are particularly kind : interested as never before in our health, moods and fears.

In those days, when the hours pass by slowly, one identical to the other one, following a radically changed routine, accompanied by so many fears, grief in my family and a sense of loneliness to manage, well, in those terrible days, I didn't think that video lessons would become one of the rare beautiful moments in my day.

I'm really keen on classical letters, Greek lessons and... How cheerful to hear the teacher reading the Odyssey. How nice to learn that during the DAD only the compliance of deliveries, the regularity of participation in the video lessons are evaluated... And, as far as the homework is concerned, teachers make us sure that it is carried out thoroughly, with precision, and the corrections are accompanied by advice to do better.

I can't believe it! Maybe we will finally get rid of that damn evaluation.

The pandemic situation is so bad that, ten days later, we still had not returned to school. Yet, another DPCM signed by the Prime Minister Giuseppe Conte postpones school opening.

- More precisely, the suspension of educational activities - until 3 April, followed by another DPCM saying until 18 May.
- Probably, for this school year we will not show up in via dei Cappuccini n 2, and that saddens me a lot.

Indeed, the DAD (should be an acronym but I must say that many times, particularly, in recent days, I have considered it as an evil formula) is proving annoying, I would say just infernal. First of all, teachers have lost some of their sensitiveness and above all the wretched evaluation rules are established again. Instructions from the Ministry of Education provide that we must carry out activities under constant evaluation. And, as if from a magic cylinder, our timetable is full of interviews and oral tests in video lessons; written tests and tests; comprehension, reflection and argumentation tests.

In a nutshell, "we're screwed"!

Every day I wake up at 7am; then a full day at work. Let it not be said that because of DAD the workload has decreased, please...

Little by little, I begin to regret the beautiful lessons in class indisputably more involving and intriguing. There is nothing more effective than being filmed by your teachers while you are distracted or when your head is in the clouds. There is nothing more fun than seeing the face of the Greek teacher when reading the senseless of my translations. There's nothing funnier than 27 of us laughing at something stupid. The school is all this; it is made of sayings and non-sayings, looks, perfumes, laughs, jokes and anger.

Not to mention the eagerness I have to see my schoolmates; I got bored with chats, emails, video calls, virtual parties... Big containers of emotions, fantasies, desires, stories... that are going to explode.

In the long run, I'm realizing that I physically suffer from being in front of the PC all the day and, although my parents are not so good at new technologies, I have to agree with them when they say that all these artificial waves related to electronic devices are harmful and give rise to a dangerous eyesight electromagnetic pollution. Maybe I am sharing my parents' thoughts simply because I don't want to follow video lessons anymore, because I want this damn DAD to end right now.

DAD can never create that magic that comes to life in class with its good dose of senses, moods and moods.

Matias Colajanni,
15 years old,
Classic High School,
Aosta, Italy

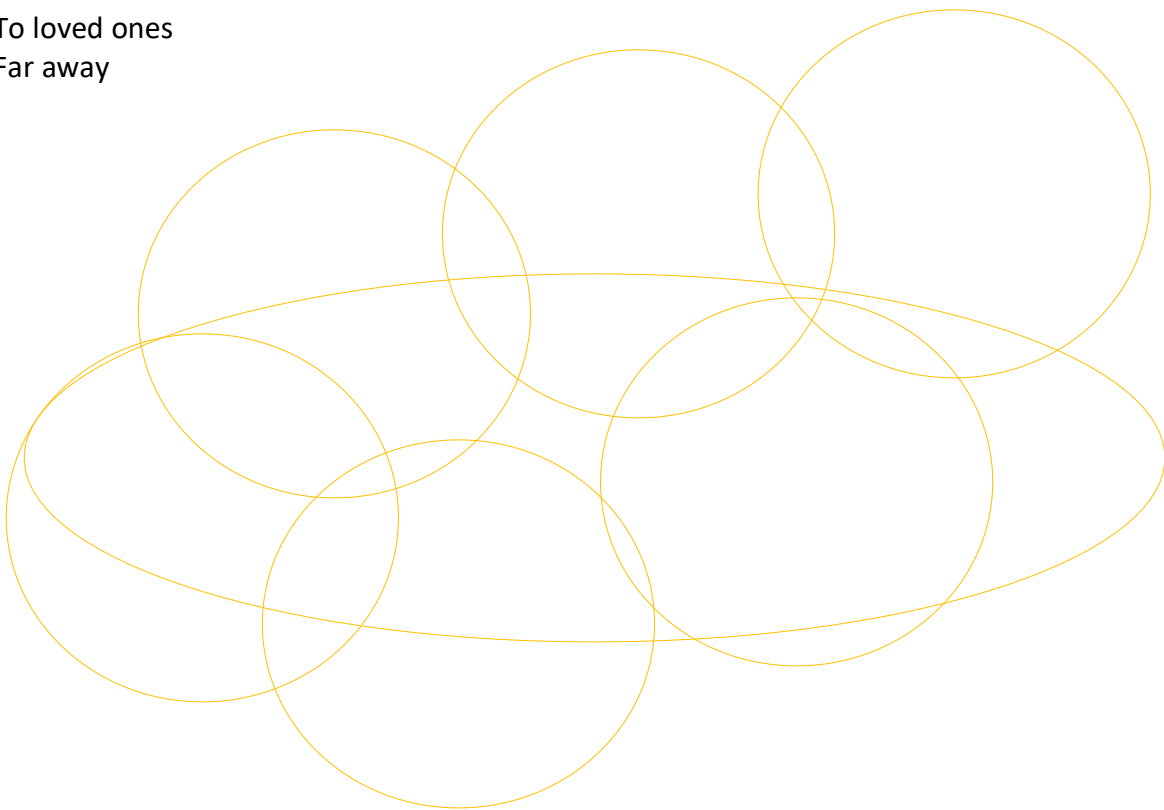
Elena Del Col
19 years old
Classic High School
Aosta, Italy

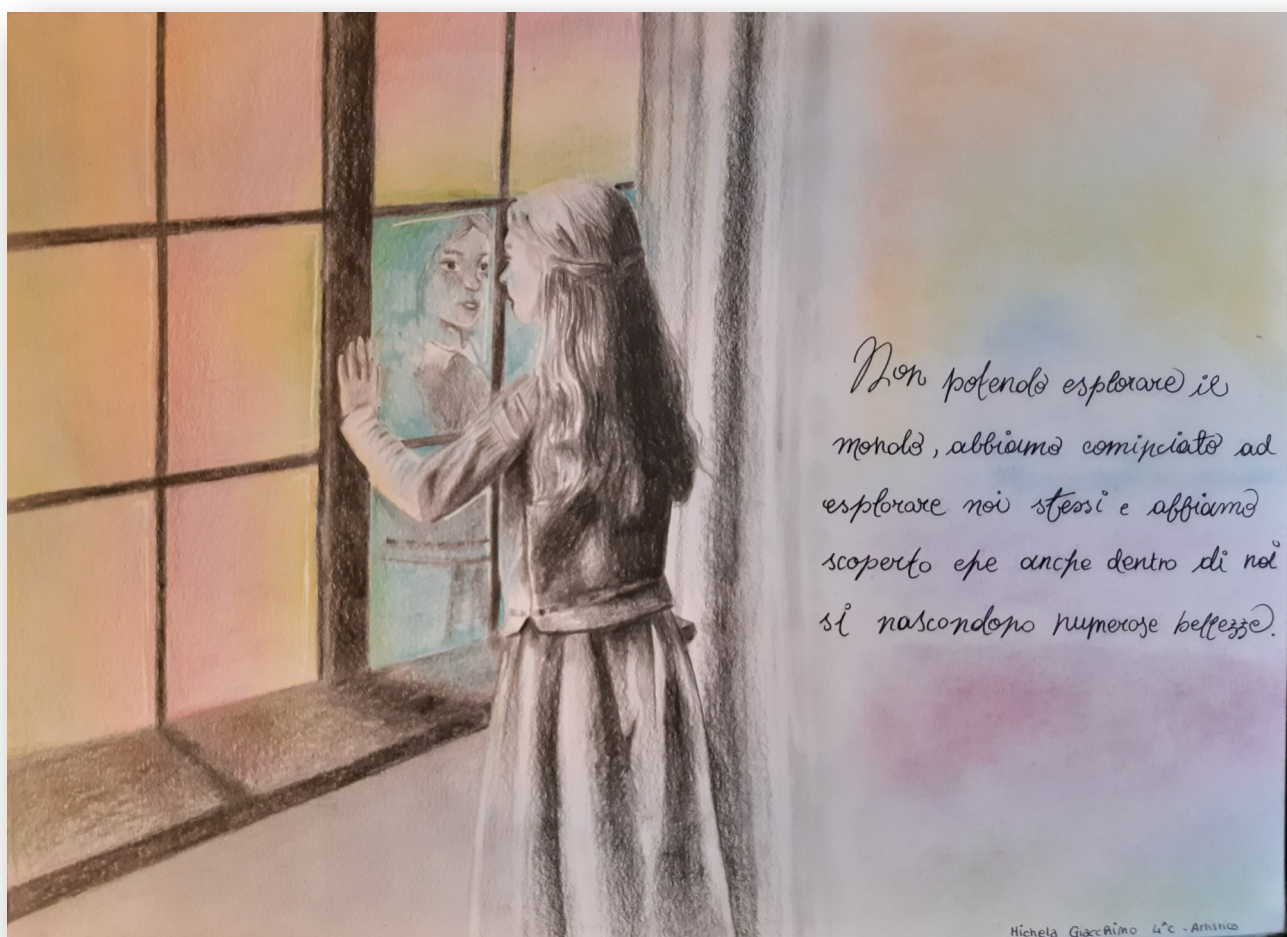
MARCH VIOLINS

I relieve the sloth
Of dismembered days
By opening the windows

To free
Light harmonies
In the air,
Heavy of death

A greeting of love
Flies
From me
To loved ones
Far away





Giacchino Michela
17 years old
Artistic High School
Aosta, Italy

Because of the Coronavirus, students from Italy and other countries have experienced the distance learning, abbreviated in its initials 'DAD'. From March 12 to the end of the school year, my class from Monday to Friday plays regular video lessons scheduled on the Meet program. In my opinion, this method has its pros and cons.

There are mainly three positive sides: firstly, the distance makes it possible to empower pupils by setting deadlines and delivery dates for the various tasks. This entails knowing how to organize and make the best use of the time spent at home.

Secondly, professors enclose us with material to study, letting us understand that we are studying for our future and not to satisfy their requests.

It is also possible to watch the videos about different topics explanations, uploaded by the teachers for several times, and this clarifies any doubt.

However, this distance teaching method also presents various problems. Our school has decided to limit the hours spent in front of the computer in video lessons, making them last about 30 minutes. However, if we add these hours to those spent doing homework, especially using technological devices, the situation becomes exhausting for the students and, at the end of the day, it is inevitable to suffer from headache or tired eyes.

Furthermore, the lessons reproduced by using interactive platforms are very different from class hours normally carried out before the pandemic. In fact, often, due to connection problems, it happens that parts of the explanation are lost or that questions are not asked by students in order not to interrupt the explanation.

In addition, the quality of relationships with our school mates has decreased considerably or even disappeared and, throughout a screen, cultural dialogue is not as pleasant as live.

Finally, adding the stress stemmed from the numerous requests and deadlines to that created by this unpleasant situation, I believe that distance learning is profitable up to a certain point.

Linda Segor
15 years
Classic High School
Aosta, Italy

Concorso UNESCO

Macrì Silvia 4°C
Liceo Artistico Aosta



Ciò che ho voluto rappresentare tramite questa foto è il mio punto di vista, assiduo, durante la quarantena. Ho passato moltissimo tempo al computer, tra informazione, scuola e puro svago personale, ma anche tra libri e letture intense.

Ho deciso di racchiudere tutto questo in una schermata del pc, affiancato da libri ma anche da disinfettanti per le mani e valanghe di mascherine. Questo perché durante lo scoppio del virus, personalmente, ho sentito molto la paura del contagio e della malattia, sia per me che per la mia famiglia.

In più, la quarantena mi ha offerto molto tempo da dedicare alla natura; all'area aperta, all'erba fresca e al cielo.

Macrì Silvia
17 years old
Artistic High School
Aosta, Italy



Caligiana Martina
19 years old
Classic High School
Aosta, Italy

ANGELS OF LIFE

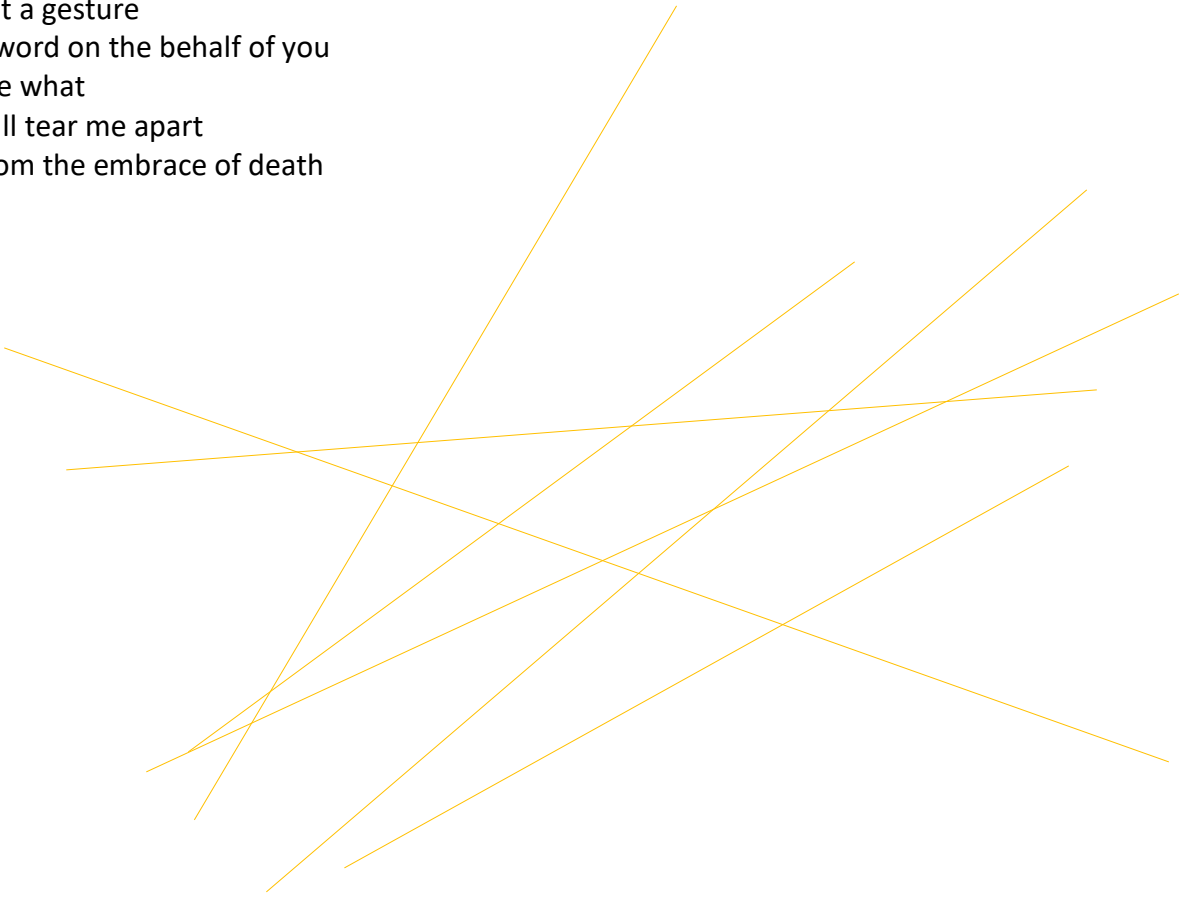


What department do you belong to,
Brothers?

Sunken, exhausted eyes
Mouths concealed by a pale veil
This feeble voice that answers
Me
In that infinite
Silence

I am a leaf
You are a leaf too

But a gesture
A word on the behalf of you
Are what
Will tear me apart
From the embrace of death



THOUGHTS

4 March 2020

Dear diary,

Tonight I heard on the news that the Prime Minister has abruptly decided to close the schools down from tomorrow for at least two weeks. I'd already heard some rumors about it but sincerely I hadn't thought they would do it for real, because shutting the school system is an exceptional measure. After all, it seemed that this corona virus wasn't that big of a deal: clearly we were wrong. Well, it is not an ideal situation, but a few days off school aren't that bad! It could be a really useful time to steam off and study more and better, without the pressure of having to do scheduled classworks and having to deal with the rhythm of everyday timetable.

5 March 2020

Dear diary,

The school did close, but today I went to the library with some friends to catch up with some work and avoid getting behind: if we're not going to study for two weeks then teachers are surely going to give a run for our money afterwards.

Some of my friends' parents are starting to get worried about the present situation. I really don't know what to think, because schools closing down are not such a good sign, but on the other hand the authorities said that this Covid is really just like the flu, maybe a little stronger, and that we will get through it in no time, without any collateral damage. We'll see...

8 March 2020

Dear diary,

From tomorrow we will have to quarantine for two weeks. Luckily today I managed to go on a trip in the mountains with some friends. Yet, I'm starting to freak out: how am I supposed to stay home for two entire weeks? I can work out a bit and go outside to get some fresh air, but what else? I'm really anxious about being shut in my house.

24 March 2020

11.00

Dear diary,

I can't go out anymore, not even to do sport.

These past few days have gone away quickly, I've kept myself busy with books, tv series and naps. But right now I've ran out of original ideas. The end of lockdown has been put off. Until when? That's not something we know.

This new kind of life, limping between these four walls, really scares me.

Sunday is usually the worst day of the week for me, because I don't have any scheduled things to do and as a matter of fact I end up doing nothing, spending all my time on social medias.

Well, these days have been a sort of long, unbearable Sunday: I have no control over myself, and that on the one hand gives me this strange feeling of freedom, on the other hand makes me feel quite useless.

23.47

I guess I'm not able to cope very well with having to stay home all the time and I'm quite sure my mental health is suffering from this. I don't know anymore if what I'm doing is really a part of my life or if everything is happening only inside my head. It's all a bit of a blur. If I'm at home alone and nobody is looking at me I wonder if I am living, or I do that only when I'm with other people. Am I an entity of my own or am I just the product of social interactions among the oth-

ers? I really hope it's the first one, cause if I'm only the crossing point of words, ideas, thoughts of other people, what am I meant to be now that everything is lost?

25 March 2020

While I'm juggling with these strange mental cogitations - which I'm not sure if they somehow make sense - the sanitary system is collapsing and the hospitals are at their worst: people are worried for themselves and for their beloved ones.

Nevertheless, I'm not able to really feel inside of me the sorrow and the pain, as if I had a filter that prevents me from being directly in contact with the world; it allows me to feel emotions, to perceive what's going on, but it makes it cocooned, surreal, as if it was like a film. I feel left behind, unable to connect with the world.

2 April 2020

Dear diary,

I'm not anxious nor scared anymore, but I don't feel anything else either. My isolation from the world continues, and I've tried not to go crazy by having a semblance of normality.

I try to wake up quite early, I open my curtains and my windows, I remind myself that nothing's changed and that I'll stay home just like the other days, I take a shower - I haven't allowed myself to give up personal hygiene, yet - and I get ready for online classes.

Then as usual I have lunch, I catch up with some homework, I kick back with a book and at last it's time to go to sleep. I wake up the next day and I repeat my days the exact same way.

Sometimes I force myself to have some sparks of joy, to cheer up a bit, but most of the time I move forward by inertia, because I'm used to, as if I was a robot. I don't really stop and think about what I'm doing, I just act. I'm tired of this.

3 April 2020

Dear diary,

I don't feel like having any human contact. I've texted a couple of friends lately, and I've written to you, but I don't think that dashing off my diary can be considered as "social interaction".

I don't want to get in touch with my friends, but after all what should I tell them? I get up, I attend classes and I go to sleep, not really something people are interested in. The only thing that I can share with them is my being depressed and deprived of energy. The feeling of relaxation that made my first days of quarantine bearable has given way to distress.

The health situation is getting worse. I'm concerned for my parents, who are still going to work, and I'm frightened more than ever about the whole situation, because even in a small community like ours there are a lot of people that got ill and a lots of people, more than we had expected, are dying. I don't let myself wonder about who is hospitalised and cannot see his own friends and family. Being at the hospital is never easy, but being kept far away from the people we care about must be devastating. If you're lucky, after a few weeks and a great number of swabs you can get back home safely. If you're not lucky, you won't come back any more. How are we supposed to watch powerlessly the people we love go to the hospital and never return? How can we bear the thought of them dying alone in a cold and unfamiliar room, away from everything and everybody? How can we get used to this, how can we normalise the fact of saying goodbye quickly, with not too many concerns, because there is already somebody else outside the door who is waiting to be healed and hoping his moment has not come yet?

I see no light at the end of the tunnel

6 April 2020

Dear diary,

Easter is approaching. Christians say that on Easter Day Jesus Christ had risen. I wonder if he can come back during a pandemic era, and I seriously doubt that. It seems unlikely that someone can defeat death when thousands of people are dying everyday and cemeteries are not big enough to fit them.

I find myself unable to have faith - I've never been someone with a lot of faith . I don't think that the pandemic itself is the reason for this, but something else.

Forced to stay home I started to watch the mess on tv, then I decided to listen exclusively to the priest's speech. Finally, I ended up getting bored with turning the tv on. I've realised I'm ok with not going to the mass, even if I had always attended it, and I started thinking about that. I came to the conclusion that whether God exists or not, in both cases mankind belongs to nature, and as such they are always going to die. It's unbelievably sad to reflect upon how short human life can be, but I don't think that telling ourselves that somewhere up in the sky there's something called heaven makes things easy. Maybe it's better not to think of what's ahead of us, but to live in the moment, trying to be happy first and foremost because we had the chance to live.

8 April 2020

Dear diary,

I apologise for being dramatic in the last few pages, but the actual situation is not easy and I can't be too optimistic. Being lonely gives me time to wonder about things.

In a few days we're going to have some time off school, a sort of break nested in the bigger break of an agonising quarantine. I must say that these weeks haven't really been stressful, as being physically absent from school feels just like being on holiday. Teachers have been really kind to us and they haven't assigned too many things to do. Needless to say, that's fortunate, because I really didn't have the power to study latin and greek.

I'm sure that online classes made us grow up from the studying point of view. We are not studying thoroughly to get good evaluations anymore - because during this time we've not been given marks- so we've studied out of passion rather than for duty. The sense of having to hand in some coursework has not faded away completely, but at least we don't have to worry about learning concepts just to repeat them in a test.

20 April 2020

Dear diary,

I'm so proud of myself, because I've grown to be very productive and my days, despite being terribly long, are at least satisfying now.

Recently I have been trying out new self-made dishes and I've caught up with some reading. It happens more often than it should , that I don't feel like wading through a long novel nor diving into a historical article, but when the spark comes back I become a true bookworm and whatever book I manage to put my hands on is a page-turner.

They say that reading makes you live a thousand times, but I hadn't realised how true that was until now. I can travel to new worlds and escape from here.

2 may 2020

Dear diary,

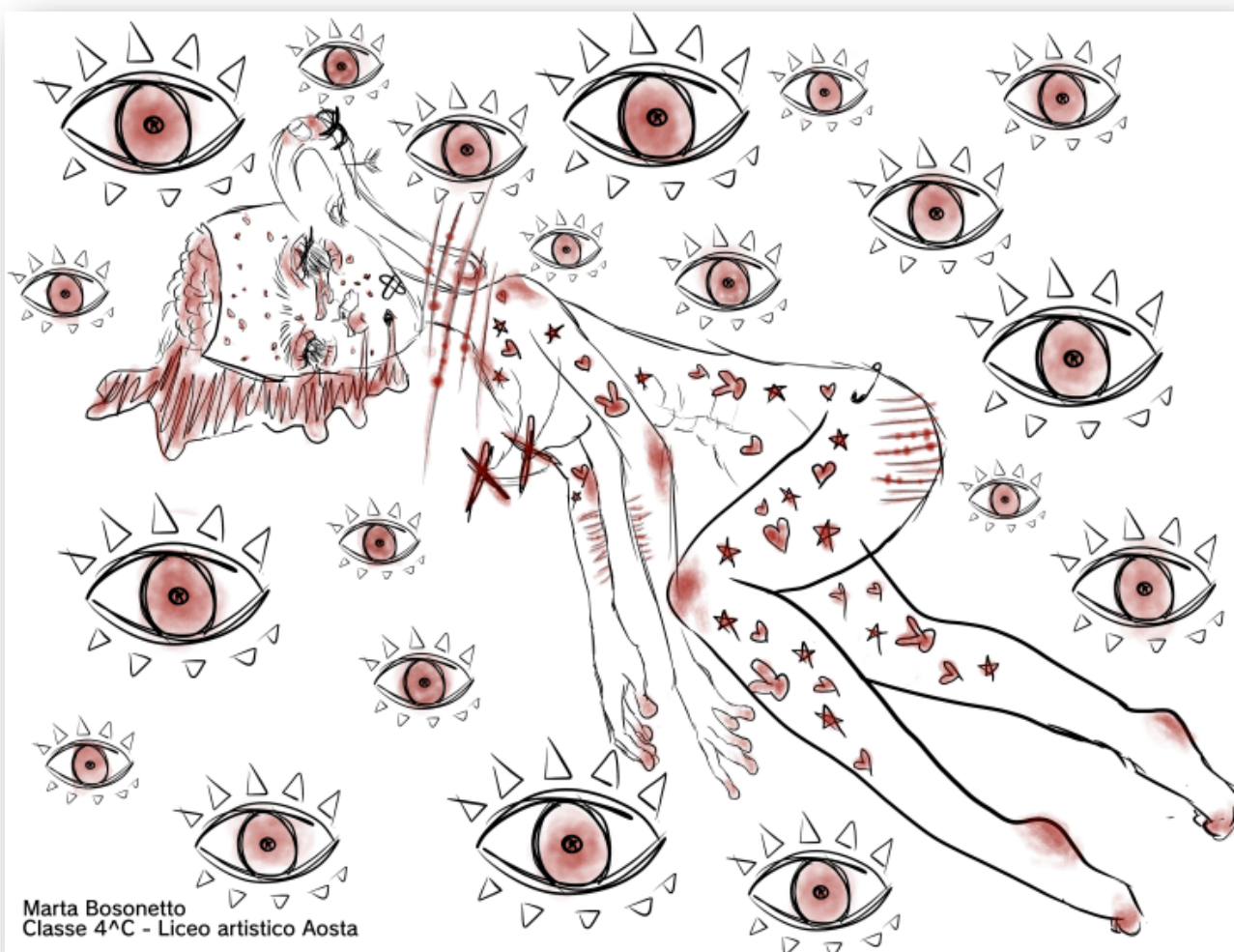
I can't handle this anymore. In two days we will finally be able to get out but the hours go by as little grains of sand, and the desert never ends.

My bed, my room, the books and the lessons, everything annoys me. I'm trying to stay calm but I long with all my heart to breathe some fresh air.

I've simply gone for a walk in the woods just next to my house. The leaves and trees have never looked so beautiful. Nothing seems impossible. I wanna run and never stop.

I don't know what to expect from the future, but we will have to face the music if the worst is yet to come. Notwithstanding this, I hope so much that I won't have to learn, reflect and think online again, and equally hope that I won't be forced to see the people I care about through a screen anymore. With all of myself, I hope that I will

Aosta, Italy



Bosonetto Marta
17 years old
Artistic High School
Aosta, Italy

My distance learning
Marta Taldo
15 years old
Classic High School
Aosta, Italy

From the beginning of the quarantine, students have experienced the method of distance learning. Two months after the start of this situation I found out some disadvantages, but many advantages as well.

From a social point of view, school life lets students and teachers spend together several hours a day and the quarantine that we have been forced to is making me understand how important school in presence can be in my daily life.

The so-called "DAD" allowed students to participate in lessons thanks to virtual classes, but also to keep in contact with the school community.

Another advantage is the fact that these classes can be followed anywhere at any time and this saves time for study and physical activity. One of the most interesting aspects of video lessons is the fact that teachers have the opportunity to record the explanations so that students can listen to them again in case of unforeseen or understanding difficulties. Platforms, such as Google Meet, Zoom or Classroom, let us communicate easily during the explanations or in the assignments section.

Unfortunately this alternative method presents some disadvantages. For example, it has been scientifically proved that electromagnetic radiations emitted by the computer or mobile phone screen can affect students' ability to concentrate, but also their physical health.

Students are also left alone during this phase of learning. In fact teachers can't know whether their class has understood the topics just explained, while it would be clearly easier in presence. Another disadvantage that we are all experiencing most is the absence of human contact and especially of a routine. Everybody, according to his/her habits, develops a daily routine, which can help him/her keep alive the interest in school. Following a lesson through the computer is often more difficult than in a classroom, because you could distract more easily.

In addition, another disadvantage linked to technological devices is that not everyone possesses them. A computer in fact may be too expensive for some families. In conclusion, this experience has helped me develop the ability to adapt to situations I haven't known before and do not depend on our choices.

Distance learning was the only tool that allowed me to maintain a relationship, even if virtual, with the people I was used to and that is part of my growth path.

In the last two months, Italian schools have been forced to put into practice the method of distance learning. This teaching system caused many problems, as it cannot replace an educational relationship in the classroom.

In my opinion, online school needs special attention and participation from the students, because asking for explanations about unclear topics through an email is not always as simple as it seems. Distance lessons hinder students who do not have a wifi connection or electronic devices to play video lessons and perform the tasks assigned by their professors.

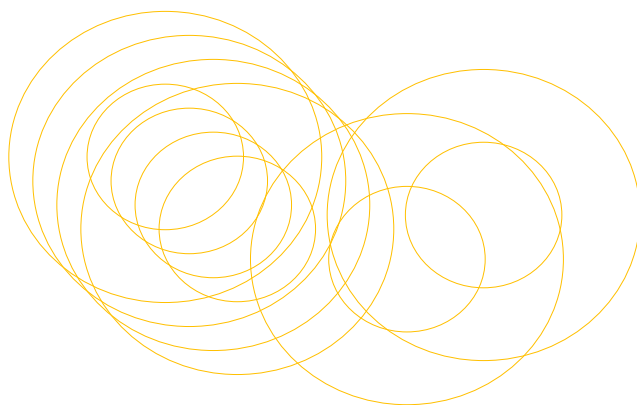
Moreover, distance learning forces students to study by using electronic devices for many hours a day, increasing the time young people spend in front of a screen.

In addition, online lessons abruptly interrupt daily relationships that connect students and teachers during their school days, thus limiting the communication between them. Distance learning, however, also presents favorable aspects: for example, online school offers both students and professors the opportunity to learn how to use new methods for performing tasks and new methods of evaluation thanks to various applications. In fact, the evaluations are carried out through online checks and short questions, teachers can not evaluate students' path through grades, but must provide students with a more detailed judgment that, in my opinion, is more effective than a number.

Finally, online school tests students' responsibility, as they must learn to manage their study day according to the lessons timesheet and the deadlines of the tasks.

In addition, they must be able to participate actively during the video lessons without being distracted by the fact of staying at home. Distance learning, in my opinion, is the only way to ensure that pupils continue to engage in order to start the next school year, hoping to be able to resume our normality.

Eloïse Roullet
15 years old
Classic High School
Aosta, Italy





Ailin Truc
17 years old
Artistic High School
Aosta, Italy

Bianca Facchini
19 years old
Classic High School
Aosta, Italy

HOME

Nest or cage?

Freedom denied, harmful freedom

Prisoners in safety

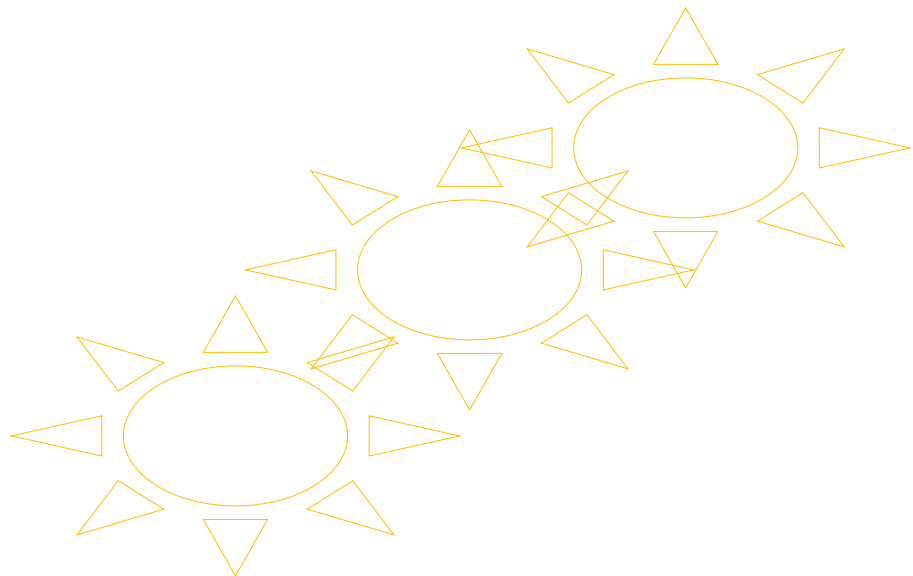
War in hospital

Stopping is to fight

Love is staying apart

A hug is a crime

Nest and cage





Borrettaz Sophie
17 years old
Artistic High School
Aosta, Italy

Benefit and Harm

Because of social distancing, schools around the world have had to experience alternative methods to continue as efficiently as possible the programme that should have been carried out in a normal situation.

Although the effort of teachers and students, who spend many hours each day on the computer to do their best in this long period of distanced lessons in trying to maintain the same climate as at school, is really appreciated, unfortunately, the results are not the same as in presence.

This, however, doesn't mean that there are only negative sides, because distance teaching enhances the points of study not usually highlighted. For example, as students don't have the opportunity to ask for immediate explanations from teachers, they have to try to understand on their own, studying more in depth and working harder. In this way, they could find learning methods that are best suited to them; thus, they have the opportunity to mature and become more responsible.

As pupils are sure that their teachers will check their homework more carefully and that, all together, they'll make a grade, they are encouraged to do it with commitment and seriousness. In addition, teachers may make a more individual judgment for each student, by explaining the weaknesses and the kind of mistakes they make, allowing students to work on those.

For the most shy teenagers, distance teaching is much more effective because even those who didn't dare to ask questions in front of their schoolmates now, thanks to the control of the work done, are able to improve.

Despite the positive aspects, there are obviously many lacks in distance teaching: for example, lessons are more difficult to follow and, for this reason, they must be set by using different techniques and shortening the time of lessons.

This, of course, makes the learning process longer and more tiring and teachers are often unable to complete the school programme which, in a senior class of any grade, makes the pupils partially unprepared for the future year.

On the other hand, in some cases, it is not obvious that the student is equipped with all the devices demanded for the school work: so, it turns out difficult to contact him or make him carry out his homework.

Eleonora Preato
15 years old
Classic High School
Aosta, Italy

Arapi Valerio 4[^]C
Liceo Artistico Aosta

"Una monotonia che uccide"



Arapi Valerio
17 years old
Artistic High School
Aosta, Italy

Elena Zanchi
15 years old
Classic High School
Aosta, Italy

Benefit and harm

In this period we have more time for ourselves; then why don't we use it?!

I have the distinct impression that this situation is in the process of decay. I realized it when I decided to make a list of the benefits and the damages linked to this period, and for every benefit I wrote, there were at least three damages that deny anything in favor. Every wasted moment, every day dedicated to nothing, everything is taking its weight. Especially for us adolescents.

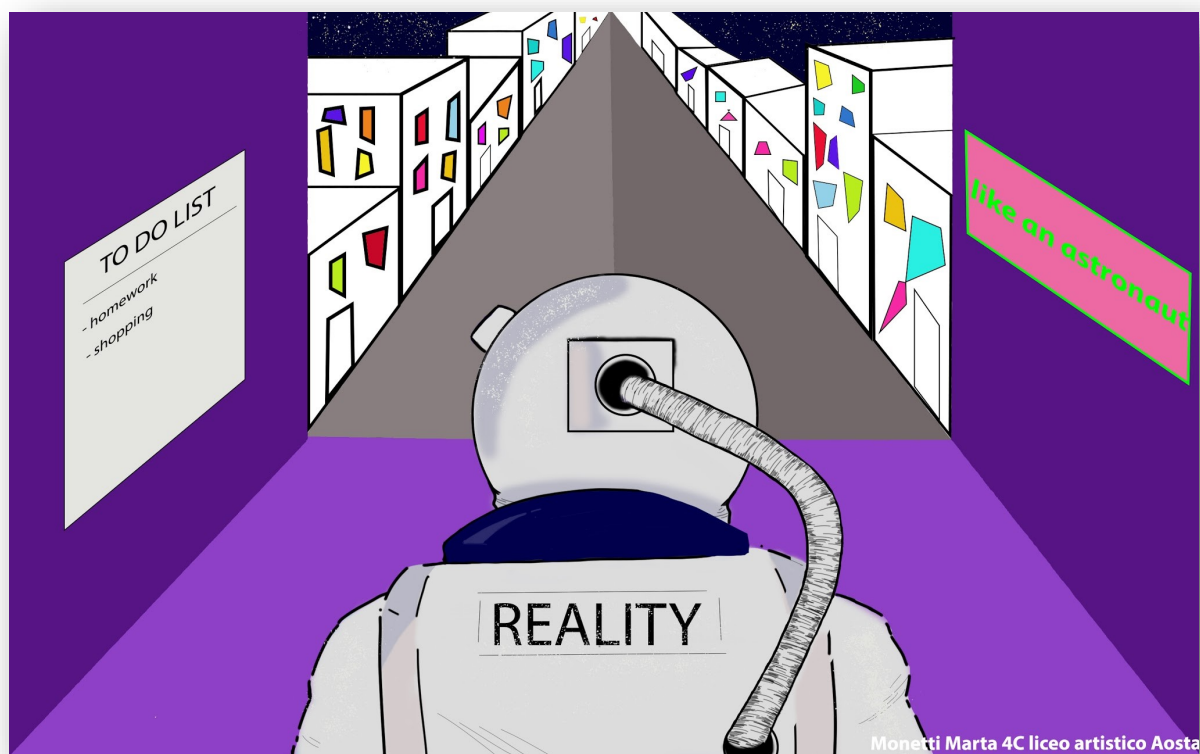
The coldness that began to grow in groups, is now present without disguises and boredom is our new friend...

This distance, behind the appearances, is producing a bad effect. However, the question to which I dedicate this text is another: it is the blank pages of school books and the extended time on computers.

The journey of every student is to find an interest among the countless fields of courses inside and outside the university. Anyway, in order to choose, you need to reflect and develop your interests. And I think this time is perfect for stopping, dwelling on facts and finding curiosity to grow.

At the moment, in my opinion, moving forward with the school programme is not entirely necessary. I think that this time on the computer should be dedicated to personal research every student should do to discover new interests or deepen those already known. So, instead of studying school subjects online, I think you can do some personal and group research you can link to school subjects, so that the teacher can evaluate you about them.

The school finally should do this, creating a foundation on which you build a house. This period is ideal to draw the draft of this house, clarify ideas, stop and reflect, since at the moment everything is still.



Monetti Marta
18 years old
Artistic High School
Aosta, Italy

Confinement and distance learning

In the first decade of March , the Italian government voted a law locking up schools and ordering students and teachers to stay at home to protect people against the new virus known as COVID-19. The long period of confinement lasted until a few days ago, when a relaxation of containment measures allowing people to meet their relatives, join friends and come back to work, was happily announced on all the national TV channels.

Despite the new decree, schools are still closed and video lessons proceed regularly. We can say this new school system has led to great changes in the students' and teachers' daily life and mindset, and as long as days went by, it revealed both some positive and negative aspects .

First, the main problem with teaching methodology was to develop a learning system that could simultaneously meet the expectations and needs of both teachers and pupils.

Second, after a long examination and discussion, the choice fell on educational network platforms which had been designed for work purposes. They let students easily carry out the assigned school-tasks and organize virtual meetings in order to get in contact with their teachers and do activities .

The result of the use of distance learning methodologies has been a great improvement in the use of new technologies, which has allowed people to enlarge their knowledge and proficiency in the science field. Actually, despite drawbacks and visible difficulties, a large number of teachers, who were used to a traditional didactic method, have had the opportunity to know a different reality from the one they were accustomed to, and in some respects, they have accessed and explored the modern world of new technologies.

On the other hand, the prolonged use of IT devices, like the one students have recently made, can produce important changes in both the physical and mental health. In actual fact, it has been scientifically proven that staring at a computer screen for long hours a day can cause some symptoms such as: insomnia, headaches, lack of concentration, anxiety, poor eyesight and dark circles. All these problems, combined with the insane emanation of electromagnetic waves produced by electronic devices may cause great disturbances in the daily lives of many people, who continue to carry out their tasks. Furthermore, this pandemic has also caused several problems in the personal sphere straining or undermining the relationships with our loved ones and acquaintances. Actually, prolonged isolation has produced a negative psychological impact, especially on young people, who constantly need to have contact with their friends and feel part of a group.

Despite the negative and positive problems we have been dealing with recently, I personally admit that, after distance learning experience, I have learnt to value little things or petty details of which I previously ignored the importance: for example, it was a big chance for me to be healthy or safe and meet my companions every morning, even through my computer screen. This pandemic has taught all of us a lesson and it has shown once again that things never happen the way we want and ,above all, that human beings will never have full control of nature, despite their power. The greatest lesson, however, has been taught to the most powerful men in the world; they often think they have full control over everything and everyone and look for an enemy to fight in other nations, maybe to make people depend on them, but in the end, the most dangerous enemy is invisible: it is the one that we can't see. Only by remaining united, we will be able to put an end to this pandemic and get back to normal life.

Lucrezia Borrelli
15 years old
Classic High School
Aosta, Italy



Gaia Trombini,
19 years old
Classical High School
Aosta, Italy

EPHEMERAL HEROES

And so

In silence

Little by little dies

The dream of being

Immortal



Xavier Trevisan,
19 years old,
Classic High School
Aosta, Italy

MARCH 19

With dull and dry
eyes
I look in the mirror
I search
In the eyes
A track
A clue
A spark
Of you

Clock,
Your gear has broken
Tic tac, tic tac, tic
I don't know what time it is
Anymore,
Disoriented
In the world

Clock,
Without you,
My gear
Has broken

Leave me
Here



Erika Carchidi 4C - Liceo Artistico Aosta

Carchidi Erika
18 years old
Artistic High School
Aosta, Italy

Benefit and damage

In recent times, much of what we know has changed.

We had to change our lifestyles. We had to adapt to move forward. But nobody asked our opinion, nobody asked us what the school situation was and above all nobody asked us how we felt.

After the lock-down, our habits changed considerably. We found ourselves suddenly locked in the house, forced to stay there for a long time, some more or less. We found ourselves separated from our friends by an invisible wall. But some of us have faced an even bigger problem, technology.

It is already known to many that teaching is different in each institution, some students have gaps in the subjects concerning technology, because of the lack of attention paid by the institution to these matters which over the years have become so important. This is why I find that sometimes teaching is not complete in all disciplines.

This, however, is not the only problem because many students (belonging to schools of different degrees), sometimes do not have the means to be able to continue the study in these situations where access to school facilities, is denied. That is why I think that providing temporarily, in these periods, families that do not have the means, is the right thing to do.

But these are not problems of great relevance, because to make these meetings at a distance possible, there is a need for operational and highly functional Internet networks that, in some places, are scarce or even non-existent. This is a problem that is repeatedly proposed, because whenever during a video-lesson you lose the connection, this causes the distraction of the pupil and the loss of the lesson. This is why in small

countries that do not have internet or families that do not have a stable wi-fi network are a big problem for online activities, including school activities.

To be able to continue the lessons regularly, conventional methods have been found so that studies can continue in the best possible way. But although these means make it possible to continue the study, I find that they are not as efficient as the classical methods of teaching in the classroom. It all depends on the atmosphere. The difference is not much, after all, both during the video-lessons and at school there are classmates and teachers, but the fact is that I appreciate the relationship student-taught more, indeed, I think it is even more educational the experience that you experience in school.

So, I hope that in September we can go back to school, in our classrooms, with our classmates and teachers. But most of all, I want this to happen normally, with the right rules of precaution, without having to lose part of the lesson or without having to be shunned by the class, so that we can remain united.

Patrascu Federico
15 years old
Classical High School
Aosta, Italy



Fumasoli Giulia Lucia
17 years old
Artistic High School
Aosta, Italy

Like every morning, I wake up at 7:30 and I start to study, waiting restless for the first virtual lesson. For the last two months this has become my daily routine. Days pass monotonously between virtual didactic lessons and boredom. Slowly faces of my mates vanish from my imagination and their existence is represented by a blurred picture and by a modified voice on my P.C.

An unusual silence lasts for the whole lesson, it is sometimes interrupted by only incomprehensible monosyllables pronounced by a student.

Anyway, before discussing the benefits and the harm caused by virtual didactic lessons, I have to decide what school really is and therefore its role. In fact, firstly, school is a community of people, where fundamental values, beyond education, are shared by exposing our personal ideas. At school we share our actual experiences, friendships, and above all, we experience what being together means. In fact isn't it the place where we learn to live? Isn't it here that we teach each other what solidarity is like?

By the way, one of the negative aspects of this new form of education is the lack of relationships, chats and laughs with friends during the breaktime, solidarity with our neighbour at the closest desks, looks of agreement we exchange during lessons, the jabs, the break passed studying for the next oral test of greek, or saying, like a mantra, "I'm worried"...I think that these are the little things I miss the most. None of these can be recreated by a chat nor a phone call, because we need noise, we need mischievous smiles, unmistakable laughs, and pats on the back...

Moreover, through a grainy image, it becomes difficult even for teachers to understand their students' mood, if they suffer from anxiety or if they have not understood the lesson. All the non-verbal communication is lost, the digressions don't exist any more and the human aspects of teaching is cancelled by that weekly half hour of video lesson. After attending our school, maybe we will not remember the third declension of ancient Greek, but certainly the most lively memories will fortify our personality. The role of teachers is not only to make us carry out the school program. I always remember the phrase of one of my college teachers, who used to tell us that her main purpose was to let us become open minded citizens, and to be respectful of others.

However, school is a physical place, like that class with many windows that used to be ours, those faded walls, the thousand marble steps we walked every day. During these days I have often gone to my school, I have found the gate closed, the courtyard silent and empty. In the remotest part of my imagination, I still perceive the laughs and cries of my classmates, the fresh smell of the morning breeze, the sweet warmth of the classroom...

Moreover we have to not just talk about the social damage, but also about physical damage. In fact, staying in front of a screen for many hours can cause not only the syndrome of tired eyes, serious long term problems, but it can also cause bad moods, stress and other pathologies that haven't been classified yet.

Leaving aside my personal experience and reflecting on a general level, I think that distance learning isn't acceptable for every one. For example, a lot of people aren't able to log into wifi networks, or maybe they don't own a personal computer.

Furthermore, we have to consider the problems of disabled people or students affected by dyslexia. I am thinking, in particular, about one of my friends, who needs a support teacher to help her follow normal lessons: now she is lost, she is without this help and is having grave difficulty following on-line lessons alone.

However, distance learning has also positive aspects: in fact, from the point of view of education, it entails a faster process than the usual method, because the duration of each lesson is reduced. In addition, this allows us to develop a certain autonomy when studying and, since we didn't have tests during the first period of lockdown, we had to understand the importance of studying for ourselves, because we didn't receive any rewards, such as grades.

We experienced what studying for personal desire means, in order to enrich our mind, to develop an open mind and to learn from our own mistakes.

Let's also consider the positive effect of being able to get up 10 minutes before the lessons start



Ballisai
17 years old
Artistic High School
Aosta, Italy

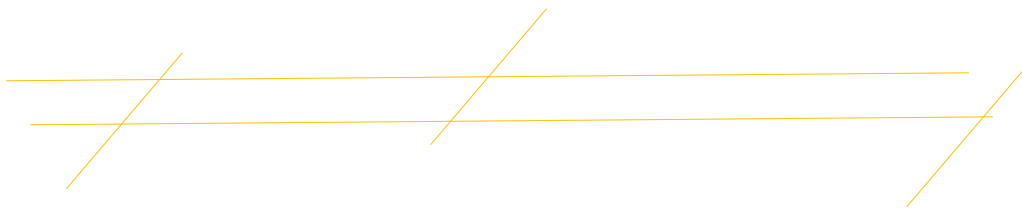
and spend the morning comfortably in pajama!

Over these two months when I couldn't go to school, I have really understood the importance of school. In our 'rich' western society, going to school is something we take for granted and it is often the source of our complaints. Anyway, it isn't like this for everyone: the story of Pakistani activist and winner of the Nobel Peace prize, Malala, confirms that.

How long virtual lessons will last!?

We just hope to return to normality soon!

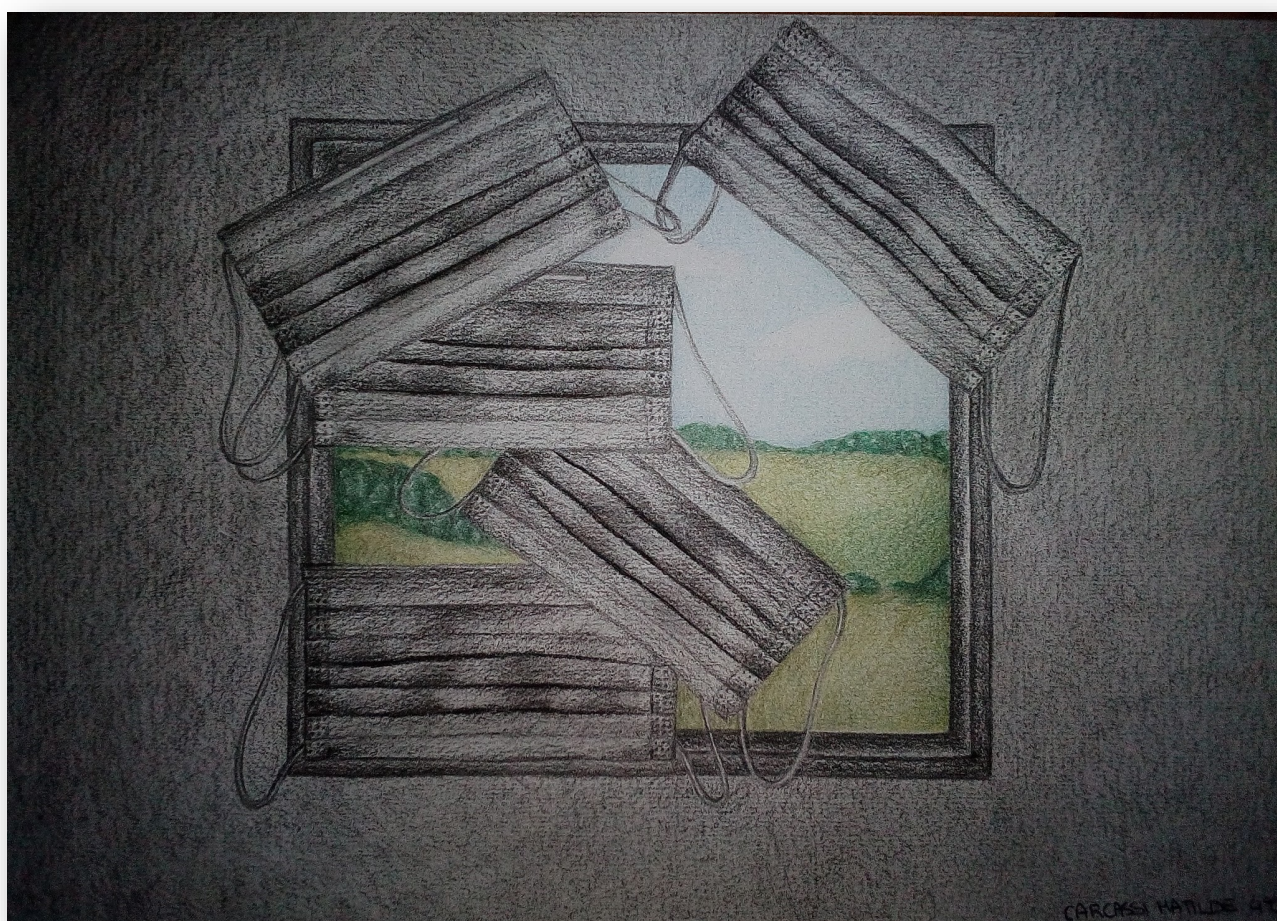
Silvia Guichardaz
15 years old
Classic High School
Aosta, Italy



Vittoria Charrère,
19 years old,
Classic High School
Aosta, Italy

QUARANTINE

Like fish in an aquarium
Lost
After a lifetime
Spent in the ocean



Carcassi Matilde
17 years old
Artistic High School
Aosta, Italy

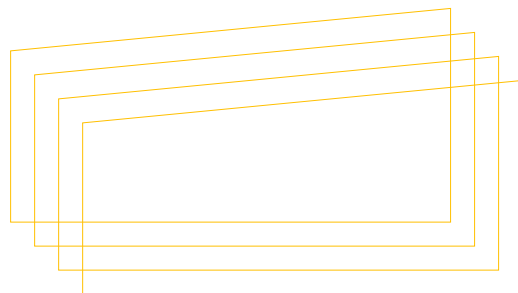
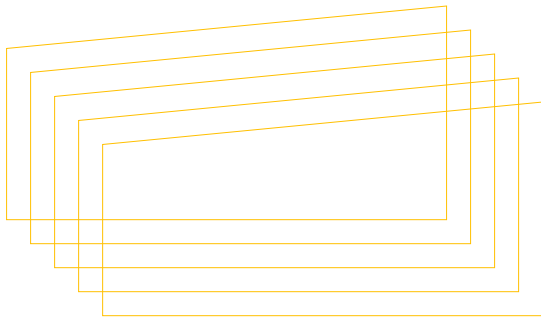
Valentina Titolo
19 years old
Classic High School
Aosta, Italy

SPRING DAWN

When the sun's rays filter through the half-open window,
The only source of light,
And they rest on our eyes
Awakening us from a deep sleep

The instant between wakefulness and sleep
When normality reclaims man,
When the mind still does not understand,
Beloved unconsciousness

And when reason returns,
Memories overlap one another
And reality comes back to settle on the chest,
like lead on frail bones





Volget
17 years old
Artistic High School
Aosta, Italy

Bioethics Education

#Bioethicon



Department of Education, UNESCO Chair in Bioethics

Webinar Presentation

Sunday, 12th July 2020

Time

USA East 8.30 am; Argentine Brazil 9.30 am; Portugal & UK 1.30 pm;
Germany 2.30 pm; Kenya & Israel 3.30 pm; India 6 pm; China & Malaysia 8.30 pm;
South Korea 9.30 pm; Australia East 10.30 pm



Webinar Lead & Chair

Prof. Russell D'Souza
Chair, Dept of Education,
UNESCO Chair in Bioethics,
Australia



Co-Chair & Moderator

Prof. Mary Mathew
Head, Indian Program of
UNESCO Chair in Bioethics,
Manipal, India

15th Webinar in the Series

The worldwide COVID-19 Pandemic has presented extreme and unfamiliar challenges to couples, families, and communities, and the individuals living within these communities. The pandemic has prompted the entire world to revise this definition of a "normal", to one centred on beliefs about the preservation of health and confidence that illnesses will more often than not be met with successful treatment. The existential nature of this pandemic challenges traditional psychotherapeutic interventions.

This Webinar will present an intervention developed and used requiring the person to step back. Draw upon philosophic, ethical, spiritual, and religious values (Up); Become better grounded in our relationship to the Earth and to core needs for existence as opposed to strivings for material goods and the quest for new experiences (Down); Turn towards internal means of promoting engaging pleasurable experiences (In); Use of technologies to foster social support and connection with others while following requirements to maintain physical distancing (Around).

Reaching Up, Down, In and Around: Individual, Couple, Family, and Community Coping During the Coronavirus Pandemic—An Intervention centred around mobilizing people's Ethical and Spiritual values.

Presented by



Presenter - USA

Prof. Dr. Peter Fraenkel
American Family
Therapy Academy, The
City College of the City
University, New York



Moderator - India

Col. Prof. Derek DSouza
Head Training Indian
Program UNESCO Chair
in Bioethics



Presenter - USA

Prof. Dr. Wonyoung L. Cho
Lewis & Clark Graduate
School of Education and
Counseling, Portland, OR

Register in advance for this meeting: <https://us02web.zoom.us/join/9101762062>
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Sunday, 19th July 2020

Time

USA East 7.30 am; Argentine & Brazil 8.30 am; Portugal & UK 12.30 pm; Germany 1.30 PM; Kenya & Israel 2.30 pm;
India 5 pm; China & Malaysia 7.30 pm; South Korea 8.30 pm; Australia East 9.30 pm;



Webinar Lead & Chair

Prof. Russell Franco D'Souza
Chair, Dept of Education,
UNESCO Chair in Bioethics,
Australia

16th Webinar in the Series Ethical Issues faced by Pharmacy Profession in responding to COVID 19



Co-Chair & Moderator

Prof. Mary Mathew
Head, Indian Program of
UNESCO Chair in Bioethics,
Manipal, India

The World wide Covid pandemic has had profound effects on all aspects of life. Physical health and concerns for managing the virus infection with the current lack of treatments and absence of vaccines have become a major concern. Ethical dilemmas are being confronted by doctors and health care professionals. In the current absence of medicines for treatment against the Covid-19 virus, several drugs have been suggested. These suggestions might lead to high demand for them in the absence of regulatory approval for the presumed indication. Vaccines to prevent COVID-19 are currently in development. It is anticipated that such vaccines may become available in the future. This brings moral and ethical issues in the access ability to all. This webinar brings distinguished International Pharmacy Professionals from most regions of the world who will discuss the ethical issues and dilemmas that Pharmacy Professionals are confronting in responding to COVID infection management Globally.



Moderator - Chat System

Col. Prof. Derek D'Souza
Head Training Indian Program UNESCO
Chair in Bioethics



Convenor

Dr. Suresh Bhoraj
President Pharmacy Council of India



Co Convenor

Dr. Shailendra Saraf
Vice Chancellor Durg University and Head
Pharmacy Bioethics of the Indian Program of
the UNESCO Chair in Bioethics

INTERNATIONAL PANEL MEMBERS

Prof. Henri Manasse

Dean, Pharmacy University of Illinois, Chicago, USA



Prof. Mahendra G. Patel

University of Bradford, UK

Prof. Helder Mota Filipe

University of Lisbon, Portugal



Prof. Timothy Chen

The Sydney University, Australia

Prof. Richa Dayaramani

Principal, Khyati College of Pharmacy, India



Dr. Achoka Victor Mwandale Semu

Chair, Pharmaceutical Society of Kenya, Nairobi, Kenya



Prof. Pierre EFA

President of COPAB (Pan African Congress for Ethics and Bioethics), Cameroon.
Head, African Division UNESCO Chair in Bioethics

Register in advance for this meeting: https://us02web.zoom.us/join/register/t20qfuqrqz4oH9JcgDQ_nlcPoK0A3oTPx84t
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Department of Education, UNESCO Chair in Bioethics

Sunday, 26th July 2020

Time

USA East 7.30 am; Argentine & Brazil 8.30 am; Portugal & UK 12.30 pm; Germany 1.30 PM; Kenya & Israel 2.30 pm;
India 5 pm; China & Malaysia 7.30 pm; South Korea 8.30 pm; Australia East 9.30 pm;

17th Webinar in the Series



Webinar Lead & Chair

Prof. Russell Franco D'Souza
Chair, Dept of Education,
UNESCO Chair in Bioethics,
Australia

Ethical Issues faced in the management of COVID 19 Patient

The Covid-19 pandemic has highlighted many of the difficult ethical issues that health care professionals confront in caring for patients and families. The decisions such workers face on the front lines are fraught with uncertainty for all stakeholders. Patients and individual physicians are not necessarily going to have the choices they're used to making. This webinar will focus on highlighting these issues.



Co-Chair

Prof. Mary Mathew
Head, Indian Program of
UNESCO Chair in Bioethics,
Manipal, India

Moderator

Col. Prof. Derek DSouza

Head Training Indian Program
UNESCO Chair in Bioethics



Speaker

Dr. K. K. Aggarwal

President,
Confederation of Medical
Associations of Asia and Oceania
Delhi India



Chair

Prof. Joseph Thornton

Head Bioethics Centre
VA Hospital University of Florida
Gainesville Florida
USA



Register in advance for this meeting: <https://us02web.zoom.us/join/ztZrc0ugrDkqG9QN0S8QK5L6BpUoRM1eqi1Z>

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Department of Education, UNESCO Chair in Bioethics

Sunday, 2nd & 9th Aug 2020

Time

USA East 7.30 am; Brazil 8.30 am; Portugal & UK 12.30 pm; Germany 1.30 PM; East Africa & Israel 2.30 pm;
India 5 pm; Hong Kong & Malaysia 7.30 pm; South Korea 8.30 pm; Australia East 9.30 pm;

18th & 19th Webinar in the Series

Nurses, Bioethics and the response to the COVID 19 Pandemic

As the number of confirmed COVID-19 cases accelerates, nurses on the front lines of the health care response globally have found themselves in unprecedented positions, making high-stakes decisions for patients and their own personal lives. Nurses' roles are now more important than ever. Nurses are often the last thread of compassion for patients. They're the ones doing the screenings, taking care of the critically ill, implementing triage protocols, communicating to families, and attending to the dying. The Covid 19 pandemic has highlighted many of the difficult ethical issues that Nursing professionals confront in caring for patients and families. The decisions Nursing professionals on the front lines are fraught with uncertainty for all stakeholders.

Under the auspices of the Nursing Bioethics program of the UNESCO Chair in Bioethics, this International Panel discussion Webinar with Nursing professionals from around the world will discuss the ethical implications for nurses, who are the largest global health care workforce.



Webinar Lead & Chair

Prof. Russell Franco D'Souza
Chair, Dept of Education,
UNESCO Chair in Bioethics,
Australia



Moderator - Chat System

Col. Prof. Derek D'Souza
Head Training Indian Program
UNESCO Chair in Bioethics



Co-Chair

Prof. Mary Mathew
Head, Indian Program of
UNESCO Chair in Bioethics,
Manipal, India

Convener

Dr. Ani Grace Kalaimathi
INDIA



Prof. Dr. S. Ani Grace
Kalaimathi Registrar,
Tamilnadu Nurses and
Midwives Council

Co Convener

Dr. Kristen Jones-Bonfiglio
CANADA



School of Nursing
Faculty of Health &
Behavioural Sciences,
Lakehead University

Ms. Joy Kezia R.
INDIA



Chief of Nursing Fortis,
Malar Hospital, Chennai

Dr. Selva Titus Chacko
UAE



Dean College of Nursing
Gulf Medical University

Dr. Kathleen DiGangi Condon
US



Palliative Care Nurse
Practitioner, New York

Annabelle Brown
AUSTRALIA



Clinical Nurse Facilitator
Holmesglen,
Melbourne

Ms. Raya Gurevich-Gal
ISRAEL



Healthcare Simulation Specialist,
Registered Nurse
Emergency Room
Soroka, University Medical Centre,
Beer Sheva

Dr. Judie Arulappan
OMAN



Assistant Professor /HOD
College of Nursing
Sultan Qaboos University,
Muscat

Ms. Vivienne Cooper
UK



Head of Nursing
NHS Wales

Karen Cassells R.N.
CANADA



Karen Cassells RN, EPRC
(Enhanced Psychogeriatric
Resource Consultant) BSD
Geriatric Outreach Team -
Woodstock Hospital

Dr. Miriam Wagoro
KENYA



Director,
School of Nursing
Nairobi University,
Nairobi

Dr. Joyce L. Neumann
US



Program Director, SCTCT/SCTCT
APRN Manager, Advanced Practice
Registered Nurse, Adjuvant
Ethicist, Section of Integrated
Ethics, MD Anderson Cancer
Centre, Houston, Texas

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Department of Education, UNESCO Chair in Bioethics

Sunday, 9th Aug 2020

Time

USA East 7.30 am; Brazil 8.30 am; Portugal & UK 12.30 pm; Germany 1.30 PM; East Africa & Israel 2.30 pm;
India 5 pm; Hong Kong & Malaysia 7.30 pm; South Korea 8.30 pm; Australia East 9.30 pm;

19th Webinar in the Series

Nurses, Bioethics and the response to the COVID 19 Pandemic

As the number of confirmed COVID-19 cases accelerates, nurses on the front lines of the health care response globally have found themselves in unprecedented positions, making high-stakes decisions for patients and their own personal lives. Nurses' roles are now more important than ever. Nurses are often the last thread of compassion for patients. They're the ones doing the screenings, taking care of the critically ill, implementing triage protocols, communicating to families, and attending to the dying. The Covid 19 pandemic has highlighted many of the difficult ethical issues that Nursing professionals confront in caring for patients and families. The decisions Nursing professionals on the front lines are fraught with uncertainty for all stakeholders.

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Prof. Russell Franco D'Souza
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UNESCO Chair in Bioethics,
Australia



Moderator - Chat System

Col. Prof. Derek DSouza
Head Training Indian Program
UNESCO Chair in Bioethics



Co - Chair

Prof. Mary Mathew
Head, Indian Program of
UNESCO Chair in Bioethics,
Manipal, India

Convenor

Dr. Ani Grace Kalaimathi
INDIA



Registrar, Tamilnadu Nurses
and Midwives Council

Co - Convenor

Dr. Kristen Jones-Bonofiglio
CANADA



School of Nursing
Faculty of Health &
Behavioural Sciences,
Lakehead University

Dr. Selva Titus Chacko
UAE



Deen College of Nursing
Gulf Medical University

Dr. Kathleen DiGangi Condon
US



Nurse Practitioner,
Division of Palliative
Medicine and Bioethics,
NYU Winthrop, Mineola,
NY

Annabelle Brown
AUSTRALIA



Clinical Nurse Facilitator
Holmesglen,
Melbourne

Ms. Raya Gurevich-Gal
ISRAEL



Healthcare Simulation Specialist,
Registered Nurse
Emergency Room
Soroka, University Medical Centre,
Beer Sheva

Dr. Judie Arulappan
OMAN



Assistant Professor /HOD
College of Nursing
Sultan Qaboos University,
Muscat

Ms. Vivienne Cooper
UK



Head of Nursing, Velindre
Cancer Centre

Karen Cassells R.N.
CANADA



EPRC (Enhanced Psychogeriatric
Resource Consultant) BSO
Geriatric Outreach Team -
Woodstock Hospital

Dr. Miriam Wagoro
KENYA



Director,
School of Nursing
Nairobi University,
Nairobi

Dr. Joyce L. Neumann
US



Program Director, SCTCT/SCTCT
APRN Manager, Advanced Practice
Registered Nurse, Adjuvant
Ethicist, Section of Integrated
Ethics, MD Anderson Cancer
Centre, Houston, Texas

Ms. Joy Kezia R.
INDIA



Chief of Nursing Fortis,
Malar Hospital, Chennai

Dr. Sharron Leung
HONG KONG



Head of Nursing
Education, The Hong
Kong Baptist University



Department of Education, UNESCO Chair in Bioethics

Sunday, 16th Aug 2020

Time

USA East 7.30 am; Brazil & Argentina 8.30 am; Portugal & UK 12.30 pm; Germany 1.30 PM; East Africa & Israel 2.30 pm; India 5 pm; Hong Kong, China & Malaysia 7.30 pm; South Korea 8.30 pm; Australia East 9.30 pm

20th Webinar in the Series

Psychological Well-being and Mental illness in the wake of COVID 19 Pandemic

#Bioethicon



Webinar Lead & Chair

Prof. Russell Franco D'Souza
International Institute of Organisational
Psychological Medicine,
Chair, Dept of Education,
UNESCO Chair in Bioethics, Australia

Topic - COVID 19 and Mental Health of
Health Care Work Force



Moderator - Chat System

Col. Prof. Derek DSouza
Head Training Indian Program UNESCO Chair
in Bioethics



Co - Chair

Prof. Mary Mathew
Head, Indian Program of
UNESCO Chair in Bioethics,
Manipal, India



Dr. Sujoy Mukherjee
United Kingdom

Consultant Psychiatrist at West
London NHS Trust

Topic - COVID 19: Mental
wellness in the elderly



Prof. Shabbir Amanullah
London Ontario Canada

Department of Psychiatry
University of Western Ontario

Topic - Pandemics and
mankind: What to expect Post
COVID



Prof. Rajiv Tandon
USA

Chair Department of Psychiatry
University of Western Michigan,
Kalamazoo

Topic - Impact of COVID on the
Management of mental illness



Prof. Prabha Chandra
India

Professor and Head of Psychiatry
NIMHANS Bangalore

Topic - Maternal mental health:
Impact of COVID 19

Register in advance for this meeting: <https://us02web.zoom.us/join/tZcucuytrjlr6NRV3Dr9yxEAFHuD9sZbnuev>
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Indonesia Bioethics Forum bersama TVRI Jawa Timur mempersembahkan

IBF CHAPTER 22

Selasa, 25 Agustus 2020
pk. 16.00 - 17.00 WIB

Interactive Focus Group Discussion

"AUTONOMY"



Narasumber 1
Prof. Rui Nunes MD PhD (Unesco Bioethics Chair)
"RESPECT FOR AUTONOMY"

Moderator
Dr Peter J. Manoppo, Sp.B, M.BIO



Narasumber 2
Prof. DR Dr Agus Purwadianto SH (MKEK IDI)
"INFORMED CONSENT"



HOW TO JOIN:

TVRI Jatim UHF analog & digital
Telp 031-5678216

 tvri jawa timur
 tvri jawatimur



Department of Education, UNESCO Chair in Bioethics

Webinar 21
Sunday,
23rd August 2020

Webinar 22
Sunday,
30th August 2020

Presents

The Global Panel Discussion Webinar Series

Bringing

The Global Leaders from The Inter Faith and Religion traditions of the World and Global Leaders of Science to join together to a far reaching panel discussion on

"Inter - Faith and Religion's role in providing Ethical Support and Guidance to the community in mitigating the impacts of COVID".

TIME

USA Central & Mexico 6.30 am; Canada & USA East 7.30 am; Argentina & Brazil 8.30 am; Portugal & UK 12.30 pm; France & Germany 1.30 pm; East Africa & Israel 2.30 pm; India 5 pm; Hong Kong & Malaysia 7.30 pm; Seoul 8.30 pm; Australia East 9.30 pm.

Leaders from traditions of Catholic, Judaism, Hindu, Islam, Buddhist, Baha'i, Zen Buddhism and Leaders in Science from India, USA and Canada will be panel member who will take part in a guided discussion on the Topic.

Faith - based organizations and religious institutions have been in the frontline mitigating the impacts of COVID - 19 and providing communities with much needed comfort, guidance, support care and social service, for the communities they serve. Director General World Health Organisation.



Webinar Lead & Chair

Prof. Russell Franco D'Souza

International Institute of Psychological Medicine,
Chair, Dept of Education, UNESCO Chair in Bioethics, Australia



Moderator - Chat System

Col. Prof. Derek D'Souza

Head Training Indian Program
UNESCO Chair in Bioethics



Co - Chair

Prof. Mary Mathew

Head, Indian Program of
UNESCO Chair in Bioethics, Mumbai, India



Prof. Dr. Din Satrio
Indonesia (Islam)



Prof. Desali Bhatta
India (Hinduism)



Dr. K. K. Aswari
India (science/Hinduism)



Rabi Prof. Ira Eiger
USA (Judaism)



Prof. Desmond Cahill
Australia (Catholic)



Prof. Shafiq Virani
Canada (Uni of Toronto Islamic Studies)



Rev. Dr. Masaki Matsubara
USA (Japanese Zen Buddhism)



Prof. Dr. Vishwanath Kulkarni
India (President NIT World Peace University -
Inter Faith & Science)



Prof. Dr. Vimalendu Kishore
USA (Harvard University Boston -
Inter Faith & Science)



Venerable Thich Phuoc Tan
Australia (Mahayana Buddhism)



Prof. Rodney Clapp
USA (Bahai)



Father Efstathios Vassilopoulos
Greece (Greek Orthodox)



Dr. Natalia Vassilopoulos
Australia (Bahai)

Register in advance for this meeting:

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Webinar 23
Sunday,
6th Sept 2020

Webinar 24
Sunday,
13th Sept 2020

Department of Education, UNESCO Chair in Bioethics

"Ethical Issues faced by Physiotherapists Globally in responding to COVID 19 Pandemic".

TIME

Canada & USA West 5.30 am; Mexico & USA Central 6.30 am; Canada East & USA East 7.30 am; Brazil & Argentina 8.30 am; Portugal & UK 12.30 pm; Germany & France 1.30 pm; East Africa & Israel 2.30 pm; India 5 pm; Hong Kong & Malaysia 7.30 pm; Seoul 8.30 pm; Australia East 9.30 pm.

While we are working in unusual times, Physiotherapists, still assess and treat patients, informed by the best available evidence doing this under a different set of conditions, in altered working environments, and/or with new teams. With the bandwidth of healthcare stretched to capacity, drawing on existing resources and decades of research that is highly applicable to clinical practice. Allied health professionals Physiotherapist are contributing in critical care, COVID-19 patients present with Acute Respiratory Distress Syndrome, for which the medical management, role of physiotherapy, rehabilitation interventions.

The Physiotherapy Bioethics program of the UNESCO Chair in Bioethics is presenting in its webinar series an International panel of physiotherapist discussing the ethical and clinical issues encountered in their role in managing COVID Pandemic.



Webinar Lead & Chair

Prof. Russell Franco D'Souza
International Institute of Organizational Psychological Medicine,
Chair, Dept of Education, UNESCO Chair in Bioethics, Australia



Moderator - Chat System

Col. Prof. Derek D'Souza
Head Training Indian Program
UNESCO Chair in Bioethics



Co - Chair

Prof. Mary Mathew
Head, Indian Program of
UNESCO Chair in Bioethics, Manipal, India



Convenor

Prof. Neelam Mathia
Vice Chancellor IIMS All India
Health Bioethics program
UNESCO Chair in Bioethics
India



Convenor

Dr. Poojithina Devi
Physiotherapy Bioethics
Program UNESCO Chair in
Bioethics
India



Dr. Naomi Wanjiu Kinyau
Head of Physiotherapy Dept.
of Orthopaedic and
Rehabilitation, Jomo Kenyatta
East Africa



Dr. Meeragava Perumal
Certified Manual Therapist,
University of Alberta
hospital, Alberta,
Canada



Dr. Waleed Kamel Abdelhaseet
Associate Professor of Physical
Therapy, Kfar Al-Aini Hospital,
Cairo University
Egypt



Dr. Saud F Al Subaie
Vice Dean, Dept. of physical therapy
and health rehabilitation, Prince
Sattam bin Abdulaziz University,
Al Khafj, Saudi Arabia



Dr. Sunangila Imanthi Wadugodapitiya
Senior Lecturer, Dept. of Physiotherapy,
Faculty of Allied Health Sciences,
University of Peradeniya,
Sri Lanka



Dr. Mariya P. Kandari
Associate Professor, Dept.
of Physiotherapy, Seth GS
Medical & KEM Hospital,
India



Dr. John Stephens
Senior Lecturer
Physiotherapy Unit
of Salford, UK

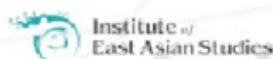


Muhammad Noh Zulfitri bin Mohd.
MSc, PhD, Dept. of physiotherapy,
Faculty of medicine and health
sciences, UTAH, Malaysia

Register in advance for this meeting:

<https://us02web.zoom.us/j/zoom-join-link-2020-09-06-13>

After registering, you will receive a confirmation email containing unique information to join the meeting. Do not share this link.



Webinar Series

Aging in Asia:

Ethical and Policy Issues in Healthy Aging and End of Life Care Across the Asia-Pacific Region

With aging populations and dwindling birth rates in many developed countries, healthy aging and end of life care are becoming an increasing challenge. Scholars from Taiwan, Japan, South Korea, China, Mongolia, and the U.S. address these issues and discuss leading aging policy developments across the Pacific. Speakers explore ethical issues, initiatives to address the emerging global aging crisis, and ultimately seek to build a regional network among scholars and practitioners across Asia and the United States.

Convened by Winston Tseng of the UC Berkeley School of Public Health and Duan-Rung Chen of National Taiwan University College of Public Health, each of the three webinar sessions will deal with a different region of Asia:

September 9, 2020 6-8 PM Pacific Time

(September 10, 2020 9-11 AM in Taiwan and China)

Panel Presentations: Taiwan and the U.S.

Moderator: Winston Tseng, UC Berkeley
Duan-Rung Chen, National Taiwan University
Shaoyi Cheng, National Taiwan University
Daniel Tsai, National Taiwan University

September 16, 2020 6-8 PM Pacific Time

(September 17, 2020 9-11 AM in Taiwan and China)

Panel Presentations: Japan and Korea

Moderator: Andrew Scharlach, UC Berkeley
Kei Kamide, Osaka University
Mai Kabayama, Osaka University
Ilhak Lee, Yonsei University

September 23, 2020 6-8 PM Pacific Time

(September 24, 2020 9-11 AM in Taiwan and China)

Panel Presentations: China and Mongolia

Moderator: Julian Chun-Chung Chow, UC Berkeley
Uyanga Batzogs, University of Hawaii, Manoa
Xiaoting Liu, Zhejiang University
Burenjargal Bultuush, Mongolian National Health Science University
Ann Hsing, Stanford University

An online RSVP is required.

Please register at <https://tinyurl.com/Aging-In-Asia>

Sponsors:

Institute of East Asian Studies (IEAS)
School of Public Health, National Taiwan University
Institute of Health Behaviors and Community Sciences
UC Berkeley Mongolia Initiative
Center for Chinese Studies (CCS)
Center for Japanese Studies (CJS)
Center for Korean Studies (CKS)

Free and Open to the Public, Wheelchair Accessible



Webinar 25, Sunday, 27th Sept 2020

The Ethics of Public Health Emergency Response for COVID 19 to Public Health Disaster Preparation and Planning for Tomorrow

TIME

Canada & USA West 5:30 am; Mexico & USA Central 6:30 am; Canada East & USA East 7:30 am; Brazil & Argentina 8:30 am; Portugal & UK 12:30 pm; Germany & France 1:30 pm; East Africa & Israel 2:30 pm; India 5 pm; Hong Kong & Malaysia 7:30 pm; Seoul 8:30 pm; Australia East 9:30 pm.

COVID 19 is teaching us a stern lesson that Economic Well-being and health justice are two sides of the same coin. The failings of disaster planning are manifest in all countries seriously affected by COVID 19 where the infrastructure of pandemic preparedness has been lacking.

The Society for Disaster Medicine and Public Health USA in association with the Department of Education UNESCO Chair in Bioethics is organising this International Panel Discussion Webinar 25 with International Speakers from 10 countries representing a global perspective:

On experiences with the COVID-19 pandemic, lessons learned, and will offer the key recommendations for public health disaster planning and preparation for future pandemics.



Webinar Lead & Chair

Prof. Russell Franco D'Souza
 International Institute of Organizational Psychology Medicine,
 Chair, Dept of Education, UNESCO Chair in Bioethics, Australia



Moderator - Chat System

Col. Prof. Derek D'Souza
 Head Training Indian Program
 UNESCO Chair in Bioethics



Co - Chair

Prof. Mary Mathew
 Head, Indian Program of
 UNESCO Chair in Bioethics, Manipal, India



Convenor

Dr. James James
 MD, DPM, PhD,
 R.G. (S), U.S. Army Medical Corps
 Executive Director, Society for Disaster Medicine and Public
 Health; Editor-in-Chief, Disaster Medicine and Public
 Health Preparedness; Adjunct Professor, University of
 Georgia Global and Humanitarian Health
 United States



Convenor

Prof. Raymond E. Swenson
 MD, FACEP
 Chief, Division of Emergency
 Disaster Global Health, UT
 Southwestern, Dallas, Texas,
 United States



Dr. Mohamed Alwi Bin Hj Abdul Rahman
 Head of Emergency Department and Trauma, Subspecialty in Disaster Medicine, Hospital Selayang,
 Malaysia



Dr. Georges Benjamin
 MD
 Executive Director, American Public Health Association (APHA)
 United States



Dr. Samuel Bumicho
 MD
 NSF International Board
 Kenya



Prof. Francesco Della Corte
 MD
 Eastern Piedmont University,
 CRISTEDIM (Centre for Research and Education in Disaster Medicine)
 Italy



Dr. Haojun Fan
 MD
 Chief physician, Professor,
 Vice President, Institute of Disaster Medicine, Tongji University, Chairman, Disaster and Emergency Medicine Branch, Chinese Medical Doctor Association
 China



Prof. Anat Gesser-Edelsburg
 MD
 School of Public Health, University of Haifa
 Israel



Dr. Amir Khorram-Manesh
 MD, PhD
 Senior University Lecturer in Surgery and Disaster Medicine, Sahlgrenska Academy, Gothenburg University, Senior Research Advisor the Swedish Armed Forces Center for Defense Medicine, Executive Member Gothenburg Emergency Medicine Research Group
 Sweden



Dr. Vimal Krishnan
 Surendran Pillai
 MD
 Kasturba Medical College,
 Manipal, Karnataka,
 India



Dr. Erin E. Norste
 MD, MSc
 Fellowship Program Director, Emergency Medical Services ECRMC, East Hospital Medical Director, Associate Clinical Professor of Emergency Medicine, Department of Emergency Medicine, University of California San Diego, Deputy Medical Director, Team Rubicon USA, Honorary Lecturer, Muhimbili University of Health and Allied Sciences, Dar es Salaam,
 Tanzania

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Education Department UNESCO Chair in Bioethics Australia in association with Society for Disaster Medicine and Public Health USA

Presents

The COVID 19 Vaccine - The Science Update and The Ethics

Webinar 26, Sunday, 4th Oct, 2020

TIME

Canada & USA West 5.30 am; Mexico & USA Central 6.30 am; Canada East & USA East 7.30 am; Brazil & Argentina 8.30 am; Portugal & UK 12.30 pm;
Germany & France 1.30 pm; East Africa & Israel 2.30 pm; India 5 pm; Hong Kong & Malaysia 7.30 pm; Seoul 8.30 pm; Australia East 9.30 pm.

With a pandemic spreading globally, vaccines are suddenly important and in the News. While the focus rightfully centers on COVID-19 vaccine candidates moving at record speeds, biopharma companies are entering promising programs. There are currently over 169 COVID-19 vaccine candidates under development, with 26 of these in the human trial phase. WHO is working in collaboration with scientists, business, and global health organizations through the ACT Accelerator to speed up the pandemic response.



Webinar Lead & Chair

Prof. Russell Franco D'Souza

International Institute of Organisational Psychological Medicine,
Chair, Dept of Education, UNESCO Chair in Bioethics, Australia



Moderator - Chat System

Col. Prof. Derek D'Souza

Head Training Indian Program
UNESCO Chair in Bioethics



Co - Chair

Prof. Mary Mathew

Head, Indian Program of
UNESCO Chair in Bioethics, Manipal, India



Convenor

Prof. James Jim James
Executive Director Society for Disaster
Medicine and Public Health Atlanta
United States



Convenor

Prof. Raymond E. Swienton
Chief, Division of Emergency
Disaster Global Health, UT
Southwestern, Dallas, Texas,
United States



Chair & Discussant

Prof. Ilana Belmaker
Associate Professor of Public
Health, Ben-Gurion University of
the Negev, Beer Sheva,
Israel



Discussant

Prof. Mahendra G. Patel
University of Bradford,
Royal Pharmaceutical Society
UK



Presented by

Dr. K.K. Aggarwal
President, Confederation of
Medical Associations of
Asia and Oceania
Delhi India

Register in advance for this meeting:

https://us02web.zoom.us/join/register/t2wvde1upzsqEtW7Cw_a0tWK4-7Le0L_Rka

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Oggetto: INVITE WORLD BIOETHICS DAY PROGRAM INTERNATIONAL PANEL DISCUSSION WEBINAR 27 - 18 TH OCTOBER 2020

YOU ARE INVITED TO PARTICIPATE IN WORLD BIOETHICS DAY PROGRAM WEBINAR 27 THEME - BENEFIT AND HARM SUNDAY 18TH OCTOBER 2020

18TH October 2020 120 min Times across the Globe Canada and USA West 5:30 am, Mexico and USA Central 6:30 am, Canada East and USA East 7:30 am, Brazil and Argentina 8:30 am, Portugal and UK 12:30 pm, Germany and France 1:30 pm, East Africa and Israel 2:30 pm, India 5:00 pm, Hong Kong and Malaysia 7:30 pm, Seoul 8:30 pm and Australia East 10.30 pm.

Prof Russell D'Souza Chair

Prof Mary Mathew Co Chair

Prof Derek Dsouza Moderator

ROON	UK	SERBIA	ISRAEL	INDIA	CAME- ISRAEL
	INDIA		ARGENTINA	PORTUGAL	USA
Baroness Prof Finlay	Prof Shai Linn	Prof Vedprakash Mishra	Prof Pierre Ef-		
fa Prof Vojin Rakic	Prof Madalena Patrico	Prof Danella Keidar	Prof		
Princy Palatty	Prof Moty Benyakar	Prof Rui Nunes	Prof Joe Thornton		

INTERNATIONAL PANEL MEMBERS

YOU ARE INVITED TO THE INAUGURATION AND INTERNATIONAL PANEL DISCUSSION PROGRAM OF THE UNESCO CHAIR IN BIOETHICS UNIVERSITY OF HAIFA

AT THE 33RD GENERAL ASSEMBLY OF THE UNESCO ON THE 19TH OCTOBER 2005 195 MEMBER COUNTRIES ADOPTED THE **UNIVERSAL DECLARATION ON BIOETHICS AND HUMAN RIGHTS**

WORLD BIOETHICS DAY ANNUALLY REFLECTS THE PRINCIPALS ENLISTED IN THE UNIVERSAL DECLARATION ON BIOETHICS AND HUMAN RIGHTS

PROGRAM

INTRODUCTION BY **PROFESSOR RUSSELL FRANCO DSOUZA** CHAIR EDUCATION DEPARTMENT UNESCO CHAIR AUSTRALIA

WELCOME BY **PROFESSOR MARY MATHEW** COUNCILLOR DEPARTMENT OF EDUCATION INDIA

OPENING DANCE PERFORMANCE DEPICTING THE CONCEPT OF BENEFIT AND HARM IN ART

CHAired **PROFESSOR PRINCY PALATTY** HEAD SOUTH INDIA UNESCO CHAIR IN BIOETHICS INDIA
DANCE PERFORMANCE BY MEDICAL STUDENTS DEPICTING THE THEME BENEFIT AND HARM

STUDENT BIOETHICS WING AMRITA INSTITUTE OF MEDICAL SCIENCES KOCHI INDIA

Ms Anna

Ms Anna Maria Bastine

Ms Syama

ZA UNESCO CHAIR IN BIOETHICS INDIA

After registering, you will receive a confirmation



Webinar 28

Sunday

1st Nov, 2020

Webinar Lead & Chair

Prof. Russell Franco D'Souza
International Institute of Organisational
Psychological Medicine, Chair, Dept of
Education, UNESCO Chair in Bioethics,
Australia



Co - Chair

Prof. Mary Mathew
Head, Indian Program of
UNESCO Chair in Bioethics, Manipal,
India



Moderator - Chat System

Col. Prof. Derek D'Souza
Head Training Indian Program
UNESCO Chair in Bioethics,
India

Department of Education Unesco Chair in Bioethics University of Haifa

Theme

Biopower: The Relationship between Medicine and Politics and its Impact for Public Health Internationally

This Panelist from the regions of the world discussion will continue to explore the World Bioethics Day theme of benefit and harm on a societal level through the lens of biopower. We will examine the concept of biopower and the role it has played in shaping public health policy throughout history.

Questions regarding COVID-19 and state enforced isolation/vaccination, the relative valuation of human life, public health as an exercise in political power, and the ethical questions surrounding the politicization of medicine and health care policy were explored.

Time

USA Pacific 5.30 am; USA Central 6.30 am; USA East & Canada East 7.30 am; Argentina and Brazil 8.30 am; Portugal & UK 11.30 pm; Germany & France 12.30 pm; Israel and East Africa 2.30 pm; India 5 pm; Hong Kong & Malaysia 7.30 pm; Seoul 8.30 pm; Australia East 10.30 pm.

International Panel Members



Prof. Dr. Michael Robertson
Sydney University
Australia



Baroness Prof. Dr. Ilora Finlay
British Parliament
UK



Dr. Alvin Yee-shing Chan
Hong Kong Medical Association
Hong Kong
China



Prof. Dr. Ravi Wankhedkar
Treasurer World Medical Association
India



Prof. Dr. Joseph Thornton
University of Florida
USA



Dr. James Mwirigi
Dean School of Public Health Nairobi
Kenya



Dr. León Cohen Bello
President of Argentinian Chapter of
Medical Association
Argentina

Register in advance for this meeting:

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Webinar 29

Sunday

15th Nov, 2020

Webinar Lead & Chair

Prof. Dr. Russell Franco D'Souza
International Institute of Organizational
Psychological Medicine, Chair, Dept of
Education, UNESCO Chair in Bioethics,
Australia



Co - Chair

Prof. Dr. Mary Mathew
Head, Indian Program of
UNESCO Chair in Bioethics, Manipal,
India



Moderator - Chat System

Col. Prof. Dr. Derek D'Souza
Head Training Indian Program UNESCO
Chair in Bioethics, India

Department of Education Unesco Chair in Bioethics

Theme

Political influence in Public Health Science during Covid-19- The Duality of Politics and Health Science

We see that politics can be an instrument of power and science a liberator of mankind from the darkness of ignorance. The topic of the Political determinants of health has been a subject matter of discussion for more than a decade, and it has almost been clarified why health is political: health is unevenly distributed, many health determinants are dependent on political action, and health is a critical determinant of human rights and citizenship.

Time

USA East 6.30 am; Argentina and Brazil 8.30 am; UK & Portugal 11.30 am; Germany & France 12.30 pm; Israel & Kenya 1.30 pm; India 5 pm;
Hong Kong & Malaysia 7.30 pm; Seoul 8.30 pm; Australia East 10.30 pm.

International Panel Members



Prof. Vivienne Harpwood
Professor of Health Law
Cardiff University United Kingdom
UK



Dr. Miriam Carole Wagoro
Director School of Nursing,
Nairobi University, Nairobi
Kenya



Dr. Alvin Yee-shing Chan
Hong Kong Medical Association Hong Kong,
Treasurer Confederation of Medical Associations
of Asia and Oceania Hong Kong
China



Prof. Dr. Ravi Wankhedkar
Treasurer World Medical Association
India



Prof. Dr. Joseph Thornton
University of Florida
USA



Prof. Dr. Godfrey Walter Jaoko
University of Nairobi
Kenya



Dr. León Cohen Bello
President Argentina Chapter Israeli
Medical Association
Argentina



Dr. Rajiv Tandon
Chair and Prof Dr Rajiv Tandon University of
Western Michigan, Kalamazoo
USA

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Webinar Lead & Chair

Prof. Dr. Russell Franco D'Souza
International Institute of Organizational
Psychological Medicine, Chair, Dept of
Education, UNESCO Chair in Bioethics,
Australia



Co - Chair

Prof. Dr. Mary Mathew
Head, Indian Program of
UNESCO Chair in Bioethics, Manipal,
India



Moderator - Chat System

Col. Prof. Dr. Derek D'Souza
Head Training Indian Program UNESCO
Chair in Bioethics,
India



United Nations
Educational, Scientific and
Cultural Organization



UNESCO Chair
in Bioethics
University of Haifa

Department of Education Unesco Chair in Bioethics

Theme

'Comparing Countries' National Policy Responses to the COVID Pandemic –
Contending Hypotheses'

Time

Saturday 21 USA West 11 PM, Sunday 22 Nov USA East 2 AM, Portugal 6 UK 7 AM, Germany 6 France 8 AM, East Africa 6 Israel 9 AM, India 12.30 PM Hong Kong 3 PM, Australia East 6 PM

Speaker



Prof. Steven Vogel
Chair Political Economy and Professor of Political Science
University of California Berkeley
USA

Professor Steven Vogel will present his analysis of Health, Key Performance Indicators, Economy and more from leading countries and will offer possible hypotheses explaining National Variations in policy responses to the Pandemic.

International Panel Members



Dr. Rajiv Tandon
Chair and Prof Dr Rajiv Tandon University
of Western Michigan, Kalamazoo
USA



Prof. Vivienne Harwood
Professor of Health Law
Cardiff University United Kingdom
UK



Prof. Dr. Joseph Thornton
University of Florida
USA



Prof. Shabbir Amanullah
Canada



Prof. Dr. Ravi Wankhedkar
Treasurer World Medical Association
India



Dr. Alvin Yee-shing Chan
Hong Kong Medical Association
Hong Kong, Treasurer Confederation of
Medical Associations of Asia and Oceania
Hong Kong, China



Prof. Dr. Godfrey Walter Jaoko
University of Nairobi
Kenya

The International Panel will discuss these indicators and the offered synthesis, then applying these to understand what the world has learnt from the COVID Pandemic that will be helpful for the future pandemics

Register in advance for this meeting:

https://us02web.zoom.us/join/register?ZwvdeIupzsqEtW7Cw_aQItWK4-7Le0L_Rka

After registering, you will receive a confirmation email containing information about joining the meeting.



Department of Education, UNESCO Chair in Bioethics

Sunday, 13th December 2020

Time

USA East & Canada 6.30 am; Argentina & Brazil 8.30 am; Portugal & UK 11.30 am; Germany & France 12.30 PM; Israel & East Africa 1.30 pm; India 5 pm; Hong Kong & Malaysia 7.30 pm; Seoul 8.30 pm; Australia East 10.30 pm;

31st Webinar in the Series

Bioethical issues faced by Pharmacy Discipline in the hospital & Community management of COVID pandemic in the regions of the world and Discussing the International Guidelines for Ethics in COVID Pandemic Management for Pharmacy Discipline



Webinar Lead & Chair

Prof. Russell Franco D'Souza
Chair, Dept of Education,
UNESCO Chair in Bioethics,
Australia



Co-Chair & Moderator

Prof. Mary Mathew
Head, Indian Program of
UNESCO Chair in Bioethics,
Mangal, India



Moderator - Chat System

Col. Prof. Derek D'Souza
Head Training Indian Program UNESCO
Chair in Bioethics



Convenor

Prof. Mahendra G. Patel
University of Bradford, UK



Chair International Expert Committee Pharmacy

Prof. Henri Manasse
Dean, Pharmacy University of Illinois,
Chicago, USA

INTERNATIONAL PANEL MEMBERS

Prof. Ian CK Wong
Head of Department of Pharmacology and Pharmacy,
University of Hong Kong



Prof. Richa Dayaramani
Secretary International Expert Committee
Principal, Khyati College of Pharmacy, India

Prof. Daniella Munene
CEO of Pharmaceutical Society of Kenya



Dr. Vadlamudi Rao
President, Commonwealth Pharmacists Association

Prof. Dr. Shailendra Saraf
Vice Chancellor Durg University and
Head Pharmacy Bioethics of the Indian Program of
the UNESCO Chair in Bioethics



Prof. Roisin O'Hare
President, Guild of Healthcare Pharmacists, Ireland

Prof. Dr. Diogo Sousa-Martins
Brazil



Prof. Dr. Catherine Duggan
Chief Executive Officer of the International
Pharmaceutical Federation, Netherland

Prof. Timothy Chen
The Sydney University, Australia



Prof. Suresh Bhojraj
President Pharmacy Council of India

Register in advance for this meeting: https://us02web.zoom.us/joining/register/tZwvdeupzsqEtW7Cw_aQitWK4-7Le0L_Rka
After registering, you will receive a confirmation email containing information about joining the meeting.

Sunday, 27th December 2020

Time

USA CST 7.30 am; Canada USA EAST 8.30 am; Argentina & Brazil 10.30 am; Portugal & UK 1.30 pm; Germany 2.30 pm;
Israel & East Africa 3.30 pm; India 7 pm; Hong Kong & Malaysia 9.30 pm; Australia East 12.30 am.

REFLECTIONS AND GRATITUDE OF THE DEPARTMENT OF EDUCATION'S INTERNATIONAL WEBINAR SERIES ON COVID IN 2020

We invite you to join us as we end 2020 series on COVID 19 with Reflections and Gratitude



Webinar Lead & Chair

Prof. Russell Franco D. Torres
Chair, Dept of Education,
UNESCO Chair in Education,
Buenos Aires



Co-Chair & Moderator

Prof. Mary Mathews
Head, Indian Program of
UNESCO CARIBBEAN
New York, N.Y.



Moderator - Chat System

Col. Prof. Benek B. Sozmen
Head Training Indian Program (INTSO)
Chief Instructor



Prof. Ravi Wankhedkar
Teacher at IMA,
India



Dr. David Barbile
President, WMA
USA



Baroness Prof. Roberta Finlay
Parliament
UK



Prof. Stacy Gallin
USA



Prof. Joe Thornton
 Univ Florida
 USA



Prof James Jim James



Prof. Gerhard Fortwengel



Prof. Kristan Jones
Canada



Prof. Shabbir Amanullah
Canada



Dr. Miriam Carole Atieno Wagoro
Kenya



Dr. Alvin Chen
Hong Kong



Prof. Vivienne Harper

Prof Pierre Effa
Cameroon

Prof Vishnu Devi



Dr. Leon Cohen Bellio
Ancient Inc.



Prof. Richa Deyaramani
India

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After registering, you will receive a confirmation email containing information about joining the meeting.

NURSING PROFESSIONALS, BIOETHICS AND THE RESPONSE TO THE COVID-19 PAN-
DEMIC
DEPARTMENT of EDUCATION, UNESCO CHAIR in BIOETHICS, UNIVERSITY of HAIFA
NINETEENTH WEBINAR SUMMARY REPORT

Prepared by Emeritus Professor Des Cahill, RMIT University, Melbourne and Member of the Australia Bioethics Unit of the UNESCO Chair in Bioethics, University of Haifa.

The nineteenth global webinar of the UNESCO Chair in Bioethics was the second of two webinars that focused on the nursing aspects of the COVID-19 pandemic looking at the ethical dilemmas faced by the nursing profession in responding. It was held on Sunday night (Melbourne time), 9th. August, 2020 under the sponsorship of the Department of Education's UNESCO Chair in Bioethics located at the University of Haifa which works to encourage the teaching of bioethics in medical and health sciences and law courses across the world with 250 centres across the world. The meeting was chaired by the Melbourne-based Professor Russell D'Souza, Chair, Department of Education (International Program) of the UNESCO Chair in Bioethics with the co-chair, Professor Mary Mathew, the director of the Indian component of the Chair.

Input came from twelve panellists from nine countries. Infection rates for these countries are currently (with the % of deaths per 100,000 population from the John Hopkins University data centre in Baltimore on 11th August): Australia (1.25), Canada (24.36), India (3.28), Israel (6.75), Kenya (0.82), Oman (10.62), the UAE (3.71), the UK (70.18) and the USA (49.80).. The webinar began at 9.35 p.m. (Melbourne time) and there were about 240 - 280 participants at almost all stages of the webinar.

Professor Russell Solomon in Australia as chair of the webinar welcomed the participants to continue 'last week's outstanding session'. The convenor, Assistant Professor Kristen Jones-Bonfiglio from Lakehead University in Thunder Bay in Ontario, Canada provided an overview from the webinar of the previous week, mentioning how there were myriad challenges across the world, including the deaths of nurses and shortages of equipment. But resilience was important in the face of the fact that 90+ million had contracted the virus across the world.

Nurses and their Involvement in Policy-Making

The co-chair and moderator, Professor Mary Mathews structured the seminar around three questions, beginning with the involvement of nurses in policy-making. The co-convenor, Professor Ani Kalaimathi, registrar of the Tamilnadu Nurses and Midwives Council, led off by saying that in Tamil Nadu nurses were not involved in policy-making as they were not invited and it was left to other health professionals, usually the doctors. "We are in a catch-up situation". Nurses needed to be included, especially in the issue of insurance for C-19 nurses. The webinar itself was a sign there was some movement but how do we involve nurses in the decision-making processes? In Canada, Professor Jones-Bonfiglio said that nurses were involved in Ontario but it was a mixed picture across Canada.

Dr. Miriam Carole Wagoro, Director of the School of Nursing at the University of Nairobi, said that in Kenya there was no nursing directorate in the structure of the Kenyan health department. It was very important to have nurses' input on defence structures. Ms. Annabelle Brown from the Holmesglen TAFE College in Melbourne with its Moorabbin private hospital said that the Australian Government does not really listen to the voices of nurses as they are not open to the united

voice of nurses. Nurses were involved in the Australian Registration Council which covered all health care workers. The tracking figures for the current crisis did not specifically track nurses as they were included in the figures for health care workers.

Dr. Joyce Neumann from the Integrated Ethics Section at the MD Anderson Cancer Center in Houston, Texas in the US said that 241 nurses had died in the US. This was known because the nursing organizations tracked the deaths. Newspapers have not focussed on nurses, and “we need to improve the involvement of nurses in the media”, adding “if a doctor dies, the newspapers focus on it but not with a nurse”. But there is talk about hero nurses. The situation is improving as several nurses are running for office in the November elections so this may give a voice for nurses. The International Council of Nurses which covers 139 countries has said that more than 600 nurses have died but there are no reliable figures for many countries such as India.

The structure of health care in any country is very important, according to Dr. Selva Titus Chacko, Dean of the College of Nursing at the Gulf Medical University at Al Jurf in the Emirate of Ajman. In the UAE, there is a Directorate of Nursing and this has led to their full involvement in deciding on the ratio of nurses in caring for C-19 patients. The health care of nurses is well taken care of. Professor Judie Arulappan from the College of Nursing in the Sultan Qaboos University in Muscat said special COVID-19 hospitals had been set up and nurses were shifted in. The Nursing Directorate was heavily involved and there was a proper tracking system.

Professor Mary Mathews concluded this section by saying that nurses do not take part in politics nor in the legal sphere. She raised the second issue of the Training in Care during a Pandemic in the nursing curriculum.

Nurse Training for a Pandemic

Pandemic training is not even in the medical curriculum for trainee doctors. Dr. Joyce Neumann said that in the US nurses received training in critical care, and now the nursing educators were dealing with the situation through online means. In the UAE, according to Dr Chacko, fifteen hours in second year were given to disaster management. In India, Professor Ani Kalaimathi said there was no specific preparation for pandemics but there was for disaster preparedness, and infection control preparedness is very important in second year. “There is a need for us to look at the nursing curriculum”. Ms. Raya Gurevitch-Gal, a healthcare simulation specialist from the Soroka University Medical Centre in Beer Sheba in southern Israel, said there was mandatory focus on infection control with many resources. A unique program was a Masters degree in handling and managing disasters. Is it enough? “I do not know. But we need to evaluate it. And we need to scope how to cover a global pandemic”. But Israel was always ready; in the current C-19 crisis, a field hospital had been built in 24 hours of which nurses were a part as well as all the relevant disciplines. Nurses also receive special training. Dr. Miriam Carole Wagoro said she had been in Israel and she had been impressed. We also need to include the psychosocial aspects.

Karen Cassells from Woodstock Hospital in London, Ontario added that it was critical to have organizational responsibility properly allocated, and to impress this upon young students. Infection control was key but there is very small coverage in reference to pandemics and it was mostly on-the-job training. Professor Jones-Bonfiglio added that the situation varied a lot across Canada but more emphasis was needed, including on the psychosocial needs and the needs of nurses.

In India, Ms. Joy Keziar, Chief of Nursing at the Malar hospital in Chennai, said there was 50/50 preparation that had resulted from the SARS outbreak. There are many simulations but not for a

pandemic. She spoke of her four Es: Equity for nurses; Equipping myself; Engage constantly and Expanding as a community, including the nursing community.

Dr. Kathleen Di Gangi Condon, a palliative care nurse from New York, said the nursing curriculum was so full with little on disaster preparation so it was a case of curriculum catch-up as the US had little recent experience of a pandemic and it was not part of the social or nursing fabric. The voices of nurses need to be heard because their voices are different to those of the physicians. The Deputy Surgeon-General was a nurse but there is no nurse on the President's advisory council. Ms. Rebelee from Florida added that in her training she got a lot on disaster management because of all the hurricanes in Florida. It was also part of the licence renewal every two years.

All panellists agreed on the need for pandemic inclusion in the revision of the nursing curriculum with the need for simulation exercises. Professor Mathews then raised the third issue of the physical, mental and spiritual well-being of nurses which must also include moral distress as in feelings of helplessness, emphasizing the political aspect.

Physical, Mental and Spiritual Well-Being of Nurses Ms. Rebelle said that in Florida hotlines had been opened for nurses as in normal times but they were now more active. If nurses felt burnt out, they could take a week's paid vacation. There are chaplains in all the hospitals, and every Sunday there was a communal prayer session for the hospital. Joy Keziar said that in Chennai support for nurses was provided but their biggest fear was transmitting it to their families. In Australia, Ms. Annabelle Brown said there was much support for nurses with the employee assistance program including free psychological support and there was always testing available. The government will pay for two weeks' leave and for any necessary alternative accommodation. There is telehealth support. As regards spiritual care, this was left to the discretion of the individual nurse. Dr Arulappan said that the Muscat government fully supports nurses but many nurses want to return to their home countries because – and it was a serious issue – people were shunning nurses and their families.

Dr. Kathleen Condon spoke of moral distress which as an issue had not been well articulated during COVID-19, in particular, care futility. The isolation of patients has troubled nurses who have an integral role to voice their concerns. There will be less moral distress if they are empowered and can voice their concerns. But generally there is care available through employee assistance programs. Karen Cassells from Canada spoke of the 'wellness room' at her hospital for palliative care though there was very little on the spiritual aspects. Dr Chacko added that the churches had gone online and this had been helpful. Resiliency was an important component in the view of Dr. Joyce Neumann who drew attention to the pre-pandemic paper prepared by the American Resiliency Council. Hazard pay was also an important part of resiliency as was insurance.

In Conclusion

Dr Kristen Jones-Bonfiglio thanked everyone and mentioned the Chinese symbol for danger which incorporates crisis with opportunity. "We are in this together". Dr Derek D'Souza in India highlighted the importance of seizing the opportunity to develop a white paper and develop access to governments. "We need to plan for the solutions. But we need to remember the crowded curriculum Students cannot learn everything about everything".

The webinar finished at 12.03 a.m. (Melbourne time).. Professor Russell D'Souza said it had been an excellent platform and a great series to bring professional nurses together from across the globe.

ETHICAL ISSUES FACED IN THE MANAGEMENT OF COVID-19 PATIENTS
DEPARTMENT of EDUCATION, UNESCO CHAIR in BIOETHICS, *UNIVERSITY of HAIFA*
WEBINAR SUMMARY REPORT

Prepared by Emeritus Professor Des Cahill, RMIT University, Melbourne and Australian Bioethics Unit of the UNESCO Chair in Bioethics, University of Haifa.

The seventeenth webinar on 26th July, 2020 took the form of a presentation on the management of COVID-19 patients given by Dr. K.K. Aggarwal, Past President of the Indian Medical Association and currently President of the Medical Association of Asia and Oceania. The presentation was conducted under the sponsorship of the Department of Education's UNESCO Chair in Bioethics located at the University of Haifa which works to encourage the teaching of bioethics in medical and health sciences and law courses with its 250 centres across the world.

The seventeenth webinar began at 9.35 p.m. (Melbourne time) and finished at 11.14 p.m.. The meeting was co-chaired by the Melbourne-based Professor Russell D'Souza, Chair, Department of Education (International Program) of the UNESCO Chair in Bioethics and Professor Mary Mathew, the director of the Indian component of the Chair. They both welcomed participants and online spectators to the webinar which was a culmination of various webinars. They introduced Associate Professor of Psychiatry, Joseph Thorton, Head of the Bioethics Centre at the VA Medical Center within the University of Florida in Gainesville, US who acted as chair.

Dr. Aggarwal began by noting that the paradigm shift had emerged in the months from March to July when in fact it should have begun in January when it became clear that humanity was dealing with a pandemic of a mysterious virus with a mysterious beginning in Wuhan. "Now we have an unpredictably predictable virus that was inflammatory in essence and attacking the whole body".

The paradigm had been conceived initially in terms of macro-droplets whereas now the focus was on micro-droplets, particularly in crowded countries, crowded cities and other crowded situations, and seen in terms of surface to person transmission. There had been no change in hot countries. Response had shifted to masking, and now masking at home.

The mortality rate had been about 0.3 per cent in Asian countries, much lower than in earlier pandemics. The focus which early on had been concentrated on Italy, Iran and New York had also shifted from hospital care to home care with oxygen support in the home. In New York, 63 per cent of hospital beds were now empty. It would seem that children under 10 do not transmit; there was no role for hydroxychloroquine and the time of discharge was now after 4-5 days.

The initial focus on pulmonary symptoms had switched to non-pulmonary symptoms with attention on hypoxia where the body or parts of the body are deprived of oxygen supply. Dr Aggarwal questioned the notion of completely asymptomatic patients because all patients had some symptoms, perhaps of a non-pulmonary nature. Symptoms can change every day. He also felt that the chance of re-infection was an idea he did not believe in. "All post COVID-19 complications were manageable".

Dr. Aggarwal spoke of the concept of viral load and this meant that present management of patients will change. He began his consideration of the ethical issues in patient care by noting that 110 doctors had already died in India as have other health care workers. His first point was the

necessity for All (Airborne Infectious Isolation) rooms in all hospitals which generally happens in the developed countries. It was unethical for any hospital, even in poor developing hospitals, not to have All rooms. Secondly, he lamented the fact that “all our professional autonomy has gone”. Untrained personnel and bodies were putting ill-informed pressure on governments. Treatment needs to be individualized, remembering that mortality was the exception, not the rule.

The third ethical point was that all health care workers need to attend to their own self-health. As a high-risk health care worker, he or she cannot refuse to give care. So the emphasis ought be on personal self-care and the use of telehealth had also changed the situation. His fourth point was that the bodies of deceased patients were being disrespected, and there were examples of bodies being cremated in the middle of the night. In his fifth point, he drew attention to the misuse of antibiotics which will now be even more over-used. As well, drug trials were being given permission too quickly and in any circumstances.

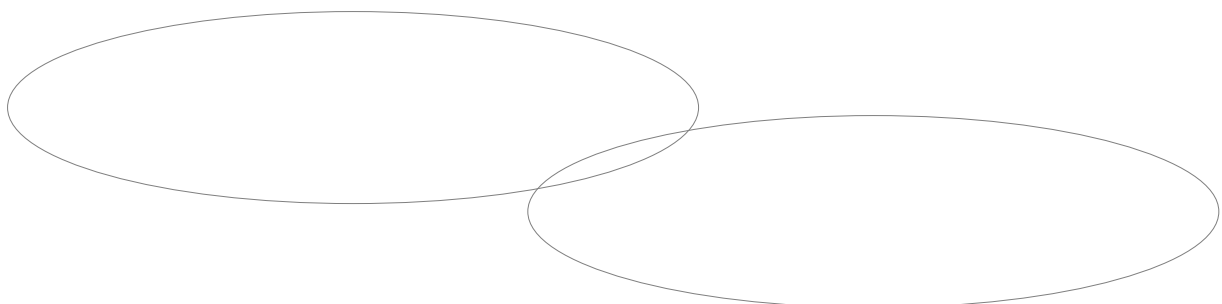
His next point focused on the over-investigation vs. under-investigation dilemma though this was changing. And he worried about the extreme cost of medicines in the future. Lastly, he asked, why should schools not open? Children do not transmit the virus. Another question focussed on this with Dr Aggarwal emphasizing that there was no evidence that children transmitted the disease, neither from child to child or from teacher to child. In a later question, this was challenged by a questioner from the Pakistani Medical Association who noted that in his country some children had died from COVID-19. Professor Thornton would later add that children do get infected in the U.S., and the issue needed to be better nuanced. Cross-ventilation and sunlight in classrooms is very important in schools.

Professor Thornton briefly thanked Dr. Aggarwal for his presentation before answering questions through the chatbox.

The first question raised the issue of the prohibitions and other conditions for international travellers. Dr. Aggarwal replied that airports are not cross-ventilated and airport toilets and lounges were also dangerous contact places. The chance of transmission in aircraft is actually low; but the person stamping your passport may have the most chance of being infectious and transmitting it. Also quarantine must be for at least five days. Steroids were much more important than anti-inflammatory drugs like hydrochloroquine.

A later question remarked that many Indian doctors were observing that many patients die because of seeing other patients die. The response was that the mortality rate needed to be lowered.

To terminate the webinar, Professor Russell D’Souza thanked Dr Aggarwal and all those who had participated. The following week, the focus will be on the nursing profession.



NURSING PROFESSIONALS, BIOETHICS AND THE RESPONSE
TO THE COVID-19 PANDEMIC
DEPARTMENT of EDUCATION, UNESCO CHAIR in BIOETHICS, UNIVERSITY of HAIFA
EIGHTEENTH WEBINAR SUMMARY REPORT

Prepared by Emeritus Professor Des Cahill, RMIT University, Melbourne and Member of the Australia Bioethics Unit of the UNESCO Chair in Bioethics, University of Haifa.

The eighteenth global webinar of the UNESCO Chair in Bioethics focused on the nursing aspects of the COVID-19 pandemic looking at the ethical dilemmas faced by the nursing profession in responding. A second webinar will be held the next Sunday. It was held on Sunday night (Melbourne time), 2nd. August, 2020 under the sponsorship of the Department of Education's UNESCO Chair in Bioethics located at the University of Haifa which works to encourage the teaching of bioethics in medical and health sciences and law courses across the world with 250 centres across the world. The meeting was chaired by the Melbourne-based Professor Russell D'Souza, Chair, Department of Education (International Program) of the UNESCO Chair in Bioethics with the co-chair, Professor Mary Mathew, the director of the Indian component of the Chair. The webinar began 90 minutes after Melbourne, the C-19 epicentre of Australia which has had 208 deaths in total across all States since March, went into its first night curfew with a stricter lockdown.

Input came from thirteen panellists from nine countries. Infection rates for these countries are currently (with the % of deaths per 100,000 population from the John Hopkins University data centre in Baltimore on 4th August): Australia (0.83), Canada (24.26), India (2.82), Hong Kong, Israel (6.03), Kenya (0.72), Oman (8.72), the UAE (3.64), the UK (69.61) and the USA (47.33). Online spectators asked questions through the chat box. The webinar began at 9.36 p.m. (Melbourne time) and there were more than 300+ participants at all stages of the webinar.

Professor Russell Solomon in Australia as chair of the webinar welcomed the participants and the panellists 'representing the world'. This was a dialogue between senior nursing leaders, suggesting that the ethical challenges had come quickly and dramatically with a world-wide break-up of structures. He described how nurses are at the front line facing unprecedented situations, making high stake decisions for patients. They were 'the last thread of compassion' for patients in all their tasks, and had exercised an ethics of commitment and a sense of commitment. He reminded participants of Article 13 of the UNESCO Universal Declaration on Bioethics and Human Rights, and the commitment to the interest of others, and not self-interest.

The co-chair and moderator, Professor Mary Mathews said that she had a very personal interest in the topic. "My mother is a nurse; I am the daughter of a nurse". Nurses are at the forefront and they should have a voice in policy-making. The webinar would provide a platform 'even though we may not have the solutions'.

The convenor, Professor Ani Kalaimathi, registrar of the Tamilnadu Nurses and Midwives Council, said the pandemic had turned the world upside down and changed the way people worked, not least with nurses' work at death beds and also the use of telehealth. She made reference to the six-foot infection rule and the work of Florence Nightingale in 2020, the Year of the Nurse as designated by the World Health Council. Nurses have to be mindful of the safety of the patient and family but the most pressing issue was the health itself of health care staff, especially in dehumanizing situations such as making end-of-life decisions over the phone.

The other convenor, Assistant Professor Kristen Jones-Bonfiglio from Lakehead University in

Thunder Bay in Ontario, Canada said it was important for all voices to be heard, observing that in Canada there were serious issues in the smaller towns but 'nurses have always been problem solvers'.

Dr. Miriam Carole Wagoro said that in Kenya there were many nursing issues and that while the primary goal is caring for the client, there is the challenge of the dilemma between the benefits of caring vs. fear of contamination. The highly contagious nature had meant that areas, including far from major cities, has been put into isolation and nurses were being sent without proper support, including PPE equipment. All nurses were complaining about the lack of such equipment. Other issues were that nurses had become stigmatized because they were perceived as transmitters and the issue of grief and bereavement because deceased patients are buried quickly without family presence, traumatizing the family and causing a lot of harm. Ventilators have been poorly allocated with the upper classes gaining preference. Nursing allowances were another issue, especially in the cases of temporary or casual nurses. Retired nurses had made a return but they are in the high risk category. Regarding decision-making, no nurse has been involved in government documents and directives.

The Gulf and Israel

In the UAE, according to Dr. Selva Titus Chacko, Dean of the College of Nursing at the Gulf Medical University at Al Jurf in the Emirate of Ajman, things had been OK to give a positive side of the country with only 357 dead. With the first WHO announcement, the country of 9.8 million had been closed. Sixty per cent of the nurses are overseas-born, of whom 60 per cent are South Asian. It must be said that the UAE looked after its health care workers with massive testing and every 2/3 days every health care worker is tested. All hospitals were closed to become C-19 hospitals. The general mobilization of nurses allowed for nurses registered in other countries but not in the UAE to be given a short course and engaged. There was huge support for nurses, especially through the media which was a big morale boost for the nurses. The governments were seen to make a difference. Assistant Professor Judie Arulappan from the College of Nursing in the Sultan Qaboos University in Muscat said that her society's response had been similar. Over 40 per cent of nurses are expatriates. People are following the rules and all expenses are paid by the government with PPE equipment provided free. There is a pastoral support program for nurses. There was also a hazard payment for nurses in public, but not private hospitals.

Ms. Raya Gurevitch-Gal, a healthcare simulation specialist from the Soroka University Medical Centre in Beer Sheba in southern Israel reported that from the very beginning the strategy was 'concentrated'. There had been 72,500 cases with 531 deaths and 96 now on ventilators. Emergency departments were all divided into two sections to handle the 2,000 cases a day. To provide the best care, the telehealth online care was provided to those at home - nurses have been critical in this provision. Nursing assistants have also been used. There was special concern for the elderly with a protecting mothers and fathers campaign. At the beginning people were afraid to come to hospitals and then the government instituted a media campaign to assure that hospitals are very safe. Volunteers took meals to patients at home as well as prescribed medicines.

The United States of America

Next to speak was Dr. Joyce Neumann from the Integrated Ethics Section at the MD Anderson Cancer Center in Houston, Texas in the US who spoke of the same issues and problems with 46 million cases. Unfortunately the last states to go into crisis mode were Texas and Florida. Nurses felt the need to self-protect and their duty to the profession. In her centre, there was the problem of infecting patients already with cancer. Hotels near to hospitals were providing rooms for staff. Are there enough nurses?

Limited resources were an issue such as who are the most appropriate people to receive care

and to be in ICUs and on ventilators. A shared decision-making model leads to frank decisions concerning staff, patients and families. Psychologists are available to nursing staff. The American Nurses' Association has put out 'some wonderful material'.

Dr. Kathleen Di Gangi Condon, a palliative care nurse from New York, concurred with the Texas situation with many overlaps across the US though the various debates had been drowned out by the hydroxychloroquine debacle. Nurses were seen as heroes but there were the real moral imperatives with conflicting voices regarding health care policies for nursing. PPE equipment had always been available.

Across the World

From Wales, Ms. Vivienne Cooper, Head of Nursing for the NHS in Wales and working in a cancer clinic in Cardiff, reported on this small country of three million with over 17,000 cases and 1,500 deaths. She spoke about the dilemma of oncology needs vs. C-19 challenges though her centre had had no pandemic patients. There was no shortage in PPE equipment but there had been many changes in the directives on PPE. "Wales is doing fairly well and we are just coming out of lockdown". There was a general fear amongst nurses and there was now a high attrition rate. There was psychological support for nurses.

Sharron Leung, Head of Nursing Education at the Hong Kong Baptist University, reported that in her small but very crowded city with 7.5 million inhabitants it had arrived in January but the response was guided by the SARS experience with everyone cooperating. The Centre for Health Protection within the health department had played an important role. There have been only seven deaths. But now the third wave was hitting. There was a real problem with overseas air crews because they are exempt from quarantine status. Doctors and nurses were doing OK but some had caught the virus from family members. As well, there was an outbreak in nursing homes. Help is coming from China and more hospital beds are being created. Nurse education courses have suspended all practicums until January.

India, according to Ms. Joy Keziar, Chief of Nursing at the Malar hospital in Chennai, there was a shortage of PPE equipment right across India but there was a lack of uniformity across India in everything. And many nurses have worked only if there was such equipment. "The entire world is depending on nurses". The male nurses have been the real leaders but there are no lodgings at the hospital hostels for these males.

The last to speak was Ms. Annabelle Brown from the Holmesglen TAFE College in Melbourne with its Moorabbin private hospital who said that the situation was different in every Australian state. All nurses are in PPEs. There was fear and anxiety among all nurses as well as tiredness. There was nurse counselling but this was not new as the system was already in place. No visitors are allowed into hospitals but this has meant having to deal with irritated relatives on the phone. There was much learning on the job and there had been a reorientation to acute care with online programs to upskill nurses. But protocols keep changing.

In the following discussion, focus was upon the deaths of nurses. In India, there had been only 54 deaths though figures were questionable. In Australia, Hong Kong, Oman and the UAE, no nurse deaths whereas in Israel and Canada just one. Across the UK, there were 37 deaths and five in Kenya. In the US, there had been over 500 deaths of health care workers.

The webinar finished at 11.45 a.m. (Melbourne time). Professor Mary Mathews said that there was good and bad news in the rich discussion and next week would allow a deeper discussion of the issues. Professor Russell D'Souza said it had been an excellent platform. "We are all in this together".

WORLD BIOETHICS DAY –
ASIA-PACIFIC INAUGURATION
DEPARTMENT of EDUCATION, UNESCO CHAIR in BIOETHICS, UNIVERSITY of HAIFA
WEBINAR SUMMARY REPORT

Prepared by Emeritus Professor Des Cahill, RMIT University, Melbourne and Australian Bioethics Unit of the UNESCO Chair in Bioethics, University of Haifa.

This special UNESCO Chair webinar was held on Monday, 19th October, 2020 to inaugurate the Asia-Pacific Division's celebration of World Bioethics Day. It was conducted under the sponsorship of the Department of Education's UNESCO Chair in Bioethics located at the University of Haifa which works to encourage the teaching of bioethics in medical and health sciences and law courses with its 250 centres across the world. The meeting was co-chaired by the Melbourne-based Professor Russell D'Souza, Chair, Department of Education (International Program) of the UNESCO Chair in Bioethics and Professor Mary Mathew, the director of the Indian component of the Chair. It was attended by 225 online participants.

Professor Derek D'Souza began the proceedings by acknowledging that the Division had been initiated by Professor Russell D'Souza in 2014. Then a group of Indian students under the tutelage of Professor Princy from the Amrita Institute of Medical Sciences in Kochi danced the song, "We Are the World".

The chief guest, Professor Ronald Harden, General Secretary of the Association for Medical Education in Europe and from the University of Dundee, officially inaugurated the Day for the Asia-Pacific Division. Described as 'the icon of medical education', Professor Harden outlined the dilemmas of medical education, now writ even larger by the unexpected pandemic in a rapidly changing world. He asked: could COVID-19 be a catalyst for change and provide an opportunity to remake medical education? As medical educators, we need to recognize the emerging requirement for greater collaboration, and how best to use the new technologies. Hence, there was the need for greater innovation. He formally inaugurated World Bioethics Day.

Then for a short time, various speakers from across the Asia-Pacific world spoke. Professor Mary Mathews spoke of how she had met Russell in 2013. She said the unit in India had trained 3,000 students in the bioethical demands of their professions. The movement had become very strong in India with 72 units and 60 student wings, all the result of the work of Russell D'Souza.

Professor O.P. Kaira congratulated everyone, asking all to re-dedicate themselves as doctors on World Bioethics Day. He said, "Bioethics education is now very important in India", drawing attention to the five bioethical principles. Dr. Vedprakash Mishra said, "We are all walking an illustrious path". He went back to the 1948 UN Declaration and what followed provided a repository of wisdom and human dignity based on human equality. One cardinal principle has always been that might is right, but now this has changed to, might is not right, but might is the right. It is the path to civility and humanity, and this came with the need to be prudent.

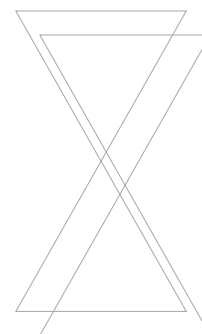
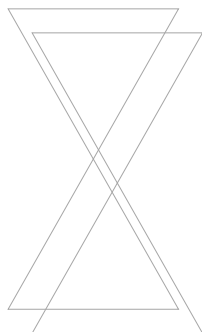
Dr. Harischandra Gambheera from the Kelaniya University just outside Colombo spoke against Sri Lanka's quarantine law which had been revived from legislation made 100 years ago. Quarantine facilities had been established in faraway places well away from relatives and the policy was being implemented by the army. Major General Zin Bidin, Dean of the Faculty of Medicine at the Cyberjaya University in Selangor in Malaysia, said that Russell D'Souza had moved bioethics to a

higher plateau, and now e-units in bioethics were being implemented. Regarding C-19, the situation was under control even though there had been recent new cases. Dr. Deva from UTAR University in Kuala Lumpur added to this that “we are at a dangerous period in our lives as C-19 had raised many issues though the good news outweighs the bad. It had made us realize that we were too reliant on industry funding. But we can go forward by innovating”.

Dr. Rizwan Taj, head of the UNESCO Chair unit in Pakistan and from the Pakistan Institute of Medical Sciences in Islamabad, added that everyone is sharing the same problems, and bioethics work now included workshops for health workers but “we are behind India. I have been trying to include bioethics in medical education, and only now is there some progress”. Also from Pakistan, Dr. Sarosh Salem from the Shalimar Dental College in Lahore said her college had established a bioethics unit in 2017, but ‘there are too many gaps in Pakistan but we are doing workshops around the country’. According to Dr Dhana Ratna Shakya from the Koirala Institute of Health Sciences in Dharan in Nepal, the Nepal UNESCO unit had been established in 2013 and whilst there had been much progress there were still many challenges. But now the unit was involved in research projects.

Dr. Mary Ann Abacan, representing Dr Alvin Cabalas from the University of the Philippines said that U.P. had established a unit five years ago, and there was now a M. Sc. in Bioethics. Dr. Ali Al-Dabbagh, Dean of the College of Medicine at the Hawler Medical University at Erbil in the Kurdistan region of Iraq said that his country had had so many challenges but “we want an integrated medical ethics unit established with a proper platform”. Finally Dr. Theong Low from Melbourne said that Professor Russell D’Souza had begun talking about bioethics eight years ago, “he is so persistent”. Unfortunately no university has wanted to be involved. The Australian unit had been inaugurated in February 2020 and the C-19 pandemic had prevented any further progress.

Finally Professor Mary Mathew thanked everyone for a very worthwhile webinar as did Professor Russell D’Souza.



ETHICS OF PUBLIC HEALTH EMERGENCY RESPONSE TO COVID-19 IN THE CONTEXT
OF PUBLIC HEALTH DISASTER PREPARATION AND PLANNING FOR TOMORROW
DEPARTMENT of EDUCATION, UNESCO CHAIR in BIOETHICS, UNIVERSITY of HAIFA
WEBINAR SUMMARY REPORT

Prepared by Emeritus Professor Des Cahill, RMIT University, Melbourne and Australian Bioethics Unit of the UNESCO Chair in Bioethics, University of Haifa.

The twenty-fifth UNESCO Chair webinar, held on 27th September, 2020, addressed the issue of public health emergency responses to COVID-19 as part of a broader examination of disaster preparation and planning. It was conducted under the sponsorship of the Department of Education's UNESCO Chair in Bioethics located at the University of Haifa which works to encourage the teaching of bioethics in medical and health sciences and law courses with its 250 centres across the world. The meeting was co-chaired by the Melbourne-based Professor Russell D'Souza, Chair, Department of Education (International Program) of the UNESCO Chair in Bioethics and Professor Mary Mathew, the director of the Indian component of the Chair.

Input came from twelve panellists from ten countries, namely Argentina, China, Israel, Italy, Kenya, Malaysia, Sweden, Tanzania, Thailand and the U.S.A. Infection and mortality rates for these countries are currently (September 29th) (with the % of deaths per 100,000 population from the John Hopkins University data centre in Baltimore): Argentina (35.40), China (0.34), Israel (16.50), Italy (59.30), Kenya (1.34), Malaysia (0.43), Sweden (57.74), Tanzania (0.04), Thailand (0.04) and the U.S.A. (62.58). The webinar began at 9.40 p.m. (Melbourne time) and finished at 12.07 a.m. with about 170-210 participants on the ZOOM app.

Professor D'Souza welcomed all participants to the webinar which was being held in collaboration with the U.S. Society of Disaster Medicine and Public Health and its executive director, Dr. James James. He drew attention to WHO's Global Health Surety Index with U.S.A., U.K and Australia at the top. The aim of the seminar was eventually to draw up a consensus statement based on the input from panellists and other feedback. Dr. James said that the webinar would demonstrate a global commitment by the Society with the emphasis on those people who actually have responded at all different levels from the frontline workers and outwards, and would be multidisciplinary. A consensus statement was prepared 3-4 months ago which was the first step. Each panellist would give a few recommendations and there would be a proceedings published. In about six weeks' time, the group would reconvene to examine what had been achieved. Most panellists presented several slides online.

His co-convenor, Professor Ray Swienton, Head of the Department of Emergency Disaster Global Health at the University of Texas Southwestern in Dallas, Texas highlighted the need to begin with hope and encouragement leading to resilience and building capacity. "We can see the bigger picture", framing his remarks around (1) Survive, especially by frontline workers, (2) Heal by helping patients recover, (3) Learn both old and new skills, (4) Remember the faces including those who have died, (5) Science through its advancement in this area and (6) Teach by passing on what we have learned and what did not work. He spoke about a work in progress, the Alliance Project in Emergency Disaster Global Health Services.

The input began with Professor Anat Gesser-Edelsburg from the School of Public Health at the University of Haifa drawing attention to the challenges presented by Science, Knowledge and Truth and the introduction of new phrases such as 'flattening the curve'. She drew attention to the political perspective contrasting President Donald Trump (U.S.A.) and Jacinda Ardern (New Zealand). Israel's C-19 crisis occurred within the backdrop of a political and constitutional crisis centred on Benjamin Netanyahu. A centralist management system was followed and there was not enough explanation for the reasons for the regulations and directives. Military language was deployed in explanations, and there was a questioning of the medical advice. There was also a lack of transparency and mixed messages were given on the role of masks. By the time of the second wave, management was still in chaos and there was much blame and stigmatization of at-risk groups such as the Orthodox. Her recommendations were that emotion must be used when addressing the public and research must be conducted before promoting a particular strategy.

In Kenya, according to Dr. Samuel Bumicho from Medicins Sans Frontieres, COVID-19 had been a challenge because of the low-to mid-level incomes and a struggling health system. Balance was important. Kenyans had seen the virus as a death sentence, and a worst case scenario was formulated rather than a focus on preventive measures. The Government wanted people to work from home but only about 30 per cent of the workforce could do this. This resulted in many deaths. Many returned home to their villages and these people were stigmatized. The collapse in tourism had come as a big economic loss. Regarding community involvement, people did not understand nor what to do. "There was little buy-in by the public".

Regarding dilemmas, at the policy level governments did not know what to prioritize. There is no universal health scheme and poor medical insurance, and so the impact was worse on vulnerable communities. At the institutional level, health centres struggled in how not to infect; there was less staff reporting and their mental health became a worry – "do I have to risk my life?" Testing levels were very low. At the community level, there was a perception that the disease belonged to overseas strangers. Burials had to take place within 48 hours. There was a lack of water to wash hands and of PPEs. At the administrative level, health care workers had to sacrifice the most vulnerable. There was a need to focus on policy and preparedness and to re-imagine humanitarian aid in order to make it more appropriate.

Malaysia has had 10,919 cases with 134 deaths. Professor Mohammed Alwi Bin, Head of the Emergency Department at the Hospital Selayang in Selangor, related how a very strict lockdown and very tight border controls were introduced on March 18th because "we learned from SARS and other health threats". An early warning system was activated with proper preparation and an increment in health care facilities. As well, there was a financial stimulus package. "Prepare for the worst, hope for the best". There were three main lessons learned:

- A co-ordinated and comprehensive response based on good public health policy and practice and good leadership

- Knowledge of the challenges of non-communicable diseases and surge capacity supply chain support

- Cohesive response at all levels to improve the welfare and living conditions of all people, inc. vulnerable groups

Four strategies need to be implemented in these situations give hope and a future:

- Strategic improvements in biosecurity, safety and health systems*

- Governance, leadership and resilience in public health care policy*

- Psychosocial and mental health care consolidation*

- Technology driven response, usage of AI, telemedicine and robotic science*

Professor Francesco Della Corte from the Centre for Research and Education in Disaster Medicine

at Eastern Piedmont University and the Maggiore School of Hospital Medicine near Turin spoke of how Italy had been the first European country to be hit, and it hit very hard in late March in northern Italy. Then in May it decreased because of a very hard lockdown, and “now we are surrounded by countries being hit by a second wave. Most politicians did not see it as a disaster”. The lessons for the hospitals were that it was crucial to address early the issue of disaster medicine. For all, it was their first experience of a pandemic. Most health care workers have never studied disaster medicine, and so it was necessary to introduce it into medical and health science programs. Also learned was the need for collaboration between the health services and to move from hospital-centred to community-centred care. What was important was Prevention, Treatment, Tracing and Testing.

Dr. Haojun Fan, Vice-President of the Institute of Disaster Medicine at Tianjin University in China, initially noted the good complementarity between Chinese traditional medicine and Western medicine. The first case in China was notified on 1st December 2019 and Wuhan was closed on January 23rd, and responding was a dynamic process of Prevention, Preparation, Recovery and Response. He paralleled the Chinese elements of metal, earth, water, fire and air to Identification, Cause, Classify, Command and Rehabilitation of patients.

Dr George Benjamin, Executive Director of the American Public Health Association, focused on the challenging situation beginning with figures highlighting the disparities with the two groups most affected are Native Americans and non-Hispanic Afro-Americans. The reasons for these disparities were exposure due to working in public-facing occupations and the delay in providing sheltering, the susceptibility of those with chronic disease and, finally, other social determinates such as lack of paid sick leave, poverty, the housing situation and lack of access to free health care.

In Sweden, according to Dr Amir Khorram-Manesh, Senior Lecturer in Surgery and Disaster Medicine at the University of Gothenburg in western Sweden, there had been 90,000 cases with 5,880 deaths. The country had followed a population-based management process based around:

- Command and control within a population-based management system
- Safety, preparation and collaboration
- Communication and community awareness
- Assessment and co-ordination
- Triage and vulnerable groups
- Treatment and sociocultural groups
- Transport, logistics and infrastructure

Among the lessons learned were about staffing issues in aged care homes and the policy did not work in highly populated areas.

Thailand had had 3,522 cases and 59 deaths which is very, very low. Dr. Pairoj Khrvekaranchana of Rajavithi Hospital in Bangkok attached to Rangsit University said that very many measures had been brought in very quickly because of the presence of so many Chinese tourists. Lockdown was for 100 days. Key was the readiness of the rapid response team formed over the past forty years by the Department of Public Health. Very effective in the structural model had been the design of health organizations at village level. As well there was countrywide surveillance and prevention.

Professor Hugo Lujan from Argentina's Institute for Immunology, Genetics and Metabolism said that Argentina had made all the same mistakes and it was still a very bad situation. The country has been in lockdown since March and it was all exacerbated by the economic and educational disparities. Science takes time and yet people are demanding answers, especially vaccines. The situation had been politicized, including by the pharmaceutical companies and their claims which

is making the public quite sceptical. “We have to think globally, and we must focus on the end of this pandemic”.

Dr. Erin Noste who works in the Muhimbili University of Health and Allied Sciences in Dar es Salaam as well as in the Department of Emergency Medicine at the University of California San Diego focused on the situation in Imperial County close to the Mexican border with a quite high unemployment rate. There are two small hospitals. There had been 11,718 cases with 317 deaths in a population of about 180,000. The lessons learned were the need for increased communication as it had only been previously used for shorter disasters such as earthquakes and fires, and secondly, increasing local capacity in critical care – an alternate critical care site had been developed and ‘this truly helped. Our disaster planning has to be further developed’.

In conclusion Dr James James reiterated his aim of a consensus statement for ‘we cannot do it alone’. Professor Russell D’Souza thank everyone for “we need solidarity and we need to look forward”.

AND RELIGION’S ROLE IN PROVIDING ETHICAL SUPPORT AND GUIDANCE TO THE
COMMUNITY IN MITIGATING THE IMPACTS OF THE COVID-19 PANDEMIC
DEPARTMENT of EDUCATION, UNESCO CHAIR in BIOETHICS, UNIVERSITY of HAIFA
TWENTY-FIRST AND TWENTY-SECOND WEBINARS SUMMARY REPORT

*Prepared by Emeritus Professor Des Cahill, RMIT University, Melbourne and Member of the Australia Bioethics Unit of the UNESCO Chair in Bioethics, University of Haifa. **Please note that Professor Cahill was also a panellist in these two webinars. Professor Deepali Bhanoth has checked the long section on Hinduism.***

This report is different from previous summary reports inasmuch as the rapporteur was also a panellist and because it reports on two webinars. Its mode of presentation will also be different. The twenty-first and twenty-second global webinars of the UNESCO Chair in Bioethics focused on the interfaith and religious aspects of the COVID-19 pandemic looking at the ethical support and guidance as well as support generally provided by faith community leaders and interfaith organizations in responding.

It was held on Sunday nights (Melbourne time), 23rd and 30th . August, 2020 under the sponsorship of the Department of Education’s UNESCO Chair in Bioethics located at the University of Haifa which works to encourage the teaching of bioethics in the medical and health sciences and law courses across the world with 250 centres across the world. The meeting was chaired by the Melbourne-based Professor Russell D’Souza, Chair, Department of Education (International Program) of the UNESCO Chair in Bioethics with the co-chair, Professor Mary Mathews, the director of the Indian component of the Chair.

Input came from twelve panellists from six countries, namely Australia, Canada, Greece, India, Indonesia and the U.S.. Infection and mortality rates for these countries are currently (September 2nd) (with the % of deaths per 100,000 population from the John Hopkins University data centre in Baltimore): Australia (2.63), Canada (24.75), Greece (2.48), India (4.83), Indonesia (2.77) and the U.S.A (56.12). The webinars began at about 9.35 p.m. (Melbourne time) with the first webi-

nar finishing at 12.12 a.m. with about 90 - 120 participants at all stages of the webinar and the second finishing at 11.45 p.m. with 50 – 70 participants.

Professor Russell D'Souza as chair of the webinar welcomed the participants in examining the relationship between religion and science, and science and spirituality. "As a psychiatrist I know their closeness in the East whereas in the West the relationship is more problematic". He noted that at the First Parliament of the World's Religions held in 1893 in Chicago the star was Swami Vivekananda, the great Indian spiritual leader, who believed that religious leaders had a role to play at the frontline, especially in reflecting their faith in providing solace and comfort.

Hinduism, its Religious Leaders and Faith Communities

Two Hindu speakers led the discussion. Professor Matcheri Keshavan from Harvard University in Boston suggested that Hinduism strongly attested to the relationship between spirituality and science, particularly psychology and neuroscience, as well as assisting the process of recovery and resilience. According to the Hindu Scriptures, the Upanishads and the Bhagvad Gita, there are three paths in understanding ourselves in the science of the self and the path to self-knowledge in achieving an I-WE mode of thinking. These are (1) the path of knowledge or the path of cognition that assists us in having an accurate knowledge of ourselves. (2) the path of selfless action (Karma Yoga) and (3) meditation or reflective mindfulness. The WE mode is designed to protect ourselves and others in the move towards selfless actions in the face of consequences. It provides us with a moral compass. This framework applies to each Hindu tradition as they all emphasize the unity of body and mind for healthy living and in the building of resilience, including the strengthening of the immune system.

Professor Vishwanath Karad, an engineer by training and President of the MIT Peace University in Pune in India who holds the UNESCO Chair in Peace focussed on Hindu's dependence on the Vedic scriptures, referring to the important role of Swami Vivekananda (1863 – 1902) in emphasizing the unity of spirituality and science with data calls, knowledge and wisdom. The universe is a manifestation of pure intelligence and consciousness. It is real and conscious and has the capacity to understand everything. Religion means performing one's duty faithfully towards the family and towards all as this whole universe is one family, '*Vasudhaiva Kutumbakam*'. This includes a consciousness not to misuse science and technology for destruction. All religious scriptures show the path of right conduct. Professor Karad spoke of 'the spiritual science' and that the concept of God and Truth is one. He was of the opinion that there is at the moment a tremendous fear of death. Hence there is a need to develop a positive mindset to combat the virus and it was necessary to start a school of consciousness. He also read out a long and a very technical message to the gathering.

At the second webinar, Professor Karad expanded further, suggesting that science and religion really do not differ though religion has some special qualities. Can a mindset change? First, the human element must change and then the spiritual. Religion is unifying and cannot divide, and thinking must be given to mitigating religion if it is not to become divisive. He spoke about a young saint called Sant Gnyaneshwara who was a great poet and saint who became immortal about seven hundred years ago.

He was convinced that the coronavirus had been man-made but it was the media that was dividing society. "We must not disturb the balance. We must not play with nature". Some sections of the media had generated fears. Professor Karad referred to the Multifaith Dome that he has built at his university, suggesting that one of its inspirations was the need for a value-based education

based on the universal laws of nature. He said that he was speaking to the webinar as a human person, not as a Hindu. "We must construct pools of consciousness and show the nature of this virus". The Vedic texts are at one with nature.

Professor Aggarwal, a cardiologist, made a third contribution. He began by saying that the medical literature is the most ancient literature. Any medical practitioner will act only if there is a receptor just as the virus needs a receptor. His advice, "Just do it, do not ask questions". He emphasized the importance of introspection and the role of doable knowledge as reflected in Vedic knowledge. "Have I used my ten senses?" This refers to the five entrance senses and the five exit senses. He stressed that the 'Ayurveda', a medical science of ancient India answers all the unanswered questions of modern medicine. In Hinduism, there are six philosophies: 1. Samkhya, 2. Yoga, 3. Nyaya or logic, 4. Vaisesika, 5. Mimamsa and 6. Vedanta. There are six evidences or pramanas: 1. Perception, 2. Inference, 3. Comparison and analogy, 4. Postulation derived from circumstances, 5. Non-perception or negative/cognitive proof and 6. Word or Testimony provided by past or present reliable experts.

In the second webinar, Professor Aggarwal gave a mini-lecture as a medical doctor, suggesting that we all are reaching towards a new, universal religion based on dharma and unity in religious diversity. He explained there were six types of people: (a) people who look for logic e.g. the logic of social distancing, (b) people who look for evidence so they are always questioning, (c) people who look for examples, especially from the religious books which provide support and solutions, (d) people who want to interpret consciousness e.g. not wearing a mask and (e) people who look to the inner God to give guidance for the outer God since our bodies are energized fields of intellect and energy. Finally he spoke of the difference between the synthetic nervous system which allows the body to function under stress with a fight-or-flight response and the parasynthetic nervous system which maintains our bodily functions such as through rest and digestion and maintains the counterbalance with the sympathetic functions in gaining healing from the pandemic.

A fourth contribution came from Professor Deepali Bhanot from the Department of Sanskrit Studies at the University of Delhi. She began by emphasizing that the concept of ethics in the Hindu way of life is based on 'Dharma'. The concept of Dharma is very complex and represents the principle of morality that encompasses all the factors that contribute to the development of the individual, his/her surroundings and the society. Each person is responsible for one's own actions, thoughts and speech and there is a great responsibility on the part of the individual not to transgress Dharma, which is the support for the maintenance, progress and well-being of the society and the whole world.

There are two types of Dharma, namely the universal virtues appropriate to all humanity and the virtues that promote individual actions in accordance with one's age and place in a society. The virtues of truthfulness, kindness, austerity, purity, gratitude, non-violence and hospitality are eternal in nature to be followed by all. Self-control, charity and compassion are very important for an individual as these virtues lead to actions that bring about purity of mind and soul.

She also spoke about the path of devotion to the Gods or '*Bhakti*' mentioned in the Bhagvad Gita that provides mental solace to people afflicted with emotional stress, anxieties and feelings of loneliness in the present crisis due to the pandemic.

At the moment the temples are closed so Hindus are urged to pray at home in front of their domestic altars. Worship through the arts and music have a great therapeutic effect. Mental health can be maintained through the practice of 'Yoga' or mind control.

Later, Professor Bhanot was asked the question: how can religion help in the present epidemic?

She responded that religion plays an important role in the present situation. “As Hindus, we look to prayer to the Almighty as an effective tool that provides solace and mental peace. As congregating in the temple for collective worship and sermons by the priest (*satsang*) is not possible at present, with an altar in each home, praying together with the family is possible. Virtual worship services also keep people connected. Keeping ourselves healthy is also a duty at the moment. As a religious community we are expected to reach out to distressed relatives, domestic workers and reaching out to vulnerable members of the society”. During this pandemic which has taken a toll on the social and economic life of people, especially on the large number of migrant workers, in India community kitchens have been set up under the care of the religious communities. Religious communities are also providing medical help and medicines to the needy. Hindu gurus have been giving virtual talks to combat mental stress. She said that at the time of the various religious festivals people use to get together for community worship and celebrations. But as this is not possible due to this pandemic, it has not deterred the people from enjoying the festivals as they are celebrating these at home with their families and sharing the joy with others virtually.

Religion also helps people to cope with grief and the sense of loss during bereavement. Due to the pandemic the last rites of cremation or burial of Corona patients have become a challenge. Although death is seen as a “a passing over” of the soul from the mortal body, the last rites of cremation or burning the body on the funeral pyre is very important. Religion helps people in getting over the trauma through virtual services.

Buddhism, its Religious Leaders and Faith Communities

The Buddhist input began with Rev. Dr. Masaki Matsubara, a Japanese Zen Buddhist monk – at the first webinar, he spoke from his temple in Japan while he spoke from San Francisco at the subsequent webinar. In his opening message, he said that he was in New York in April living with infected workers. Outside the hospitals there were trucks ready to take away the bodies. “Everyday it was terrifying for me. I made my life as simple as possible in fear of the pandemic”. He said that from a Buddhist perspective it was very important to take action and to act for the benefit of others. This meant that people are to be compassionate but also another moral imperative was self-care. Taking preventive action is a necessity. Emotional distancing is not the same as physical distancing. Also important were harmony, respect, empathy and compassion.

From San Francisco, he compared the responses of Japan and the U.S.. In terms of public health and ethical values, he felt that U.S. citizens needed to cultivate their minds with ethical responsibility, especially in regard to public exclusion and unemployment. When the Tokyo hotspot in Japan occurred, there was an immediate lack of jobs and schools were closed while families went to their holiday homes to get away from the danger. “Nothing can exist on its own. We need to speak up from our moral consciousness and we need to rehabilitate the moral ground”.

Venerable Thich Phuoc Tan, an Australian Buddhist monk, recalled Buddhism’s Four Noble Truths about suffering and its overcoming. Such truths feed into the medical sciences in establishing a path to ending the pandemic as enunciated in the Fourth Truth about the eightfold path to the cessation of suffering. Science can help with its many theories. “Buddhism speaks a lot about the interconnectedness of life and creating the right conditions for the disappearance of the virus. The virus is impacting upon mental health, domestic violence and so on”. The Venerable spoke of emptiness, and fighting it through non-action because staying at home is helping others. Also important is compassion, especially for health care workers. He also highlighted the importance of meditation and mindfulness of which there are 84,000 types. He raised the issue of the high-rise government apartments for poor and disenfranchised people like immigrants and refugees in

Melbourne where religious groups had come together to give food as the residents were not allowed outside their rooms because there had been virus outbreaks. The local Catholic priest, like the Venerable from Viet Nam, had made special arrangements for the 50 children with their families who attend the local Catholic parish school and set up a phone tree to keep in contact for the week of very strict lockdown. The Venerable noted how stressed are doctors and nurses. The government needed to consult more with religious communities by taking a holistic approach.

Islam, its Religious Leaders and Faith Communities

The Muslim input was led by Professor Din Syamsuddin, Chair of the Indonesian Conference on Religions for Peace and Moderator of Religions for Peace Asia with its headquarters in Tokyo. He was previously Head of Muhammadiyah, the 30 million member moderate, community-based Islamic organization and the interfaith adviser to President Jokowi. He spoke of the Islamic perspective through the decisions of the Indonesian Ulama Council, saying that there is no contradiction between Islam and science and highlighted the relevance of Islamic teaching in regard to the pandemic. The pandemic “is both a disaster and a test from the Creator. We need to be patient and re-orientate ourselves to God, and not have a secularist outlook. This is what gives psychological support”. Cleanliness was a central concept of Islam and it had been a blessing in disguise. Nine fatwas had been issued by the Ulama to prevent re-infection. Friday prayers in the mosque had been stopped for the prayers can be done in the home. In the ablutions before prayer, it is required to wash the nose with water. Recommendations have been made to the Indonesian Government, and advice has been based on the philosophy of Avicenna (Ibn Sina 980-1037). With regard to the major festivals, these could be celebrated at home.

An Ismaili Shia Muslim, Professor Shafique Virani from the Department of Islamic Studies at the University of Toronto, began by drawing attention to the letter from their spiritual leader, the Aga Khan, which said that we are all compelled to fight the virus. Professor Virani mentioned the bubonic plague at the end of the 19th century beginning in 1886 which eventually led to a vaccine by the Ukrainian Jewish bacteriologist, Waldemar Haffkine. Visionary leadership is needed, including reaching out to areas like eastern Africa. Immunization programs are socially just, and religious leaders can lead in the care of vulnerable people.

Dr. Armani Haji said that the concepts of faith and world are intrinsically linked and life is to be approached holistically with spiritual guidances to be provided at every historical epoch. All human beings emanate from one soul and they are all custodians of the earth. His Muslim community was providing seminars for community members and connecting them vertically and horizontally.

Baha’i Faith, its Religious Leaders and Faith Communities

The Baha’i perspective was begun by Dr. Natalie Mobini, Australian co-ordinator of the Baha’is who said that Baha’i thinking was that religion and science are completely complementary and vital systems pursuing truth. Her first point was that the physical, health and economic aspects are central to religious thinking in providing health and food. The response to the physical, social and spiritual aspects was to form small communities as ‘micro-networks’ giving prayer and support and producing hope. Thirdly, also important is how to re-shape our community by developing a transformational agenda based on spiritual values and reaching higher levels of unity in recognizing our inherent oneness.

The role of faith communities is to build community and the qualities that foster resilience. People of faith should be outward-looking, and faith is a powerful motivator. ZOOM prayer meetings

have become very important as have online spiritual education classes.

Professor Rodney Clarken from North Michigan University said that the Baha’i faith sees the world as one country in which we are all citizens. It is a crisis but it is a crisis we must address together. To serve humanity, Baha’is try to serve as a leaven in society, and so classes are offered to their children. He singled out the three ethical virtues of truth, unity and justice. Trying to find the truth can be achieved through science and religion as complementary truths. Justice in particular is very important during a pandemic because it exposes all the injustices against the poor, causing harm to everyone. Unity emanates from compassion for the love of God brings compassion. Without truth and justice there can be no unity. “We are all part of this unity”.

Judaism, its Religious Leaders and Faith Communities

The Jewish perspective was presented by Rabbi Ira Bedzow from the U.S. who began by saying that the relationship between religion and science was a loaded question with the conflict between scientism and scientific evidence. Scientism is the promotion of science as the best and only objective means by which to determine society’s values and way forward. However, there had been a growing rapprochement between religion and science which will lead to peace.

Judaism from a public health perspective emphasizes the communitarian aspect, and we all need community action. Judaism is a duties-based religion, so the question is: what is our duty towards others? What is our effect on others? Our focus should be on the clinical and social factors. During this pandemic, the Jewish community has become even more strongly bonded but the focus has always remained outward. What about those who don’t agree with the restrictions? They represent the particularist or individualist, and not the communitarian approach. The focus must be upon following the government’s directions.

Christianity, its Religious Leaders and Faith Communities Fr. Filotheos Maroudas, a Greek Orthodox priest speaking from Greece, said that all Greek Orthodox Churches had come together to issue universal church guidelines, as had the Ecumenical Patriarch Bartholomew in making recommendations for the protection of all his 220 million Orthodox Christians across the world, especially in Russia, and for all humanity. The Church helps provide social stabilization. During the Eucharist, the sign of peace is given in sign language rather than the customary handshake, and in worshipping, social distancing of 1.5 metres is maintained. This has now switched to videotaping and streaming worship ceremonies. The focus is on protecting the believers. The Church had been cooperating with the civil authorities, and providing social support, including with social media.

The last speaker who summed up at the end of the second webinar was Emeritus Professor Des Cahill of RMIT University in Melbourne and who is Chair of Religions for Peace Australia and Deputy Moderator of Religions for Peace Asia. He spoke from a Catholic and then an interfaith perspective.

He began by drawing attention to the iconic photograph of Pope Francis on Easter Sunday at the end of the Midnight Mass early in the morning giving his Easter blessing with no one in St. Peter’s Square. He cut a lonely figure but this image transmitted globally sent a very clear message to the 1.4 billion Catholics that government regulations (in this case, those of Italy) were to be followed. In his weekly audiences, he has very regularly spoken of the pandemic.

It is NOT God’s judgement on a wicked world but a call to live differently and more simply with prayer and service. The Pope said, “The pandemic storm had made most people realize that we are all in the same boat, all of us fragile and disoriented. Our vulnerability has uncovered our false certainties. It is the time to decide to live differently, to live better, to love more and to care

more". More recently, His Holiness has said, "On the one hand, it is imperative to find a cure for a small but terrible virus which is bringing the whole world to its knees. On the other hand, we must cure a great virus, that of social injustice, inequality of opportunity, marginalization and the lack of protection of the weakest". He has also linked the virus to the lack of care of creation, our common home, and he has continued to call for debt reduction, even debt forgiveness for the poorer nations. Pope Francis thinks the pandemic is 'the harbinger of future crises'.

Local Catholic parish communities across the world have been following government directives, and livestreaming Masses and closing Catholic schools to deliver home schooling. As with other faith communities, hundreds of bishops, priests and nuns have died, not least in Italy. Religious income had been seriously impacted, and global religious welfare services such as Caritas and the St. Vincent de Paul Society were being severely stretched.

Regarding religion and science, Professor Cahill said, "They are not at war" though the relationship had had a troubled history with the Galileo saga and the evolution debate. The Second Vatican Council (1962-1965) had spoken of the "rightful independence of science". The Church's message to the scientists was 'Get on with it and find a cure!'. But observe ethical norms with proper testing without taking short cuts and made sure of the universal availability of any vaccine.

Lastly, he spoke of the importance of hope, "No one can live without hope. Christian hope includes the embracing of the known and the unknowable. For in the present are the seeds of a new normal and a new future, and we must hope in the Divine's ability to draw good out of the suffering of the present". At the second webinar, he elaborated on this by speaking of Christian resilience which is based on recovery with the ability to bounce back and on sustainability with the ability to keep going under stress. Hence, a purpose in life was absolutely key in having the required cognitive and spiritual fitness.

The Interfaith Perspective

Professor Cahill began by speaking of the various initiatives of interfaith organizations, especially the largest, Religions for Peace International, with its 95 national chapters. In Australia, Religions for Peace had lobbied Federal and State parliamentarians and senior public service officials from very early on about the plight of international students and temporary visaed workers. The situation had highlighted that the right to religious freedom was a relative and not an absolute right, and so the State had correctly closed religious places of worship.

Australia had done very well in combatting the virus though a serious problem had been occurring in Melbourne which was presently in lockdown with a curfew. He contrasted his country with the health and governance chaos in the United States which is thirteen times larger in population than Australia with its 25 million – the U.S. has had 186,000 deaths compared to Australia's 737, a ratio almost 20 times less.

He emphasized that research had shown that 84 per cent of the world's population believed strongly or very strongly in a religious faith. Research also shows that on balance religion adds to the social capital of a nation. Religion and spirituality were concerned with the fundamental values of love, care, hope and interconnectedness, and the strength of faith communities was their grassroots connectedness and their interface with government leaders and authorities. Griffith University's Centre for Interfaith Dialogue and Culture in Brisbane had in April researched and published a study on mobilizing faith communities and how they can be immensely valuable during a pandemic but governments were not adept at co-ordinating religious groups.

Lastly, Professor Cahill drew attention of all participants to the website of Religions for Peace International (www.rfp.org) and its online *Multi-religious C-19 Hub* with its six Strategic Priorities

and eight Calls to Action, working in partnership with UNICEF. More recently, it has published its *New Guidance: Practising Our Faith in a Pandemic* focused around three elements: (1) Adapting how we gather, pray and practice rituals, (2) Communicating to end misinformation, discrimination and to instil hope and (3) Helping people who are at risk. In particular, he mentioned how it was incumbent on religious leaders to combat wrong and dangerous ideas such as *The pandemic is God's punishment on a wicked world* and *Because I am a good Christian or a good Muslim, God will not allow myself to be infected*. It was also critical faith leaders combatted stigmatization and quelled false rumors.

Conclusion

The webinar concluded with a special greeting from Professor Ashrif in Pakistan who congratulated the organizers, emphasizing "I have to have self-negation as understood by Sufis".

Professor Mary Mathews said the two webinars have been a delightful experience and generated real learning. Professor Derek D'Souza said there had been many, many appreciative comments in the chatbox. Professor Russell D'Souza said it had been a very rich platform and it was important that the conversation is continued which it would be at some future time by the UNESCO Chair.

BIOPOWER: THE RELATIONSHIP BETWEEN MEDICINE AND POLITICS AND ITS IMPACT ON PUBLIC HEALTH INTERNATIONALLY DEPARTMENT of EDUCATION, UNESCO CHAIR in BIOETHICS, UNIVERSITY of HAIFA WEBINAR SUMMARY REPORT

Prepared by Emeritus Professor Des Cahill, RMIT University, Melbourne and Australian Bioethics Unit of the UNESCO Chair in Bioethics, University of Haifa.

The twenty-eighth UNESCO Chair webinar, held on [1st November, 2020](#), addressed the issue of the relationship between medicine and politics internationally within the context of the concept of biopower. It was conducted under the sponsorship of the Department of Education's UNESCO Chair in Bioethics located at the University of Haifa which works to encourage the teaching of bioethics in medical and health sciences and law courses with its 250 centres across the world. The meeting was co-chaired by the Melbourne-based Professor Russell D'Souza, Chair, Department of Education (International Program) of the UNESCO Chair in Bioethics and Professor Mary Mathew, Professor of Pathology and the director of the Indian component of the Chair.

Input came from seven panellists from seven countries, namely Argentina, Australia, China (Hong Kong), India, Kenya, the U.K. and the U.S.A. Infection and mortality rates for these countries are currently (November 4th) (with the % of deaths per 100,000 population from the John Hopkins University data centre in Baltimore): Argentina (71.07), Australia (3.63), China (0.34), India (9.10), Kenya (2.00), the U.K. (70.60) and the U.S.A. (70.77). The scheduled Indian panellist did not participate. The webinar began at 10.37 p.m. (Melbourne time) and finished at 12.37 a.m. with about 80-90 participants on the ZOOM app at all times.

Professor D'Souza welcomed all participants to the webinar and introduced the notion of biopower which is derived from the France structuralist philosopher Michel Foucault in his 1976

monograph. He described it as the way biopolitics is put to work in society involving ‘a very profound transformation of the mechanisms of power’. Biopolitics can be understood as a political rationality or irrationality that is focused on the administration of life and populations as its subject to ensure, sustain and multiply life. It is thus concerned with the value of life, as was very negatively illustrated with the murder of sick people during the Nazi regime and the complicity of doctors and nurses. There is very clearly a direct relationship between medicine and biopower. The co-convenor, Professor Mary Mathew, added that it is the use of power to manage human beings, including the management of whole populations.

The webinar began with a formal presentation by Michael Robertson, Professor of Psychiatry at the University of Sydney, drawing on his book which examined Nazi national socialism and its care of patients in the context of the 1930s and 1940s and of Foucault’s work: how does the State use its power? He suggested that the divine rights of kings had been replaced by the central role of governments who deal with a whole range of issues. From our perspective, governments have control over the very biology of the people in the exercise of governmentality. Foucault looks at the extreme manifestations of biopower with genocide as the ultimate extreme. Professor Robertson drew on some Italian philosophical work that goes back to the opening up of the concentration camps at the end of WWII and the current refugee camps at Lampedusa, leading to the concept of ‘bare life’. He drew attention to an Australian example, namely the indigenous stolen generation where Aboriginal children were forcibly separated from their parents as an extreme use of biopower in a failed assimilationist bid. Other issues where the ethical dimension needs to be engaged with are public health campaigns and directives e.g. anti-smoking and pre-natal screening. In Iceland, there are no new recent Down’s Syndrome cases because of pre-natal screening. The neo-liberal economics of the Reagan/Thatcher mould highlight the power of the market. Biopower can be illustrated through issues such as designer babies and vaccines and the current pandemic. Regarding lockdowns, it has to be asked, where are the boundaries? In Australia in the State of Queensland, the Premier has spoken with the chief medical officer and the chief of police standing right behind her. And then decisions have to be made about which parts of the economic system are to survive. Biopower is not necessarily a bad thing. Lockdowns are OK, but what follows? What are the economic consequences? What is the common good in very complex situations?

Dr. Alvin Yee-Shing Chan, a paediatrician and President of the Hong Kong Medical Association, said that emergency laws had been brought in e.g. universal masking and closing of restaurants but these had been accepted because there had been no lockdown. There is testing but it is not mandatory. The medical association gave advice but then the organization was politically attacked and smeared. There is a need for draconian measures but “as doctors we need to speak from our experience”. Also human rights are not always absolute – this limits the right but does not abrogate it. As well, Chinese people place much trust in Chinese medicine.

Professor Joe Thorton from the University of Florida said that the U.S.A. gives all the examples of the extremes, including the use of presidential power against scientists. Different States have pursued different strategies, and “we have not found the right balance”. He added that vaccine nationalism is at play in America with an America first policy, and America will try to monopolize any vaccine.

Baroness Findlay, a member of the British House of Lords, said that public health is on the podium. There is a fear of hospitals being swamped, and so it is necessary to break the lines of transmission. The government has now recognized that it has a duty of care to the whole population,

and it must be their primary consideration. She added that it will take a long time to roll out the vaccine, though health workers must have priority. Medical experts must not be used as a political football. “We need the funding to do the research and for health care”. There was a current debate about the U.K.’s international obligations.

Professor James Mwitari of the School of Public Health in Nairobi said there was a lack of will in Africa. A response team had been advising the Kenyan President, and this was beneficial with partial lockdowns with a diminishing number of cases. Kenya was participating in the Oxford research. Professor Walter Jaoko also from Nairobi said that the lockdown had been implemented by the police with an unfortunate accompanying police discourse. Professor Leon Cohen Bello, President of the Argentinian Chapter of the Medical Association raised the issue of vaccines - the race to a vaccine had become politicized without any recognition of the ethical necessities. This is a perennial issue. Politics is at the service of the people, and we need to note the sociologist Weber’s notion of the ethics of responsibility which is currently lacking in politics. He also was concerned with the vaccine race as in Argentina there was a race to buy untested vaccines. The government is currently arranging for the Russian vaccine but it is untested. He also raised the issue of the dilemma about force vs. persuasion.

At the end, Professor Robertson asked the question: what is ethics? There had been a confusion of legal and medical issues. He added, “All ethics is local”.

In conclusion both Professor Mary Mathews and Professor Russell D’Souza thanked every panelist and all the participants, and especially Professor Michael Robertson and the concept of biopower.

ETHICAL ISSUES FACED BY PHYSIOTHERAPISTS GLOBALLY IN RESPONDING TO THE COVID-19 PANDEMIC

DEPARTMENT of EDUCATION, UNESCO CHAIR in BIOETHICS, UNIVERSITY of HAIFA TWENTY-THIRD AND TWENTY-FOURTH WEBINARS SUMMARY REPORT

Prepared by Emeritus Professor Des Cahill, RMIT University, Melbourne and Member of the Australia Bioethics Unit of the UNESCO Chair in Bioethics, University of Haifa.

The twenty-third and twenty-fourth global webinars of the UNESCO Chair in Bioethics focused on physiotherapy in addressing the COVID-19 pandemic looking at the ethical support and guidance as well as allied health support provided by physiotherapists. It was held on Sunday nights (Melbourne time), 6th and 13th September, 2020 under the sponsorship of the Department of Education’s UNESCO Chair in Bioethics located at the University of Haifa which works to encourage the teaching of bioethics in the medical and health sciences and law courses across the world with 250 centres across the world. The meeting was chaired by the Melbourne-based Professor Russell D’Souza, Chair, Department of Education (International Program) of the UNESCO Chair in Bioethics with the co-chair, Professor Mary Mathews, the director of the Indian component of the Chair who, unfortunately, was not able to be present for the second webinar.

Input came from twelve panellists from nine countries, namely Australia, Canada, Egypt, India, Kenya, Malaysia, Saudi Arabia, Sri Lanka and the U.K.. Infection and mortality rates for these countries are currently (September 12th) (with the % of deaths per 100,000 population from the John Hopkins University data centre in Baltimore): Australia (3.26), Canada (26.42), Egypt (5.68), India (5.64), Kenya (1.19), Malaysia (0.41), Saudi Arabia (12.43), Sri Lanka (0.4) and the U.K.

(62.71). The webinars began at about 9.40 p.m. (Melbourne time) with the first webinar finishing at 11.35 p.m. with about 430 participants on the ZOOM app at all stages of the webinar and over 1,000+ on YouTube and the second finishing at 11.37 p.m. with similar numbers of participants.

Professor Russell D'Souza as chair of the webinar welcomed the participants in examining the field of physiotherapy in which the UNESCO Chair has a program. In these challenging times, he emphasized solidarity. The co-convenor, Professor Neelam Mishra, Vice-Chancellor of KIMS (Krishna Institute of Medical Sciences) at Karad in Maharashtra State in India, spoke of how the COVID-19 had jolted the world and much meaningful activity had come to a halt. "Much has baffled us". The other co-convenor, Dr. Poovishinu Devi, Head of the Physiotherapy Bioethics Program of the UNESCO Chair in Bioethics, observed that physiotherapists were dealing every day with life activities. Given that World Physiotherapy Day (September 15th.) would be in two days' time, the webinar was very timely.

Canada

The first speaker was Dr. Veeragava Perumal, a certified manual therapist at the University of Alberta Hospital in Alberta in Canada who has been a physiotherapist for ten years. He said that he worked in two clinics, public and private, explaining that the difference between public and private clinics showed the complexity in Canada. In Canada's ten states and three territories, there had been over 9,000 deaths and the number of cases continues to increase. When it comes to ethical issues, he felt there were several points to make. Importantly, patients have their own individual autonomy, including the refusal to accept treatment. "We try to motivate them and encourage them to move around. But we restrict their movement. If they leave the area, they must wear a mask whereas we therapists are fully gowned."

Regarding challenges, "there were lots". This was especially so in the private sector in respect of equipment and proper payment of staff. Elderly patients were very afraid, and the physical space had had to be reconfigured for the purposes of physical distancing. Tele-rehabilitation means were available and this creates privacy issues. Also some physiotherapists have had difficulty using the technology. There are limits to quarantining. It was imperative to reduce contact time, including cleaning time. Physiotherapists have had to feed patients because of the shortage of staff. For hospital physiotherapists there are heavy fines if they do not self-report any symptoms. Physiotherapy students had had a hard time completing their degree, especially in the hands-on skill areas. Teletherapy had become very useful.

U.K.

Dr. John Stephens, Senior Lecturer in Physiotherapy in the Faculty of Health Sciences and Well-being at U.K.'s University of Sunderland, said he has previously worked in the army and in the National Health Service. The pandemic had brought forward two themes. Firstly, interconnectedness at all levels and, secondly, working with other professional colleagues. The first case was detected late in January and the country went into lockdown in late March. Now universities and schools were opening up to a new normal. It had had a high impact with 360,000 cases and 41,600 deaths. There had been a slight rise in cases but not an increase in daily deaths.

The principal theme in physiotherapy is movement, including in terms of mental health, economic health etc.. Physiotherapists had coped very well in the U.K., including in respiratory care where the need for PPE clothing is necessary but generates challenges because it lessens contact, the clothing is hot and uncomfortable to wear and the problematic access to people with life-threatening conditions. There has been a drop in use of services because of the inability to gain appointments and fear of visiting a clinic, especially those with COPD. There has been a massive increase in the use of telehealth. All physiotherapists have wanted to work though there was reti-

cence in some. Dr Stephens drew attention to the U.K.'s Chartered Society of Physiotherapists with its 59,000 members and its COVID-19 resources.

At the second webinar, he spoke of telephysiotherapy and how technology had accelerated the rate of change and uncertainty. In U.K. university education, more and more technology had become a feature of staff and student lives with Canvass and other e-learning frameworks. But technology also accelerates risk. In early September, the students had returned to campus but with reduced numbers. And so with staff – in an office of six staff, only two or three can attend at any one time. Dr Stephens recounted that during the past week he has been introducing new students to the new technology and issues of library accessibility. He reflected that as humans, we crave for certainty. Again, he drew attention to the Chartered Association of Physiotherapists which had collated a very valuable collection of many policy documents. The Council of Deans of Health had decided that students if they tested positive had to isolate for ten days. He related the case of a new male student whose soccer team had played a team that contained a positive result player so he had to go into quarantine. Lastly, he noted that over the summer holidays students had volunteered to work in hospitals which included direct patient contact.

He drew attention to the issue of equity and diversity because in the U.K. about 14 per cent of the population were from African, Caribbean and Asian minority backgrounds whereas 34 per cent of critically ill patients had come from these same backgrounds.

Middle East

Dr. Saud al-Subaie, Vice-Dean of the Department of Physical Therapy and Rehabilitation at the Prince Sattam Bin Abdulaziz University at Al Kharj in Saudi Arabia, spoke briefly from an educational perspective. In his supervision of students, placements which occur only in hospitals have been shortened. They have been working on producing brochures for patients on what they need to do at home. Associate Professor Walid Kamal Abdel from the Department of Physical Therapy at the Kasr al-Aini Hospital in the University of Cairo said that similar precautions as in other countries had been followed but there were difficulties, especially in isolating patients. Many C-19 patients required ventilation, and after ventilation, the exercise of the pulmonary muscles. Videos were sent to homes for at-home rehabilitation. The patients were carefully scheduled and this reduced the number of treated patients. E-learning had been introduced but the internet was unreliable and many students do not have access to the internet from their homes. Final exams had been held online.

Dr Saud said that the Saudi government provided good financial support to health care and education workers. The internet was made available to students at a cheaper rate. In hospitals, outpatient clinics had been closed. Telerehabilitation was being used, most particularly in the follow-up but it was not used with new patients.

India and Sri Lanka

Again from India, Associate Professor Mariya Jiandani in the Department of Physiotherapy at the Seth GS Medical and Kem Hospital in Mumbai, a C-19 hotspot, is a respiratory physiotherapist. She said the lockdown had begun on March 11th but there was now a reduction in cases. The first major setback was the difficult in the means of travel and telling patients whether to come or not, depending on their travel conditions. She emphasized that safety is the major issue. PPE has to be worn but has to be worn very judiciously and those infected were often in non-virus wards. Staff were very fearful because the majority of physiotherapists are young women with young families. Thus, the issue arose: can someone decide not to come and work? "So we developed a pattern, distinguishing between ought to be done vs. actually done. In other words, to do the bare minimum, otherwise too long a time would be spent on the ward. Everything a physiotherapist does on the ward requires contact. This was difficult in limited resource settings. Yet the im-

portance of touch for patients. Unfortunately there was no special compensation in the private sector”.

For university students, connectivity had been an issue and there was a lack of food in some student hostels. “Not everyone has a laptop and one family will share one laptop which causes obvious problems. There are many distractions in the home, and not all colleges have a learning management system”.

Professor Jiandani raised the issue that India did not have any equivalent to a National Council of Physiotherapists though there are state councils. The situation is different in different states. Some students have been taking ZOOM exams. The rate of infection of health workers had been very high in India with private clinics a particular problem. In COVID-19 wards, PPE is worn but often they catch it in the non-COVID-19 wards. They also sit together for meals and not everyone is being screened.

In Sri Lanka with its 21.5 million people, according to Dr. Surangka Imanthi Wadugodapitiya, Senior Lecturer in the Department of Physiotherapy, Faculty of Allied Health Sciences at the University of Peradeniya in Kandy, there had been 3,155 cases with just 12 deaths. “So great progress has been achieved and the people are very happy with the government’s regulations. For the whole country, there are only 550 ICT beds so the priority was prevention. Teams were established by the president, and army commanders played an important role in preventing the spread. 45 quarantine centres had been created which were free of charge. For physiotherapists, clinics were closed with less number of patients and less burden on hospitals. Female physiotherapists had concerns about working. Because of the lack of separate accommodation in the home, C-19 patients were placed in isolated chambers and physiotherapists were happy with all the equipment in the government health facilities. No physiotherapists were infected. There were salary increments and there were hotel stay packages to reduce travelling and risk to the family.

Since the beginning of September after the closure on 14th March, Sri Lanka has begun to re-open and was returning to normality. Her university school have introduced a learning management system, and for the hands-in skills, online presentations have been prepared. “Now we are beginning the delayed final examinations. Distancing is being observed in the classroom, and female students are being encouraged not to wear complex saris because of the danger of the material harbouring the virus.”

Malaysia

Dr Muhammad Noh Zulfikri bin Mohd from the Department of Physiotherapy in the Faculty of Allied Health Science in UTAR (Universiti Tunku Abdul Rahman) in Malaysia said there had been 9,600 cases with 128 deaths and a 95% recovery rate. The government had done a good job with the lockdown which began in the third week of March. Higher Education institutions were closed so there occurred the switch to online learning. Private clinics were closed so they had no income. At the public health facilities, there were thus long working hours and no annual leave allowed. Within the universities there arose the issue of access to technology which most students have but the concerns were unstable reception and lack of speed so access was limited. Lecturers became online designers overnight and some staff were not equipped. And then there was information overload as a major issue. Only first year and final year students were allowed on campus. The concern is with clinical posting as hospitals have to be approved to take students. However, almost all hospitals have refused to take students. So Dr. Muhammad’s department is sending the final year students to private clinics.

Kenya

Dr Naomi Wanjiru Kingau, Head of the Physical Therapy area in the Department of Orthopedics

and Rehabilitative Sciences within the School of Medicine at Moi University in Nairobi, said that cases had peaked in June but are now flattening. There was a low death rate because of the young population. PPEs were a great challenge and some hospitals went a long time before obtaining such equipment while community facilities had greater difficulty. The enormous challenge was in private facilities. Telemedicine is limited, especially in isolated areas. For our university students, they suffered a lot from stigmatization, especially if they were asymptomatic patients because they were also quarantined. Unfortunately physiotherapists were impacted by poor quality PPE equipment.

The government had closed all educational institutions. “We could not start online because students have no access. The government has told the unis to open up on September 21st and social distancing will be followed in the halls of residence and lecture halls”. Face-to-face teaching had resumed for final year students. Clinical rotations were being done but only with groups of three or four students. The government has stipulated that water and sanitizers must be used and an assessment made of students’ exposure, and so a protocol has to be followed. Professor Derek D’Souza responded that there might be a stigma attached to the current graduating students as not being well-trained. He also observed that in India the policy issues needed to be pushed forward in a joint email effort.

Stigmatization

Professor Mary Mathews asked the panellists about stigmatization of physiotherapists. Generally they responded that it was not a problem in most countries. But there was fear amongst the physiotherapists themselves and infecting their families. In many countries there was a very positive and commendatory attitude towards health care workers.

Australia

At the beginning of the second webinar a new panellist from Australia was introduced. Tanya Gil-mour, a senior physiotherapist from Monash Health in south-eastern Melbourne, pointed out that Australia with its 25 million people, 26,551 cases and 810 deaths had been doing well. The big exception was Melbourne which was presently in strict lockdown with a curfew and there the major problem was in aged care homes, especially private care homes. No visitors to hospitals were being allowed except in palliative care cases. For Australian physiotherapists, the situation keeps changing. If in a hospital, they must log on and report that they have no symptoms. Allied health workers work in multidisciplinary bubble teams with no contact with other bubbles – if one team member tests positive, the whole bubble goes into 14 days’ quarantine. Some students are coming into the hospitals but on a very limited basis, and they are receiving much of their education online. Physiotherapists in private clinics are working on a much reduced basis, and only for urgent cases or on telehealth.

Conclusion

In concluding, Professor Russell D’Souza said that in 2019 a national board of physiotherapists was going to be approved by the national Indian parliament but it was derailed by the pandemic. “but we need national guidelines. Pharmacy and nursing have formed groups to produce action guidelines”.

He added that it was hoped to produce a paper on the proceedings. Many do not realize the contribution that physiotherapists have made during the C-19 pandemic. It was necessary to continue the conversation. “Let us get something substantive out of this”

Publications

ITALY

Translating the “Casebook on Bioethics for Judges” has been not only an honour and a pleasure but a very challenging experience. The way Bioethical principles are applied in the multiple scenarios of the everyday experience of human beings’ and persons’ cases, facing with real dilemmas that can radically change the course of life, goes beyond any expectations. The simple and practical style characterizing the whole book make it of great help and value not only for judges and people belonging to the law field but for each one looking for new keys of life interpretation in the light of bioethics. I would like to thank Professor Amnon Carmi and Dr Barbara Pfeffer Billauer for their great work.

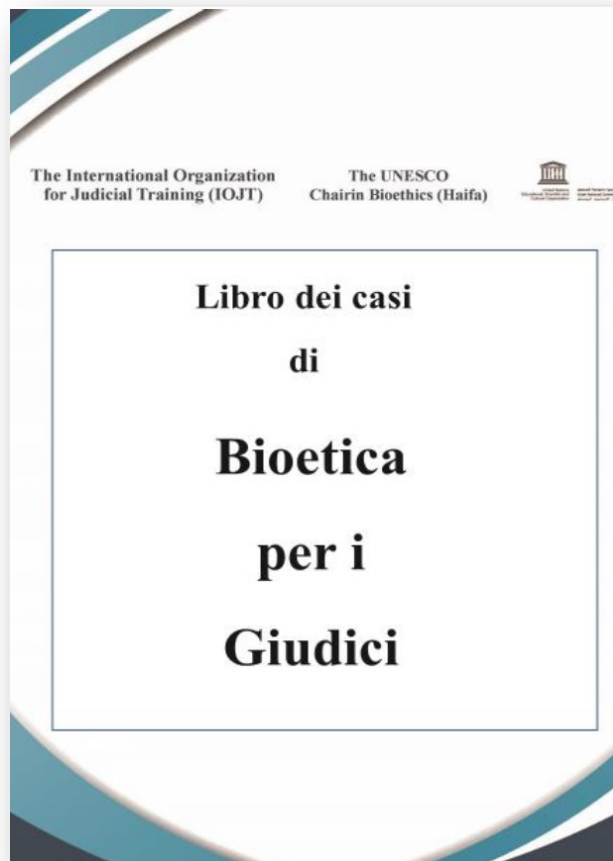
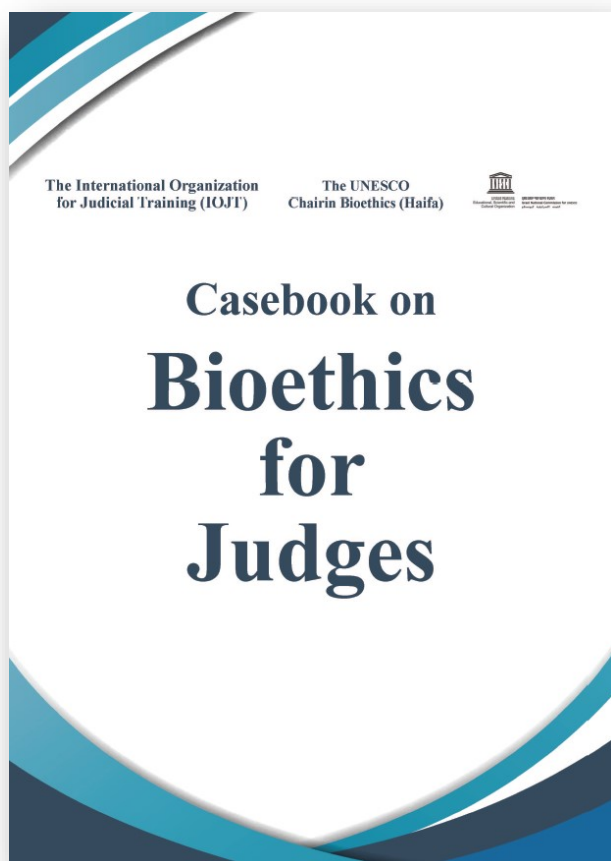
I’ll take this opportunity to call the whole community of the UNESCO Chair in Bioethics-Haifa to draw on the great wealth of case books available on the Chair’s website

(http://www.unesco-chairbioethics.org/?page_id=41) to enjoy, share and translate in other languages this immense and precious source for learning and living Bioethics.

Dr Alessandra Pentone

UNESCO Chair in Bioethics-Haifa Italian Unit Honorary Member

Author of the Italian version of the book

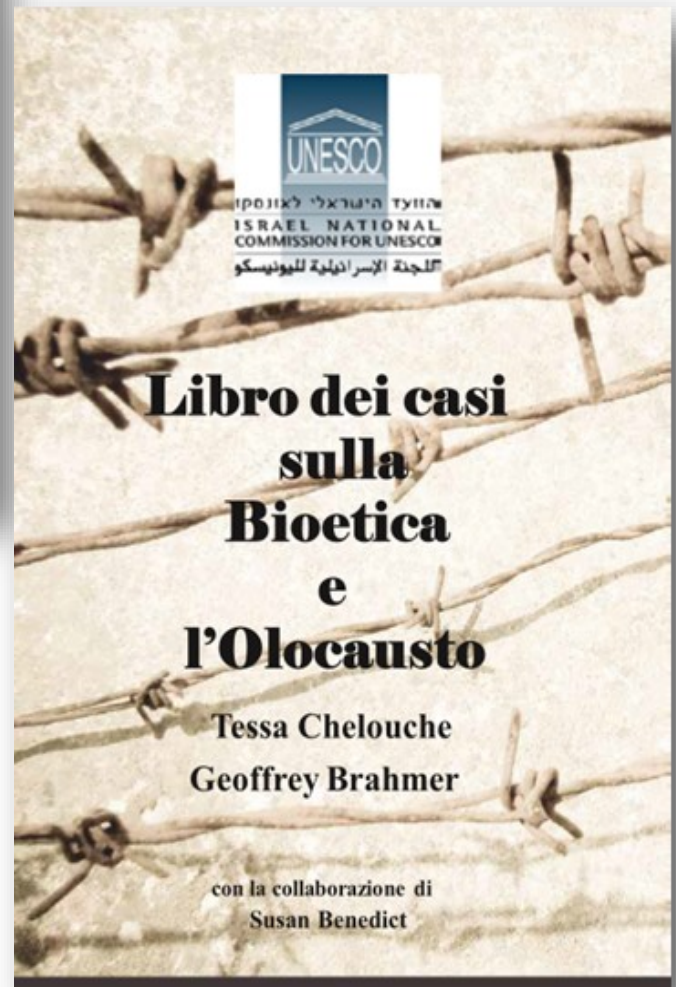
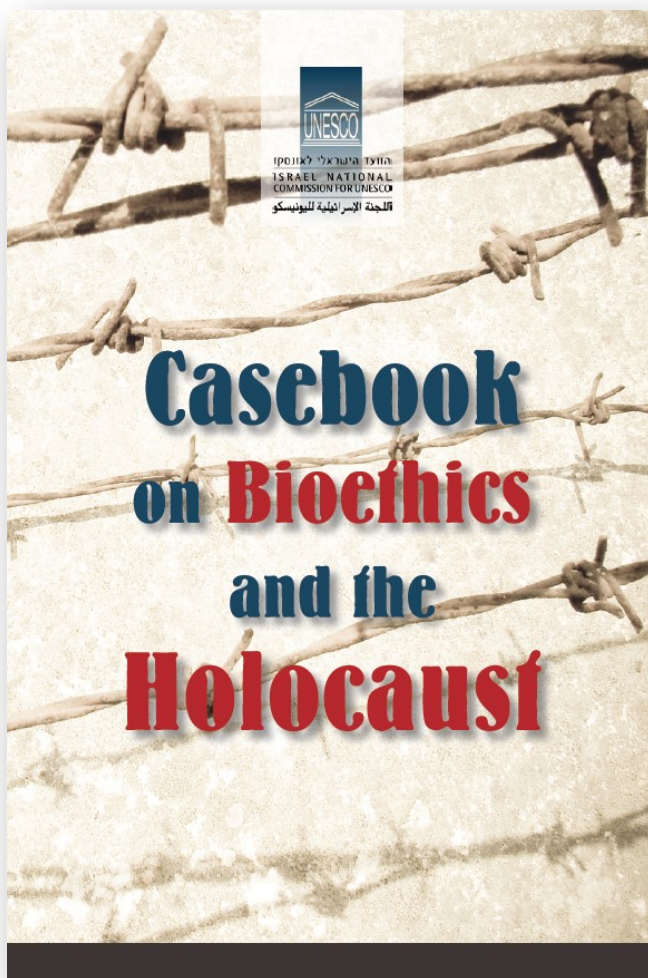


Translating the “Casebook on Bioethics and the Holocaust” has been touching at many and different levels. At emotional level, at human level, at personal level. But as a medical doctor, it reminded me how knowledge could be used as an evil weapon or a lifeline. The importance of creating a bioethical culture to nurture personal integrity cannot and should not be ever underestimated.

Dr Alessandra Pentone

UNESCO Chair in Bioethics-Haifa Italian Unit Honorary Member

Author of the Italian version of the book



17 DE Octubre, 2020, Aula Forense UAQ, 12h

BIOÉTICA EN LAS PROFESIONES DE LA SALUD



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Compiladores

PFCE

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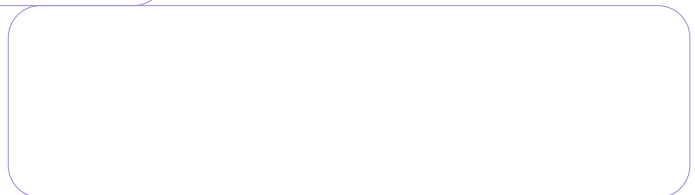
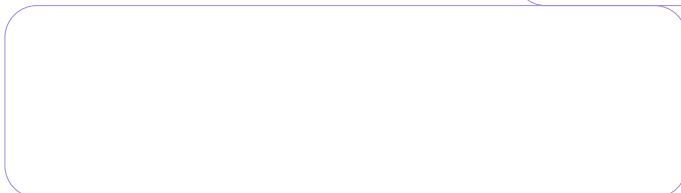
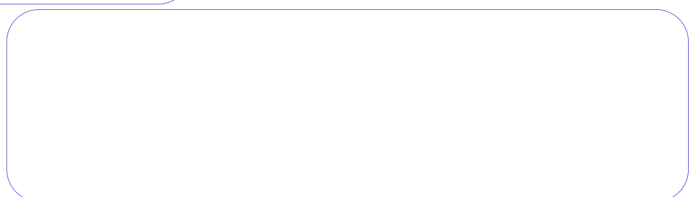
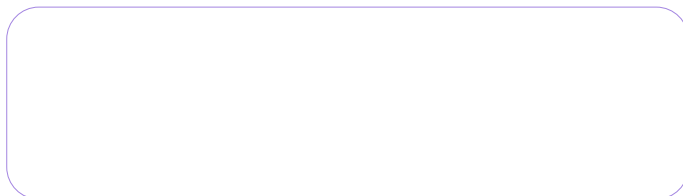
USA

AMA JOURNAL OF MEDICAL ETHICS— PUBLICATION OF A SPECIAL ISSUE ON MEDICINE AND THE HOLOCAUST

Dr. Tessa Chelouche M. D., Co-Chair of Department of Bioethics and the Holocaust, UNESCO Chair in Bioethics (Haifa), and Co-Director of the Maimonides Institute for Medicine, Ethics and the Holocaust, attaches here the most recent issue of the AMA Journal of Ethics devoted entirely to Medicine and the Holocaust.

This is an extremely important step forward to try and work to include this subject in the educational curriculum for healthcare professionals.

The articles are available in full online <https://journalofethics.ama-assn.org/home>



Next Events

GLOBAL VIRTUAL CONFERENCE ON **BIOETHICS AND THE CORONAVIRUS PANDEMIC**

UNIVERSITY OF HAIFA | UNIVERSITY OF PORTO

10-11 MARCH, 2021

Welcome Letter

The recent coronavirus (SARS-CoV-2) pandemic and the associated disease (COVID-19) have precipitated a rethink of global ethics.

Namely the universal system of fundamental rights developed over the 20th century, which affirms the uniqueness of the human being has – for diverse geopolitical reasons – had a limited impact on uniting different peoples.

That is, it has not yet been possible to develop true planetary ethics. Therefore, it is important to debate these issues at a global level.

The Global Virtual Conference on Bioethics and the Coronavirus Pandemic is the perfect setting for a plural and universal exchange of ideas so that different peoples come together with a shared vision of global justice.

Prof. Rui Nunes

President of the Virtual Conference

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GLOBAL VIRTUAL CONFERENCE ON BIOETHICS AND THE CORONAVIRUS PANDEMIC

PROGRAM

WEDNESDAY, 10 MARCH | 12:30–17:00 GMT

Opening:

Prof Rui Nunes | President of the Virtual Conference, University of Porto

Greetings:

Prof Amnon Carmi | Head, International Chair in Bioethics

The World Post Coronavirus Pandemic:

Dr Otmar Kloiber | Secretary General of the World Medical Association

UNESCO Chair in Bioethics Presentation:

Prof Shai Linn | University of Haifa

**PANEL 1:
BIOETHICS AND GLOBAL HEALTH
13:00–15:00 GMT**

Moderator:

Prof Mary Mathew (India)

Prof Ezekiel Emanuel, Chair of the
Department of Medical Ethics and Health
Policy at the University of Pennsylvania

Prof Maka Maglakelidze (Georgia)

Prof Daniel Fu-Chang Tsai (Taiwan)

Prof Peter Johannes Manoppo (Indonesia)

Prof. Nikola Biller-Andorno (Switzerland)

**PANEL 2:
COVID-19 AND HUMAN RIGHTS
15:00–17:00 GMT**

Moderator:

Prof Vojin Rakić (Serbia)

Dr Miguel Jorge, Immediate Past
President of the World Medical Association

Prof Moty Benyakar (Argentina)

Prof Antonella Mauri (Italy)

Prof Praveen Arora (India)

Prof Neville Calleja (Malta)

THURSDAY, 11 MARCH | 12.30–17.00 GMT

**PANEL 3:
MEDICAL ETHICS AND
PROFESSIONAL INTEGRITY
13:00–15:00 GMT**

Moderator:

Prof Russell D'Souza (Australia)

Prof Trevor Gibbs, President of the
Association for Medical Education in
Europe

Prof Evangelos Protopapadakis (Greece)

Dr José Thomé (Brasil)

Prof Rizwan Taj (Pakistan)

**PANEL 4:
JUSTICE IN THE ACCESS
TO HEALTHCARE
15:00–17:00 GMT**

Moderator:

Prof Shai Linn (Israel)

Prof Annette Kennedy, President of the
International Council of Nurses

Prof Gerhard Fortwengel (Germany)

Prof Michel Fariña (Argentina)

Dr Yuval Cherlow (Israel)

Closing Presentation of the 14th World Conference

Prof Rui Nunes | President of the Virtual Conference, University of Porto

INTERNATIONAL CHAIR IN BIOETHICS



**14TH WORLD CONFERENCE ON
BIOETHICS, MEDICAL ETHICS
AND MEDICAL LAW**

7-10 MARCH, 2022 | PORTO, PORTUGAL

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Message of Chair's Holder



I wish to congratulate the diligent Editorial Board of the Newsletter and its driving force, Dr. Vasinnova. The new issue is a testament to the vitality of our Chair. In the face of the new challenges, the Chair is expected to allocate solutions to dilemmas that were not known before.

The Chair, and the whole world, are suffering from the Corona epidemic. But the corona has forced us to hold, for the first time in the history of the Chair, an international conference in Zoom. A zoom conference is a compromise. There is no replacement to our original congresses, to meetings without masks, with social distance, with personal touch. There is no replacement for personal experiences, personal meetings between lectures, in the dining rooms, in social evenings. The members of the Chair constitute a family. We will hold in the coming March a virtual Zoome that will function as a step towards the next global conference in Porto 2022. This will be the 14th World Conference.

The UNESCO Chair was established about 20 years ago. In the first cadence the Chair operated only two units: in Italy and Argentina. Today, the Chair operates 248 units on the five continents. The units of the Chair conduct over 2000 conferences, courses, research, books and articles every year. The Chair runs five continental departments, seven professional departments, and an international forum of 1,200 teachers. The Chair holds a World Bioethics Day each year and operates eight departments. All its activities without exception operate voluntarily.

The Chair began recently to discuss changes in its structure, policy and content. The personal involvement of each of you in the realization of the vision of the Chair will be necessary as a condition for the realization of the vision. The next issue of the Newspaper will certainly report and reflect this achievement.

I wish all of you pleasant reading.

Prof. Amnon Carmi,
Head UNESCO Chair in Bioethics Haifa

Editorial Board Communications



ATTENTION!!!!

NEWSLETTER'S CONTRIBUTIONS REQUIREMENTS

The contributions for the next Bioethical Voices newsletter must be forwarded to the Editorial Board before **10 February 2021**. They should be written in good English and in Word Format, with some photos (where possible) and their contents should be of international interests. Each author is personally responsible for the contents and the language of his/her own contribution. Contributions must be signed.

INDEX

Chair Holder's Message, Editorial, Bioethics in the World, Bioethics VIPs and Institutions, About Legislation and Judgments, Bioethics and Disability, Education, Youth Bioethics Education, Research, Publications, About Units, Focus on Units, World Bioethics Day, Events, Past and Future Chair's Conference, Editorial Board Announcements. The structure of the Newsletter is still in progress.

AIM OF SECTIONS

Bioethics in the world (300 words max.): description of a concept /idea and its interpretation/ application in the different geographical contexts or a news.

About legislation and judgments (300 words max.): news from Law associations, Court decisions, developments in national or international legislations

Education (max 300 words): announcements of creation of working group or networks, list and a short description of courses, seminars, workshops (including the target, the dates and organizers), trainings, university programs.

Research: ongoing research projects: title, authors and short description.

Publications: title, authors, year of publication.

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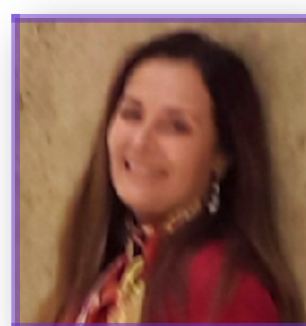
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Newsletter's Logo Author



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