August 2021
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WMA Cooperating Centre

SPECIAL ISSUE

Bioethical Voices

Newsletter of the International Chair in Bioethics

Inside this issue

Editorial

FULL AGREEMENT WITH THE WORLD MEDICAL ASSOCIATION

NEW TRAVEL COMPANIONS FOR A RENEWED COMMITMENT TO BIOETHICS

If the Covid 19 pandemic was a global phenomenon (and no one can ignore it anymore), a far-sighted perspective with global horizons will be needed to find out its remedies. While medical science detected this emergency right away, governments' health policies, stubborn by nature to make decisions immediately or in time, have now to be compliant, almost all over the world, without hesitations, uncertainties, and too much afterthoughts that had previously resulted in enormous damages.

Welcome to this new awareness, albeit late. In many cases, there is the solemn promise to give centrality to the right to health (which has now become as important as the right to work); in some countries, more cautious about announcements, the consequent decisions are already being followed, giving rise to investments of even substantial resources. Financial rigor leaves room for attention to the inalienable rights of a more equitable, just and supportive society. Let's hope it's not just a passing phase of transition; we wish that it will not be just a political turning point with a view to emergency.

The world of bioethics takes note of these new scenarios not without a necessary observation: the pandemic has been a terrible lesson all over the world; now, let's equip ourselves ~~so that~~ to let it be a healthy lesson, too. This monographic issue of our newsletter invokes it; further insights come from current events. The pandemic is not over yet and perhaps we are not at all like at the last mile, as someone wishes to. In the meantime, we cannot let those who have the civic sense to immunize themselves carry the burden of inconvenience. Get vaccinated, we finally hear from politics, changing for the first time the register of communication almost all over the world. The variants of the Covid 19 virus risk causing new waves of pandemics and large-scale vaccinations with a significant change of pace seem to have become the obligatory way out in many states. Getting vaccinated or not stop being two equally respectable choices in rich countries and the explicit and universal obligation to vaccinate is no longer a taboo. While in the poor ones it becomes an inalienable right.

At this juncture, bioethics should do another necessary step change that is called humanity. A zero-cost reform in our hospitals and in our healthcare. Costing nothing because it is not for sale,

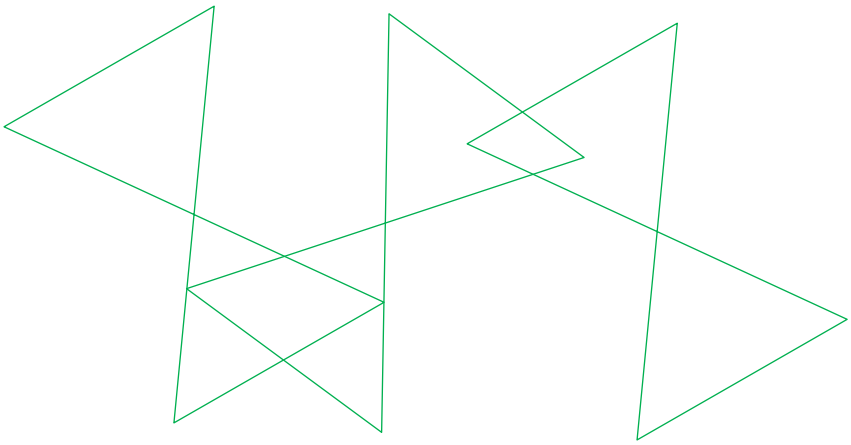
it is a feeling. It is that one felt among humans who recognize themselves as similar, especially in facing the suffering or problems of the others.

Many physicians and nurses involved in this long season of the pandemic have shown that they have these skills. I am talking about that alliance relationship between doctor, healthcare professionals and patient that enhances (does not diminish) the competence and authority of professionals. Which leads them to know how to communicate with the patient and his family. To talk to the head and the heart. Building together a different and new trust in medicine.

It is definitive and official the establishment of a special and therefore permanent agreement between our Chair of Bioethics and the WMA, Word Medical Association, the international organization that represents doctors with the aim of guaranteeing their independence, and establishing common standards of ethical behaviour in medicine. Deontology, training, relations between medicine and society, and between medicine and economics will be among the new issues of our collaboration. Our President, Prof. Ammon Carmi, gives us this announcement with justified pride.

For my part, I would like to simultaneously underline this increased attention (and so it could only be in this long and exhausting phase of the pandemic) of public opinion around the world towards doctors and medicine. Provided this renewed interest does not hide a new hypocrisy: leading soon, once the emergency will be over, as we hope, to treating doctors and medicine without due respect. In this case, it would not only be very sad. It would be harmful to everyone.

Giacomo Sado, Editorial Board Director



Resources and data for Corona research; Anthology

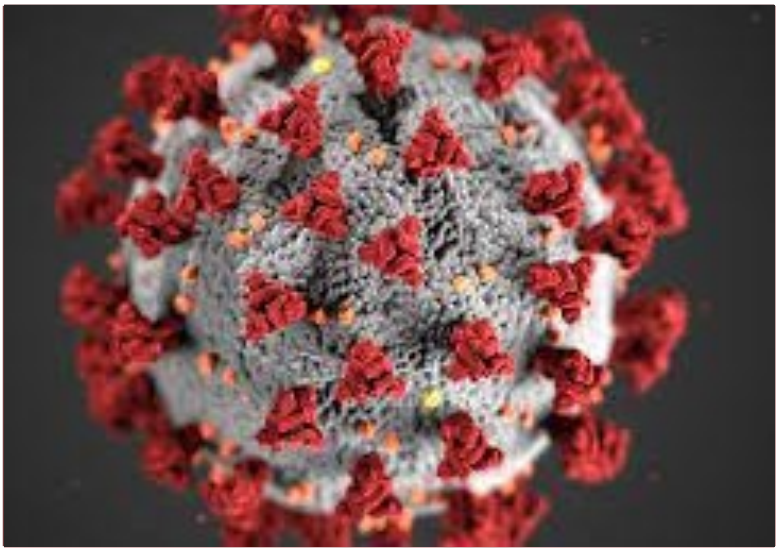
Prepared by Shai Linn, MD, Dr.PH (Israel)

Chair: Prof. Amnon Carmi

Version 9 APRIL, 2021

Please send the Chair comments or new links and send a copy to linnshai@gmail.com

(We will send updates periodically)



A. Resources and Data

1. US CDC

https://www.cdc.gov/coronavirus/2019-ncov/index.html

https://www.cdc.gov/coronavirus/2019-ncov/communication/toolkits/index.html

https://www.cdc.gov/coronavirus/2019-ncov/cases-updates/index.html

The U.S. Centers for Disease Control: Ethical guidelines in Pandemic Influenza

https://www.cdc.gov/od/science/integrity/phethics/docs/panflu_ethic_guidelines.pdf

A New Resource for Genomics and Precision Health Information and Publications on the Investigation and Control of COVID-19 and other Coronaviruses. Wei Yu, Marta Gwinn, Muin J. Khoury

doi: https://doi.org/10.1101/2020.04.21.050922

2. WHO

https://www.who.int/emergencies/diseases/novel-coronavirus-2019

Coronavirus Disease (COVID-19) outbreak

Coronavirus Disease (COVID-19) Mythbusters

Rolling updates on Coronavirus disease (COVID-19)

Coronavirus Disease (COVID-19) Questions and Answers

World Health Organization: Managing Ethical Issues in Infectious Disease Outbreaks

https://www.who.int/ethics/publications/infectious-disease-outbreaks/en/

WHO WHO Guidelines on Ethical Issues in Public Health Surveillance

https://apps.who.int/iris/bitstream/handle/10665/255721/9789241512657-eng.pdf;jsessionid=735518CB0EA7912E972DB16A99D33D6C?sequence=1

Independent evaluation

Lancet: https://www.thelancet.com/journals/lancet/article/PIIS0140-6736(20)31527-0/fulltext

WHO May 27 interim report

WHO reference number: WHO/2019-nCoV/clinical/2020.5

See also #32 below

Independent evaluation

Lancet: https://www.thelancet.com/journals/lancet/article/PIIS0140-6736(20)31527-0/fulltext

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PHEPREN is a global community of bioethicists building on pre-existing expertise and resources

to provide real-time, trusted, contextual support to communities, policy makers, researchers, and responders in relation to the ethical issues arising out of global health emergencies, with a current focus on the COVID-19 pandemic. https://epidemicethics.tghn.org/who-we-are/

3. The Committee for Coordination of Statistical Activities CCSA

https://unstats.un.org/unsd/ccsa/

Very detailed review of the changes because of COVID19

4. Comparing countries on health systems and handling COVID19

https://www.covid19healthsystem.org/searchandcompare.aspx

5. WORLDOMETER

https://www.worldometers.info/coronavirus/

6. Test for COVID19 – comparing in various countries

https://ourworldindata.org/coronavirus-testing

7. AMAZON DATA

https://aws.amazon.com/blogs/big-data/a-public-data-lake-for-analysis-of-covid-19-data/

8. Publications databases on COVID19

https://www.nature.com/articles/d41586-020-00694-1

9. The Berman institute of Bioethics

https://bioethics.jhu.edu/research-and-outreach/covid-19-bioethics-expert-insights/

10. Tracking US COVID-19 Response

https://www.covidexitstrategy.org/

11. Newspapers resources

11.1 New York Times COVID19 database

https://www.nytimes.com/interactive/2020/us/coronavirus-us-cases.html?utm_source=Coronavirus_Update&utm_medium=email&utm_campaign=cvupdate071720

11.2 Wall Street Journal

https://wsjhealthforum.eventfinity.co/libraries/192988

12. ISPOR—The Professional Society for Health Economics and Outcomes Research

https://www.ispor.org/

13. AMA resources

https://journalofethics.ama-assn.org/covid-19-ethics-resource-center

https://www.ama-assn.org/delivering-care/ethics/ama-code-medical-ethics-guidance-pandemic

https://www.ama-assn.org/delivering-care/ethics/ethics-guidance-during-pandemic-overview

14. NIH resources

www.nih.gov./coronavirus

15. NCBI

www.ncbi.nlm.gov/sars-cov-2/

16. Johns Hopkins University COVID-19 resource center

https://coronavirus.jhu.edu/ https://covidcontrol.jhu.edu/

Daily updates on the emerging novel coronavirus pandemic from the Johns Hopkins Center for Health Security. The Center for Health Security is analyzing and providing updates on the emerging novel coronavirus. If you would like to receive these daily updates, please subscribe below and select COVID-19. Additional resources are also available on our website.

A special edition of the Johns Hopkins Blumberg School of Public Health Journal includes updates and many references

https://magazine.jhsph.edu/?utm_source=Hopkins+Bloomberg+Public+Health+Magazine&utm_campaign=508725a7f7-EMAIL_CAMPAIGN_2020_07_08_05_53&utm_medium=email&utm_term=0_ce32cb16ad-508725a7f7-197165069

17. US National Academy of Medicine

Duty to Plan: Health Care, Crisis Standards of Care, and Novel Coronavirus SARS-CoV-2https://nam.edu/duty-to-plan-health-care-crisis-standards-of-care-and-novel-coronavirus-sars-cov-2/

18. COVID Clinical Research Coalition

www.covid19crc.org

19. Registry of research on Corona

https://wprn.org/

20. International Monetary Fund IMF

https://www.imf.org/en/Topics/imf-and-covid19

21. World Bank

https://blogs.worldbank.org/

22. UNESCO on education

https://mailchi.mp/c8c36d481c0e/global-education-alert-26-february-4151106?e=bb12267dbf

23. SAGE UK resources

https://www.gov.uk/government/groups/scientific-advisory-group-for-emergencies-sage-coronavirus-covid-19-response

24. Hasting Center

Ethical Framework for Health Care Institutions Responding to Novel Coronavirus SARS-CoV-2 (COVID-19); Guidelines for Institutional Ethics Services Responding to COVID19:

https://www.thehastingscenter.org/ethicalframeworkcovid19

https://www.thehastingscenter.org/category/covid-19/

25. University of Washington Medicine COVID-19 resources.

https://covid-uwmedicine.org/Pages/default.aspx

26. Stanford University

https://sites.google.com/view/stanfordcovid/home

27. University of Pittsburg - COVID-19 Ethics Resources

https://bioethics.pitt.edu/covid-19-ethics-resources

28. The Nuffield Council: Guide to the ethics of surveillance and quarantine for novel coronavirus

https://www.nuffieldbioethics.org/news/guide-to-the-ethics-of-surveillance-and-quarantine-for-novel-coronavirus

29. OECD

http://www.oecd.org/coronavirus/policy-responses/beyond-containment-health-systems-responses-to-covid-19-in-the-oecd-6ab740c0/

30. Lancet digital - Resource on digital technology and ethical consideration

https://www.thelancet.com/journals/landig/article/PIIS2589-7500(20)30137-0/fulltext

https://www.thelancet.com/coronavirus?utm_campaign=update-landig&utm_medium=email&_hsmi=120944913&_hsenc=p2ANqtz--obrMp_rPYIzPNQuVOXoW1iakiJjdu-7NYKFgsmUD3ZIwF-cJPH76Jzty0XIUa05jhiT6y7tBpqRV1Eg1b_okVhhfhWQ&utm_content=120944913&utm_source=hs_email

31. Travel data (on lockdown, entry requirements, numbers of death)

https://covidcontrols.co/

32. BIOETHIC COM

Bioethics.com is a public service provided by The Center for Bioethics & Human Dignity (CBHD) to stay up-to-date with news, issues, and events in bioethics that span the spectrum of medicine, science, and technology. CBHD is a bioethics research center at Trinity International University. Primary website at www.cbhd.org.

33. Epidemic ethics PHEPREN COVID-19 ethics resources

PHEPREN is a global community of bioethicists building on pre-existing expertise and resources to provide real-time, trusted, contextual support to communities, policy makers, researchers, and responders in relation to the ethical issues arising out of global health emergencies, with a current focus on the COVID-19 pandemic.

Led by the World Health Organization and supported by key partners including the Fogarty International Center, Global Forum on Bioethics in Research, Global Health Network, Global Network of WHO Collaborating Centers and Welcome, PHEPREN is governed by a steering committee, details of which will be made available soon. The core aims of PHEPREN are to:

- Help coordinate and support real-time, contextual ethical decision-making in public health emergencies
- To build ethics capacity globally and locally, to support both preparedness and response
- To conduct empirical and normative research so that we are:

  better prepared for future outbreaks

  addressing outstanding ethical issues from past outbreaks
- To build fair, collaborative partnerships, so that research can be both generated and conducted by ethicists in low and middle-income settings, with a view to growing capacity for the future
- To support the work of the WHO R&D Blueprint for Action to Prevent Epidemics
- To ensure that the outputs of the Network are coordinated, flexible, globally distributed, and positioned to inform and be incorporated into practice
- To publish regular reports on ethical issues and advice provided

The PHEPREN database holds over 1500 resources on ethics and COVID-19, including academic articles, news features, blogs, ethics guidance, and policy documents. Using a resource filter and simple keyword search, you can retrieve resources on key ethical issues pertinent to the COVID-19 pandemic and filter them by region and type of media.

For example, search the PHEPREN database using the keywords 'Vaccines & therapeutics' to follow-up on some of the issues raised in PHEPREN's recent seminars on vaccine allocation and vaccine hesitancy. Resources include the World Health Organization's recently published 'WHO SAGE values framework for the allocation and prioritization of COVID-19 vaccination'.

Visit: https://epidemicethics.tghn.org/resources/

34. ETHICS Blogs:

Comprehensive list at Bioethics blog directory Kennedy Institute of Ethics at Georgetown University (selected links below)

- Berman Institute Bioethics Bulletin: Bioethics News & Analysis from Johns Hopkins.
- BioEdge, bioethics news around the world:
- Bill of Health, examining the intersection of law and health care, bioetech & bioethics. A blog by the Petrie-Flom Center at Harvard Law School and Friends.
- Bioethics.net, a blog maintained by the editorial staff of The American Journal of Bioethics
- Bioethics Forum, the blog of the Hastings Center Report.
- School of Medicine at Mount Sinai, the Bioethics Program provides education in clinical ethics, research ethics and bioethics policy.

Bioethics Today, the blog of the Alden March Bioethics Institute

- Community Voices in Medical Ethics
- Contending Modernities: Contending Modernities is a global research initiative, based at the University of Notre Dame's Kroc Institute for International Peace Studies, in partnership with scholars from around the world.
- Ethics & Society, blog of the Fordham University Center for Ethics Education
- Ethics Blog: A blog by the Centre for Research Ethics & Bioethics (CRB) at Uppsala University, Sweden.
- Ethics etc
- Global Bioethics Blog
- Global Bioethics Initiative
- HealthAffairs Blog of the Policy Journal of the Health Sphere.
- Impact Ethics
- Institutional Review Blog
- Kennedy Institute of Ethics Journal
- Narrative Inquiry in Bioethics Forum
- National Institutes of Health (NIH) Director's Blog
- Neuroethics Blog by the Center for Ethics at Emory University

- Nuffield Bioethics Blog
- O'Neill Institute Blog
- Pellegrino Center for Clinical Bioethics Blog
- Philosophy, Ethics, and Humanities in Medicine
- Practical Ethics, ethics in the news blog by University of Oxford
- Presidential Commission for the Study of Bioethical Issue Blog
- Scope, Medical Blog by the Stanford University School of Medicine
- STREAM: Studies of Translation, Ethics, and Medicine
- Speaking of Medicine, blog of the Public Library of Science
- The Conversation (articles tagged Bioethics).
- Voices in Bioethics, opinions, scholarship, and news from the world of bioethics
- PUBLIC HEALTH LAW and COVID19 https://www.publichealthlawwatch.org/blog
- PHPREN BLOG (WHO) https://epidemicethics.tghn.org/community/blogs/

35. Ethics and Medical Ethics Journals

34.1 Ethics 2019

ETHICS JCR 2019 SSCI			
RANK	**FULL JOURNAL TITLE**	**JOURNAL IMPACT FACTOR**	**ISSN**
1	AMERICAN JOURNAL OF BIOETHICS	**7.647**	1526-5161
2	JOURNAL OF BUSINESS ETHICS	**4.141**	0167-4544
3	JOURNAL OF RESPONSIBLE INNOVATION	**3.059**	2329-9460
4	SCIENCE AND ENGINEERING ETHICS	**2.787**	1353-3452
5	BUSINESS ETHICS QUARTERLY	**2.625**	1052-150X
6	NURSING ETHICS	**2.597**	0969-7330
7	BMC MEDICAL ETHICS	**2.451**	1472-6939
8	JOURNAL OF LAW AND THE BIOSCIENCES	**2.275**	2053-9711

RANK	FULL JOURNAL TITLE	JOURNAL IMPACT FACTOR	ISSN
10	ETHICS AND INFORMATION TECHNOLOGY	**2.068**	1388-1957
11	JOURNAL OF MEDICAL ETHICS	**2.021**	0306-6800
12	NANOETHICS	**2**	1871-4757
13	ETHICS	**1.892**	0014-1704
14	BIOETHICS	**1.799**	0269-9702
15	MEDICINE HEALTH CARE AND PHILOSOPHY	**1.708**	1386-7423
16	HASTINGS CENTER REPORT	**1.608**	0093-0334
17	HEALTH CARE ANALYSIS	**1.511**	1065-3058
18	PHILOSOPHY ETHICS AND HUMANITIES IN MEDICINE	**1.5**	1747-5341
19	JOURNAL OF AGRICULTURAL & ENVIRONMENTAL ETHICS	**1.464**	1187-7863

RANK	FULL JOURNAL TITLE	JOURNAL IMPACT FACTOR	ISSN
20	DEVELOPING WORLD BIOETHICS	**1.431**	1471-8731
21	JOURNAL OF BIOETHICAL INQUIRY	**1.425**	1176-7529
22	HEC FORUM	**1.386**	0956-2737
23	JOURNAL OF POLITICAL PHILOSOPHY	**1.264**	0963-8016
24	JOURNAL OF EMPIRICAL RESEARCH ON HUMAN RESEARCH ETHICS	**1.253**	1556-2646
25	JOURNAL OF APPLIED PHILOSOPHY	**1.206**	0264-3758
26	PUBLIC HEALTH ETHICS	**1.176**	1754-9973
27	NEUROETHICS	**1.171**	1874-5490
28	JOURNAL OF MEDICINE AND PHILOSOPHY	**1.139**	0360-5310
29	ETHICS & BEHAVIOR	**1.12**	1050-8422

RANK	FULL JOURNAL TITLE	JOURNAL IMPACT FACTOR	ISSN
30	PHILOSOPHY & PUBLIC AFFAIRS	**1.115**	0048-3915
31	JOURNAL OF LAW MEDICINE & ETHICS	**1.085**	1073-1105
32	THEORETICAL MEDICINE AND BIOETHICS	**0.942**	1386-7415
33	ECONOMICS AND PHILOSOPHY	**0.941**	0266-2671
34	INQUIRY-AN INTERDISCIPLINARY JOURNAL OF PHILOSOPHY	**0.938**	0020-174X
35	ETHICS & INTERNATIONAL AFFAIRS	**0.906**	0892-6794
36	KENNEDY INSTITUTE OF ETHICS JOURNAL	**0.902**	1054-6863
37	JOURNAL OF THE PHILOSOPHY OF SPORT	**0.867**	0094-8705
37	JOURNAL OF MEDIA ETHICS	**0.867**	2373-6992
39	RADICAL PHILOSOPHY	**0.864**	0300-211X

RANK	FULL JOURNAL TITLE	JOURNAL IMPACT FACTOR	ISSN
40	LAW AND PHILOSOPHY	**0.816**	0167-5249
41	PHILOSOPHICAL PSYCHOLOGY	**0.785**	0951-5089
42	PHILOSOPHY OF THE SOCIAL SCIENCES	**0.725**	0048-3931
43	POLITICS PHILOSOPHY & ECONOMICS	**0.675**	1470-594X
44	JOURNAL OF MORAL PHILOSOPHY	**0.636**	1740-4681
45	HUMAN STUDIES	**0.554**	0163-8548
46	INTERNATIONAL JOURNAL OF FEMINIST APPROACHES TO BIOETHICS	**0.514**	1937-4585
47	SOCIAL PHILOSOPHY & POLICY	**0.44**	0265-0525
48	JOURNAL OF VALUE INQUIRY	**0.431**	0022-5363
49	JOURNAL OF SOCIAL PHILOSOPHY	**0.327**	0047-2786

RANK	FULL JOURNAL TITLE	IMPACT FACTOR	ISSN
50	ETIKK I PRAKSIS	**0.308**	1890-3991
51	ENVIRONMENTAL ETHICS	**0.275**	0163-4275
52	ETHICS & GLOBAL POLITICS	**0.263**	1654-4951
53	STUDIES IN EAST EUROPEAN THOUGHT	**0.256**	0925-9392
54	ETHICAL PERSPECTIVES	**0.163**	1370-0049
55	ACTA BIOETHICA	**0.153**	1726-569X

35.2 Medical Ethics Journals

MEDICAL ETHICS JCR 2019			
RANK	FULL JOURNAL TITLE	IMPACT FACTOR	ISSN
1	AMERICAN JOURNAL OF BIOETHICS	**7.647**	1526-5161
2	BMC MEDICAL ETHICS	**2.451**	1472-6939
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5	BIOETHICS	**1.799**	0269-9702
6	HASTINGS CENTER REPORT	**1.608**	0093-0334
7	PHILOSOPHY ETHICS AND HUMANITIES IN MEDICINE	**1.5**	1747-5341
8	ACCOUNTABILITY IN RESEARCH-POLICIES AND QUALITY ASSURANCE	**1.458**	0898-9621
9	DEVELOPING WORLD BIOETHICS	**1.431**	1471-8731
10	JOURNAL OF BIOETHICAL INQUIRY	**1.425**	1176-7529
11	JOURNAL OF EMPIRICAL RESEARCH ON HUMAN RESEARCH ETHICS	**1.253**	1556-2646
12	PUBLIC HEALTH ETHICS	**1.176**	1754-9973
13	NEUROETHICS	**1.171**	1874-5490
14	JOURNAL OF LAW MEDICINE & ETHICS	**1.085**	1073-1105
15	ETHIK IN DER MEDIZIN	**0.556**	0935-7335
16	ACTA BIOETHICA	**0.153**	1726-569X

B. Selected Anthology: COVID19 Ethical Issues

Please send the Chair comments or new links and send a copy to me to linnshai@gmail.com

This is a very partial and limited list of readings.

We will send updates periodically

1.General approach- public health, epidemic and bioethical considerations

1.1 Nancy E. Kass. An Ethics Framework for Public Health

Read: Am J Public Health. 2001 November; 91(11): 1776–1782. doi: 10.2105/ajph.91.11.1776
PMCID: PMC1446875 MID:

Let us apply the paper's ideas to the COVID19 epidemic.

1. Public health interventions often are targeted to one set of individuals to protect other citizens' health. For example:

Partner notification programs to prevent HIV (or STD) infection; Therapy for tuberculosis are designed primarily to protect citizens from the health threats posed by others; Enforcing immunization to create herd immunity.

And similarly, COVID19 epidemic: Enforcing using masks in public; Enforcing use of disinfectant before admitting to a restaurant; allowing COVID19 asymptomatic but infected persons – in the community- the Swedish model of no curfew during COVID19 epidemic.

2. Public health programs are designed primarily to protect individuals from themselves. Inherently paternalistic.

For example:
Health education campaigns; blood pressure screening; seat belt laws; 55-mile-per-hour speed limits. And similarly, as above during COVID19 epidemic: Enforcing using masks in public. Enforcing use of disinfectant before admitting to a restaurant.

3. In terms of cost, constraints on liberty, or targeting particular, already vulnerable segments of the population—the stronger the evidence must be to demonstrate that the program will achieve its goals.

"Because many public health programs are imposed on people by governments and not sought out by citizens, the burden of proof lies with governments or public health practitioners to prove that the program will achieve its goals. Thus, if at least some data do not exist that demonstrate the validity of a program's assumptions, the analysis can stop right here, and, ethically, the program should not be implemented. Conversely, the presence of good data alone does not justify the program; it allows us to move to the next stage of the analysis"

And similarly, as above during COVID19 epidemic: We need good data on the need for curfew, to justify the damage to the economy, and loss of jobs.

4. Potential ethical issues of during the epidemic.

Disease surveillance and vital statistics

"Although the types of data collected are not considered very personal…. or sensitive by most persons, everyone has his or her own boundary of privacy.

…Further, for some individuals, particular elements of vital statistics, such as paternity or cause of death, could be seen as invasions of their privacy.

…Vital statistics and other publicly collected data can reveal patterns about ethnic groups or neighborhoods that may be stigmatizing or otherwise harmful."

Communicable disease reporting raises privacy concerns

A study suggested that doctors are more likely to report a patient with HIV to the health department if the patient is Black and male despite language in the statute requiring the reporting of all persons with HIV.

"….the infringement and risks potentially are greater, since names are reported only of those who have reportable (and often socially stigmatizing) conditions. "

Contact tracing, was very useful during COVID19 epidemic. However, this practice poses additional privacy risks.

Not only are an individual's name and condition reported, but individuals are asked to provide the names of other (sometimes sexual) contacts they have had.

Thus, contact tracing also invades the privacy of individuals whose names are disclosed, who are not able to decide for themselves whether to release their names to officials.

Harms can occur if confidentiality protections fail, and individuals can feel wronged simply by virtue of the violation of their privacy.

Health education

Health education, may not be appropriate for all situations.

“First, education may not work in all settings, and more burdensome measures may be required.

Second, to increase effectiveness, educational programs may introduce ethically questionable practices, such as manipulation or even coercion”.

“Third, all health education campaigns are potentially paternalistic

Fourth, health education programs may target messages to certain audiences. Although such targeting is often justified on public health grounds “

In conclusion “An ethics analysis must always be conducted, both because bringing truth, fairness, and respect to our work is right in itself and also”

1.2 Comment, the Lancet

Read: **Comment in www.thelancet.com/infection**

Published online March 23, 2020 https://doi.org/10.1016/S1473-3099(20)30190-0 1

By: Joseph A Lewnard, Nathan C Lo

The editorial comments on the ethics of tracing measures of individuals, to obtain social distancing.

Bioethical issues: Unethical breaching of privacy .

1.3 COVID-19 Ethical Decision-Making Framework BC in Canada

Provincial COVID-19 Task Force, March 28, 2020

Suggests key ethical principles:

- Respect: To whatever extent possible, individual autonomy, individual liberties, and cultural safety must be respected. This means respect for privacy and confidentiality, and an obligation on behalf of leaders and care providers to be truthful and honest to individuals affected.
- The Harm Principle: A society has a right to protect itself from harm, real or threatened. The

● Fairness: Everyone matters equally but not everyone may be treated the same. There are three competing forces in fair delivery of care and services that must be balanced.

Persons ought to have equal access to health care resources (equality), however:

• Those who most need and can derive the greatest benefit from resources ought to be offered resources preferentially (equity), and

•Resources ought to be distributed such that the maximum benefits to the greatest number will be achieved (utility, and efficiency) and

• Resource allocation decisions must be made with consistency in application across populations and among individuals regardless of their human condition (e.g. race, age,
disability, ethnicity, ability to pay, socioeconomic status, pre-existing health conditions, social worth, perceived obstacles to treatment, past use of resources).

● Least Coercive and Restrictive Means: Any infringements on personal rights and freedoms must be carefully considered, and the least restrictive or coercive means must be sought.

● Working together: Cooperation is essential to this international threat – between individual citizens, health regions, provinces, and nations.

● Reciprocity: If people are asked to take increased risks, or face increased/disproportionate burdens during a pandemic influenza, they should be supported in doing so, and the risks and burdens should be minimized as far as possible.

● Proportionality: Measures implemented, especially restrictive ones, should be proportionate to and commensurate with the level of threat and risk.

● Flexibility: any plan must be iterative and adapted to new knowledge that arises.

● Procedural Justice: There will be accountability to a fair and transparent process throughout the planning and implementation of managing COVID-19.

Openness and transparency: Any planning, any policy, and any actions deriving from such policies, must be transparent and open to stakeholder input as well as available to public inspection. All plans and all decisions must be made with an appeal to reasons that are mutually agreed upon and work toward collaboratively derived goals.

• Inclusiveness

1.4 Ireland: Ethical Framework for Decision- Making in a Pandemic. March 2020

Includes discussion of the following topics:

Need for an Ethical Framework for Decision-Making; Ethical Principles; Procedural Values; Duty to Provide Care ; Responsibilities and Obligations ; Reciprocity; Restrictions of Individual Liberty ; Privacy and the Public Interest ; Allocation of Scarce Resources ; Surge Capacity ; Prioritisation of Medication and Critical Care; Research During a Pandemic . This high-level framework is intended for policymakers and healthcare planners and providers in acute and community settings. It is also designed to assist clinicians in implementing the ethical principles outlined below in their clinical practice. "

Ethical principles:

"Minimizing Harm A foundational principle of public health ethics is the obligation to protect the public from serious harm…

In a pandemic, restrictions to individual liberty (e.g. asking people to self-isolate), access to services (e.g. cancellation of elective procedures/out-patient clinics) or service areas (e.g. limiting visitors to hospitals/residential facilities), as well as the imposition of infection control practices (e.g. restricting public gatherings), may be necessary to protect the public from harm. "

"Proportionality …restrictions to individual liberty and measures taken to protect the public from serious harm should not exceed what is considered necessary to address the actual level of risk to, or critical need of, the community."

"Solidarity calls for a collaborative approach to pandemics that sets aside conventional ideas of self-interest or territoriality at every level of society, e.g. between individuals, healthcare institutions, governments and nations. Solidarity requires working together to respond to a pandemic; sharing of information that will help others; coordination of planning and response activities at local and national level, including those related to health care delivery; transfer of patients; and deployment of human and material resources."

"Fairness In a pandemic situation, when healthcare resources may be in short supply, available resources should be distributed fairly, effectively, and in ways that recognise the moral equality of all persons. "

"Duty to Provide Care

Healthcare professionals will need to weigh the demands of their roles against other competing

"Privacy Individuals have a right to privacy and confidentiality with respect to their health information. However, a person's right to privacy is not absolute and it may be necessary, in extenuating circumstances, to restrict this right. "

Procedural Values to Guide Ethical Decision-Making During a Pandemic Reasonableness

Openness and Transparency The process by which decisions are made must be open to scrutiny, and the basis upon which decisions are made should be publicly accessible. Inclusiveness Stakeholders are consulted

Responsiveness There should be an opportunity to revisit and revise decisions as new information becomes available, as well as mechanisms to address disputes and complaints.

Accountability Decisions made in the emergency setting must comply with these procedural requirements. There should be mechanisms in place to ensure that ethical decision-making is sustained at all stages of the pandemic. "

1.5 British Medical Association BMA guidance

https://www.bma.org.uk/advice-and-support/covid-19/ethics/covid-19-ethical-issues

COVID-19: ethical issues

Guidance for doctors on ethical issues likely to arise when providing care and treatment during the COVID-19 outbreak, including resource, withdrawing treatment and maintaining essential services.

1.6 UN declarations and COVID 19

Kansra, Deepa, Rights and Obligations during COVID-19: A Look at Selected UN Statements (May 15, 2020). Available at SSRN:

https://ssrn.com/abstract=3637217

2. Agism

2.1 Facing Covid-19 in Italy — Ethics, Logistics, and Therapeutics on the Epidemic's Front Line.

Lisa Rosenbaum, NEJM . DOI: 10.1056/NEJMp2005492

Bioethical issue: Age and decision making on using respirators

"No matter the ethical framework, should such resource scarcity occur, there are many scenarios that will still feel morally untenable, particularly in the face of heightened prognostic uncertainty"

2.2 Why I Support Age-Related Rationing of Ventilators for Covid-19 Patients

Franklin G. Miller. Published in: Covid-19, Hastings Bioethics Forum, Health and Health Care

Published on: April 9, 2020

"The right of all patients to receive medical-indicated, life-sustaining treatment, and the duty of clinicians to provide it, may need to be limited during a pandemic. In contrast, palliative care is a moral imperative for all critically ill patients"

2.3 Why the fair innings argument is not persuasive.

Michael M Rivlin . BMC Medical Ethics volume 1, Article number: 1 (2000)

"Being fair does not, contrary to what supporters of the fair innings argument (FIA) claim, mean that we should discriminate against elderly patients on the grounds of fairness. This being the case, it seems to me that there are no grounds for using age as a basis for rationing health care on the basis of the FIA. "

2.4 Head To Head. Is it wrong to prioritize younger patients with covid-19?

Dave Archard, Arthur Caplan, William F , Virginia Connolly

doi: https://doi.org/10.1136/bmj.m1509 (Published 22 April 2020)

2.4.1 Yes- by Dave Archard:

"…to discriminate between patients in the provision of care on the grounds of age is to send a message about the value of old people. Such discrimination publicly expresses the view that older people are of lesser worth or importance than young people.

It stigmatizes them as second class citizens. We already discriminate against old people in so many ways, and they are socially disadvantaged in numerous respects (social care and employment, for instance). It would be an egregious moral error to compound such injustice. And it would be hard not to think— even if it was not intended—that a cull of elderly people was what was being aimed at."

2.4.2 No by Arthur Caplan

"To the extent to which data support the risk of failure or the odds of success, age can justifiably be used to ration care if maximization of lives saved is the overarching goal. Indeed, the relevance of old age as a predictive factor of efficacy—combined with the powerful principle of healthcare affording equality of opportunity to enjoy a life—makes age an important factor in making the terrible choice of who will receive scarce resources in a pandemic. Ageism has no place in rationing, but age may."

2.5 Hastings Center- Agism

2.5.1 A Covid-19 Side Effect: Virulent Resurgence of Ageism.

By Kate de Medeiros. Published on: May 14, 2020 Published in: Aging, Covid-19, Hastings Bioethics Forum. https://www.thehastingscenter.org/a-covid-19-side-effect-virulent-resurgence-of-ageism/

"How we talk about "old"–what is old, who is old, am I old–reveals attitudes about aging. The language of "old" is negative, evasive (e.g., "You're 80 years young"), and/or condescending (e.g., "Old people are cute"). People who don't consider themselves to be "old" refer to "them" as a way to distance themselves. Even words like "wise" can be pejorative when indiscriminately applied to all persons in a given age range irrespective of their individual attributes."

….”Yes, they are at increased risks for serious Covid-19 complications, but those risks are raised by coexisting conditions, for people of all ages. It is arguably different to use an age range that has verifiable connections to risk versus vague and potentially demeaning labels like “elderly” or “senior” to identify risk. The former is a scientific association; the latter is a social value.”

2.5.2 Why I Don’t Support Age-Related Rationing During the Covid Pandemic

J. Bradley Segal, The Hastings Center www.bioethics.net

….”To be clear, I agree that age correlates with mortality in Covid-19. But the available information is too incomplete to justify a universal age cutoff on the basis of outcome. ….

Until we have data from more fronts of the pandemic, we may not know the extent to which the observed trends in mortality were caused by (and thus can only circularly serve as justification for) rationing on the basis of age.

2.6 Wareham CS. Youngest first? Why it is wrong to discriminate against the elderly in healthcare.

S Afr J BL 2015;8(1):37-39. DOI:10.7196/SAJBL.374

“In South Africa and abroad the elderly are systematically discriminated against at all levels of healthcare allocation decision-making. Such discrimination is perhaps surprising in light of the National Health Act and the Older Persons Act, which explicitly recognise the elderly as a vulnerable group whose equal rights require special protection. However, ethical theory and public opinion offer some reasons to think that discrimination against the elderly may be justified. This paper examines possible ethical grounds for age discrimination. I claim that there are very few cases in which the aged may be discriminated against, and that age alone is never sufficient grounds for discrimination”

3. Refugees and special population

3.1 Nancy Berlinger. Immigrants, Health Inequities, and Social Citizenship in Covid-19 Response and Recovery. Bioethics forum Essay. Hasting center. April 23, 2020

"For undocumented immigrants in the United States, structural barriers to health care access and utilization include exclusion from federally funded health insurance programs and other health-related programs, such as housing subsidies and food stamps, plus the consequences of immigration enforcement. Undocumented immigrants fear encounters with perceived authorities that could lead to detention, deportation, or family separation."

3.2 Immigrants and refugees resources

https://www.thehastingscenter.org/covid-19-update-essential-articles-on-immigrant-health/

4. Clinical trials

Clinical Trials vs. Right to Try: Ethical Use of Chloroquine for Covid-19. Robert M. Veatch. Published in: Clinical Trials and Human Subjects Research, Covid-19, Hastings Bioethics Forum April 29, 2020

https://www.thehastingscenter.org/category/clinical-trials-and-human-subjects-research/

"In the end, whether hydroxychloroquine is beneficial or harmful depends not only on the results of trials, but also on the unique value systems of individual patients. It is those patients who are close enough to indifference that they are willing to be randomized who permit us to ethically answer the science question. If we do it right, we can answer the science question while simultaneously recognizing the right of patients to choose the therapeutic strategy that will best fit their idiosyncratic values"

5. Health care workers

5.1 It Just Broke Me

It Just Broke Me: Health Workers Struggle For Time To Grieve Patients Lost To COVID-19. Interview with Harold J. Bursztajn, MD of Harvard Medical School.

"By making a time to grieve be a bioethical priority, we can avoid toxic and promote healthy resilience both individually and public health wise."

5.2 CPR for COVID19 patients?

Thinking twice about the rush to give CPR to COVID-19 patients. Timothy M. Smith 26 May 2020 "Hospitals across the U.S. still face the possibility of their intensive care units being maxed out due to the COVID-19 pandemic, leading some front-line physicians to wonder whether it might ever be appropriate to unilaterally withhold cardiopulmonary resuscitation (CPR) to the sickest patients. In some circumstances, according to medical ethics experts, the answer is yes."

6. Privacy, tracking populations

6.1 Re-Opening the Nation: Privacy, Surveillance, and Digital Tools for Contact Tracing

WEBINAR: "Re-Opening the Nation: Privacy, Surveillance, and Digital Tools for Contact Tracing," "Testing and contact tracing are the keys to re-opening the nation safely. If done to scale, we can relax broad sheltering at home orders once the disease prevalence has diminished and switch to using targeted quarantine for the far smaller number of people exposed to known cases. Traditionally, contact tracing has been done person-to-person, but given the prevalence of Covid-19 and the size of the U.S. population there is growing interest in the development of digital apps to supplement contact tracing or warn people if they are exposed. How will these apps work? Will they preserve privacy? Will they lead to surveillance or raise other ethical issues? Should we embrace their development, offer recommendations for better design, or abandon the idea altogether?"

6.2 The need for privacy with public digital contact tracing during the COVID-19 pandemic

Comment. Thelancet.com/digital-health Vol 2 July 2020 342-345
https://doi.org/10.1016/S2589-7500(20)30133-3

Panel: Recommendations for a privacy-protecting approach to digital contact tracing

"Consent

• Download, installation, and use of the application must be entirely voluntary, and users must be able to uninstall the application at will

• There must be express consent for all collection, use, and disclosure of personal information (i.e., users might choose to share some data and not others, such as official test results or to feed a machine-learning model)

• Individuals must be able to opt-in or opt-out of data sharing. This includes consent to download the application, turn on location services, receive notifications, and share COVID-19 test results

Oversight

• A non-partisan independent oversight committee with representatives from legal, health, machine-learning, and privacy experts should be established to oversee ongoing development of the application, its information ecosystem, and data governance

• Importantly, public representatives must be included in this oversight committee

Virtual data acquisition

• No identifiable information regarding digital contact trails or personal health information that an individual enters on the application should be shared with other application users or public, private, and governmental agencies

• Individual geolocation data should not be stored on a central server and should pass through a rigorous obfuscation protocol to reduce their information content to the bare minimum required for epidemiological and machine-learning modelling

• Pseudonymised data should be used to inform machine-learning models, and only these data should be stored centrally on a protected server

• Only non-identifiable aggregated data should be shared with public health institutions

• The source code of the application and the algorithms used should be made accessible for public scrutiny

• Personal identifiable information should be deleted from the device once the pandemic is over

Informed decision making

• User preferences should drive end-to-end experience

• User comprehension should be prioritized and verified rather than assumed

• User psychosocial wellbeing should be promoted

• User empowerment to protect themselves and others should be maximized

• User inclusivity should acknowledge the diversity of user needs in dimensions such as gender, race, education, and rural vs urban location"

For details on the application

see https://arxiv.org/abs/2005.08502

6.3 Can We Track COVID-19 and Protect Privacy at the Same Time?

Sue Halpern The New Yorker .April 27, 2020

6.4 WHO Guidelines on Ethical Issues in Public Health Surveillance

https://apps.who.int/iris/bitstream/handle/10665/255721/9789241512657-eng.pdf;jsessionid=735518CB0EA7912E972DB16A99D33D6C?sequence=1

The following ethical considerations are of particular importance for public health surveillance. They represent the backbone of the guidelines:

Common good: Surveillance is widely acknowledged to be a public good, and some of the benefits it provides cannot be subdivided into individual private benefits because they are fundamentally shared

Surveillance is justified, fundamentally, as a requirement for the good of all. Without adequate oversight by public health bodies and the participation of individuals and communities, the shared benefits of surveillance are at risk. …the committee adopted the term "the common good" to capture the notion of public goods more broadly conceived than in the narrow economic sense.

Equity: Public health ethics is centrally concerned with the idea of equity. It is well established that social inequality has adverse effects on health.

Respect for persons: Public health ethics is concerned with the rights, liberty, and other interests of individuals as well as overall population well-being. Whenever possible, individuals should be involved in decisions that affect them. In some cases, individuals should be free to make their own choices; in other cases, when population-level interventions may be necessary, individuals can be consulted and involved in decision making.

But many individuals (such as young children) cannot make their own choices, and the State has an obligation to protect them and promote their long term health interests. Undertaking public health surveillance is, itself, arguably an expression of respect for persons. This further requires ensuring that data about individuals and groups are protected and risks for harm are minimized

Guidelines

Guideline 1. Countries have an obligation to develop appropriate, feasible, sustainable public health surveillance systems. Surveillance systems should have a clear purpose and a plan for data collection, analysis, use and dissemination based on relevant public health priorities.

Guideline 2. Countries have an obligation to develop appropriate, effective mechanisms to ensure ethical surveillance.

Guideline 3. Surveillance data should be collected only for a legitimate public health purpose.

Guideline 4. Countries have an obligation to ensure that the data collected are of sufficient quality, including being timely, reliable and valid, to achieve public health goals.

Guideline 5. Planning for public health surveillance should be guided by transparent governmental priority-setting.

Guideline 6. The global community has an obligation to support countries that lack adequate resources to undertake surveillance.

Guideline 7. The values and concerns of communities should be taken into account in planning, implementing and using data from surveillance.

Guideline 8. Those responsible for surveillance should identify, evaluate, minimize and disclose risks for harm before surveillance is conducted. Monitoring for harm should be continuous, and, when any is identified, appropriate action should be taken to mitigate it.

Guideline 9. Surveillance of individuals or groups who are particularly susceptible to disease, harm or injustice is critical and demands careful scrutiny to avoid the imposition of unnecessary additional burdens.

Guideline 10. Governments and others who hold surveillance data must ensure that identifi able data are appropriately secured.

Guideline 11. Under certain circumstances, the collection of names or identifi able data is justified.

Guideline 12. Individuals have an obligation to contribute to surveillance when reliable, valid, complete data sets are required and relevant protection is in place. Under these circumstances, informed consent is not ethically required.

Guideline 13. Results of surveillance must be effectively communicated to relevant target audiences.

Guideline 14. With appropriate safeguards and justification, those responsible for public health surveillance have an obligation to share data with other national and international public health agencies.

Guideline 15. During a public health emergency, it is imperative that all parties involved in surveillance share data in a timely fashion.

Guideline 16. With appropriate justification and safeguards, public health agencies may use or share surveillance data for research purposes.

Guideline 17. Personally identifiable surveillance data should not be shared with agencies that are likely to use them to take action against individuals or for uses unrelated to public health.

7. Compulsory treatment

7.1 Compulsion is necessary to fight Covid-19: Oxford bioethicist. 10 May 2020 Bioedge.com

Alberto Giubilini, in the Practical Ethics blog. “If we accept compulsory measures when the cost is very large (lockdown), we should accept compulsory measures when the cost *is vastly smaller (tracing apps and vaccination), other things being equal. The justification for compulsory measures is stronger, the less burdensome the requirements are, other things being equal.”

7.2 Compulsory treatment or vaccination versus quarantine

Journal of Bioethics Blog. May 12, 2020. Thomas Douglas, Jonathan Pugh and Lisa Forsberg.
Also in: Practical Ethics Blog. Oxford University. http://blog.practicalethics.ox.ac.uk/2020/05/pandemic-ethics-compulsory-treatment-or-vaccination-versus-quarantine/#more-14575
"Interestingly, one measure that recent legislative changes in the UK leave off the table, at least for the time being, is the use of compulsory medical interventions—whether treatments or vaccinations. "

About **vaccination**: ..."once treatments or vaccines for Covid-19 become available, there will be political interest in making them mandatory, since this may allow for the quickest and safest route out of the lockdown. In the case of vaccines, there will be a need to ensure that enough people are vaccinated to confer herd immunity. There may also be an argument for mandating vaccination of people who have contact with many others, such as teachers, retail staff and health care workers".

Treatments:
"In the case of treatments, we might hope that widespread use of anti-viral therapies will lighten the burden on the NHS by reducing the number of infected individuals who require intensive care. And there may be a need to ensure that people take the treatment even after their symptoms have resolved, to reduce their infectiousness."
Ethical Objections: "Objections to compulsory medical intervention are likely to invoke the claim that we all possess a right to bodily integrity—a right that protects us against unwanted bodily interference. "
"In any case, regarding bodily integrity as beyond reproach, when it comes to vaccinations and treatments for infectious diseases, seems inconsistent with how we treat the body in other domains. Mental health law allows psychiatric patients, including those with full decision-making capacity, to be treated—not merely detained—if they're deemed to pose a risk to themselves or others; it allows for interferences with both freedom of movement and association, and bodily integrity. "
"We think it's time to put compulsory treatment and vaccination on the table, along with the restrictions on movement and association that are already being deployed. "

8. Compulsory public health measures

Can we enforce preventative measures? Quarantine? The use of masks? Should vaccinations be compulsory? Read:

Compulsory treatment or vaccination versus quarantine Posted on May 12, 2020. By Thomas Douglas, Jonathan Pugh and Lisa Forsberg. https://blogs.bmj.com/medical-ethics/2020/05/12/would-compulsory-vaccination-and-treatment-for-covid-19-be-justified/

Would compulsory vaccination and treatment for Covid-19 be justified? | Journal of Medical Ethics blog. JME blog

9. Corona passport

Corona Passport: The idea of having a "clean health" passport for individuals.

Some scholars and policy makers are promoting issuing a "clean bill of health" for individuals that would thus be able to avoid quarantine. This idea raises some questions:

Is this ethical to enforce tests by benefitting those who had tests? Could everyone afford repeated tests? We know that PCR tests for acute disease are positive only after 5 days from the time of infection. Thus, the tests are falsely negative for 4 or 5 days even among persons with COVID19. Thus, repeated tests are necessary. Could we supply enough tests? could this be at all practical? Could persons who are testing negative for COVID19, be infected after the test?

We know that PCR tests are falsely positive in persons who recovered from the disease weeks after recovery. The PCR tests detects fragments of the virus RNA even among persons whose blood has no infective virus. Is it ethical to prohibit employment and activities in persons who are in fact health and cannot infect others?

We know that serological tests, what is called sometimes antibody tests, are positive weeks from the time of the infection and indicate past infection. These tests do not indicate current acute infection. However, the tests are costly, and may not be available to everyone. Would it be ethical to require a proof of a past infection before allowing a person to get out of a quarantine?

Read:

1.https://www.who.int/news-room/commentaries/detail/immunity-passports-in-the-context-of-covid-19

2. COVID-19 immunity passports and vaccination certificates: scientific, equitable, and legal challenges DOI: https://doi.org/10.1016/S0140-6736(20)31034-5. By Alexandra L Phelan. Lancet May 23, 2020; 395:1595-1506

3. Covid-19 'immunity certificates': practical and ethical conundrums. By Henry T. Greely . Stat. APRIL 10, 2020. https://www.statnews.com/2020/04/10/immunity-certificates-covid-19-practical-ethical-conundrums/Top of Form

4. The Ethics of COVID-19 Immunity-Based Licenses ("Immunity Passports"). Emanuel JE, JAMA. 2020;323(22):2241-2242. **doi:10.1001/jama2020.8102.** https://jamanetwork.com/journals/jama/fullarticle/2765836

5. Show Me Your Passport: Ethical Concerns About Covid-19 Antibody Testing as Key to Reopening Public Life. Kates OS Covid-19, Hastings Bioethics Forum, Public Health May 5, 2020. https://www.thehastingscenter.org/posts-by-author/?id=21753

6. BioEdge: 10 May 2020. Should governments issue coronavirus 'passports'? https://www.bioedge.org/bioethics/should-governments-issue-coronavirus-passports/13427 2/2
Michael Cook Bioedge.com. 10 May 2020

"Several countries, including Chile, Germany, and the UK, are considering "coronavirus passports" ….The World Health Organization has thrown cold water on the idea. In The Lancet, Alexandra L. Phelan, of Georgetown University Medical Center writes that immunity passports "create an artificial restriction on who can and
cannot participate in social and economic activities," and warns that this creates

"a perverse incentive for individuals to seek out infection. Immunity passports would be ripe for both corruption and implicit bias" …

Hank Greely, a lawyer and bioethicist at Stanford, agrees. In an article in Stat, he contends that "passports" would enable unjust discrimination. Employers, governments and service providers might require them, leading to a two-tier society. "

"Ezekiel J. Emanuel, a colleague, Govind Persad, has written an enthusiastic endorsement of the idea in JAMA. They envisage a system of graded licences which allow people to work in increasing more sensitive environments."

7. Kofler N, Baylis F Ten reasons why immunity passports are a bad idea. Nature May 2020. *Nature* **581**, 379-381 (2020) *doi: https://doi.org/10.1038/d41586-020-01451-0*

8. Restricting movement on the basis of biology threatens freedom, fairness and public health. WHO looks at e-certificates for COVID-19 vaccination (2020, December https://medicalxpress.com/news/2020-12-e-certificates-covid-vaccination.html

9. Hastings Center. Kofler N, Baylis F. Covid-19 Vaccination Certificates: Prospects and Problems. March 10, 2021Posted in Covid-19 Ethics Resource Center, Hastings Bioethics Forum Nature:21 MAY 2020

10. WHO looks at e-certificates for COVID-19 vaccination (2020, December https://medicalxpress.com/news/2020-12-e-certificates-covid-vaccination.html

11. Ethical conflict and opportunity (2020, December 4) https://medicalxpress.com/news/2020-12-immunity-passports-ethical-conflictopportunity.Html

12. Denmark to develop digital passport proving vaccinations (2021, February 3) https://medicalxpress.com/news/2021-02-denmark-digital-passport-vaccinations.html

13. Sweden, Denmark to develop digital vaccine 'passports' (2021, February 4) https://medicalxpress.com/news/2021-02-sweden-denmark-digital-vaccine-passports.html

14. Brown RCH, Savulescu J, Williams B, et al. J Med Ethics 2020;**46**:652–659 doi:10.1136/medethics-2020-106365

"The COVID-19 pandemic has led a number of countries to introduce restrictive 'lockdown' policies on their citizens in order to control infection spread. Immunity passports have been proposed as a way of easing the harms of such policies, and could be used in conjunction with other strategies for infection control. These passports would permit those who test positive for COVID-19 antibodies to return to some of their normal behaviours, such as travelling more freely and returning to work. The introduction of immunity passports raises a number of practical and ethical challenges. In this paper, we seek to review the challenges relating to various practical considerations, fairness issues, the risk to social cooperation and the impact on people's civil liberties. We make tentative recommendations for the ethical introduction of immunity passports."

15. de Miguel Beriain I, Rueda J. J Med Ethics 2020;**46**:660–661. doi:10.1136/medethics-2020-106814.

"We argue that if a person has been tested positive for and recovered from COVID-19, becoming immune to it, she cannot be considered a hazard to public health and, therefore, the curtailment of her fundamental rights (eg, the right to freedom of movement) is not legitimate. Second, they omit that vaccine distribution will create similar problems related to immunity-based licenses. Vaccine certificates will de facto generate a sort of immunity passport. In the next phases of the pandemic, different immunity statuses will be at stake, because the need to identify who can spread COVID-19 is unavoidable. If a person does not pose a threat to public health because she cannot spread the infection, then her right to freedom of movement should be respected, regardless of how she acquired that immunity"

16. Teck Chuan Voo, et al. Immunity certification for COVID-19: ethical considerations. *Bull World Health Organ* 2021;99:155–161| doi: http://dx.doi.org/10.2471/BLT.20.280701.

"Restrictive measures imposed because of the coronavirus disease 2019 (COVID-19) pandemic have resulted in severe social, economic and health effects. Some countries have considered the use of immunity certification as a strategy to relax these measures for people who have recovered from the infection by issuing these individuals a document, commonly called an immunity passport. This document certifies them as having protective immunity against severe acute respiratory syndrome coronavirus-2 (SARS-CoV-2), the virus that causes COVID-19. The World Health Organization has advised against the implementation of immunity certification at present because of uncertainty about whether long-term immunity truly exists for those who have recovered from COVID-19 and concerns over the reliability of the proposed serological test method for determining immunity. Immunity certification can only be considered if scientific thresholds for assuring immunity are met, whether based on antibodies or other criteria. However, even if immunity certification became well supported by science, it has many ethical issues in terms of different restrictions on individual liberties and its implementation process. We examine the main considerations for the ethical acceptability of immunity certification to exempt individuals from restrictive measures during the COVID-19 pandemic. As well as needing to meet robust scientific criteria, the ethical acceptability of immunity certification depends on its uses and policy objectives and the measures in place to reduce potential harms, and prevent disproportionate burdens on non-certified individuals and violation of individual liberties and rights."

17. Tangcharoensathien V, Singh P, MiPHEPRNlls A. COVID-19 response and mitigation: a call for action. Available at: http://www.who.int/bulletin/volumes/99/2/20-285322

18. Health Day News summary on COVID passport March 17, 2021 https://consumer.healthday.com/3-16-as-u-s-vaccinations-rise-are-vaccine-passports-near-2651021280.html

1. Has to be digital- and thus may discriminant against those without access to smartphones Rand Corp :

.

"Inevitably I think there are going to be these passports because people are eager to go back to a sense of normalcy," said Dr. Mahshid Abir, a senior physician policy researcher for the RAND Corp. "From both the supply and demand side, there is impetus to get tourism and traveling back on track, and go back to some semblance of normalcy."

WHO :

WHO Executive Director of Health Emergencies Dr. Michael Ryan told news media that vaccine passports should not be used as a requisite for travel due to "real practical and ethical concerns."

White House :

Andy Slavitt, a senior adviser to the White House COVID-19 response team, said in a media briefing that "it's not the role of the government to hold that data and to do that" when asked about vaccine passports.

2. A means of persuasion for vaccination

3. Scientifically questionable: not cleasr how long would immunity last

“ dr. Howard Koh, a professor with the Harvard T.H. Chan School of Public Health and a former assistant secretary for health in the Obama administration.:

“scientists don't know enough about the immunity conferred by vaccination to know how long such a passport should be valid. "A vaccination passport is not necessarily an immunity passport," Koh said. "We still don't know exactly how long the duration of immunity might be. Immunity could last for many years, or could be much, much shorter."

4. Type of vaccine: "If someone comes here and their passport says they received the AstraZeneca vaccine, what does that mean for having a standardized passport?" Howard Koh.

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10. Ethics and mental health

https://www.un.org/sites/un2.un.org/files/un_policy_brief-covid_and_mental_health_final.pdf

Ethics and mental health : A range of UN agencies — including ILO, IOM, UNDP, UNESCO, UNFPA, UNHCR, UNICEF, UNODC, WHO and the Office of the Secretary- General's Envoy on Youth — are scaling up their mental health and psychosocial response to support people to cope with COVID-19.

11. Ethics of Triage

The Meaning of Care and Ethics to Mitigate the Harshness of Triage in Second-Wave Scenario Planning During the COVID-19 Pandemic

Mathias Wirth, Laurèl Rauschenbach,Brian Hurwitz,Heinz-Peter Schmiedebach &Jennifer A. Herdt

Published online: 01 Jul 2020

https://doi.org/10.1080/15265161.2020.1777355

12. Ethics of hospital collaboration

Responding to Covid-19 as a Regional Public Health Challenge: Preliminary Guidelines for Regional Collaboration Involving Hospitals.

Nancy Berlinger, ; Matthew Wynia,; Aimee Milliken, RN; Felicia Cohn, Laura K. Guidry-Grimes, Lori Bruce, Grace Oei, Hannah I. Lipman, Carla Cheatham,

The Hastings Center, April 29, 2020

"This supplement to The Hastings Center's Ethical Framework aims to help structure discussion of significant, foreseeable ethical concerns in responding to Covid-19 as a

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regional public health challenge and to support collaboration across institutions throughout pandemic response and recovery. It is designed for use by hospitals and other health care organizations serving the same geographic region, such as a municipality, county, metropolitan area, state, or multistate area. ….Its method is to:

- explain how ethical duties apply across institutions serving the same communities and populations, drawing on the duties outlined in the Ethical Framework;
- offer preliminary guidance concerning ethical challenges arising in collaboration among hospitals and other health care institutions and with public health authorities; and

share resources supporting regional collaboration.

…..Ethical Duties of Health Care Leaders Responding to Covid-19 across Institutions Effective response to Covid-19 acknowledges the tension between the patient-focused duty of care familiar to clinicians and new or urgent public health duties to the community and the health care workforce. These public health duties include and are not limited to the fair allocation of limited or scarce re-sources (staff, stuff, space)."

13. Ethics and Herd Immunity

Aiming at herd immunity – is it ethical?

Some countries has policies that aimed at creating herd immunity, instead of using harsh quarantine activities. It has been said that saving the economy might be worthwhile in spite of the risks. However, vulnerable persons may risk severe COVID19 or death. Is this policy ethical? Are these policies equivalent to an experiment without consent? Does the trade-off between lives and the economy ethical? Are the lives of vulnerable persons have equal value compared to others?

Read:

Symons X. https://www.abc.net.au/religion/pandemic-ethics-herd-immunity-and-care-of-the-vulnerable/12227468. https://twitter.com/xaviersymons

https://www.spiked-online.com/2020/04/29/delaying-herd-immunity-is-costing-lives/

Venkatapuram S.

Covid-19, ethics, Global Health, Hastings Bioethics Forum, Pandemic Planning. March 19, 2020

"It is classic and brutal utilitarian ethical calculation: creating herd immunity will potentially save lives in the long term and conserve other socially valuable goods which are greater than the costs of implementing socially disruptive policies and resource investments now to prevent as many deaths as possible of the 1% to 5% who are most vulnerable. The greatest risk is to older people and those with chronic diseases and conditions– and probably the most socially disadvantaged"

"In light of these findings, any proposed approach to achieve herd immunity through natural infection is not only highly unethical, but also unachievable,"
Virologists Isabella Eckerle and Benjamin Meyer in a commentary accompanying the research
July 6, 2020
https://doi.org/10.1016/S0140-6736(20)31482-3
Online/Articles
https://doi.org/10.1016/S0140-6736(20)31483-5

14. US National Academies Release COVID-19 Data Guide for Decision-Makers

"The recently formed National Academies of Sciences, Engineering, and Medicine Societal Experts Action Network (SEAN): guide leaders using COVID-19 measurements like hospitalizations and reported confirmed cases to understand the spread of the disease in their communities.
The rapid expert consultation says that decision-makers should consider five criteria when evaluating COVID-19 data:

1. representativeness,
2. potential for systematic under- or over-estimation,
3. uncertainty,
4. time range, and
5. geographical area.

The rapid expert consultation summarizes the benefits and drawbacks of seven specific COVID-19 measurements that decision-makers can consider as they use these measurements to respond to the outbreak:

.

- Number of confirmed cases: This measure is readily available, but is likely to substantially underestimate the prevalence of COVID-19 in the population. As testing expands to include populations with less severe symptoms and asymptomatic individuals, this measure will become increasingly useful.
- Hospitalizations: Hospitalization data are typically available in real time, though there may be uneven volume of reporting on certain days. This measurement reflects only the most severe cases of infection, but as the proportion of hospitalizations to confirmed cases declines, it likely reflects a decline in the total number of infections in a community.
- Emergency department visits: In some places, emergency department visits are available at the local level in close to real time. These data are most useful in the early stages of an outbreak, or to assess resurgence, though it should be noted that patients with symptoms were exposed up to two weeks earlier.
- Reported confirmed COVID-19 deaths: Reported COVID-19 deaths reflect the state of the outbreak several weeks prior, due to the long course of COVID-19 infection.
- Excess deaths: Compared with the other measurements reviewed, excess deaths are the best indicator of mortality impacts of the pandemic. However, because of the potential for death misclassification, excess deaths represents a mix of confirmed COVID-19 deaths and deaths from other causes.
- Fraction of viral tests that are positive: While widely used, this may not be a good indication of the prevalence of the disease, and may tend to be an overestimate, as the people tested are often not representative of the population. Understanding of the utility of antibody testing is still evolving.
- Representative prevalence surveys: Representative prevalence surveys, in which a representative sample of people are selected and tested, are the best strategy for understanding the prevalence of the disease in any given population. “

15. Prioritizing treatment and fair allocation of treatment (see also 2.6 above)

Can we or should not we allocate resources and treatment equally? Is prioritizing in health care justified?

Read the following articles: <and at this point the articles’ titles are shown on the screen, right? Do I read aloud the titles/authors or no?

1. Is it wrong to prioritize younger patients with covid-19?
BMJ 2020; 369 doi: https://doi.org/10.1136/bmj.m1509 (Published 22 April 2020)
Cite this as: BMJ 2020;369:m1509

2. http://www.bioethics.net/2020/05/why-i-dont-support-age-related-rationing-during-the-covid-pandemic/

3. Rationing Ventilators During the COVID-19 Epidemic Allan S. Brett, MD reviewing Matheny Antommaria AH et al. Ann Intern Med 2020 Apr 24 White DB and Lo B. JAMA 2020 Mar 27 Bledsoe TA et al. Ann Intern Med 2020 Apr 24
Or https://www.jwatch.org/editors/AU031?editor=Allan%20S.%20Brett,%20MD

4. Why the fair innings argument is not persuasive. Michael M Rivlin
BMC Medical Ethics (2000) 1:1 http://www.biomedcentral.com/1472-6939/1/.

5. Why I Support Age-Related Rationing of Ventilators for Covid-19 Patients.
By Franklin G. Miller. Published on: April 9, 2020
Published in: Covid-19, Hastings Bioethics Forum, Health and Health Care

6. Individual freedom and ethics. Individual Freedom or Public Health? A False Choice in the COVID19 Era. Cohen J. Covid-19, Hastings Bioethics Forum, Public Health June 9 2020. https://www.thehastingscenter.org/individual-freedom-or-public-health-a-false-choice-in-the-covid-era/

7. Who gets the last ventilator? Facing the coronavirus, a hospital ponders the unthinkable . Boodman E. @ericboodman3 . https://twitter.com/ericboodman; https://www.statnews.com/2020/04/14/coronavirus-who-gets-last-ventilator-hospital-pondersunthinkable/

8. Human rights and health. WHO December 2017. https://www.who.int/en/news-room/fact-sheets/detail/human-rights-and-health

9. Hasting Center: Access to Therapeutic and Palliative Drugs in the Context of Covid-19: Justice and the Relief of Suffering Nancy Berlinger et al. Supplement to
.

Ethical Framework for Health Care Institutions Responding to Novel Coronavirus SARS-CoV-2 (Covid-19) with Guidelines for Institutional Ethics Services Responding to Covid-19: Managing Uncertainty, Safeguarding Communities, Guiding Practice
Nancy Berlinger, et al. https://www.thehastingscenter.org/ethicalframeworkcovid19/
"Summary

• summarize how ethical duties apply across institutions serving the same communities and populations, drawing on the duties outlined in the Ethical Framework;

• describe ethical considerations arising in access to therapeutic and palliative drugs in the context of Covid-19, drawing on critical analysis of initial pandemic response;

• demonstrate how to discuss these considerations in terms of ethical duties, to support the development of ethically sound policies and processes; and
share resources supporting discussion and policy and process development.
…..It reflects an evolving public health emergency and the rapid development and updating of public health and clinical practice guidance and institutional protocols; references are current as of July 8, 2020.
….Ethical challenges arise when there is uncertainty about how to "do the right thing" when duties or values conflict. These challenges affect the health care workforce, health care operations, and a health care institution's communication with the public.
….Health care leaders have a duty to safeguard the health care workforce and vulnerable populations in the community.

The health care workforce includes clinicians caring for Covid-19 patients, such as physicians, nurses, and respiratory technicians, and other essential workers, such as janitors and housekeeping staff, who are at increased risk of occupational harms during an infectious illness outbreak. A community's health care workforce is not limited to the employees of a single institution or system, nor to those working in hospitals and clinics. The health care workforce includes those providing hospice and home health services, caring for residents of long-term care facilities, and responding to emergency medical needs in the field as first responders. This workforce often also includes family members, friends, and volunteers, when these individuals provide direct care to patients at home or in residential care facilities.

- Vulnerable populations include people at risk of severe Covid-19 illness due to factors such as age or underlying health conditions, people facing barriers to health care access, and those at increased risk of infection due to living conditions or workforce roles and conditions, such as inability to perform work remotely or reliance on public transportation.

- Persons who live in the same household as a member of the health care workforce may also make up a vulnerable population due to increased risk of infection or because health care workers' obligations require alternative housing or create a need for childcare and/or eldercare.

Clinical and epidemiological data from minority populations indicate that social inequalities derived from racism are associated with higher risk of severe Covid-19 illness and mortality in these groups, creating vulnerability independent from age and comorbidity-associated risk factors."

15.1 WHO interim report 27 May 2020 . Ethics of treatment allocation.

WHO reference number: WHO/2019-nCoV/clinical/2020.5

Section 22; page 46

"Ethical considerations that affect all persons affected by COVID-19

Equal moral respect: Every person is equally valuable. Treatment and care decisions should be based on medical need and not on irrelevant or discriminatory features such as **ethnicity, religion, sex, age, disability or political affiliation**. "

"Duty of care: Every patient is owed the best possible care and treatment available in the circumstances. Even when resources need to be rationed during a crisis, health care professionals and frontline workers have a duty of care to promote their patients' welfare within available resources. "

"Non-abandonment: It follows from consideration of equal moral respect and duty of care, that no person in need of medical care should ever be neglected or abandoned."

"Protection of the community: Appropriate IPC should be in place, respected and enforced. Such actions protect patients, health care professionals and the community. During a pandemic the focus should be on both clinical care for patients and the promotion of public health. "

"Confidentiality: All communications between patient and clinician must remain confidential except in the case of compelling public health concerns (e.g. contact tracing and surveillance etc.) or other accepted justifications for breach of confidentiality. "

"We recommend that caregivers should be:

• Given access to adequate training in caregiving, including IPC.

• Given access to appropriate and adequate PPE.

• Exempted from travel restrictions that would preclude caring for the patient.

• Be given access to psychological, social and spiritual care, and also to respite and bereavement support as needed. "

16. Benefits and risks

Benefits and risks could be considered in treatment and restrictive health measures.

Read the following:

1. Human Challenge Studies for Covid-19 Vaccine: Questions about Benefits and Risks By Ruth Macklin. Covid-19, Global Health, Hastings Bioethics Forum, Research Ethics 15-6-2020 https://www.thehastingscenter.org/human-challenge-studies-for-covid-19-vaccine-questions-about-benefits-and-risks/

2. Eyal, N., "Why Challenge Trials of SARS-CoV-2 Vaccines Could Be Ethical Despite Risk of Severe Adverse Events," Ethics & Human Research 2020;42: 1-11. DOI: 0.1002/eahr.500056

16.1 Placebo control in vaccine trials

Miller FG. Ethics of Placebo Controls in Coronavirus Vaccine Trials . Clinical Trials & Research Ethics, Covid-19, Hastings Bioethics Forum October 27, 2020.

.

"The ethics of clinical research has generally been understood as essentially a matter of protecting the rights and well-being of research subjects. But this is too narrow an ethical focus. Also central to research ethics are the potential societal benefits from the knowledge to be gained from rigorous clinical research. Continued, socially valuable, placebo-controlled vaccine trials in the face of a proven effective coronavirus vaccine adequately protect subjects when they are designed and conducted in accordance with standards of scientific validity and the participants provide informed consent. The informed consent process affords these individuals the opportunity to decide whether they want to contribute to ethically sound clinical research with significant potential to contribute to population health. In the wake of the coronavirus pandemic raging around the world, it is highly desirable to develop multiple safe and effective vaccines. The most rigorous way to evaluate vaccines is by means of placebo-controlled trials. To put a stop to placebo-controlled vaccine trials once a single vaccine has been proven effective would be detrimental to population health."

17. Bioethics and Social distance

Social distance is recommended to avoid the infection. Is it ethical?

Scientific and ethical basis for social-distancing interventions against COVID-19. Lewnard JA, Nathan CL.

Lancet (infectious diseases)

https://doi.org/10.1016/S1473-3099(20)30190-0

https://doi.org/10.1016/ S1473-3099(20)30190-0

https://doi.org/10.1016/S1473-3099(20)30162-6 Comment.

Scientific and ethical basis for social-distancing interventions against COVID-19

www.thelancet.com/infection Published online March 23, 2020 https://doi.org/10.1016/S1473-3099(20)30190-0 1

"Although the scientific basis for these interventions might be robust, ethical considerations are multifaceted. Importantly, political leaders must enact quarantine and social-distancing policies that do not bias against any population group. The legacies of social and economic injustices perpetrated in the name of public health have lasting repercussions"

18. Vaccine rationing and equal allocation

Once we have a vaccine – would there be enough vaccine for everybody? Should vaccine be rationed? Allocated to specific persons? Would the first-priority group be health care and other essential workers? Would we distribute the vaccine to more vulnerable populations? Note that the arguments mirror the discussion on prioritizing treatments and respirators.

The Johns Hopkins Center for Health Security published a framework for vaccine allocation and distribution in the US.

"The report, published today, focuses on challenges early in the vaccination campaign that stem from limited availability as production capacity increases. There will inevitably be initial vaccine shortages, so it will be critical to identify who will be eligible for the first available doses in advance of the start of a vaccination campaign. "

"The researchers included a variety of relevant factors in the development of this framework, including "medical risk, public health, ethics and equity, economic impact, and logistics" with the dual aim of mitigating harm and maintaining societal function. This is a complex challenge with no single correct answer, and other organizations may reach different conclusions, even with the same considerations."

"The report outlines numerous "candidate groups that should be given serious consideration" for priority access, with the highest priority groups divided between 2 tiers.

In Tier 1, the highest priority, the researchers included 3 groups of individuals: (1) those who are "most essential" to implementing the COVID-19 response, including frontline healthcare workers caring for COVID-19 patients and "vaccine manufacturing and supply chain personnel"; (2)

"those at the greatest risk of severe disease and death," such as individuals aged 65 and older and those with certain underlying health conditions; and (3) those "most essential to maintaining core societal functions," including public transportation and food supply personnel and teachers. "

"Tier 2 includes other individuals who support the provision of health care and maintenance of core societal functions, those who may have difficulty accessing healthcare in the event they are infected, and others who may be at elevated risk of infection (eg, due to living or working conditions). The report also addresses historical efforts to develop and implement priority groups for vaccination programs as well as important considerations with respect to obtaining input and support from the public, developing culturally competent prioritization protocols, and communicating the plan to the community."
https://mail.google.com/mail/u/0/?tab=wm#inbox/WhctKJVzcMSLdWpkzdbnHcJxlcVtnXfvcgNLlfjZSFcLrNbbtcDlRtSqfcXkhkPKpFggXDB

The National Academy Press of the US has published a comprehensive book:

Framework for Equitable Allocation of COVID-19 Vaccine

It can be downloaded free

National Academies of Sciences, Engineering, and Medicine. 2020. *Framework for Equitable Allocation of COVID-19 Vaccine*. Washington, DC: The National Academies Press. https://doi.org/10.17226/25917.

https://www.nap.edu/catalog/25917/framework-for-equitable-allocation-of-covid-19-vaccine

"In response to the coronavirus disease 2019 (COVID-19) pandemic and the societal disruption it has brought, national governments and the international community have invested billions of dollars and immense amounts of human resources to develop a safe and effective vaccine in an unprecedented time frame. Vaccination against this novel coronavirus, severe acute respiratory syndrome coronavirus 2 (SARS-CoV-2), offers the possibility of significantly reducing severe morbidity and mortality and transmission when deployed alongside other public health strategies and improved therapies."

"Health equity is intertwined with the impact of COVID-19 and there are certain populations that are at increased risk of severe illness or death from COVID-19. In the United States and worldwide, the pandemic is having a disproportionate impact on people who are already disadvantaged by virtue of their race and ethnicity, age, health status, residence, occupation, socioeconomic con-

"Framework for Equitable Allocation of COVID-19 Vaccine offers an overarching framework for vaccine allocation to assist policy makers in the domestic and global health communities. Built on widely accepted foundational principles and recognizing the distinctive characteristics of COVID-19, this report's recommendations address the commitments needed to implement equitable allocation policies for COVID-19 vaccine."

Read:

1. Harald Schmidt, "Vaccine Rationing and the Urgency of Social Justice in the Covid-19 Response," Hastings Center Report 50 (2020): 1-4. DOI: 10.1002/hast.1113

2. The line is forming for a COVID-19 vaccine. Who should be at the front? Jon CohenJun. Posted in: Health, Coronavirus. doi:10.1126/science.abd5770. See also Science Vol. 369, Issue 6499, pp. 15-16 DOI: 10.1126/science.369.6499.15

"The new coronavirus' disproportionate toll on the elderly could put them at the front of the line—except they often have the weakest response to vaccines. Conversely, groups such as prisoners, meat packers, soldiers, and grocery store workers are often young and healthy—yet their profession or environment dramatically increases risks of getting infected. And then there is the thorny question of whether to favor specific ethnic groups hard-hit by the virus"

""…developed a rough, five-tier scheme for the United States. The top tier includes 12 million people referred to as "critical health care and other workers"

3. Protection for All: Equitable Distribution of COVID-19 Vaccines

Getting COVID-19 vaccines to those who need them most will require unprecedented global cooperation.

https://magazine.jhsph.edu/2020/protection-all-equitable-distribution-covid-19-vaccines

Julie Scharper

"How the vaccine is distributed is an important question for policymakers, public health experts, and ethicists to explore, … "We'll certainly have a period—it may be measured in months or years—where we won't have enough vaccine for everyone who needs it"

"How the vaccine is distributed is an important question for policymakers, public health experts, and ethicists to explore, … "We'll certainly have a period—it may be measured in months or years—where we won't have enough vaccine for everyone who needs it"

4. WHO publication 15 July 2020

More than 150 countries engaged in COVID-19 vaccine global access facility

"Seventy-five countries submit expressions of interest to COVAX Facility, joining up to 90 further countries which could be supported by the COVAX Advance Market Commitment (AMC)

The COVAX Facility, and the AMC within it, is designed to guarantee rapid, fair and equitable access to COVID-19 vaccines for every country in the world, rich and poor, to make rapid progress towards slowing the pandemic

Interest from governments representing more than 60% of the world's population offers 'tremendous vote of confidence' in the effort to ensure truly global access to COVID-19 vaccines, once developed"

"About Gavi, the Vaccine Alliance:

Gavi, the Vaccine Alliance is a public-private partnership that helps vaccinate half the world's children against some of the world's deadliest diseases. Since its inception in 2000, Gavi has helped to immunise a whole generation – over 760 million children – and prevented more than 13 million deaths, helping to halve child mortality in 73 developing countries. "

" Learn more at www.gavi.org and connect with us on Facebook and Twitter."

"**About CEPI:**

CEPI is an innovative partnership between public, private, philanthropic, and civil organizations, launched at Davos in 2017, to develop vaccines to stop future epidemics. CEPI has moved with great urgency and in coordination with WHO in response to the emergence of COVID-19".

5. Washington Post- declaration of world leaders

https://www.washingtonpost.com/opinions/2020/07/15/international-community-must-guarantee-equal-global-access-covid-19-vaccine/?amp=1

6. Discussion Draft of the Preliminary Framework for Equitable Allocation of COVID-19 Vaccine (2020) https://www.nap.edu/catalog/25914/discussion-draft-of-the-preliminary-framework-for-equitable-allocation-of-covid-19-vaccine
ISBN 978-0-309-68222-0 | DOI 10.17226/25914

7. National Academies of Sciences, Engineering, and Medicine. 2020. *Framework for Equitable Allocation of COVID-19 Vaccine*. Washington, DC: The National Academies Press. https://doi.org/10.17226/25917

8. Production, storage and distribution of COVID vaccine globally will be difficult and expensive (2020, November 11) retrieved 11 November 2020 from https://medicalxpress.com/news/2020-11-production-storage-covid-vaccine-globally.html

9. CDC:The Advisory Committee on Immunization Practices' Updated Interim Recommendation for Allocation of COVID-19 Vaccine — United States, December 2020. Dooling K et al . Morbidity and Mortality Weekly Report. Vol 69, December 22, 2020

10. WHO Ensuring equitable access to COVID-19 vaccines Bull *World Health Organ* 2020;98:826–827| doi: http://dx.doi.org/10.2471/BLT.20.021220

11. CDC The Advisory Committee on Immunization Practices' Ethical Principles for Allocating Initial Supplies of COVID-19 Vaccine — United States, 2020
Nancy McClung, et al. MMWR / November 27, 2020 ; Vol. 69 (No. 47) 1782-1786

19. Ethical allocation of treatment and medications

Webb J, Shah LD, Lynch HF. Ethically Allocating COVID-19 Drugs Via Pre-approval Access and Emergency Use Authorization the American Journal of Bioethics2020, vol. 20, no. 9, 4-17

https://doi.org/10.1080/15265161.2020.1795529

"Use Authorization raises unique challenges at the intersection of clinical care and research. In conditions of scarcity, prioritization approaches should minimize harm, maximize benefit, and promote fairness. To promote continued data collection, patients seeking access to unproven COVID-19 drugs should receive lower priority for allocation when they decline to participate in clinical trials, either of the requested drug or other investigational products, offering a comparable

data should be preferred to single patient requests for access, with priority for inclusion based on traditional clinical allocation criteria relying on available evidence. Fairness demands distribution of these protocols across a diverse range of sites, particularly those serving marginalized populations, among other protections."

19.1 Ethics of vaccination in pregnant women in clinical trials

Should pregnant women get the COVID-19 vaccine? An immunologist answers 3 questions 2020, December 24 https://medicalxpress.com/news/2020-12-pregnant-women-covid-vaccine-immunologist.html

Farrell, R., M. Michie, and R. Pope, "Pregnant Women in Trials of Covid-19: A Critical Time to Consider Ethical Frameworks of Inclusion in Clinical Trials," *Ethics & Human Research* 42, no 4 (2020): 17-23. DOI: 10.1002/eahr.500060

20. Challenges in research- consent

Human Challenge Studies for Covid-19 Vaccine: Questions about Benefits and Risks

Ruth Macklin. Published in: Covid-19, Global Health, Hastings Bioethics Forum, Research Ethics June 15, 2020

"Key Criteria for the Ethical Acceptability of COVID-19 Human Challenge Studies." It states that "there is a consensus among ethicists who have reflected upon human challenge studies that the intentional infection of research participants can be ethically acceptable." While that is probably true for most ethicists, the WHO list of ethical criteria for the acceptability of such studies for Covid-19 does not mention the requirement that there be an accepted treatment for the disease. In a list of eight criteria for SARS-CoV-2 challenge studies, the second one mentions that "potential benefits and risks should be compared with other feasible study designs" and "risks should be minimized."

"Taking the other side in this debate, Nir Eyal argues that human challenge trials for Covid-19 vaccines could be ethical, despite the risks. Writing in Ethics & Human Research, he compares to two alternative scenarios and concludes that the net risk from participation in a Covid-19 vaccine challenge study would be negative, small, or unclear. The two scenarios he considers are, for a given individual, either not participating in any SARS-CoV-2 vaccine efficacy trial or participating in a standard efficacy trial for the same vaccine. Although Eyal makes a persuasive case, his argument omits real-world factors that bear on the ethics of human challenge trials in the current situation—factors that include questions about informed consent and social justice."

Problems of Consent and Participation

"There is a lot of interest in participating in challenge studies. Eyal writes that over 21,000 people have volunteered for these studies and mentions altruism as a reason. But without more information, there is no way of knowing how well-informed those individuals about the risks and benefits of participating are or even whether they are, indeed, altruists. They may be at high risk of Covid-19 and harbor the "prevention misconception" that the first attempt at a successful vaccine will succeed in preventing infection. Moreover, the usual practice in medical research with healthy human subjects is to pay them for their participation—sometimes a lot of money. Eyal writes: "Avoiding financial incentives for participation would further help select volunteers with the best motives." The WHO document on the acceptability of human challenge studies does not mention payment, but given standard practice, it is virtually certain that monetary payment—which may be considerable—will serve as an inducement to enroll. The likely result is that a disproportionate number of volunteers would come from lower-income brackets, including many people who lost their jobs because of the pandemic. It is also likely that many volunteers would be members of racial and ethnic minorities, raising a serious question of social justice that lies at the heart of this proposal."

21. Human challenge trials of vaccines- ethical?

https://www.gov.uk/government/news/worlds-first-coronavirus-human-challenge-study-receives-ethics-approval-in-the-uk

World's first coronavirus Human Challenge study receives ethics approval in the UK. The UK will be the first country in the world to run a Covid-19 human challenge study, following approval from the UK's clinical trials ethics body

"Ethical review of the research plan is a crucial part of conducting clinical studies and approval from the Ethics Committee represents a very important milestone in the development of the Covid -19 challenge model. COVID-19 Human Challenge studies have the potential to play an important role in providing data and information that will help continue to develop vaccines to control the pandemic." First Covid-19 human challenge study will begin within a month, after receiving ethics approval in the same week the UK hits target of offering first dose to 15 million people

Researchers call on healthy young people to volunteer for the study, which will play a key role in developing effective Covid-19 vaccines and treatments

Up to 90 volunteers aged 18 - 30 years will be exposed to Covid-19 in a safe and controlled environment to increase understanding of how the virus affects people

22. Prioritizing backlog of treatments

After the Surge: Prioritizing the Backlog of Delayed Hospital Procedures

Jana M. Craig, Mark P. Aulisio and Thomas May

Published in: Covid-19, Hastings Bioethics Forum, Health and Health Care, Public Health, June 19, 2002

"As we transition back to scheduling nonpandemic interventions, we will return to procedural justice—striving to treat everyone equally. But, given the backlog, we will have to take other factors into account, including the severity of need, risk of progression, and continued risk of Covid-19 infection. But even these factors raise justice-related issues. Should surgery for a hernia that is at risk of getting worse be prioritized over surgery for lower-back pain that is unlikely to further progress—even if the back surgery was scheduled weeks before the hernia operation? Patients who were scheduled for surgery earliest will feel entitled to priority. Their priority, however, might be undermined not only by consideration of outcomes, but also the renewed emphasis on procedural

23. Papers on education and COVID19

23.1 UNESCO papers on education and COVID19

Education in a post-COVID world: Nine ideas for public action (UNESCO).
This report from the International Commission on the Futures of Education presents nine key ideas for navigating through the COVID-19 crisis and its aftermath, as we face unprecedented disruption to economies, societies - and education.

Report: Education in 2030: Five scenarios for the future of learning and talent
(Holon IQ). What might education and learning look like in 2030? To answer this question, this report presents five possible scenarios of the possible futures for education and learning.

Report: Inclusion and Education (GEM Report). This report assesses progress towards Sustainable Development Goal 4 (SDG4) on education while also drawing attention to issues and challenges holding us back from achieving inclusion in education.

23.2 Education and COVID19 in Nepal

Journal of BPKIHS (https://nepjol.info/index.php/jbpkihs/issue/view/2017).

https://www.researchgate.net/publication/343239463_Impact_of_COVID-19_Pandemic_on_Medical_Education_Challenges_and_Opportunities_for_Medical_educators_in_South_Asia

24. Religious leaders of the world on ethical issues and COVID19

Very important source of ethical declaration from top religious leaders.

https://elijah-interfaith.us9.list-manage.com/subscribe?u=e2d43a292921752bec594668c&id=f42ef8dd0d or https://elijah-interfaith.us9.list-manage.com/unsubscribe?u=e2d43a292921752bec594668c&id=f42ef8dd0d&e=2a47a8cc3d&c=c40efd7ae2

25. Law and COVID19

25.1 Medicine and Law

https://documentcloud.adobe.com/link/review?uri=urn:aaid:scds:US:4b5e9677-0398-4372-8308-5fb409445896#pageNum=9

https://documentcloud.adobe.com/link/review?uri=urn:aaid:scds:US:d5cf9ca4-12b6-480d-83e9-85ec1d471be8#pageNum=5

25.2 UN-WHO public health laws and covid19

https://covidlawlab.org/?deliveryName=USCDC_289-DM35680

25.3 UN lab on laws and covid19.

COVID-19 Law Lab initiative gathers and shares legal documents from over 190 countries across the world to help states establish and implement strong legal frameworks to manage the pandemic. The goal is to ensure that laws protect the health and wellbeing of individuals and communities and that they adhere to international human rights standards. The Lab is a joint project of the World Health Organization (WHO), United Nations Development Programme (UNDP), the Joint United Nations Programme on HIV/AIDS (UNAIDS), the O'Neill Institute for National and Global Health Law and Georgetown University. As we work to build as complete a set of laws as possible, we invite the world into this collaboration.

25.4 Law of Fear and Precautionary Principle

"Laws of Fear" in the EU: The Precautionary Principle and Public Health Restrictions to Free Movement of Persons in the Time of COVID-19, European Journal of Risk Regulation, 2021, 1-24. doi:10.1017/err.2020.120

25.5 New Report: 50 Top Legal Experts Find U.S. Policy Response to COVID-19 Dangerously Lacking, Recommend Steps to Safeguard Health, Civil and Human Rights

https://www.publichealthlawwatch.org/

As the nation continues to address the ongoing COVID-19 pandemic, which has resulted in over 170,000 deaths so far and a severe economic recession, 50 top national experts offer a new assessment of the U.S. policy response to the crisis. The research details the widespread failure of the country's leadership in planning and executing a cohesive, national response, and how the crisis exposed weaknesses in the nation's health care and public health systems. In Assessing Legal Responses to COVID-19, the authors also offer recommendations on how federal, state and local leaders can better respond to COVID-19 and future pandemics. Their proposals include how to strengthen executive leadership for a stronger emergency response, expand access to public health, health care and telehealth; fortify protections for workers; and implement a fair and humane immigration policy.

Sponsored by the de Beaumont Foundation and the American Public Health Association, the report was produced by Public Health Law Watch in cooperation with the Center for Public Health Law Research at Temple University Beasley School of Law, the Center for Health Policy and Law at Northeastern University, Wayne State University Law School, the Hall Center for Law and Health, the Network for Public Health Law and ChangeLab Solutions.

Expert assessments in the report show that our country's failure in COVID-19 response in many ways has been a legal failure.

Key findings include:

Engage live with authors of *Assessing Legal Responses to COVID-19!* Click to register for the 2020 Public Health Law Virtual Summit, Sept. 16-17.

- Ample legal authority has not been properly used in practice – evidence shows a massive failure of executive leadership and implementation at the federal level, and in many states and localities.

- Decades of pandemic preparation overemphasized documenting plans and failed to account for how severe budget cuts to public health, from the U.S. Centers for Disease Control and Prevention, to state and local health departments, would drive outcomes. These budget cuts were combined with political interference that had a deleterious effect on the operational readiness of the nation's local, state and federal health agencies.

- Legal responses have failed to prevent racial and economic disparities in the pandemic's toll, and in some cases aggravated them.

Summary of Findings and Recommendations for Action - Editorial Committee: *Scott Burris, JD, Temple University Beasley School of Law; Sarah de Guia, JD, ChangeLab Solutions; Lance Gable, JD, MPH, Wayne State University Law School; Donna Levin, JD, Network for Public Health Law; Wendy E. Parmet, JD, Northeastern University School of Law; Nicolas P. Terry, LLM, Indiana University Robert H. McKinney School of Law*

Part I: Using Government Powers to Control the Pandemic
Summary of Part I Recommendations

A Chronological Overview of the Federal, State, and Local Response to COVID-19 - *Lindsay K. Cloud, JD, Katie Moran-McCabe, JD, Elizabeth Platt, JD, MA, Nadya Prood, MPH, Temple University Beasley School of Law, Center for Public Health Law Research*

Is Law Working? A Brief Look at the Legal Epidemiology of COVID-19 - *Evan Anderson, JD, PhD., University of Pennsylvania; Scott Burris, JD, Temple University Beasley School of Law*

Contact Tracing, Intrastate and Interstate Quarantine, and Isolation - *Ross D. Silverman, JD, MPH, Indiana University Richard M. Fairbanks School of Public Health and Indiana University Robert H. McKinney School of Law*

Part III: Financing and Delivering Health Care

Summary of Part III Recommendations

Private Insurance Limits and Responses - *Elizabeth Weeks, JD, University of Georgia School of Law*

Medicaid's Vital Role in Addressing Health and Economic Emergencies - *Nicole Huberfeld, JD, Boston University School of Public Health and School of Law; and Sidney Watson, JD, Saint Louis University Law School*

Caring for the Uninsured in a Pandemic Era - *Sara Rosenbaum, JD, George Washington University; and Morgan Handley, JD, George Washington University*

Assuring Access to Abortion - *Rachel Rebouché, JD, LLM, Temple University, Beasley School of Law*

Telehealth in the COVID-19 Pandemic - *Cason D. Schmit, JD, Johnathan Schwitzer; Kevin Survance; Megan Barbre; Yeka Nmadu, MBBS; and Carly McCord, PhD, Texas A&M University*

Access to Treatment for Individuals with Opioid Use Disorder - *Corey S. Davis, JD, MSPH, Harm Reduction Legal Project, Network for Public Health Law; and Amy Judd Lieberman, JD, Harm Reduction Legal Project, Network for Public Health Law*

Legal Strategies for Promoting Mental Health and WellBeing in the COVID-19 Pandemic - *Jill Krueger, JD, Network for Public Health Law−Northern Region*

Implementation and Enforcement of Quality and Safety in Long-Term Care - *Tara Sklar, JD, University of Arizona James E. Rogers College of Law*

Part IV: Assuring Access to Medicines and Medical Supplies

Summary of Part IV Recommendations

COVID-19: State and Local Responses to PPE Shortages - *Michael S. Sinha, MD, JD, MPH, Harvard Medical School Harvard-MIT Center for Regulatory Science*

Part VI: Taking on Disparities and Protecting Equal Rights

Summary of Part VI Recommendations

COVID-19 Illustrates Need to Close the Digital Divide - *Betsy Lawton, JD, Network for Public Health Law−Northern Region*

COVID-19, Incarceration & the Criminal Legal System - *Jessica Bresler, JD, Northeastern University School of Law; and Leo Beletsky, MPH, JD, Northeastern University School of Law and Bouvé College of Health Sciences*

Supporting LGBT Communities in the COVID Pandemic - *Craig J. Konnoth, M.Phil., JD, University of Colorado School of Law*

Immigration Law's Adverse Impact on COVID-19 - *Wendy E. Parmet, JD, Northeastern University School of Law*

Protecting the Rights of People with Disabilities - *Elizabeth Pendo, JD, Saint Louis University School of Law*

Fostering the Civil Rights of Health - *Angela Harris, JD, UC Davis School of Law; and Aysha Pamukcu, JD, 2019-2020 Fulcrum Fellow, ChangeLab Solutions*

The Endless Looping of Public Health and Scientific Racism - *Patricia J. Williams, JD, Northeastern University School of Law*

Click above to read the full report or see the summary and individual chapters below.
Media Contact: Liz Voyles, Brass Ring Communications, liz@brassrc.com (202) 297-9641

26. Digital health and COVID19. Lancet Digital

https://www.thelancet.com/journals/landig/article/PIIS2589-7500(20)30137-0/fulltext

The ethical issues in applying digital tools during the pandemic are discussed.

" Protecting privacy

All digital public health tools impinge upon individual privacy by requiring some degree of access to information about the health status, behaviour, or location of individuals."

"However, privacy risks vary across our typology depending on the purpose and data types used by a digital tool. Digital tools for measuring relative spatial proximity among phone users are, all other things being equal, less privacy-invasive than personal contact tracing or quarantine enforcement apps. Likewise, tools using aggregate mobile phone tower data are, on average, less privacy-invasive compared with tools based on Global Positioning System data and sensor tracking for individual users".

"It is also vital to understand that privacy risks can change and accumulate over time, which highlights the need for strong legislative protection. In the EU, several regulatory instruments offer varying amounts of safeguards for the right to privacy and data protection. "

"Further, any digital public health technologies abridging these rights must be proportionate to the aims sought. In other words, this abridgment must lead to a faster restoration of other rights and freedoms that were suspended because of lockdown policies (eg, freedom of movement and freedom of assembly)."

"Preserving autonomy

Digital public health technologies have the potential to undermine not only privacy but also personal autonomy. The most obvious form of violation of personal autonomy is the mandatory use of digital public health technologies."

"However, even when governments do not make the use of such technologies mandatory, it is conceivable that organizations or employers might require their use for particular activities or access to services. In such cases, people will be left with no real option and their autonomy will be undermined. Less explicit threats to autonomy are raised by smart phone applications that include permissions to collect data beyond the stated purpose of the application. These data handling practices might strip people of their ability to consent to being tracked or having their information shared, depending on their purpose, mode of data collection, and data source. "

"Avoiding discrimination"

Along with the risk of reidentification and infringement of personal autonomy, digital public health technologies also carry an inherent risk of discrimination. Specifically, these technologies can be used to collect large amounts of data about entire populations. These data can include race, ethnic group, gender, political affiliation, and socioeconomic status, which in turn can be used to stratify populations by demographics. Many of these demographics are sensitive and not necessarily related to a person's health, and might lead to stigmatisation of particular ethnic or socioeconomic groups."

"Conversely, data collection should not be limited to epidemiological factors, but also capture socio-economic differences that are known to drive disparities in infection rates. Such efforts, especially when taking place in low-trust environments, need to be supplemented by robust safeguards, including analytical capacities to contextualise the data in order to avoid further stigmatisation of under-served populations and provide evidence-base for action against persistent health inequalities."

26. Regional collaboration and documents

26.1 Nepal Journal of BPKIHS https://nepjol.info/index.php/jbpkihs/issue/view/2017 .

Interesting reviews on collaboration and COVID19 related activities

Editorial- https://www.researchgate.net/publication/343239323_Stress_Management-_A_Way_Ahead

Collaborative article of across continents (9 countries)

https://www.researchgate.net/publication/343239372_COVID-19_across_Countries_Situation_and_Lessons_for_Pandemic_control

BPKIHS context-

https://www.researchgate.net/publication/343239404_COVID-19_Pandemic_and_BPKIHS_our_Situation_Endeavors_and_Future_Direction

27. Bioethics research and COVID19

See editorial in AJOB

"Healthcare providers likely experience increased moral distress in a pandemic (Hartzband and

the surge of COVID-19 patients in hospital emergency departments overwhelmed nurses and physicians, and in some instances they had to treat patients without the use of appropriate protective clothing and without access to other resources to support the quality of care that they had been taught to deliver. The "rightness or wrongness" of a decision may haunt a healthcare worker for years to come. In order to develop interventions to address the moral distress that is unique to working in a pandemic, we have to understand the sources and different types of constraints that lead to moral distress, as well as provider expectations, reactions, and coping mechanisms. What gives providers the moral strength to continue amid such traumatic circumstances (Ulrich and Grady 2019)? What types of resources—palliative care, ethics committees, moral distress consultation teams, pastoral support, grief counseling—can help to mitigate moral distress and other damaging emotional states? Longitudinal data are needed on the effects of COVID-19-related moral distress on healthcare providers' physical and psychological outcomes over time, including their professional retention within healthcare systems."

Connie M. Ulrich, Emily E. Anderson & Jennifer K. Walter (2020) COVID-19: Advancing Empirical Bioethics Research, AJOB Empirical Bioethics, 11:3, 145-147, DOI: 10.1080/23294515.2020.1785043. To link to this article: https://doi.org/10.1080/23294515.2020.1785043

World Bioethics Day 2021

World Bioethics Day

Informed Consent

19th October 2021

celebrated by

248 International Chair in Bioethics Units from

Afghanistan, Albania, Argentina, Armenia, Australia, Austria, Azerbaijan, Belgium, Bosnia and Herzegovina, Brazil, Bulgaria, Cameroon, Canada, China, Colombia, Congo, Croatia, Cuba, Cyprus, Czech Republic, Denmark, Fiji, Finland, France, Gabon, Georgia, Germany, Ghana, Greece, Iceland, India, Indonesia, Iraq, Ireland, Israel, Italy, Japan, Kazakhstan, Kenya, Hospital and University Clincal Center Kosova, Kyrgyz Republic, Latvia, Lithuania, Republic of North Macedonia, Malasiya, Malawi, Mexico, Moldova, Montenegro, Mozambique, Nepal, Nigeria, Netherland, Norway, Pakistan, Philippines, Poland, Portugal, Romania, Russia, Serbia, Slovakia, Slovenia, South Africa, Spain, Sri Lanka, Sudan, Turkey, Uganda, United Kingdom, Ukraine, United States of America, Uzbekistan, Venezuela, Vietnam, Zambia

worldbioethicsday2021@gmail.com

WORLD BIOETHICS DAY-2021

Revered Members of the International Chair in Bioethics, Haifa

International Committee for World Bioethics Day, International Chair in Bioethics (Haifa) is delighted to announce the celebration of **SIXTH WORLD BIOETHICS DAY** globally on **Tuesday, 19th October 2021**. All the Units of the Chair across the world (248 as of today) are invited to celebrate the **'Common Program'** suggested by the Chair and WBD Committee, as part of their commitment to proliferate the awareness and practice of Bioethical principles as documented in UNESCO *Universal Declaration on Bioethics and Human Rights* 2005. The theme for this year's celebration shall be **'Informed Consent'** (inspired by the Article 6 of *UDBHR*). In view of ongoing Covid-19 pandemic, it is suggested that the celebration may be in **Online/Offline/Blended mode**. The Common Program and Timeline of the events for **World Bioethics Day 2021** shall be as follows:

International Program: (To be coordinated by Unit Heads)

1. **Name of Event: World Bioethics Day 2021.**
   a. **Official WBD logo** (on the top left and right of this page and sent along with this email): It should be used for all the documents, programs, banners/flyers related to WBD.
   b. **Official WBD International Banner** is prepared by WBD Committee and circulated to all Units along with the email containing this program.
   c. **Official WBD Banner of Units**: Every Unit should prepare its own official WBD banner as soon as possible. The same should bear the official logos, as mentioned above under point no. 1(a) and (b).

2. First announcement: Units of the Chair should announce the celebration of World Bioethics Day 2021 by the **end of July 2021** through their Universities/Institutions and institutional website(s) and/or other methods to all stakeholders (Teaching faculty/students/nurses/private practitioners/public etc.) by publishing the official WBD 2021 banner released by the WBD Committee. The International collaborators of Chair, e.g., WMA, IFMSA etc. shall also announce the program to their associates through their website(s) or by any other means as deemed fit and decided by them.

3. IMPORTANT: Promotion of Program by Units: It is advised that Units shall try to expand the program **beyond the limits of their Institutions to city, regional and national levels** and ensure involvement of other stakeholders. It may be either in the form of celebration beyond the physical boundaries of Institution and/or actively involving various relevant professional organizations of the city in which unit operates, such as doctors, nurses, physiotherapists, lawyers, judges, hospitals (municipal/ corporate), philosophers, speech therapists, psychologists, social workers, journalists etc. Different groups of citizens should be invited to take active part in various programs organized by the Units, such as seminars, posters, debates, panel discussions, films etc. Units may undergo Memorandum of Understanding, if required, with such professional organizations for the celebration of World Bioethics Day. Once such collaboration is established, Units should also announce, disseminate, and promote WBD through channels of such professional organizations.

4. Submission of entries for various International Competitions: From the date of first announcement till **on or before 31st August (Tuesday) 2021.**

All the international competitions will be on the theme of the year i.e. 'Informed Consent'. This year the categories of International Competitions for students shall be:

i. **Artistic Poster Competition**
ii. **Scientific Poster Competition**
iii. **Short films/ videos Competition**
iv. **Photography Competition**
v. **Poetry Competition (English only) (New addition)**

Only **ONE ENTRY PER UNIT per competitive category** shall be allowed. All the entries shall be awarded Certificate with the name of Student(s) and Unit. **ONLY STUDENTS** are allowed to participate in these International Competitions. **NO FACULTY/ STAFF entries will be entertained.** All entries should be sent along with the details of the participants' viz. Name, Course, Year/Semester of Study, Name of the Institution, Name of Unit and Unit Head. The document containing such details (or details as will be prescribed later in the Rules for International Competitions) should be signed by the student and Unit Head.

All Units can participate in International Competitions. If a Unit has multiple sub-units, such sub-units are NOT permitted to send separate entries. All such sub-units may send their entries to their Unit, which in turn shall select ONLY ONE entry per competitive event and submit the same as Unit's entry in that event category. The winners will be awarded.

It is suggested that Units should hold such competitions at their local level before **Saturday, 14th August 2021** and the First Winning entry should be sent for International Competitions before **Tuesday, 31st August 2021**. All such entries of local competitive events along with winning entries may be displayed for the audience during the WBD celebrations on 19th October 2021.

Note:
1. **Entries for the International Competitions should be routed through Unit Heads' email ID ONLY.**
2. **Entries submitted by any other means shall not be entertained.**
3. **Please submit the entries under above competitive category heads only.**
4. **Entries submitted under changed category heads/titles will be rejected.**

5. Progress Information:

a. Unit Heads should keep their **Regional Coordinators** (as per the list mentioned below with email ids) informed about the developments and any hindrances/difficulties faced by them.

b. **Regional Coordinators** shall share the information about developments in their region and any issues faced by them/raised by Units with Head of WBD Committee, so that necessary and timely measures can be taken to resolve the same.

6. Submission of Final Program by the Units: Before 31st August 2021 to WBD Committee at worldbioethicsday2021@gmail.com and to Chair's Newsletter 'Bioethical Voices' Editorial Board at bioethicalvoicesnews@gmail.com

7. **The Report of WBD 2021 celebration:** Units will need to submit a report on **World Bioethics Day 2021** as celebrated by their Units on or before **10th November 2021** to WBD committee and to Newsletter Editorial Board at bioethicalvoicesnews@gmail.com

8. Special WBD issues of the Bioethical Voices Newsletter: Bioethical Voices will publish Final Programs of Units and December 2021 issue will contain WBD 2021 reports of Units.

Common Program for Units (to be celebrated on 19th October 2021):

Session I: (Morning Session)
Part 1.

a. Opening speech by Head of the Unit or Head of the Institution.
b. Speech(es) by Head(s)/ representative(s) of collaborating Professional Organization(s).
c. The greetings of International or local representatives of International Chair in Bioethics.
d. The presentation of an award to an active member of the Unit.

Part 2. Guest lecture/Panel Discussion/Webinar/Symposium on **'Informed Consent',** by experts in Bioethics/Senior Faculty and **involving student representative(s)**. Targeted audience should be junior staff, PG residents, UG students and Paramedics (Nursing and other supporting staff) and other stakeholders as decided by the Unit.

Session II (Afternoon Session): To encourage and enhance students' participation in the program, this session should include student activities and may include the following:

Part 3. Scientific Paper/Poster Presentation/Student Debate on **'Informed Consent'.**

Part 4. Drawing/ Rangoli/ Poetry/ Singing Competitions: (On **'WBD Theme of the Year' i.e. Informed Consent)**

Part 5. Display of entries of Scientific/Artistic Poster Competition, Short film/video Competition and Photography Competition.

Part 6. Valedictory Function.

In addition to above, all Units should prepare flyer or poster for **World Bioethics Day** event. It is further suggested that these flyers/posters may be prepared by the students of various Institutions/Units and should be based on the **'World Bioethics Day' theme of the year**.

(**PS:** Units are permitted to make appropriate changes in the common program to suit their requirements. Units are entitled to plan their celebration on a different date in the month of **October ONLY** subject to local considerations.)

In addition to International Competitive Events and Local Events, other Unit level events suggested are:

I. Essay writing competition.
II. Skit/Play/Drama/Music
III. Symposia.
IV. **Bioethics fair.** Students may put up stalls and have street plays to create awareness among their colleagues, practicing doctors and laymen.
V. Media appearances (Television/Radio).
VI. Newspaper articles.

Units can choose any of the above or plan any other additional activities, depending on the feasibility.

Program for Students' Wings of the Units:

Students' Wings of the Units should be actively involved in the celebration of the event. Unit Heads, Steering committees of the Units and of Students' Wings should ensure maximum participation of the

students in the event. Students should pro-actively participate and play important role in conduction of most of the ceremonies.

Students can also be involved in some social activities, depending on the feasibility of individual Unit and Institution. These can be:

a. Awareness programs at community level in the form of talks, role plays, skits etc. based on the theme of the World Bioethics Day 2021.
b. Service/support programs for Covid-19 affected individuals/families.
c. Any other.

Common Program for Students' Associations:

IFMSA along with its associate medical associations Worldwide will actively participate in the celebration of World Bioethics Day 2021. IFMSA should prepare the WBD plan and release the same for their member associations. IFMSA should release the tentative/confirmed dates for various planning milestones for their member associations, as deemed fit to them.

Important Notes (For all):

1. It is suggested to include as many stakeholders as possible in the celebration of the program.
2. Units will have the liberty for minor modifications/additions/deletions to the program.
3. All Units can participate in International Competitions.
4. All correspondence related to World Bioethics Day 2021 should be ONLY on: worldbioethicsday2021@gmail.com
5. **Having weeklong celebrations:** Units, if want, may hold weeklong program as per their feasibility (though it is not suggested as common program for all the Units), but this celebration should not change the Common Program as suggested for the **World Bioethics Day 2021.**
6. Please like, follow, and share our Facebook page for regular updates.

World Bioethics Day Committee-2021

Hon'ble Chair: Professor Amnon Carmi

Head of Committee: Dr. Praveen Arora; email: dr.praveen2811@gmail.com

Regional Coordinators:

1. Unit and Sub-Units of Italy: Dr. Miroslava Vasinova; email: mvasinova@libero.it
2. Units in Asia and Pacific: Prof. Russell D'Souza; email: Russell.f.dsouza@gmail.com
3. Units in India: Dr. Mary Mathew; email: marymathew883@gmail.com
   to be assisted by Col Dr. Derek D'Souza; email: dsjdsouza@gmail.com
   a. India East subdivision: Dr. Peter Prasanth; email: praspeter@gmail.com
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   c. India North subdivision: Dr. Anu Sharma; email: anuashwani@gmail.com
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5. Units in Australia and Pacific: Dr. Theong Ho Low; email: thlow@bigpond.net.au
6. Units in America: Prof. Moty Benyaker and Prof. Mira Kochsnousky; email: mirako212@gmail.com
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8. Units in Europe. Dr. Andrie Panayiotou; email: andrie.panayiotou@cut.ac.cy
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Members:

1. Dr. Rui Nunes; email: ruinunes@med.up.pt
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3. Dr. Tsai Fu Chang Daniel; email: fctsai@ntu.edu.tw
4. Dr. Sabina Semiz; email: sabinasemiz@hotmail.com
5. Prof. Suncana Roksandic; email: suncanaroksandic@gmail.com
6. IFMSA representative; email: lme@ifmsa.org

Dr. Praveen Arora
Head
World Bioethics Day Committee

Prof. Amnon Carmi
Head
International Chair in Bioethics, Haifa

World Bioethics Day-2021

Program Submission Form

(To be filled by Unit Head)

Note:

i. The **WORD FILES** of filled up forms should be sent to worldbioethicsday2021@gmail.com

ii. Please send the filled-up forms on or before 31st August 2021.

Name of the Institute:

Name of the Unit:

Name of Unit Head:

Date of Establishment of Unit (dd/mm/yyyy):

Student's wing of Unit: Yes/No **If yes, Date of establishment (dd/mm/yyyy):**

Program Details (Date of Celebration of event):

Session I (Morning Session):

Part 1. (Time of inauguration and duration of Part 1 of program)

a. **Opening speech by Head of Unit/Institute:**
   i. Name:
   ii. Title:

b. **Speech(es) by Head(s)/ Representative(s) of Collaborating Professional Organization:**
   i. Name:
   ii. Title:

c. **Representative of International Chair in Bioethics:**
   i. Name:
   ii. Title:

d. **Award for active member:**
   i. Name:
   ii. Title(s):
   iii. Brief description of contribution:

Part 2. Details of Guest lecture/ Panel Discussion/ Symposium:

Timings and duration of Part 2:

a. Title of the Activity
b. Name(s) of the speaker(s):
c. Title(s) of the speaker(s):

Session II (Afternoon Session):

Part 3. Scientific Paper/ Poster Presentation/ Student Debate: (Timings and duration of Part 3)

Part 4. Drawing/ Rangoli/ Poetry Competition: (Timings and duration of competition)

Part 5. Display of entries for Scientific/ Artistic Poster/ Short film/ Photography Competitions: (Timings and duration of competition)

Part 6. Valedictory function: (Timings and duration of competition)

PS: It is suggested that Units should hold such competitions before **Saturday, 31st July 2021** and the First Winning entry should be sent for International Competitions before **Tuesday, 10th August 2021**.

Additional plans (if any):

Place:
Date:

Signature of the Unit Head
Name:

WORLD BIOETHICS DAY-2021

RULES FOR ENTRIES TO BE SUBMITTED FOR WORLD BIOETHICS DAY 2021

INTERNATIONAL COMPETITIONS

General Rules:

1. ONLY STUDENTS of Units/Sub-Units/Institutions/Organizations of and schools/associations collaborating with International Chair in Bioethics, Haifa can participate in the International Competitions (herein after referred as 'Competitions'/ 'Competition') announced and organized by World Bioethics Day Committee (herein after referred as 'WBD Committee'/'Committee') on occasion of World Bioethics Day 2021.
2. The theme for competitions in all categories shall be the 'Theme of World Bioethics Day 2021' i.e. **'Informed Consent'.**
3. All the entries viz. artistic poster, scientific poster, short film/video, and photograph should be submitted in digital format only, as mentioned below under specific guidelines for that competition.
4. Only ONE ENTRY PER COMPETITIVE CATEGORY PER UNIT can be submitted. In case more than one entry is submitted by a Unit, ONLY ONE of the submitted entries shall be considered for the competition. The decision of the Committee in this regard, shall be final and binding. No request to change the entry shall be entertained.
5. Please clearly mention the name of the category under which the entry is being submitted. The name of the category should be mentioned as mentioned in this document. **Use of alternative names for any category is not permitted**. In case of unclear or misleading communication the decision of the Committee, regarding including the entry in a particular category or excluding the entry from the competition, shall be final and binding.
6. Students may participate as individuals or in teams. If there will be more than one participant for one entry, only ONE prize shall be awarded, but individual certificate of participation as a team shall be given to each participant.
7. There is NO provision of any kind of (cash or otherwise) reward to the winning individual/ team.
8. All the submitted work scientific/artistic posters, photographs, short films/videos should be the original work of the participant(s).
9. The submitted entry/entries should **NOT** have been presented at **any other competition previously or concurrently or made available at any public domain (including electronic and non-electronic media) or used for commercial purposes**, except at the Unit/Institute/Organization member of International Network of International Chair in Bioethics, Haifa during WBD 2021 celebrations.
10. All the entries must be prepared/shot ONLY AFTER 1st April 2021.
11. Each entry should be submitted with a document mentioning participant's name, complete postal address, telephone/mobile number, e-mail ID (if any), date of preparation/shooting of poster/ photograph/ film, name of Unit Head and the Unit to which participant belongs and should be signed by participant and Head of Unit.

12. **EACH ENTRY** should accompany an undertaking (in the given format) confirming that the participant is the rightful owner of the submitted work and that (s)he has obtained any necessary third-party releases and mentioning the date of preparation of the entry. Participant shall also agree that the organizers will not be responsible for any claims/suit challenging the authorship, or infringement on the privacy of any person clearly recognizable in the submitted entry.
13. Participant shall grant to the WBD Committee, without need for attribution, prior permission or additional pay or consideration: the right to use the submitted entry royalty-free, world-wide and in perpetuity; the non-exclusive license to copy, display, distribute, reproduce, and create derivative works of the submitted work, in whole or in part, in any media now existing or subsequently developed for all International Chair in Bioethics (University of Haifa), WBD Committee and their authorized subsidiary bodies' non-profit public information and benefit purposes.
14. The entries submitted for competition shall become the property of World Bioethics Day Committee of International Chair in Bioethics, Haifa, though the copyright shall remain with the participant.
15. Any entry, during or after the competition, even if awarded the prize, but later found to be against the rules set for this competition, will be disqualified for the contest and the prize shall be cancelled and forfeited.
16. **Last Date:** Entries in all categories should be submitted latest by 31st August 2021. Late entries shall not be entertained.
17. The entries should be routed through the email id of Head of the Unit ONLY to **worldbioethicsday2021@gmail.com** only. Committee shall not be responsible for misrouted entries. You should receive automated acknowledgment email on successful delivery of your entry in the inbox of above-mentioned email.

WORLD BIOETHICS DAY-2021

ARTISTIC / SCIENTIFIC POSTER COMPETITION
REQUIREMENTS AND COMPETITION RULES

Poster Rules & Criteria:

Poster Specifications

1. Artistic posters can be handmade or digitally created.
2. Scientific posters should be created in digital format only.
3. All the posters (scientific/ artistic) should be submitted in electronic format (PPT or jpeg/jpg) only.
4. Handmade artistic posters should be photographed in adequate and proper light and be submitted in jpeg/jpg format only.
5. Presentation
   a. Portrait or landscape.
   b. Border or non-bordered.
   c. Written legends, slogans, or phrases may or may not be used. Color or Black and White.
   d. Any number of colors can be used on the poster.
   e. All mediums can be used (markers, crayons, pastels, paint, print etc.).
   f. Original photography, magazine clippings, stencils, buttons; glue-ons may be utilized on the poster.
   g. Poster Text: There are no specifications for text/font size. Text should be of sufficient size for easy reading at a distance.

Judging Criteria:

a. **Coverage of Topic-** Details on the poster captures the important information about the WBD theme '**Informed Consent**'.
b. **Organization/ Logical Sequencing of Ideas-** Organization of information with clear titles and subheadings. All graphics are related to the topic and make it easier to understand.
c. **Layout & Design-** All information on the poster is in focus and can be easily viewed and identified from a distance.
d. **Mechanics-** No grammatical, spelling or punctuation errors.

Decisions by the judges and WBD Committee shall be final and binding. Entrant agrees to comply with and be bound by the decisions of the secretariat and/or of the panel of judges on all matters associated with the contest and waives all rights to judicial recourse in case of disputes.

WORLD BIOETHICS DAY-2021

PHOTOGRAPHY COMPETITION
REQUIREMENTS AND COMPETITION RULES

1. Each student may submit one good quality, digital image (jpeg/jpg format not less than 300 dp).
2. By submitting the photograph for consideration, the photographer attests that:
    a. Entry is an original photograph.
    b. S/he created the image and owns full copyright to pictures submitted.
    c. Entrant is prepared to certify this attestation on request.
    d. Submitted image has not been published anywhere else or won prizes in any competitions or has been used for commercial purposes. Any such images are not eligible for the competition.
    e. Submitted image has not been submitted in any other photo contest.
    f. S/he has obtained all necessary third-party releases.
    g. If deemed necessary, the student may also be requested to submit the original source files.

Technical Specifications

a. HDR images and stitched panoramas are NOT eligible.
b. Editing or otherwise digital manipulation that distorts the reality of the images will not be allowed. Only basic enhancements such as sharpening, contrast adjustment or simple cropping will be allowed.
c. High resolution digital format is eligible
d. File size should not be more than 10 MB.

Conditions of Contest

a. The student should confirm that they have shot the photo, and are the rightful owner of the photo, and that have obtained any necessary third-party releases.
b. WBD Committee reserves the right to disqualify photographers who: are unable to validate the information submitted; tamper with the process; or breach Contest Rules.

Judging Criteria

Photographs will be assessed for their:

a. Creativity and originality
b. Composition (Technical excellence and quality)
c. Artistic merit (wow factor) and
d. Content (Relevance)

Decisions by the judges and WBD Committee are final. Entrant agrees to comply with and be bound by the decisions of the judges on all matters associated with the contest and waives all rights to judicial recourse in case of disputes.

WORLD BIOETHICS DAY-2021

SHORT FILM / VIDEO COMPETITION
REQUIREMENTS AND COMPETITION RULES

This is a short film competition and hence ONLY Short Films should be submitted NO DOCUMENTARIES shall be eligible for the competition. The entries can be short digital animation films too on the topic.

Technical Specifications and Rules:

a. The films shall **not be more than 5 (Five) minutes (300 seconds)**, including the beginning and end credits. **Films exceeding this time limit are liable to be rejected.** The minimum length should be 30 seconds including credits.

b. The short films should be in ENGLISH preferably, else ENGLISH SUBTITLES are must.

FORMAT:

The films may be shot in MPEG4 or AVI format. The recommended ratios are: 16:9 / 16:9 Full Height Anamorphic – in DV / HDV.

RIGHT TO SCREEN:

The World Bioethics Day Committee will have the exclusive rights to screen (non – commercial) the film on the respective websites or other associated screenings.

COPYRIGHT:

The Film must not contain any copyrighted work(s) belonging to third parties unless (1) Participants have a license to use such works in the Film; or (2) the use participants' Film makes of such works, is a fair one under the copyright laws. Participants will retain any licenses and provide them to organizers upon request.

JUDGING CRITERIA

Short Films / Videos will be assessed for their:

a. creativity and originality
b. composition (technical excellence and quality)
c. artistic merit (wow factor) and
d. content (relevance)

Decisions by the judges and WBD Committee are final. Entrant agrees to comply with and be bound by the decisions of the Committee and/or of the panel of judges on all matters associated with the contest and waives all rights to judicial recourse in case of disputes.

WORLD BIOETHICS DAY-2021

POEM COMPETITION
REQUIREMENTS AND COMPETITION RULES

1. Each student may submit one Poem ONLY.
2. By submitting the poem for consideration, the student attests that:
    a. Poem is an original creation of the said student.
    b. S/he created the poem and owns full copyright to submitted poem.
    c. Entrant is prepared to certify this attestation on request.
    d. Submitted poem has not been published anywhere else or won prizes in any competitions or has been used for commercial purposes. Any such poem is not eligible for the competition.
    e. Submitted poem has not been submitted in any other contest.
    f. If deemed necessary, the student may also be requested to submit the original source documents.
    g. The entry should be submitted in pdf file ONLY.

Conditions of Contest

a. Students should confirm that they have created the poem and are the rightful owner of the poem.
b. WBD Committee reserves the right to disqualify students who are unable to validate the information submitted; tamper with the process; or breach Contest Rules.

Judging Criteria

Entries will be assessed for their:

a. Creativity and originality
b. Composition
c. Creativity merit (the wow factor) and
d. Relevance of content to current WBD theme

Decisions by the judges and WBD Committee are final. Entrant agrees to comply with and be bound by the decisions of the judges on all matters associated with the contest and waives all rights to judicial recourse in case of disputes.

Dr. Praveen Arora
Head
World Bioethics Day Committee

Prof. Amnon Carmi
Head
International Chair in Bioethics, Haifa

World Bioethics Day-2021

International Competition Registration Form

1. Full Name of Student/ Team leader:
2. Age/ Sex:
3. Course Name:
4. Year of Study:
5. Name of the Institution:
6. Email id of student:
7. Mobile number:
8. Name of International Chair in Bioethics Unit:
9. Name of Unit Head:
10. Email id of Unit Head:
11. State:
12. Country:
13. Category of Competitive Event for which entry is submitted:

    a. Artistic poster, b. Scientific poster, c. Short film/video, d. Photograph

14. Title of the Entry (if any):
15. Type of entry: a. Individual b. Team
16. If team, Names of team members: (Please attach separate sheet, if required)
    1. .....
    2. .....
    3. .....
    4. .....
    5. .....
17. Date of preparation/ creation of entry (dd/mm/yyyy):

World Bioethics Day-2021

International Competition Registration Form

UNDERTAKING

I, _____ (name of the student), confirm that I submit my entry for World Bioethics Day 2021, International Competition under the category _____. The submitted entry is my own creation, I am rightful owner of the submitted work and I have obtained all necessary third-party releases. I agree that the organizers will not be responsible for any claims/suit challenging the authorship, or infringement on the privacy of any person clearly recognizable in the submitted entry.

I grant to the WBD Committee, without need for attribution, prior permission or additional pay or consideration: the right to use the submitted entry royalty-free, world-wide and in perpetuity; the non-exclusive license to copy, display, distribute, reproduce, and create derivative works of the submitted work, in whole or in part, in any media now existing or subsequently developed for all International Chair in Bioethics (University of Haifa), WBD Committee and their authorized subsidiary bodies' non-profit public information and benefit purposes.

I also agree that the entry submitted for competition shall become the property of World Bioethics Day Committee of International Chair in Bioethics, Haifa, though the copyright shall remain with the participant.

I accept that if my entry, during or after the competition, even if awarded the prize, but later found to be against the rules set for this competition, will be disqualified for the contest and the prize shall be cancelled and forfeited.

Signature of the participant

Signature of Unit Head

(Name of the participant)

_____ (Name of Unit Head)

Date:

Place:

Porto World Conference on Bioethics

The International Chair in Bioethics welcomes all you to the 14th World Conference on Bioethics, Medical Ethics and Health Law during 7—10 March, 2022 in Porto, Portugal.

As of now we have received over 1350 submitted abstracts and over 800 registered participants. We have built a preliminary program which will be updated.

We invite everyone to submit an abstract and to register to the Conference and to be part of this global gathering.

Further details regarding the Conference can be found here and if you have any questions please contact us at

registration@bioethics-porto2022.com

Message of Chair's Holder

I am pleased to advise you about a great and important development of the International Chair in Bioethics.

The Chair belonged to UNESCO for many years under an agreement with the University of Haifa. The agreement has recently expired. The Chair was set free and became an independent international organization.

International organizations are joining the Chair the World Medical Association (WMA) and

recently signed an agreement with the Chair and established cooperation. The collaboration with the WMA will include many activities and projects, and will offer the Chair wide and numerous routes to all national medical associations, and to other international bodies and individuals.

The Chair is guided by new legal statutes and will be administered by its Governing Council.

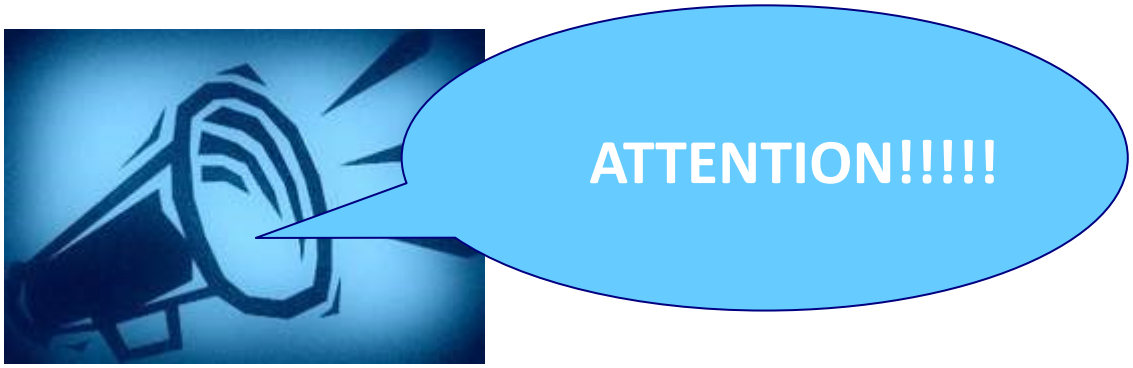
All units, departments and activists of the past UNESCO Chair will continue to function as before under the present Chair. New units will be established and operated in accordance with the new statutes. All that is required of the existing units and departments is to refrain from using the UNESCO nickname, and to use the new name and logo of the Chair.

I would like to use this opportunity to wish the Chair, activists, units and departments, success and enjoyment in advancing the vision and by realizing the goals that have guided the Chair since its inception.

Prof. Amnon Carmi,

Head International Chair in Bioethics

Editorial Board Communications



NEWSLETTER'S CONTRIBUTIONS REQUIREMENTS

The contributions for the next Bioethical Voices newsletter must be forwarded to the Editorial Board before 10 November 2021 They should to 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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