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decision that involved whistleblowing. The vignettes described a case of misconduct of a colleague and of a manager.

Results: The students considered acts that are detrimental to the patient to be very serious. The participants gave high and similar scores to their own willingness to take action to change the situation for both vignettes. The score of the internal index was found to be significantly higher than the external index.

Discussion: The participants' desire to correct a colleague's or superior's misconduct was coupled with a progressive retraction as the circle of disclosure widened. The retraction may reflect the respondents' concerns that external exposure could have negative consequences for the wrong-doer, the healthcare organization and/or the individuals who receive its services.

THE VIRTUES OF THE SUPPORT PERSONS OF MENTALLY DISABLED INDIVIDUALS

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Article 12.3 of the UN Convention on the Rights of Persons with Disabilities requires State Parties to take appropriate measures to guarantee disabled people the access to the support they may require in the exercise of their legal capacity. Therefore, the Convention adopts the supported decision-making approach, in which a support person helps a disabled individual to make legally enforceable decisions by themselves. However, the CRPD does not specify which form the support should take. Thus, in order to clarify the concept of support, my aim is to identify the virtues that the support person of a mentally disabled individual should show to comply with Article 12.3. The novelty of my approach is that I take the problem of the respect of the legal capacity of mentally disabled people as a down-top issues, which should be tackled first of all on the level of the individual relationship between the supporter and the person being supported. Since the scope of the support is to let disabled people exercise their legal capacity, understood as the capacity to flourish in their lives, the primary virtue is the virtue of openness, meaning that the supporters should refrain from becoming the architect of the other's flourishing. However, the support has to be tailored to the specific needs of the different levels of disability. Therefore, the virtue of openness articulates into the virtue to be willing to look for hidden preferences and wishes, when the supporter deals with profoundly impaired people, unless their current or past preferences cannot be inferred, in which case supporters are allowed to act as substitute decision-makers. When they deal with mildly impaired people, they should exercise the virtue of trustworthiness, which requires them to enter an open dialogue, in which they should show they care about the individual's views.

PATHOLOGICAL GAMBLING DURING EXPERIMENTAL THERAPY IN PATIENT WITH PARKINSON'S DISEASE: A CASE REPORT AND LITERATURE REVIEW

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Impulse control disorders (particularly pathologic gambling, hypersexuality, uncontrollable spending) can be triggered by dopaminergic therapies in Parkinson Disease especially in younger patient. The authors analyze the case of a 58 years old patient with a Parkinson's disease diagnosis. It was initially set a treatment with Ropinirole (Requip) during which the patient was clinically compensated and he didn't show any side effects. After a year the patient was reevaluated and, due to the progression of the disease, it was proposed him to be enrolled in a clinical trial in which was administered a mix of levodopa-carbidopa-entacapone (and levodopa/carbidopa in the control group). The patient was made aware of the possible side effects and of the "double-blind" mode of the study; he signed the respective informed consent. In later periodic check-ups the patient denied behavioral symptoms related to impulse control disorders. Afterward he developed a pathological gambling syndrome. Starting from this clinical case, the aim of our article is a review of the literature about the association between dopaminergic therapy, in patients with Parkinson's disease, and the development of pathological gambling syndrome. Furthermore, referring to the clinical case reported, the Authors analyze the possible profiles of professional liability of the experimenter in case of development of adverse events during a clinical trial.

CONTROVERSIALLY ABOUT THE ANALYSIS OF COMPLAINTS RECEIVED IN PROFESSIONAL ETHICS COMMITTEES OF THE BULGARIAN MEDICAL ASSOCIATION

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Health care reform's ethical challenges largely reflect on physicians, patients and society. The purpose of this paper is to put the question about the applicability of a summary analysis of complaints filed at the Professional Ethics Committees of the Bulgarian Medical Association, towards contributing to the identification of problems and possible solutions for improving the situation in the healthcare system and highlighting the role of the medical professional organization in this process.

Materials and methods: We present our experience in the ethical analysis of complaints received in the Professional Ethics Committee at Bulgarian Medical Association, Stara Zagora for 2007-2010 and 2011-2014 years. Qualitative content analysis of the documents was applied. Cases described in the complaints are analyzed using specifically designed questionnaire.

Results and discussion: In most cases, the authors of the complaints describe conflicts with various dimensions of medical care quality as the most highlighted cases are ones related to the access to timely and specialized medical care, as well as the adequacy of the diagnostic and therapeutic procedures and achieved results of treatment process. Problems that emerged reflect the ethical conflicts in the health care system associated with limited access and doctor-patient alling trust.

Conclusion: Considering the strengths and weaknesses of the applied methodology, the highly subjective interpretation of the issues presented in the perspective of different people, as well as the manner in which this analysis is provided we raise the following issue: how appropriate it is for professional ethics committees to carry out such analysis.

INVESTIGATION ON THE HEALTH IMPACT IN POPULATION OF MARINZE VILLAGE

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Marinze Village in the district of Patos earliest known as diesel holder area and a potential impact on the health of the population in this area. The aim is to evaluate the impact on the health of the population from exposure to environmental factors associated with oil extraction activities.

The methodology of this investigation was random selection of apartments divided into 2 areas: near oil wells and the distance by