

CONFERENCE REPORT

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7th World Congress of Bioethics, 9th-12th November 2004, Sydney, Australia

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This conference was the 7th World Congress of Bioethics, which is convened by the International Association of Bioethics. The conference was a large four day event, preceded by the 5th Congress of the International Network on Feminist Approaches to Bioethics. The conference was centred on the theme of bridging the divide between local and global ethics.

The conference had a very full program which began with a plenary session at 8:30am each day, preceded by optional yoga and breakfast. After the plenary, the program was divided into several sessions, each of which contained an amazing 12 concurrent presentation session, each session with 4 speakers, with 15 minutes presentation time and 15 minutes discussion. The conference was well attended by over 600 people from over 30 countries, and the mix of disciplines and backgrounds gave the conference a truly international feel.

Each of the four days of the conference had a theme, the first of which was refiguring the body, which focused on the ethics of control and treatment of the physical body. It began with a plenary session on autonomy, which explored the issues of body ownership, and contrasted the westernised view of body ownership and the opposing approach of community based health care and body ownership of self and offspring, and was followed by presentations on human trafficking, prostitution and anorexia. Concurrent sessions explored ethical issues in reproduction, body modification and plastic surgery (including face transplants), genetic reproduction, technology, research ethics and justice, and issues of informed consent in the developing world. An evening lecture was available which addressed gene technology, stem cell and cloning research.

The theme of the second day was ethics in indigenous health. The day began with a plenary session highlighting the plight of indigenous Australians, and explored the indigenous culture and the ethical implications of the differences from western cultures. Emphasis was drawn to the community approach to ethics and health care and the impact of language and cultural barriers. This plenary session was followed by sessions in equity in health, research with vulnerable refugee populations and issues of discrimination. Cultural displays and information was also on display for most of the day for delegates to browse. The afternoon was comprised of a myriad of research topics over 12 concurrent sessions covering the ethical treatment of children, internet health services, HIV and global equity, community medicine, research atrocities, the ethics of population vaccination, medical practice and the reporting of errors and the development of international stem cell research guidelines. The afternoon included the second plenary of the day which was a panel presentation and discussion of experiences working with indigenous populations.

Public health ethics was the theme of the third day, and began with a plenary session chaired by the International Association of Bioethics president Dr Florencia Luna which discussed

the impact of world poverty on health care. This was followed by 5 concurrent special symposia covering the ethics of priority setting in health care, conflict of interest in health care, responsible global governance of genetic research, creating 'biobanks' of human tissues and the ethics of evidence based medicine. The special symposia about evidence based medicine explored whether evidence based medicine (EBM) actually resulted in improved health care and health outcomes. Hidden ethical assumptions of EBM were illuminated, such as the fact that EBM discounts the value of physician experience and fails to allow for individual variation. This is particularly an issue where EBM is used to shape hospital policy and funding for different health care interventions, which can cause conflict when patients or physicians wish to access treatments which are not supported by EBM. The value of randomised controlled trials as the "gold standard" was also discussed, as was the fact that knowing the level of success of an intervention doesn't make it infallible or reduce its risks. A final issue discussed in this session was how EBM research priorities are set, the role of drug companies in research sponsorship and the failure to diversify research areas to include those which affect people who live in poverty, and the exclusion of minority groups from randomised controlled trials. This was followed by concurrent sessions covering areas of organ sales and donation, antenatal screening, personal health choices, ownership of genetic data, end of life decision making, ethics committee functions, and informed consent.

The final day exploring public health ethics began with a choice of 5 special symposia covering asylum seekers and refugee policy, international perspectives on ethics committees, international genetic research, policy making and stem cells and HIV/AIDS vaccine research. The special symposium was followed by two consecutive sessions with 48 presentations in each run in 12 consecutive groups of 4 presentations. These presentations covered a range of public health topics including social justices, the principles of the sanctity of life, ethics of transplantation, confidentiality, ethics of embryos, stem cell research and IVF treatment, ethics and disability, research governance, technology and health, neuro-ethics, autonomy and paternalism, liberty, autonomy of children, ethical resource allocation, international health policies and the intersection of law and ethics.

This conference was of great benefit in terms of exploring many aspects of health care ethics, with an amazing 247 presentations on a myriad of bioethics topics over 4 days. The next World congress on bioethics is scheduled for November 2005. More information is available at; <http://www.bioethics-international.org>