Abstracts
The International Congress of Medical Ethics in Iran ——— 1

Table of Content:

A Study of New Convergence Strategies of Islamic Countries Physicians in Bioethic .................................................................13  
Nourizadeh, Fethi
The Need for Education of Women's Religious Duties to Midwifery Students .................................................................15  
Fatemeh Vaegh Rahimparvar, Fatemeh Noghani, Abbas Mehran
The Doctor’s Passage in Four Travels (Transcendent Philosophy) .................................................................17  
Reyhaneh Abolghasemi
A Survey of Characteristics of Scientific Articles in the Field of Bioethics: Search in Internet....................................................19  
Dr Ladan Naz Zahedi
Ethical, Religious and Historical Perspectives in Dealing with AIDS ................................................................................22  
Faisal Alnasir
The Values of Other Cultures Cannot Simply be Imported into Central Asia.................................................................24  
Feruza Zagirtdinova

16-18 April 2008
Ethics in Public Health Management – Comparison of Islamic and Western View .........................................................27

Farhang Babamahmoodi, Arefa Babamahmoodi

Studying a bout Side Effects of Treatment and Physician Responsibility in Regulation of Iran and Imamiye Religious Jurisprudence .................................................................30

Fateme Aliakbari, Najme Shahinfard

Patient Consent in Iran Law ........................................................................32

Masoud Rabbani

Interaction between Bio Psycho Social Paradigm in Medical Philosophy and Restorative Justice Paradigm in Criminology ..................................................................................................................33

Mehdi Khaghani

Defining Futility ..........................................................................................36

Mohamad Abid Bakhotmah

Medical Ethics Phyllosophy ........................................................................37

Jamal Khani Jazani

The Concept of Awrahin Surgical Practice ........................................38

Mohamad Abid Bakhotmah

The Cost of Kidney Transplantation in Iran .............................................39

Saeid Baharloo, Babak Kordvani, Mohammad Houssein NourBala, Shervin Asari

Islamic Medical Ethics on Organ Transplantation ............................41

Ibrahim B. Syed

16-18 April 2008 .........................................................................................
Abstracts

Respecting Patients Privacy during Nursing Care in the Viewpoint of Patients and Nurses ..................................................57

Azad Rahmani, Akram Gahramanian

Comparison of Respecting to Patient's Privacy in the Viewpoint of Coronary Care and Medical – Surgical Patients .................................................................59

Azad Rahmani, Akram Gahramanian

Patients and Nurses Views of Level of Patient's Rights Respect in Tabriz Training – Treatment Centers in 2004....61

R Nasery, K Parvan, E Mazahery, R Mohammady, M Javanshir

Observance Patients’ Bill of Rights by Nurses and Physicians from View Patients in Koramabad Governmental Hospital63

F Malekshahi

Effect of Medical Team Behaviour on Delivery Painlessing 65

Nahid Mehran, Mohammad Abbasi, Esmat Jafarbegloo

Evaluation of the Physician-Patient Relationship from the Perspective of the Patients Referring to Modaress Clinic in Rafsanjan ........................................................................................................67

Zahra Hashemi

Necessary Conditions of Patients’ Bill of Right in Iran: a Phenomenological Study .................................................................69

Nikbakhht Nasrabadi A., Parsayekta Z., Joolaei S.
Abstracts

The International Congress of Medical Ethics in Iran ——— 5

Medical Environment, Patient, Bad news and Ethical Aspects of Bad News........................................71

Abdolhassan Kazemi, Salamon Alikom, A. Kazemi

The assessment of Ethical and Legal issues in Termination of a Provider-Patient Relationship ........................73

L. Solaimanizadeh, M. Javadi, A. Abass zadeh, S. Miri, F. Solaimanizadeh

Study of Hospitalized Patients’ Attitude towards Their Rights Consideration in Urmia Educational Hospitals in 1385. .......75

Nader Aghakhani, Aram Feizi, Narges Rahbar

An Investigation on Medical Staff Awareness of Patient's Rights ........................................................................77

Sayyed Habibollah Kovari

Investigation of Nursing Ethics in Professional Performance among Nurses Employed in Selected Hospitals Related to Tums, 2004 ........................................................................................................79

Naser Din Mohammadi, Alireza Nikbakht Nasr Abadi, Farah Malekiyan

Legislation of Ending the Patient-Physician Relationship....82

Fatemeh Maarefdoost, Mahdiyeh Shojaei Bagheini

Regarding Patient’s Territory in Operating Rooms –One Important Base in Medical Ethics...............................85

N Galehdar, s Masori

_________________________________________________________ 16-18 April 2008
Perception of Patients Regarding Doctors’ Communication Skills

Garrusi Behshid, Safizadeh Hossein, Amirkafi Ahmad, Hosseina Mohsen

Studing the Nurse Knowledge about Patient Right and Professional Responsibilities in Shahrekord Hospital (1386)

Fateme Aliakbari, Fateme Taheri

Considering Patient's Right by Health Care Professionals in Hospitals of Hamedan University of Medical Sciences, the Viewpoints of Patients

Marzieh Hassanyan

Ideal Physician from Patient View Point

Masoud Rahimi

Patients and Nurses Views of Level of Patient's Rights Respect in Tabriz Training – Treatment Centers in 2004...

R Nasery, K Parvan, E Mazahery, R Mohammady, M Javanshir

Psychologically Abusive Behavior by Those Caring for the Elderly

Somayeh Molae

An Investigation on Medical Staff Awareness of Patient's Rights in Hospitals and Medical Centers in Fasa

Sayyed Habibollah Kovari
Abstracts
The International Congress of Medical Ethics in Iran ——— 7

Nurses Perceptions of Causes of Medication Errors and Barriers to Reporting in Paediatric Hospital University of Medical Sciences Qom.................................................................101
    M Seidi, Hoda Ahmarny Tehran, A Jafarbglo, M Kordzadh, Z Sadatmam
Survey of Barriers to Nurse’s Reporting of Medication Administration Errors.................................................................104
    Simin Jahani
Medical Errors in Saudi Arabia: The Legal System, Litigations, and Professional Liabilities.................................106
    Jamal Saleh Al Jarallah
Legislation of Mental Health.................................................................107
    Fatemeh Maaref doust, Mahdiyeh Shojaei Bagheini
International Code of Ethics for Midwives ...........................................109
    F. Mostafazadeh
Necessity of Designing Convention on the Rights of Patients in the Field of Anesthesiology ..................................................110
    Mohsen Savaei, Abdolhamid Chohdari, Shahrbanoo Shahrbaiz
Application of Ethical Guidelines and Codes in the Form of Code of Ethics of Amadegah Eye Surgery Center of Esfahan.................................................................113
    Mohammad Mozaffarpour
Ethics in Surgery ........................................................................114
    Marjan Laal

16-18 April 2008
The Model for Conducting Ethics Consultation in the Intensive Care Units .........................................................116
  F Solaimanizadeh, N Zafarnia, L Solaimanizadeh, A Abass zadeh, M Javadi

Is Anatomy Forbidden or not? .........................................................118
  Alireza Ismailabadi, Hamideh Yazdimoghaddam

The Use of off Label Medicines in Children ..............................119
  Simin Ozar Mashayekhi, Mohammadreza Ghandforoush- sattari

A survey on Nanotechnology Ethical Issues a Look on Proposed Solutions .................................................................121
  Fattaneh Saddat Bathaei

Ethical Expedients in Biomedical Research Involving Human Subjects .................................................................123
  M Hajifaraji

The Process of Getting an Ethical Approval for the Research Involving Human in the Universities of the UK .................125
  Mohammadreza Ghandforoush-Sattari, Simin Mashayekhi

Clinical Studies in Children ..........................................................127
  Simin Ozar Mashayekhi, Mohammadreza Ghandforoush- sattari

The Role of Ethic's Committees in Monitoring Research Protocol .................................................................129
  Majed Zemni, Safia Jellali Zemni
Abstracts
The International Congress of Medical Ethics in Iran ——— 9

Ethics and Alternatives in Research ........................................131
Parvin Zakeri-Milani, Hadi Valizadeh

Ethics in Medical Researches ..................................................132
Afsaneh Ghanbari

Teaching Inter Disciplinary Professional Ethics ......................135
Mohamad Abid Bakhotmah

Ethics in Health Administration .............................................138
Mahdiyeh Shojaei Baghini, Fatemeh Maarefdoost

Medical Ethics in Health Tourism Development .....................140
Alireza Jabbari, Sayyed Jamaloddin Tabibi, Bahram Delgoshaei

Complementary and Alternative Medicine and Ethical
Considerations .................................................................141
S. Shamloo, H.A. Adhami

Conceptual Framework of Monitoring Equity in Health and
Health Care .......................................................................143
Sayyed Pourya Hedayati Naser Kiyadeh

Newborn Rights .....................................................................145
Ashraf Mohammad zadeh

Ethical Problems of Oocyte and Embryo Donation .............149
Nasrin Ghasemi, Abbas Aflatoonian
Prenatal Screening & Counselling in Iran........................................151
Mansooreh Saniei, Elnaz Jafari Mehr, Saeed Shahraz, Ladan
Naz Zahedi, Ala Melati Rad, Saye Sayar, Roya Sherafat
Kazemzade, Ahmad Shekarchi, Mohammad Reza Zali

Cloning ..................................................................................................153
M. H. Ghadiani, S. Sh. Sadr, M. Toushieh, M. Damahi, N.
Baligh

Misunderstanding: Human Cloning, Identity and
Immortality..............................................................................................156
Ali Mohammadi

Study of Rhythm of Knowledge and Attitude of Doctors and
Nurses about Patient Right’s Pprism in Dependent Hospitals
of Medical Faculty of Shahrood: 1385.............................................159
Mohamad Amiri, Hhasan Bagheri, Samira Ershadipoor,
Robabbe Davarzany

Human Cloning & Problem of Psychological Identity........161
Ali Mohammadi

Ethical Issues Relating to Molecular Genetic Testing of
Spinal Muscular Atrophy.................................................................163
Fateme Hayati, Watihayatihayati Mohd Dhamshudin, Marini
Marzuki, Atif Amin Blag, Che Badariah, Bt Ab Azizi, Bin
Alwizilfalil

16-18 April 2008
Abstracts
The International Congress of Medical Ethics in Iran — 11

Ethics in Genetic Consultation: Reporting Medical
Errors .............................................................................................................165
Sayyed Mohammad Akrami
The Role of Ethic in Challenge and Future of HIV
Prevention ......................................................................................................166
Khadijeh Mirzaeinajmandi
Is Cloning an Ethical Phenomenon? ....................................................168
Hussain Rezaei
The Assessment of Changes in Medical Students Attitudes
before & after Passing Communication skills Educational
Program During Semiology Course in Medical Faculty,
Tehran University of Medical Sciences ..............................................170
Farzaneh Shirani, Farhad Shahi, Sirous Safarzadeh, Azim
Mirzazadeh
Nursing and Implicational Methods in Ethic Education.....172
Houssein Saharkhiz
Code of Ethics for Health Educators ..............................................174
Mohsen Shams, Yalda Soleiman Ekhtiari
Education of Ethics in University ......................................................176
Fereghiz Farzianpour, Daryush Farhood, Ahmad
Fayazbakhsh
What do You Know about Euthanasia? ..............................179
Golam Ali Molla Sadegh Roknabadi

------------------------------------------- 16-18 April 2008
Abstracts

12 The International Congress of Medical Ethics in Iran

Euthanasia, Choice and Human Rights ........................................181

Amir Maghami

Is Euthanasia and Physician Assisted Suicide Necessary
Inclincal Situation .................................................................183

Mahdieh Shojaei Bagheini, Fatemeh Maaref Dust

The Knowledge and the Attitude of the Nurses about Pre-
Death and Post-Death Cares
S. Fatemeh Vasegh Rahimparvar, F. Noughani, J. Zebardast

ESAP and it Impacts on Health Injustice in Developing
Countries ................................................................................188

Hossein Godazgar

Scarce Resource Allocation .......................................................190

Motevali Zaadeh, Sholeh Zakiani

Equity in Allocating Resources in Health Care and Human
Rights .......................................................................................192

Azita Sarian

16-18 April 2008

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A Study of New Convergence Strategies of Islamic Countries
Physicians in Bioethic
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Introduction: Unification of the Islamic scientists to provide a complete life rule system seen is to be inevitable. As the human being has a valuable position and was selected as God representative in Islam. Consideration of humanity dignity is one of divine religious distinctions specially in great religion of Islam significance of human creation has been mentioned in some Koran verses. Bioethics in a relatively new field in Biotechnology science which is flourishing as an important achievement of medical science and indication of power for high-level Islamic countries medical centers. It has been both welcomed and rejected by different Islamic countries.

Methods: The tools of collecting the information had been the results of researches and studies of professors in the fields of bioethics and the results of seminars and congresses of Legal Medicine. Also the results of the studies of national

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16-18 April 2008
Abstracts

The International Congress of Medical Ethics in Iran

biotechnology of the biotechnology research institution and national biotechnology center have been used in this study.

Results and Discussion: The study of historical bases of bioethics and biomedicine indicates certain convergence among all nations. In this paper, with emphasizing on Universal Convergence, we are going to prove that how to gain a new strategy on bioethics and biomedicine as worldwide. The aim of this study was to illustrate the restrictions and complicated problem in bioethics procedure.

In this article we tried to focus on the triple axes of religion legal, and medical considerations in bioethics and integrating them to illuminate bright horizons for this procedure in Iran, and presented issues and challenges that require more considerations.

Key words: Bioethics, strategies, Islamic Countries, Universal Convergence.
The Need for Education of Women's Religious Duties to Midwifery Students

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Background and aim: It seems that answering to the simple questions of the women who are devoted to their religious duties, can have an effective role in their psychological healthy. The aim of this study was to determine the necessary of religious duties education regarding Khoonhaye-segane (Heyz, Estehaze and Nefas), abortion and in-vitro-fertilization to midwifery students and teachers in subjects' opinion.

Methods and Materials: In this descriptive (cross sectional) study the questionnaires were sent to all of the midwifery teachers of Iran universities of medical sciences (272 individuals) by mail. After returning half of the questionnaires, descriptive analysis and SPSS software was used for analysis of the data.

Results: The majority of the subjects had moderate level of knowledge (4-6 scores from 9) regarding religious duties of 

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16-18 April 2008
Khoonhaye-segane and abortion; and have low level of knowledge (0-3 scores from 9) regarding religious duties of in-vitro-fertilization. The majority of midwifery teachers were completely satisfied (or Satisfied) with all of the questions about the necessary education of Khoonhaye-segane, abortion and in-vitro-fertilization; and they reported that training of these duties are very important in midwifery.

**Conclusion:** According to the finding of this research, volunteer midwifery teachers can be educated of women's religious duties by workshop method; and then these educated teachers can be used for training midwifery students.
The Doctor’s Passage in Four Travels
(Transcendent Philosophy)
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On the basis of Religious narratives and histories, the mankind has never been without Prophet and always directions or cultures after previous Prophets remains for human’s living. One of the important religious educations is Thinking, thinking about world, thinking about man and his communications with world and thinking about wonderful creatures. Prophets directed this thinkings and also learned him Ethics and Laws in social relations. Philpslphy – or with precision – Theology is result of this learning.

In 979-1045 Hegira (1571-1635 AD) a philosopher lived that named Sadredin Mohammad, known as Molasadra and afterwards entitled Sadrolmotaallehin.

Molasadra innovated the method for solving thought problems that accompanied by Philosophy and Gnosticism (Erfan). Molasadra’s fashion is independent method with specific regulation. He has created a Philosophical system
that comprehend all of the questions in philosophy, even can solve secondary questions subsequently.

We know other than “ancient Intuition method and Peripatetics method and Gnos ticism(Erfan)” Molasadra’s method is only comprehensive and responsive fashion through the world. Such we can understand the basis of the name “Transcendent Philosophy” or Preferable Philosophy and the name of Molasadra’s book “Transcendent Philosophy in four travels”

Gnostics says acquaintance or Philosophy is recognition of the world and passage from material and obvious world toward self and nonobvious world, that is intellectual world or arrival in Adjectival and Concrete Monotheism that is named “Four travels”. The first step of travels is passage from creations toward God (Monotheism), the second is travelling in (Adjectives and Genuine of) God with God, third stage is return to creature with God for help and guidance. The fourth travel is in creations with God for driving them toward God.

This article is about doctor’s passage and it’s circumstance in “Four travels”, for example in second stage doctor arrive a high position that become “Liven” that is the great name of God and . . . .

**Keywords:** doctor - Four Travels - Transcendent Philosophy - Molasadra
A Survey of Characteristics of Scientific Articles in the Field of Bioethics: Search in Internet

Dr Ladan Naz Zahedi

**Background:** policy-makers at the country level or university level need to know the characteristics of the relevant society including that of the public or that of the scientific society, to provide a comprehensive program based on the needs of the considered society. Since introduction of a society in the terms of statistics provides a tool to facilitate understanding those characteristics by an individual, studies which have been conducted "in the field", may reflect the characteristics of that society with a good approximation. So, it is necessary to investigate recent articles about biomedical ethics published in English journals or presented in conferences, from different aspects.

**Materials and method:** Using motor engine search of Google and databases of medline and pubmed, and using word-searches of "Iran, bioethics/ethics" permanently and "confidentiality, consent, decision-making, privacy, disclosure, patient-doctor relationship, healthcare, medical documents" intermittently, type

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16-18 April 2008
and number of articles about bioethics whose authors were Iranian researchers, subject of the research, year of publication and where it had been published, and also, number of authors of each article, and affiliation of the author/s, were sought. In some articles the project was conducted by cooperation of two or more centers, which only the main supportive university center was considered in the analysis.

**Results:** On the whole, 62 articles had been published, using the above-mentioned motor engine search and databases, which were performed in 23 Iranian university and related scientific centers. The following centers were involved in the writing articles, in the order of the most articles produced: Tehran University of Medical Sciences (56.4%), Shaheed Beheshti University of Medical Sciences (19.3%), Shiraz University of Medical Sciences (8%), Ministry of Health and Medical Education (4.8%), and University of Tarbiat-E Modarress, Kerman University of Medical Sciences, Zanjan University of Medical Sciences, Isfahan University of Medical Sciences, Yazd Shaheed Sadoughi University of Medical Sciences, Ahwaz Jondi-Shapour University of Medical Sciences, Iranian Academy of Medical Sciences, and Medical Ethics Center, (1.6%, each). Iranian researchers were most interested in these subjects: transplant organ donation (22.5%); medical ethics (11.2%); ethics education, patient dignity, and scientific article writing,
Abstracts
The International Congress of Medical Ethics in Iran ——— 21

(8%, each). Published articles were of these types: review article (61.3%), original article (32.2%), commented summaries (3.2%), and a letter to editor (1.6%). Number of the articles published in the year 2005 up to now versus the years before 2005, was 70.9% vs. 29%. The percentages of the authors involved in each article were as follows: four authors or less 90.3%, and more than four authors 9.6%.

Conclusion: In recent years, Iranian physicians and researches have become more interested in the topic of Medical Ethics and main university centers in the country have considered this issue. In fact, the most considered issues were those that were the most presented issues internationally. Original articles comprised about one third of the articles which necessitate the researchers to take it into account, because this type of articles could better reflect public and medical society needs of education. On the other hand, it is known that the mean number of authors for an article in the BMJ and JAMA journals is 4.5 and 7, respectively; so, we suggest more collaboration and distinction of duties among the authors in order to improve the quality of the articles for being published in a higher quality scientific journal.
Ethical, Religious and Historical Perspectives in Dealing with AIDS
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Although Acquired Immunodeficiency Syndrome has become plague of the century, in many parts of the world the subject of AIDS is considered as a taboo and HIV-positive people are mistreated. Such factors contribute to the fact that the number of AIDS cases may be underreported.

Although, ethics have long been recognized as an essential requirement in the making of a physician, there are particular ethical issues in dealing with AIDS patients. However, even though AIDS has only recently been recognized, Islamic writings offered clear ethical guidance in dealing with similar problems. The ancient physician Ishaq ibn Ali al-luuhawi wrote extensively about ethics in his book, Adab al-Tabib (Ethics of a Physician). It proofs the fact that issues of responsibility, ethical dilemmas, and the needs of the society are not new to medicine. Such ethical issues are routed in principles that are guided in the holy Quran. It is quoted in Quran“... Whoever kills a human
being not in lieu of another human being or because of mischief on earth is it as if he has killed all mankind; and whoever saves the life of a human being, it is as if he has saved the life of all mankind." Islamic medical ethics draw their essence from Islamic teachings, which call for honesty, sound performance, and consciousness of God in every act. They are based on the principles of the sanctity of human life, body, the soul and safeguarding its privacy.

The Muslim physicians Al-Razi (841-926A.D.) and Avicenna (980-1036A.D.) defined medicine as the art concerned with the preservation of good health, combating of disease, and restoration to health.

An Islamic response to AIDS is directed, firstly, to prevent the disease by having a sexual lifestyle prescribed by God. In those cases where AIDS is acquired without sexual contact, all measures should be taken to protect the individual. Muslim physicians have an obligation to continue caring for AIDS patients while taking the necessary precautions for themselves. They should also participate in preventive measures and education. Regulations governing the practice of the medical profession stipulate that a physician must practice his profession for the benefit of the individual and the community within the framework of respecting patients’ right to life, safety and dignity.
The Values of Other Cultures Cannot Simply be Imported into Central Asia
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Uzbekistan started carrying out the society modernization. The case studies of their population attitude to new biomedical techniques show that there is going the Westernisation of the newly independent Central Asian countries, including in the field of ethics. The easiest way to see this tendency is reproductive behaviour of our men and women.

Uzbekistan has a complicated demographic situation. Presently, population of Uzbekistan is nearly 26 million people. A One out of two woman is of a fertile age. 400 thousand children are born annually. The proportion of children till 16 years old in the structure of population is more than 40 %.

On the one hand the fertility and tradition of having as many children as you want are announced as genuine and time tested value of the Uzbek culture. As President of the Republic of Uzbekistan explains, the term "family planning" contradicts to

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the Islamic philosophy. On the other hand, Government is stimulating using contraceptives in between couples via medical service system, and moreover, sometimes forces them to do that.

Politics for control over birth brought its results. There is decrease in numbers of abortions, and birth as well. Nowadays population growth is 1.5 compared to 1.8, which was several years ago (2, 8 in Soviet period). Though it is not accepted to talk about a "family planning" in the official speeches, the decrease in the population growth and number of abortions is caused by implementing the Governmental programs on population health, as well as reproductive health, strengthening.

It has also established the system of ante nuptial medical examination (couples have to get the necessary permission of doctors for registration of their marriage status). A medical secrecy decreases the benefit of antenuptial medical examination despite its obligatory character. It's important to emphasize that doctors do not prohibit to get married. An antenuptial medical examination can se considered as a form of preventive activity and medical enlightenment of our Health Care system. But such activity cannot have force of law.

One of the reasons of such situation is that Central Asia lacks sufficient ethics training for researchers while there does exist a high level of interest in field. Central Asian countries Philosophy or Ethics have not gone far from religion. The sacred texts are
such a comprehensive collection of ideas that it's possible to find justification "from above" to almost any affirmation. For example, there are researchers who say that according to Islam, a 4-month human fetus is considered a human being, as at that moment an angel breathes immortal soul in a human fetus. Others follow Koran saying that the creation of a human being from clotting blood. All depends on a person who perceives the Holy Scripture, as well as on their beliefs, purposes and needs. But in any way researchers must remember that it is important to take into account the cultural and national visions on ethics and social behavior.
Ethics in Public Health Management – Comparison of Islamic and Western View
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There is now widespread agreement in western countries among both the general population and health professionals that What are the appropriate limits of the state in a liberal society in regulating, restricting or prohibiting behaviors that lead to premature morbidity and mortality; in shaping, molding or influencing the preferences and desires of its citizens; in protecting citizens from commercial influences that may encourage or sustain patterns of behavior that are antithetical to the goals of public health? The scope and significance of the challenge posed by these public documents can most forcefully captured by the clash that emerged between those who saw in this new perspective a call for vigorous and legitimate governmental intervention and those who believed that represented the public health version of victim blaming.
The differences between Islamic and western views in public health management

Are due to the way of looking to aims of life of human being, in liberalism and humanism that are dominant ideology of western countries the zenith of aims of life are convenience, freedom and happiness but in Islam these are only base or floor of aims and zenith point is spiritual perfection.

The purpose of the hygienic regime in Islam is to create a community which is healthy and immune against diseases, and the healthy individual (in body and mind) who is capable of understanding and applying God's message and carrying it away to the whole world.

In Islam correct management in context of Islamic government has very important role in education, knowledge increasing, rising cultural level, social development and health of society and people with obedience of religious, wise and skillful managers will place in the way toward perfection in all aspects.

If we live in true religious government we should not appose rules of this society:

if we appose we will punish and if we do the laws we will encourage "It is not fitting for believer, man or woman, when a matter has been decided by God and His Prophet, to have any option about the decision. If anyone disobeys God and His Apostle, he is indeed on a clearly wrong path." (Quran 33:36)
"If anyone killed a person, unless it is for murder or spreading mischief on earth, it would be as if he killed all of mankind. And if anyone saved a life it would be as if he saved the lives of all mankind". (Quran 5: 35)

Conclusion: in western views to public health ethics there are controversies in appropriate limits of the state in regulating but in Islam there are clear rules about public health management. Will and determination of all creatures is in hands of God and it is lord's order that we can not harm us or any other and the government should execute this rule.
Studying about Side Effects of Treatment and Physician Responsibility in Regulation of Iran and Imamiye Religious Jurisprudence
Fateme Aliakbari, Najme Shahinfard

Introduction: some times, physicians damage to patient during diagnosis or treatment for examples several ribs of patient may be broken during cardio pulmonary resuscitation or ecceyhmosis, pain or other side effects may be occurred during performance of diagnosis tests. The purpose of this article is to determining side effects of treatment and physician responsibility in regulations of Iran and Imamiye religious jurisprudence.

Conclusion: Acquittance of physician in treatment is one of the legal necessities this matter allocates regulation of Iran. Legislator has accepted it according to Imamiye religious jurisprudence as one of the special elements in Legislation. If a patient exempt doctor before treatment this case will cause non responsibility for physician. Article 60 of Islamic penal law says: if the physician gain acquittance from patient or her guardian , he(she) will not become guaranter of life damage or limb deficiency. Article 320 of Islamic punishment: " if circumciser

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16-18 April 2008
Abstracts
The International Congress of Medical Ethics in Iran ——— 31

causes crime or damage because of cutting more than necessary amount he(she) will be guarantor in spite of his(her) skill.

Satisfaction must be based on awareness and response to patient disagree by force and if change their decision, they will not accept treatment.

Keywords: side effects- physician responsibility- religious jurisprudence
Patient Consent in Iran Law
Masoud Rabbani¹

In this article we discuss about the patient consent when he or she is treated by a physician or a medical team. Most of physicians realize that when they take a written consent form from their patients they are free to do any medical treatment or operation for him and if every complication he or she cant complain against them.

Since the operator is doing such a actions that interfere with human wrights and body integrity other conditions such as legal acts and medical and ethical laws should be considered. We would discuss about this matters according to Iran law.

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Interaction between Bio Psycho Social Paradigm in Medical Philosophy and Restorative Justice Paradigm in Criminology
Mehdi Khaghani¹
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The employment of science philosophy theories in medical philosophy in the modernism era (like physicalism theory by Thomas Cohen), provides us with a pure biologic approach toward medical science and introduces it as an ontology based on concepts of physics and chemistry. The classical paradigm leads to the negligence of medical philosophy toward its valuable objectives. The majority of medical philosophers in the past decade have been focusing on superficial ontology while the root of some medical challenges are going down in deeper layers like the methodology of base sciences of medical studies. The inefficiency of bio approach led to efforts to amend the paradigm. The compound model of bio psycho social, which was developed to make the medical sciences more human friendly, is the fruition of these efforts. Humanistic medication can only be perceived if, in addition to medication, fundamental researches

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are being modified. Attention toward the holistic medication approaches; life style, spiritual faucets in grand general view and everything that can be part of the life, mind and society triangle creates the paradigm of contemporary medication philosophy. Post modernism health systems are in pursuit of meeting all of the humanity demands in an integrated solution. In present time the integrative medicine has been culminated from the modifications in patterns of hygiene paradigm in many countries of the world.

This paper considers the restorative justice solution, which is the most recent achievement of criminology, to be the only holistic and integrative paradigm amongst all of the other concepts in field of criminal justice. The restorative approach toward justice, which is the result of socialistic view of criminal policy toward the phenomenon of crime, is a philosophy which came into existence after the failure of totalistic manifest of classical criminal justice and in redefinition of the fundamental concepts of community based justice, with a generalized team, multidisciplinary approach and by eliminating the shortcomings of previous criminological theories, provides the world with a just and fair trial by devising a non suppressive mechanism and even supportive and compensative solutions toward the victim, rehabilitation mechanism toward the offender and various methods to increase the participation of community. Integrative
Abstracts
The International Congress of Medical Ethics in Iran ———— 35

view has made a comprehensive and bio-social-psychological solution for the concept of justice.

The author believes that one of the concerns of restorative criminal policy is certainty of health of the offender and the victim and this paramount objective can not be met unless with the support of sciences like medical science. On the other hand, the existence of a just and fair criminal justice system-restorative justice-is one of the elements in integrative bio psycho social paradigm in the domain of medical philosophy.

Keywords: restorative justice, bio psycho social paradigm, medical philosophy, integrative medicine.
Defining Futility
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It is a futility if the medical profession keeps ignoring the rule of religion in medical practice! ; No matter how hard it is for some to accept the fact of the profound effect of religion on the daily clinical practice; like it or not ,the patient ideologies and hence their choices is actually influencing treatment decisions and therefore management plans.

In Islamic religion, there are five necessities in order of importance they have to be fulfilled in everything in those who chose Islam as religion and the author is trying to apply it on clinical practice. These are:

1. maintaining the religion
2. maintaining the soul and body
3. maintaining the mind
4. maintaining the dignity
5. maintaining the wealth

The presentation will discuss the effect of the concept on futility from the Islamic ethical perspective.

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Medical Ethics Phylosophy
Jamal Khani Jazani¹

After a short introduction about the situation and the present importance of medical ethics, key words and definitions have been preceded.

Then a brief report on different theories raised in ethics philosophy and relation of these theories with medical ethics have been presented. At the concluding part, the relation between ethics philosophy of holy Islam with medical has been discussed and explained that ethics behavior of physicians have become internal behavior on the basis of Islamic ethics principles, so regarding these principles medical ethics should be internalized in people insides not in the way that medical professional ethics carry out under the enforcement of law and punishment as prescribe in the philosophy of other schools.

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16-18 April 2008
The Concept of Awrah in Surgical Practice

Mohamad Abid Bakhotmah

Awrah is a term in Islamic Ethics, which means the strictly private, others are not allowed to intrude without proper permission. It is of two types:

1. Physical, 2. Conceptual

The physical Awrah is the body privacy; it includes the right of modesty of exposure in the presence of others. The applicable example is the exposure of surgical patients under general anesthesia. Giving the patient the benefit of modern antibacterial preparation while maintaining human dignity and not to expose him/her unnecessarily is a patient right and needs to be addressed properly. The patient must be sure and confidant only the required personnel are present during the time of necessary body exposures and to put a code of conduct for all those working in operating rooms. The 10 years experience in the university hospital in Jeddah will be presented.

The conceptual Awrah is the information privacy. It includes all the medical file content which include personal, social, medical data, who should have access to patient's information and how

Both concepts will be discussed from the Islamic religion point of view,

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The Cost of Kidney Transplantation in Iran

Saeid Baharloo\textsuperscript{1}, Babak Kordvani, Mohammad Houssein

NourBala, Shervin Asari

\textbf{Background:} Kidney transplantation has gained widespread popularity by improving the outcome of end-stage renal disease (ESRD) patients. However, this is a highly complicated and expensive procedure that puts much pressure on the health system in developing countries. We report the costs in Iran model of kidney transplantation.

\textbf{Materials and Methods:} We reviewed the regulations for kidney transplantation using Dialysis and Transplant Patients Association (DATPA) information, 2005. All data regarding the cost of transplantation procedure, immunosuppression, and the money given to donors were included. The cost of transplantation procedure was categorized into personnel, drugs, paraclinics, hospital bed, and other expenses. To achieve more comprehensive results, all costs were converted into US dollars (1 USD = 9000 Rials).

\textbf{Results:} The total cost of kidney transplantation procedure was \$9224. Of this, 65.8\% (\$6076) was related to the

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immunosuppression therapy in the first year, 22.2% ($2048) to the transplantation procedure, and 12% ($1100) to organ procurement. The details of donor nephrectomy were as follows: personnel, $183; accommodations, $107; drugs, $39; paraclinics, $23; and other, $22. These values for kidney recipient were personnel, $331; drugs, $367; paraclinics, $278; accommodations, $475; and other, $222.

Conclusion: Compared with other countries, the kidney transplantation cost is low in Iran. The health system also pays for all the expenses. These, along with full medical insurance coverage of kidney recipients, make kidney transplantation available for every patient, regardless of the socioeconomic status due to its low cost. It is expected that a higher number of transplantation candidates with a low socioeconomic status will select transplantation
Abstracts
The International Congress of Medical Ethics in Iran ——— 41

Islamic Medical Ethics on Organ Transplantation
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1. Seeking cure is an obligation.
2. Saving of life or improving Quality of life is a must.
3. Using the forbidden for Necessity is allowed.
4. Choosing the lesser of the two evils is preferred.
5. Whatever is forbidden is specifically mentioned by Allah in the Qur'an.
6. We are warned not to forbid the Things Allah has permitted.
7. Haraam must be proven by an authentic command.
8. Almighty Allah has not directly or indirectly prohibited organ donation or transplantation. In fact, He has encouraged the saving of life at any cost.
Ethic Aspects of Xenotransplantation
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In response to the increasing organ and tissue shortage that make great number of patients waiting for transplant and dramatically some of them died while waiting; researchers and scientists forced to process alternative therapies; like Xenotransplantation.

Xenotransplantation, a Greek-based word, is the transplantation of organs and cells from one species to another. In this article this term refers to a procedure in which an organ from an animal are transplanted or grafted into a human patient.

The reasons usually given for this are solution to human organ shortage; unlimited supply of animal organs; potential to aid patients with hemophilia, diabetes, Parkinson Alzheimer, …

Despite these benefits ; it raises many moral and ethical dilemmas and there are some points to consider (e.g. animal rights, patient acceptance, community health, religious objection, ethical aspects, quality of life,…); however, the problem of

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Abstracts
The International Congress of Medical Ethics in Iran ——— 43

hyperacute rejection and the risk of transmitting microorganisms of animal to human beings; limit the clinical use considerably.

The aim of this study is to discus some considerable points that are mentioned such as problems that patient might face, Islamic opinion on this controversial issue… and to express some expert’s opinions about this therapy.
Renal Transplantation in Iran Over the Past Two Decades: A Trend Analysis

Saeid Baharloo¹, Babak Kordvani, Mohammad Houssein
NourBala, Shervin Asari

**Background:** In this study, we have reported updated statistics of the Iranian Transplantation Registry, the status of the recipients and grafts, and a detailed time trend with respect to patient characteristics.

**Methods:** We retrospectively reviewed the Iranian Renal Transplantation Registry and information from the Dialysis and Transplant Patients Public Association, to obtain data on all kidney transplantations performed in Iran between 1986 and 2005. Data were gathered regarding the total number of transplantations, graft loss, recipient death, and donor and recipient characteristics, including demographic data, cause of end-stage renal disease (ESRD), and source of kidney. We assessed changes in variables on a biannual basis.

**Results:** A total of 19521 transplantations were registered over the study period, of which, 761 recipients (3.9%) had died and

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16-18 April 2008
Abstracts
The International Congress of Medical Ethics in Iran ——— 45

2333 allograft (11.9%) had been lost. The source of the kidney in 2556 (13%) subjects was a living related donor (LRD), in 16234 (83%) a living unrelated donor (LURD), and in 831 (4%) cadaveric. During the study decades we noted an increase in the number of kidney transplantations (from 22 to 3690), age of recipients (from 30 to 40), male-to-female ratio of recipients (from 0.58 to 0.67), male-to-female ratio of donors (from 0.48 to 0.52), diabetes mellitus (from 0% to 27%), and hypertension (from 4% to 15%), as causes of ESRD, as well as the use of cadaveric kidneys (0% to 11%).

Conclusion: Analyzing renal transplantation data not only helps to evaluate the effectiveness of transplantation activities in a country, but also provides information to estimate future costs in the health care system.
The Donation and Sale of Human Organs in View Point of Islamic Jurisprudence and Ethics
Zahra Govahi
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The phenomena of donation, sale and, unbequeathed possession of human organs is important subject for medical ethics. This matter has accepted completely in certain of countries and unlawful in others. In Islamic Republic of Iran, at first there were many questions and challenges among jurists and scholars of ethics and medicines, but finally it was accepted by them and became lawful. The opposition to this matter was based on the main principles such as:

1. Man's body is an edifice built by Allah honored and elevated above sale and purchase, so the sale of free man and organs of his body is lawfully invalid.

2. This act is insult and disgracing to a Muslim dead. and so on. This article attempts to show the reasons of them and basic ethical principles should be observed in these medical activities.

Key words: donation and sale of organs, ethics, Islam

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16-18 April 2008
Abstracts
The International Congress of Medical Ethics in Iran —— 47

Professional Ethics & Legal Problems in CCU & ICU
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The critical care units (CCU & ICU) designed to admission of patients that their life is at danger. Very often, this units encountered to medical ethics and legal problems related to very ill persons that restoring and health to life is very low. unquestionable, medical staff make an effort at increase health and cure patients in all times and positions. Therefore, the problems in following at CCU & ICU can make legal and medical ethics problems for facilities and hospitals and staff:

1. Non-observance rights of very ill patients.
2. Non-observance respect of patients. Even patients near to death.
3. Non-observance medical ethics with others and patient relatives.
4. Transfer of patient without taking relatives consent.
5. The cases which must be observance medical and nonmedical staff in CCU & ICU, divided to ten bases in fellow:
   6. The maintain and care of respect to religion and religious

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16-18 April 2008
law and personality of patient.

7. Mental and psychic care of patient.


10. Observance principals of medical ethics in research.

11. Observance of respect and ethics to fellow-workman.

12. Observance of respect at relationship between physicians and medical staff and, students, and assistants.


14. To prevent of medical omissions.

15. Observance principles of documentation in medical records.

**Result:** In any conditions, medical staff in CCU & ICU must be considered to a Greek proverb related to professional ethics and legal problems:

Primo No Nocere

The medical staff must pace with complete aware, adequate skills, and with observance legal and ethics princpals in side god and people consent.

**Key Words:** CCU, ICU, Critical Care Unit, Professional Ethics or Medical Ethics.
Medical Ethics and Implicit or Explicit Confidentiality
Mojhgan Magami, Shahla Foozonkhah, Fariba Khodaiefar

Introduction: Hippocrates oath put emphasis on the importance of confidentiality in clinical care issuesin the 4th century &from that time forth, regarding confidentiality becomeas a principle and a basic rule in clinical subjects.

Preserving the confidentiality of patients or volunteers is important in research as in standard clinical care, researcher and the research team shoud make all preparationsto avoid inadvertent breaches of confidentiality. It is important to know that the physicians main ethical duty is to save patienis lives, according to preserving human respectability and this might be possible only by trust, because a patient will only reveal sensitive, personal details that are essential for diagnosis & treatment, if confident that they will not be passed on to others. But in some societies implicit confidentiality being accepted, in others explicit one. There are different reasons for these acceptances.

Methods: This study has been done in systematic review and by the means of citation and reference tracking methods.

Discussion: In this paper, at first we investigated the main role of confidentiality in the clinical cares & patient –physician
relationship, moreover we studied the importance of preserving this principle during a research project performance and then we mentioned to some precautions recommended to enhance confidentiality. It also has been discussed that why in some countries implicit confidentiality has been accepted and explicit one in other ones. At the end we referred to the doctor’s role on decision-making process in preserving or breaking confidentiality, according to the conditions.

**Conclusion:** confidentiality has been a cornerstone of medical ethics, since the time of Hippocrates. Human beings deserve respect and one important way of showing the respect is by preserving their privacy. Most times breaking confidentiality done inadvertently but it doesn't mean that abuses of confidentiality by inadvertence can be condoned. In spite of this fact that more countries believe in implicit confidentiality this is a fact that there are always some situations in which doctors have discretion to breach confidentiality. Surely nothing can be completely absolute in the world, in other words, individual cases will be adjudicated in the light of each situation and by the analysis of each case benefits & disadvantages, considering it's own conditions.

**Keywords:** Confidentiality, Medical ethics, explicit, implicit, breaking confidentiality
Principles of Medical Ethics Relevant to the Protection of Prisoners Against Torture

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The resolution 31/85 of 13 December 1976, ) was proposed by the United Nations, in which it invited the World Health Organization to prepare a draft code of medical ethics relevant to the protection of persons subjected to any form of detention or imprisonment against torture and other cruel, inhuman or degrading treatment or punishment. The Executive Board of the World Health Organization which, at its sixty-third session, in January 1979, decided to endorse the principles set forth in a report entitled "codes of medical ethics review, a draft body of principles prepared by the Council for International Organizations of Medical Sciences and entitled "Principles of medical ethics relevant to the role of health personnel in the protection of persons against torture and other cruel, inhuman or degrading treatment or punishment". Finally Resolution 37/194 (Principles of Medical Ethics) was proposed by the United Nations General Assembly on 18 December 1982, and the codes

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of medical ethics relevant to the Protection of principles against torture was assigned in 6 principles.

**Method:** This research was made by literature review (library and internet).

Discussion: where as, this principles are brief, points of detail shoud be taken by countries and by professional associations.

**Key Words:** principles of medical ethics-prisoners
Abstracts
The International Congress of Medical Ethics in Iran ——— 53

Clinical Trials of Medicines in Children
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There are practical difficulties in organizing clinical trials in children such as problems with developing an appropriate formulation, or difficulties in recruiting medical center, and children because of the well justified concerns of their parents or legal guardians and health professionals.

For new drugs, little is known about the drug’s dosage or side effects in children. The available data from adult studies could not provide us with the information regarding the safe dosage for children. Assuming children as small adults who need smaller doses is a dangerous misconception. Another problem in conducting clinical trials in children is the cost which is greater than studies in adult.

Although in order to ensure that children receive effective, safe and high quality medicines, these medications need to be
tested scientifically in children within controlled clinical trials, but there are issues that need to be addressed so a child would not be in any harm or risk as a result of enrolling in clinical trails. Some of these protective measures are:

a) A registry system for all pediatrics trials from all countries would be a great help.

b) Trained investigators with experience of working on clinical trials in children should be employed for working in clinical trials with children subjects.

c) Informed consent, parental permission, and assent in pediatric practice: many people involved in treating young people believe that the child or adolescent should play a role in the decision-making in entering a research study but the age in which a child can give consent differs from country to country. The consent or assent provided by parents or children should be presumed after receiving enough information and understanding the potential risks and benefits as well as the child’s rights and responsibilities. This guide will explain what to expect during the informed consent process, explain its importance to clinical research participants, and describe how it fits into a larger system that protects the welfare of people who take part in clinical trials.
Abstracts
The International Congress of Medical Ethics in Iran ——— 55

A Survey to Respect Patient's Rights and Privacy and Physical & Emotional Area by Nurses in Shohada Hospital Khoramabad
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Introduction & Goal: Patient's right have been center of attention in recent decades because of patient's vulnerability and worldwide sensitivity to human rights. The concept of privacy which is used in many disciplines is a basic human need and also is recognized as an important concept in nursing.

The emphasis on human's basic rights in health care especially keeping patient dignity like a human when will be important that patient inurable and easily resolve in exposed to danger. The like look that have been forgotten patient's realm in when to take health care. Such as patient don't have information, knowledge from yourself rights in hospitalization, that cusing to be injured them. Therefore this study done with goal determine respect rate patient's rights and privacy and physical & emotional area by nurses in shohada hospital khoramabad.

Method: This is descriptive analytical study, that was done on 200 patients. Sampling was randomly. Data was gathered by questionnaire (demographic, right questions) we used likert to measure question. Data analysis performrd spss software statistical
test was chi square.

**Results:** The finding showed that were 59% female, 6% had inpatient over 15 days only 10% samples had privacy observance and 12% was guideness, also 9% samples receive explanation about treatment, ill and et all by nurses.

**Discussion:** the finding showed that they expectation for equality and justice in receiveing health care service, human respect and privacy, need to be informed regarding their diagnosis and having essential facilities in the hospital. the recommend that by education increase nurses' concept, practice and attitude toward patients rights and privacy.

**Key Words:** pateint, privacy, right, inpateint, observance, respect
Abstracts
The International Congress of Medical Ethics in Iran ——— 57

Respecting Patients Privacy during Nursing Care in the
Viewpoint of
Patients and Nurses
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2- Academic member of Bonab Islamic university

Background and objectives: Privacy is a major human need and is a cornerstone of medical care. Nurses, because of the specific nature of their profession, have a specific role in fulfill privacy need of their patients. The aim of this study was to compare viewpoints of patients and nurses regarding respecting to patient’s privacy during nursing care.

Materials and methods: This study was a descriptive comparative. All nurses in three hospital related to Tabriz university of medical science (n= 109) and 161 patients from these hospitals participated in the study. For data gathering, two parallel questionnaires used. First section of questionnaires consist of demographic data of nurses and patients and second section measure viewpoints of patients and nurses regarding respecting to patients privacy during nursing care.

Results: Results show that there is statistical differences between nurse’s (Mean = 33.06) and patient’s (Mean = 27.05)
Abstracts

58 — The International Congress of Medical Ethics in Iran

viewpoints regarding respecting to patient’s privacy. Furthermore, there is positive powerful correlation between number of days after hospitalization (p = 0.001) and needs of patients for nursing care (p = 0.019) with patients viewpoint of respecting to their privacy during nursing care. So, there was negative powerful correlation between perception of patients regarding their health (p = 0.001) with patients viewpoint of respecting to their privacy during nursing care.

Conclusion: This research shows there were statistical differences between nurses and patients viewpoint regarding patients privacy. Furthermore, results show whatever patients need further nursing care, had worse health status or increase in hospitalization day, the patient’s viewpoint regarding the respecting to their privacy during nursing care increase. This may indicate whatever the contact of patient with nursing stuff increase the viewpoint of patient closes to nurse’s viewpoint.

Key words: Nursing ethics, Privacy, Patients right, nursing care
Abstracts
The International Congress of Medical Ethics in Iran ——— 59

Comparison of Respecting to Patient's Privacy in the Viewpoint of Coronary Care and Medical – Surgical Patients
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Background and objectives: Privacy is a cornerstone of medical care. Nurses, because of the specific nature of their profession, have a specific role in fulfill privacy need of their patients. The aim of this study was to compare viewpoints of patients hospitalized in Coronary Care Unit (CCU) and medical – surgical wards regarding respecting to patient’s privacy during nursing care.

Materials and methods: This study has a descriptive comparative design. 89 patients in CCU ward and 130 patients from medical – surgical wards participated in the study. For data gathering, a questionnaire was used. First section of questionnaire consist of demographic data of patients and second section measure viewpoints of patients regarding respecting to patients privacy during nursing care.

Results: Results show that there is statistical differences between CCU’s patients (Mean = 27.93) and medical –
surgical’s patients (Mean = 26.95) viewpoint regarding respecting to patient’s privacy (p = 0.001). Furthermore, there is positive powerful correlation between number of days after hospitalization (p = 0.001) and needs of patients for nursing care (p = 0.036) with patients viewpoint of respecting to their privacy during nursing care. So, there was negative powerful correlation between perception of patients regarding their health (p = 0.001) with patients viewpoint of respecting to their privacy during nursing care.

**Conclusion:** This research shows CCU’s patients have better perception regarding respection to their privacy than medical – surgical patients. Furthermore, results show whatever patients need further nursing care, had worse health status or increase in hospitalization day, the patient’s viewpoint regarding the respecting to their privacy during nursing care increase.

**Key words:** Nursing ethics/ Privacy/ Patients right/ Nursing care
Abstracts
The International Congress of Medical Ethics in Iran ———— 61

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Introduction: Among significant factors which, cause the satisfaction of hospitalized patients are the care and respect which should be regarded within confines of the patient's rights by the therapeutically staff. Respecting to patient’s rights by health care providers is necessary. Researches showed that informing the patients, participating them in decision-making and respecting patient's rights, promotes patient's health state and decrease long hospitalization period, patient and family costs and also in this field hospitalization costs. Therefore doing some researches are necessary.

Methods and Materials: This survey is a descriptive-comparative study that in order to determining on hospitalized patients and nurses point of view about rate of patient's rights respect in Tabriz educational-treatment centers. The sampling method of the nurses (n=152), is goal directed and number of patients (n=200), is simple random. The tool of data gathering were questionnaire that divided to three section (demographic characteristics, 18 question of related to respect patient physical rights and 36 question to respect patient psychosocial rights) that was answered by likert scale and include: always, often, occasionally, rarely, never and no occasion. For determining tool
validity, content validity was used and for determining scientific reliability was used test-retest method. Also for data analyses, t-test and one way ANOVA were used.

**Result:** The findings of research showed that the most of nurses (%59/9) consider the patient's right at "very good" level and %5/3 at "moderate" level. Also the most of patients (%63) consider the patient's right at "good" level and %2/5 at "low". Also the result of research indicate that correlation between demographic data and respect patient's rights in point of view of nurses, indicate that there was significant correlation statistic between different hospital and ward with respect of patient's rights and the other case was no significant correlation statistic. On the other hand correlation between demographic data and respect patient's rights in point of view of patient reveals that just there was significant correlation statistic between hospital and knowledge of the patient's rights with their point of view.

**Discussion:** The results showed a there were significant differences between nurses and patients point of view of the respect of patient's rights (p<0/05). Ultimately, the research findings can have some uses for basic planning patient's rights respect especially for management, services, education and nursing research.

**Key words:** Patient's rights, view of point, nurse, patient
Abstracts
The International Congress of Medical Ethics in Iran ——— 63

Observance Patients’ Bill of Rights by Nurses and Physicians from View Patients in Koramabad Governmental Hospital
F Malekshahi

Introduction & Goal: The purpose of patients’ bill of right is to protect patient’s rights and make sure that enough care is provided. It makes a good relationship between patients and cares providers as well as improves care quality. The most important nurse's duty is care. that will be grow with inraction between patient and nurses. In this inraction have patient right. That based on is her need. right on person is duty oneother. therefore patient's right is nurse duty and respasibilitives. that must be informed. then, will be cared nurse to patient Based on ethical, professional. Then must be recived treatment without hurt. Therefore study done with goal determine patients’ bill of rights’ observation by nurses and physicians.

Method: Materials and a descriptive-analytical study was performed on 240 patients selected by simple random sampling. The data were gathered through questionnaires and direct interview based on US patient’s bill of rights, which is equally applicable to Iranian society. we used likert to measuer question. Data analysis performed spss software. Statistical test was chi square.
Results: The results showed that 70/8% female with average inpatient 5 days that were 41/6% under diploma. the patients’ bill of right observed in 55/2% of cases. Patients’ knowledge regarding diagnosis and treatment procedure 59/3%, considering patients’ objection to their treatment & expenses in 28/1%, receiving consent for presence of non-relative persons in time of examination in 12/5% and considering patients willing to be treated and discharged willingly in 56/2%. 53/1% didn’t have awareness about physicians changing ,86/6% from self rights advice ,59/1%about treatment cost .75% told that to get to informal satisfaction in admit but to ward student don’t permit. Statistically significant differences were found between sex and education (P<0.003)). Conclusion: Based on this research results, the patients’ right did not completely observed in the viewpoint of patients. Therefore giving more information about patients’ right to physicians and patients such as patients don’t have information adequate about self rights.that can causing will be failure information system to patient weakness in relationship between nurse and patient and deficit knowledge and unsuitable attitude toward laws and human genuiness is recommended.: 

Key Words: patient, privacy, right, inpatint, observance, respect
Effect of Medical Team Behaviour on Delivery Painlessing

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Introduction: with recent increasing of elective cesarean and making the government to solve this problem.epidural painless delivery has satisfied pregnant women and physicians.but personnel behaviour consist of physician , midwife and students behaviour with mother is the problem that affects mother,s satisfaction. Because of opposite viewes of people and society about epidural.specially because of being ----the role and location of medical team in this kind of painlessing , this Study was done to find the real experiences of people with the aim of study of effect of medical team behaviour on delivery painlessing.

Methods: This is a qualitative. phenomenological study. We selected 12 pregnant women that they went under epidural painless in Shabihkhani Hospital.We used based on object sampling method and continued until reaching saturation of information. We used depth interview for collection of information. Data analysis was done via collaizzi seven - stage
Abstracts

The International Congress of Medical Ethics in Iran

method.

Results: we obtained of findings of these interviews 35 codes and 10 themes consist of: helping to dicision and choosing, informing during painlessing, training after painlessing, psychosocial supports and physical care. Finally, these 10 themes were classified in 2 group: 1- training role of medical team, 2- supporting – caring role of medical team.

Discussion: Mother’s good experience of epidural painless delivery leads to choosing of this kind of painlessing for next delivery and suggesting it to others and will result in decreasing of elective cesarean rates. So manner of meeting and suitable behaviour of medical team and students with mother and their knowing with epidural and it’s advantages and disadvantages and suitable programming for doing the anesthesia on time can have positive experience of epidural for pregnant women and in result, increasing of their health level through decreasing of elective cesarean sections.

Key words: medical team, behaviour, Painlessing, delivery
Evaluation of the Physician-Patient Relationship from the Perspective of the Patients Referring to Modaress Clinic in Rafsanjan

Zahra Hashemi

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The four founding principles of the modern medical ethics are based on the respect for patients' autonomy, providing adequate and beneficial care, prevention of injury and respect for the patient's rights (1). The world medical association (WMA) states that the physician – patient relationship is the cornerstone of medical practice and therefore medical ethics. In the medical fields, physician – patient relationship is the reflection of ethics. The more humane, ethical, friendly, and respectful this relationship is, the higher the physical and psychological security for the patient. In the past times, this relationship was based on order and obeys type of relationship, which meant that the physicians ordered and the patients had to obey the orders without being involved in the decisions about their own health. In the last few years, this paternal relationship has been questioned by both law and ethics. In the modern days medical world is based on the respect for the patient's autonomy and a move toward the realization of this autonomy as an ethical principle by the physicians. According to new studies, the
physician-patient relationship has a drastic impact on the patient's well being. Although ensuring this relationship is among the duties of the physician, but following it has brought about many new and unexpected problems in the medical ethics. It seems like in Iran in many cases the traditional paternal relationship is still governing the medical society. It has been reported that the medical ethics in Iran is so much physician based that even the pharmacies have been affected. In Iran, based on the deep traditional cultural and religious beliefs most people believe that after the almighty God, the patient's life is in the hands of the physicians. For this reason, patients have a deep belief in the physicians orders and obey them; it also seems that because of the patients' ignorance of their own rights, the old paternal relationship is preferred by the patients. This paper examines the different perspectives of the physician-patient relationship from the perspective of the patients' referring to Modaress Clinic affiliated with Rafsanjan University of Medical Sciences.

**Keywords:** patients, physicians, relationship, Rafsanjan
Necessary Conditions of Patients’ Bill of Right in Iran: a Phenomenological Study
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Introduction: WHO research group on patients’ rights and citizens’ empowerment (1999) suggested that each country should find its concerns and priorities according to its own cultural and social needs to promote and protect patients’ rights. Protecting patients’ rights is the responsibility of the whole health care delivery system. It is a social concept that requires the full intention and commitment of every country, as well as a concerted international approach, for without this, no major system can continue to function in our global world.

Aim: The aim of this large study was to gain insight into the perception and practice of patients’ rights in Iran. This article reports a part of the original study on the contributing factors for patients’ rights practice in Iran from the health care providers and patients’ perceptions and their lived experiences.

Method: A large qualitative study was undertaken, using a phenomenological approach, in the hope of yielding the most relevant data to understanding patients’ rights experiences.
This article reports on the section of the study concerning health care providers and patients about the necessary contributions of the patient rights.

The research was conducted in a central teaching hospital in Tehran, Iran.

Semi-structured interviews with probing questions were used. The interviews were tape-recorded and transcribed verbatim.

Data were analyzed using thematic analysis as a way of seeking to identify and formulate themes (Benner 1994).

Findings: The emerging themes were categorized into 3 main clusters labeled as: sufficient resources, overall accountability of the health care system and the interrelatedness of health care providers and patients’ rights.

Conclusion: Health care professionals’ lived experiences are important sources of data if managers and policy makers are to make changes and establish legislations for protecting and promoting patients’ rights. In fact the health care policy makers and managers have a duty to listen to the voices of those who are maintaining and receiving these rights to be able to find realistic ways for promoting and protecting them.

Key words: Qualitative Research, Phenomenology, patients’ rights necessary conditions, Iran
Abstracts
The International Congress of Medical Ethics in Iran ——— 71

Medical Environment, Patient, Bad news and
Ethical Aspects of Bad News
Abdolhassan Kazemi¹, Salamon Alikom, A. Kazemi

**Background:** The patients have the right to be informed about their own health condition and the physicians/health and medical professionals must provide this information including "bad news" timely. "Bad news" is recognized as any news that significantly and negatively alters the patient's views and imagination of his/her present and future life. Breaking "bad news" is one of the physician's and many health professionals routine, but most difficult duties. Yet medical faculties typically offer little formal preparation for this daunting task for physicians during their official medical education. It is clear that, without proper, enough, applied and practical training, the discomfort and uncertainty associated with breaking "bad news" will lead physicians to be emotionally disengaged from their patients. The factors that make communicating "bad news" difficult and problematic may be a result of sociocultural setting of the patient or the doctors, certain diseases, family position of patient and so on.

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______________________________________________ 16-18 April 2008
Abstracts

Conclusion: Communication learning skills may cause a satisfied impact on the patient, patient's family and relatives, medical professionals and also other people giving and receiving the "bad news". In order to facilitate this problematic duty, a problem base solving and dynamic 6-step procedure (S- P -I- K- E- S) can be useful for this frequently occurred task on medical environments. Transferring the "bad news" with the use of this protocol can build and provide hope and optimism for the patients about their recovery/healing.

Key words: Bad news, Medical environment, Patient, Medical Ethics
The assessment of Ethical and Legal issues in Termination of a Provider-Patient Relationship

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Introduction: physician maintained a provider-patient relationship regardless of the obstacles. Sometimes during treatment that arise a difficult situation for the provider, termination of a provider-patient relationship is necessary.of course, legal issues, as well as ethical issues must be considered to avoid claims of abandonment and negligence. Also NPs consider the risks and consequences of patient termination, until in the future faced with problems. The purpose of this article, the assessment of the ethical and legal issues in termination of a provider-patient relationship.

Theme: during the second half of the 20th century, the provider-patient relationship evolved toward shared decision-making, which gave the patient more autonomy and responsibility. This evolution in the provider-patient relationship led to a change in expectations and discord, as NPs assume more responsibility in the care of patients; they will be faced with situations of ending a patient care relationship. When considering patient termination, it is important to consider the
ethics of patient termination. Ethical principles provide guidance and resolution in health care organizations. Nurse in the each situation such as preventing and treating illness and helping a patient cope with an illness, disability or death, the providers primary commitment must always be to the patients welfare and health. the primary duty of provider to do not harm to patients. Central to the delivery of care should be the patient-provider relationship and also the principles that govern this relationship.

Conclusion: the cornerstone of every medical malpractice action is the provider-patient relationship; termination is without thought and reason. It is imperative that the provider documents all steps of the communication process and also potential conflicts legal, when making clinical decisions is considered and before termination of the provider-patient relationship, alternative care methods must be assessed.

Keywords: negligence, beneficence, ethical and legal issues, nurse, termination provider-patient relationship
Abstracts
The International Congress of Medical Ethics in Iran ——— 75

Study of Hospitalized Patients’ Attitude towards Their Rights Consideration in Urmia Educational Hospitals in 1385.
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Hospital is a medical and social system for supplying prevention, treatment and rehabilitation. As a vital matter, the right of hospitalized patients has been a topic of increasing interest and controversy. Despite important legal, clinical, and ethical advances in this area, little research has been conducted, and no study has directly assessed and compared the attitudes of patients about their rights. With knowledge about their needs and rights and their meeting, medical personnel can promote their rights. Have a knowledge about patients rights and their attitudes can show deficiencies and managers and staff can do something for solving problems.

Methods and Materials: A total of 116 patients who were hospitalized in 3 public hospitals in Urmia were studied during 2006. This group of patients comprised almost all the hospitalized patients at the time who were able to fill out the consent form and complete the assessment instrument. The questionnaire studied demographic chmatistics (age; gender and educational level); hospitalization times, and duration.

16-18 April 2008
Results: The study patients ranged in age from 15 years to 75 years. At the time of the study, 264 patients (86.3 percent) were married; the marital status of two patients was unknown. For 38 patients (37.6 percent), this was their first time of hospitalization. Duration of hospitalizations was 0-5 days for 161 patients (53.1 percent). Only, 4.6% of patients had completed university education. There was a significant relationship between high education and knowledge about patients' rights. (p=0.012)

Conclusion: The patients' attitudes about their rights during hospitalization are average. Lack of knowledge is in relation to the restriction of rights. Manager and staff must be aware about patients' rights and the patients must be taught about their rights by pamphlets, posters and… for receiving an appropriate and qualities service in hospitals.

Key words: Hospitalized Patients, Attitude, Rights Consideration, Urmia
An Investigation on Medical Staff Awareness of Patient's Rights
In Hospitals and Medical Centers in Fasa
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Introduction: The patient’s rights refer to all points and abilities or certain certificates that law has given to patient. Perhaps the most important challenge that happens between patients and related staff is due to lack of staff knowledge concerning patient’s rights. The objective of the existing study is to determine the awareness degree of these in charge of taking care of patients on patient’s rights in Fasa hospitals and medical centers.

Instrument and Procedures: In this project the instrument for data collection is a questionnaire consists of two parts according to fir man patient's rights.

The participants in this study were included %3/2 physician, %47/6 nurse, %3/2 radiology staff and %25/4 auxiliary nurse, %9/5 employee, %11/1 nursing student.

Findings: The finding show that the most degree of awareness

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related to patient’s rights is about being aware of the treatment method of self. That is equal to %91. All the staff was totally aware of the subject and the least degree of awareness was related to patient’s rights on the awareness of the releasing it is equal to %53.

Conclusion: Familiarizing the hospital staff and hospital’s managers with patient’s rights and having organization foe supervision on the quality of paying attention to patient’s rights in different hospitals can be the best suggestion.
Investigation of Nursing Ethics in Professional Performance among Nurses Employed in Selected Hospitals Related to Tums, 2004

Naser Din Mohammadi¹, Alireza Nikbakht Nasr Abadi, Farah Malekiyan

**Background:** concerning to the ethics problems in nursing profession has found a special place, nowadays. So nursing profession must be included two bases: Knowledge and Ethics. By developing in nursing, Ethics is received as a basic and serious subject for nursing performance.

Goals: The purpose of this research is to determine the amount of nursing ethics in professional performance among nurses in selected hospitals related to Tums (2004), it has been investigated in 3 sections: (process of taking the drug, producing the relationship with patients and the relation with co-workers)

Methodology: the study is a descriptive–analytic. Samples of the study were 297 nurses with M.S and B.S degrees employed in adult units.

The research tools had been provided in two sections: Checklist and questionnaires. In questionnaires, there were

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16-18 April 2008
questions about demographic

Data, the place of working, drug errors and job satisfaction. Section 2, checklist, includes 63 questions or behaviors regarded into special goals that are collected in sections. The researcher by referring to adult units and accessing to the samples, at first, he delivers the questionnaire to the units and then the checklist was completed separately for 2 observations after spending at least 15 days and also each time it was done for a complete shift.

After collecting data by using descriptive and analytic statistics, chi-square statistics exams, Fisher exact test and Pearson correlation coefficients have been analyzed.

**Results:** The majority of the units were about 26-35 years old, they were female and single and also their income was from 1000,000RS to 1500000RS. They were with no continue education in ethics during their working. The most percent (49.6%) of undesirable performance is in taking the drug and it has a significant correlation with type of section (P=0.005), the average of bed occupation in a week (P=0.000), numbers of co-workers and L.P.Ns in the one shift (0.001), educating of searching units (P=0.037), the amount of satisfaction in service parts (P=0.0043) and technical possibilities (P=0.029).

In producing relation with patients, the most numbers of nurses (86.7%) have had an undesirable performance. This
Abstracts
The International Congress of Medical Ethics in Iran ——— 81

performance has had a statistics significant correlation with the average of bed occupation in a week (P=0.000) , educating (P=0.033) and, the amount of satisfaction in nursing job (P=0.045) , technical possibilities (p=0.009) and convenience instruments in the unit (P=0.007). In regards to the relations with co- workers, the most percent (71/1%) of searching units have had a quite desirable performance and variables like kind of unit (P=0.032), the average numbers of bed occupation in week (P=0.000), the age (P=0.031) and record of service (P=0.048) and kind of searching units (P=0.003) had a significant correlation with the performance.

Conclusion: According to the results, the most percent of searching units have an undesirable performance in taking drug and relations with patients, so it is suggested that managers, program planners and nursing teachers pay much attention in order to enhancing of the nurses performance in the field of observing nursing Ethics.

**Key words:** Ethics, Nursing and performance.
Legislation of Ending the Patient-Physician Relationship

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Once a patient-physician relationship is begun, a physician generally is under both an ethical and legal obligation to provide services as long as the patient needs them. There may be times, however, when you may no longer be able to provide care. It may be that the patient is noncompliant, unreasonably demanding, threatening to you and/or your staff, or otherwise contributing to a breakdown in the patient-physician relationship. Or, it may be necessary to end the relationship simply due to relocation, retirement, or unanticipated termination by a managed care plan and/or employer.

Regardless of the situation, to avoid a claim of "patient abandonment," a physician must follow appropriate steps to terminate the patient-physician relationship. Abandonment is defined as the termination of a professional relationship between physician and patient at an unreasonable time and without giving the patient the chance to find an equally qualified replacement. To prove abandonment, the patient must show more than a

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simple termination of a patient-physician relationship. The plaintiff must prove that the physician ended the relationship at a critical stage of the patient's treatment without good reason or sufficient notice to allow the patient to find another physician, and the patient was injured as a result. Usually, expert evidence is required to establish whether termination in fact happened at a critical stage of treatment.

A physician who does not terminate the patient-physician relationship properly may also run afoul of ethical requirements. According to the AMA's Council on Ethical and Judicial Affairs, a physician may not discontinue treatment of a patient as long as further treatment is medically indicated, without giving the patient reasonable notice and sufficient opportunity to make alternative arrangements for care. Further, the patient's failure to pay a bill does not end the relationship, as the relationship is based on a fiduciary, rather than a financial, responsibility. According to the AMA's Code of Medical Ethics, Opinion 8.115, physicians have the option of terminating the patient-physician relationship, but they must give sufficient notice of withdrawal to the relatives, or responsible friends and guardians to allow another physician to be secured.

Appropriate steps to terminate the patient-physician relationship typically include:

1. Providing the patient with a brief explanation for
terminating the relationship (this should be a valid reason, for instance non-compliance, failure to keep appointments.)

2. Agreeing to continue to provide treatment and access to services for a reasonable period of time, such as 30 days, to allow a patient to secure care from another physician (a physician may want to extend the period for emergency services);

3. Providing resources and/or recommendations to help a patient locate another physician of like specialty; and

4. Offering to transfer records to a newly-designated physician upon signed patient authorization to do so.
Abstracts
The International Congress of Medical Ethics in Iran ——— 85

Regarding Patient’s Territory in Operating Rooms –One
Important Base in Medical Ethics
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Introduction: Territoriality is an individual’s right and a humanitarian need, and it has to be obtained in order to maintain psychological and physical health. The need for privacy, safety independence and identity are provided by regarding territoriality. These needs are repeated by regarding territoriality. These needs are repeated many times in life, for example, closing room’s door, the interest to be known and etc. Scott and Laiman have determined limitations for human territory. In therapeutics and nursing regarding these limits are necessary. Violating the territory can be by touch, vision, conversation and etc.

Territory of hospitalized patients and specially those referred to operating room is repeatedly exposed to violation by therapeutic personnel; therefore a research was performed with the aim of rates of regarding patient’s territory in operating rooms of Lorestan province.

Method of research: In this descriptive study in order to obtain the aims a questionnaire in two sections titled survey of facilities and rates of regarding patient territory in operating room was
prepared. Information was collected from 16 hospitals with
general operating room in the province. Sampling was according
to aim and information collection was performed in all shift

Especially morning shifts regarding ethical aspects and by
using computer programs EPI6 and HG in formations were
analyzed.

**Results:** In 49.04% of cases territoriality rights were regarded
but in 50.96% of centers this right of patients was not regarded.
those option are: use of paravan , care of pation with woman
nuase for woman patient and reverse , …

**Discussion:** The need for territoriality is the obvious right of
help client or patient and, but as the results show considered.
Informing therapeutic personnel of this important matter and
providing facilities is necessary to avoid violating human
territory patients which is their true right. in the article
recommendations to maintain human territory and regarding
their rights are given.

**Key words:** operating room –surgery - medical ethics -
territoriality
Perception of Patients Regarding Doctors’ Communication Skills

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Treatment satisfaction plays an important role in the spiritual relief of the patients and their steadiness. According to studies, the main reason of dissatisfaction with the health services is the lack of proper relation of the physician and patient but not the lack of proficiency. Patient’s satisfaction may cause more compliance and as a result effectiveness of treatment systems. This is mostly viewed in patient-centered relation patterns. The studies show that malpractice is mostly due to the relational problem but not technical deficit.

According to the broadness of the subject, we study the satisfaction of the patients based on the communication between physician-patient in this research.

Method: 400 patients who visited specialists and general
practitioners in hospitals and clinics were chosen according to quatta method. Questionnaires were prepared according to the relevant literature about the communication of physician and patient. Content validity was used to confirm it and stability was confirmed by α =0.78.

**Results:** The age average of subjects was 31.98 ± 13.15. The patients were more satisfied with their communications with physicians in their offices than general clinics. Male patients assessed this communication better than females (p=0.5). Physician’s gender and specialty didn’t affect the satisfaction; however, patients were more satisfied with older physicians. Male patients were satisfied as physicians explained about their examinations (p=0.03). Older patients were satisfied as physicians explained about their examinations and mentioned the probable effects of treatments. Totally, less than %50 were satisfied with the communication methods of the physicians. More than %60 believed that their diseases were more important than themselves.

**Discussion:** Teaching and emphasizing communication skills to the medical students makes patients more satisfied and the health system can benefit from its positive effects.
**Abstracts**
The International Congress of Medical Ethics in Iran ——— 89

**Studing the Nurse Knowledge about Patient Right and Professional Responsibilities in Shahrekord Hospital (1386)**
Fateme Aliakbari¹, Fateme Taheri

**Introduction:** unfortunately nowdays. In spite of effort of medical society, health and treatment staff and development of technology, treatment and special sanctity of this field, disagreement and complaint of patients from medical staff increase and quality of medical crimes cases show that one of the reasons of complaints from legal matters and regulations ruling on medical profession and responsibility of physicians in face of patients. Offences and treatment and supervision mistakes cause patient disagreement and complaint, and for this reason, having information about legal matters of country is necessary. The purpose of this article is determining the nursing knowledge about patient right and professional responsibilities.

**Method:** A descriptive study was done on 100 nurses of educational hospital in shahrekord. The data were gathered through questionnaires and direct interview based on nurses professional duties. Individuals score were estimated between 16-24 and information analysed by SPSS software.

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16-18 April 2008
Result: the average of nurses was 31±6.9 and the average of their awareness was 43.6±6.2. the highest score was about 9th question that was about taking agreement from couple before rendering abortive 3.53 and the lowest score in 2th question that has been about treatment or transfer without patient disagreement(2.22)

Conclusion: (Discussion) contrary to expectation, awareness of legal matters did not increase with age increasing, record or service and education of nurses, necessary of getting familiar with defined duties in each group on the basis of ministry direction and also propowned regulations in judicial system of country
Considering Patient's Right by Health Care Professionals in Hospitals of Hamedan University of Medical Sciences, the Viewpoints of Patients
Marzieh Hassanyan1
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**Introduction:** Patient right is the most important ethical right in the hospital, which is equally, belongs to every human kind. Observance of patient right is responsibility of all treatment staff, when they offer treatment and care for patient. This research is a descriptive study that has performed with goal appointment of patients’ rights observance, intermediation treatment staff from patients’ sight in Hamedan city universal hospital.

**Methods:** Information gathering from the valid and reliable tool was 2-part questionnaire, in the first part, questions were posed, the collect information on the personal characteristics, second part related to patients right that includes questions which investigate patients sight. The population of this study is having selected 80 samples through patients in the form of random.

**Results:** Amount most (78.8) percent of patients in assessment of patients’ opinions was related to confidentiality of patients

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Abstracts

The International Congress of Medical Ethics in Iran

care – treatment plans and their personal complications. And amount lesser (30) percent in patients’ assessment was related to patients’ right to participation in treatment and then knowing of clinical personnel and clinical environment was (32.4) percent.

Conclusion: patients’ rights observance in categories patient right to participation in treatment and knowing of clinical personnel and clinical environment should be educated to clinical students and hospital manager should be planned and controlled these two categories.
Ideal Physician from Patient View Point
Masoud Rahimi
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Ideal physician is the one who:

- Understands the patient as a human and with all of his humane dimensions, not just as a physical body.
- Behaves humanely to the patient and his associates so that they feel respected.
- Knows himself as a counselor for patient and shares the decisions which have roles in patient's health with him. In fact he communicates with patient horizontally instead of vertically.
- Before any remedy and prescription, chooses the most appropriate, cheapest, the least risky and the most scientific method for the patient with precision and versatile analysis and if needed getting technical consulting from other physicians.
- Provides the situation so that patient find himself in a friendly, convenience and safe place, from the time of entrance to the end (waiting room, doctor office, hospital,..)
- In different situations educates patient and guide him
comprehensibly for cooperating in therapeutic successes.

- His professional responsibility is visible in his revenue during the diagnosis and remedy process.
- Respects religious and cultural believes of the patient all the time so the patient feels safe and tranquilized.
- With his ethical and humanely behavior, teaches the humanity and life lessons to the patient during the remedy.
- and finally:

Acts in a way that patient find out the real meaning of the life with observing the privilege, divine and valuable characteristics of his doctor.
R Nasery, K Parvan, E Mazahery, R Mohammady, M Javanshir

Introduction: Among significant factors which, cause the satisfaction of hospitalized patients are the care and respect which should be regarded within confines of the patient's rights by the therapeutically staff. Respecting to patient’s rights by health care providers is necessary. Researches showed that informing the patients, participating them in decision-making and respecting patient's rights, promotes patient's health state and decrease long hospitalization period, patient and family costs and also in this field hospitalization costs. Therefore doing some researches are necessary.

Methods and Materials: This survey is a descriptive-comparative study that in order to determining on hospitalized patients and nurses point of view about rate of patient's rights respect in Tabriz educational-treatment centers. The sampling method of the nurses (n=152), is goal directed and number of patients (n=200), is simple random. The tool of data gathering were questionnaire that divided to three section (demographic characteristics, 18 question of related to respect patient physical rights and 36 question to respect patient psychosocial rights) that was answered by likert scale and include: always, often, occasionally, rarely, never and no occasion. For determining tool
validity, content validity was used and for determining scientific reliability was used test-retest method. Also for data analyses, t-test and one way ANOVA were used.

**Result:** The findings of research showed that the most of nurses (%59/9) consider the patient's right at "very good" level and %5/3 at "moderate" level. Also the most of patients (%63) consider the patient's right at "good" level and %2/5 at "low". Also the result of research indicate that correlation between demographic data and respect patient's rights in point of view of nurses, indicate that there was significant correlation statistic between different hospital and ward with respect of patient's rights and the other case was no significant correlation statistic. On the other hand correlation between demographic data and respect patient's rights in point of view of patient, reveals that just there was significant correlation statistic between hospital and knowledge of the patient's rights with their point of view.

**Discussion:** The results showed a there were significant differences between nurses and patients point of view of the respect of patient's rights (p<0/05). Ultimately, the research findings can have some uses for basic planning patient's rights respect especially for management, services, education and nursing research.

**Key words:** Patient's rights, view of point, nurse, patient
Psychologically Abusive Behavior
by Those Caring for the Elderly
Somayeh Molaei

Introduction: Psychological abuse of elders is a growing but hidden problem. The worldwide population of individuals aged over 65 years is predicted to reach 1.2 billion by 2025, this geriatric population is the fastest-growing group, comprising 7.09% in 1993 and 9.75% in 2006; by 2050, it is expected to comprise 21% of the total population. This considerable increase has engendered public concern about social issues associated with aging, such as elder abuse and long-term care strategies. Abuse, regardless of its form, is largely hidden, especially when such abuse is psychological.

Aim: This study attempted to determine whether caregivers psychologically abuse their elderly care recipients and identify risk factors.

Method: Internet and journals were searched for studies published between 2001 and 2006 reporting outcomes for homogeneous groups of male and females. 12 studies were selected and reviewed and used for background and report of result.

Result: In this study, psychologically abusive behaviors of

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16-18 April 2008
elderly care recipients, such as “Blame him or her verbally,” “Ignore his or her requests,” and “Refuse to accept his/her opinion” had the highest mean scores. Traditionally, youth were taught Confucian doctrine, which stated that they were obligated to respect their elders. However, the values and attitudes of the younger generation have changed as a result of recent revolutions in social and family structures, resulting in inappropriate verbal expressions, such as shouting, yelling, and cursing at elderly people and creating decision-making obstacles for them. These social phenomena are frequently reported in the media.

**Conclusion:** The level of abusive behavior was positively associated with gender, education level, and caregiver’s burden and negatively correlated with age, suggesting that female caregivers, caregivers with higher levels of education, and caregivers with high burdens demonstrated more severe psychologically abusive behavior. This study provides preliminary data estimating caregiver psychologically abusive behavior and its related risk factors. Analytical results provide important information for medical and social interventions and policies for improving the quality of life of elderly people.

**Keyword:** nurse, Psychologically Abusive Behavior, Elder.
Abstracts
The International Congress of Medical Ethics in Iran ——— 99

An Investigation on Medical Staff Awareness of Patient's
Rights in Hospitals and Medical Centers in Fasa
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Introduction: The patient’s rights refer to all points and abilities or certain certificates that law has given to patient. Perhaps the most important challenge that happens between patients and related staff is due to lack of staff knowledge concerning patient’s rights. The objective of the existing study is to determine the awareness degree of these in charge of taking care of patients on patient’s rights in Fasa hospitals and medical centers.

Instrument and Procedures: In this project the instrument for data collection is a questionnaire consists of two parts according to fir man patient's rights. The participants in this study were included %3/2 physician, %47/6 nurse, %3/2 radiology staff and %25/4 auxiliary nurse, %9/5 employee, %11/1 nursing student.

Findings: The finding show that the most degree of awareness related to patient’s rights is about being aware of the treatment method of self. That is equal to %91. All the staff was totally aware of the subject and the least degree of awareness
Abstracts

100 ——— The International Congress of Medical Ethics in Iran

was related to patient’s rights on the awareness of the releasing it is equal to %53.

Conclusion: Familiarizing the hospital staff and hospital’s managers with patient’s rights and having organization foe supervision on the quality of paying attention to patient’s rights in different hospitals can be the best suggestion.
Abstracts
The International Congress of Medical Ethics in Iran ——— 101

Nurses Perceptions of Causes of Medication Errors and Barriers to
Reporting in Paediatric Hospital University of Medical Sciences Qom
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Background: Making a medication error ,even if only minor
,can be psychologically devastating to the nurse and harmful to
the patient. studies have revealed that only serious or adverse
events resulting from medication errors are being reported while
medication errors that have not harmed the patient go unreported.

Methods: The study had a descriptive design.the convenience
sample included 48 registered nurses who were working in
paediatric units and routinely administered medications to
patients.

A modified Gladstone questionnaire used.Gladstone
instrument has 4 parts. part 1 collects demographic information.
part 2 asks the nurse to rank a list of 10 possible causes of

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16-18 April 2008
medication errors, with #1 being the most frequent cause and #10 being the least cause of medication errors. Part 3 asks the nurses' perception of what percentage of all medication errors are reported to the nurse manager by the completion of an incident report. Responses can range from 1% to 100%. Part 4 contains questions that ask about the nurses' views on reporting medication errors.

**Findings:** Eighty-one percent of the nurses were female, most of the nurses were 25 to 35 years old. Eighty-four percent worked days & evenings & night shift.

Cause of medication errors identified in the study was physicians writing is illegible (37%). The number 2 perceived cause of medication errors was nurse distracted by patients, coworkers, and events in the unit (19%).

The nurses believed that nearly (mean 33%) of medication errors were reported to the nurse manager by the completion of an incident report.

The nurses believed that some medication errors were not reported because of fear of the reaction they would receive from the nurse manager (41%) and their peers (32%) and busy units and not enough time to report a medication error (27%).

**Conclusions:** The low percentage of estimated medication errors reported to the nurse manager is of concern. Reactions
Abstracts

The International Congress of Medical Ethics in Iran ——— 103

from nurse managers and peers continue to contribute to nurses failure to report medication errors

**Key words:** medication errors, barriers to reporting, Nurses, paediatric
Survey of Barriers to Nurse’s Reporting of Medication Administration Errors
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Introduction: Medication administration errors are often used as indicators of patient safety in hospitals because of their common occurrence and potential risk to patients. Nurses intercepted 86% of medication errors originating in the medication treatment process, especially during ordering, transcription, and administration stages. Reporting MAEs is as important as intercepting for providing valuable information to manage existing errors and prevent future errors. However, only 6% of medication errors were documented by incident reports and 5.5% of adverse drug events were self-reported by nurses and pharmacists. Because understanding of nurse’s perceived barriers to MAE reporting is a primary step to strengthen medication safety, therefore this study was performed to describe nurse’s perceptions of barriers to MAE reporting.

Materials and Methods: This study had a cross-sectional design. Useable responses were received from 220 nurses in Ahwaz educational hospitals. A-16 item barriers to MAE reporting questionnaire with 6-point Likert type scale (1=strongly
disagree, to 6 = strongly agree) was used in study. This scale was consisted the three subscales of fear (six items), reporting process (six items), and administrative barriers (four items).

**Results:** Compared to the standardized mean of of subscale, fear (standardized mean = 3.95) was considered as a major barrier. Items of the fear subscale with item means greater than 4.0 were items 11 (i.e., adverse consequences from reporting) and 8 (i.e., being blamed for MAE results). The other minor fear items were being recognized as incompetent (item 7), patient’s negative attitudes (item 10), not recognizing MAEs occurred (item 1), and physician’s reprimand (item 3). The next strongest perceived barriers were administrative barriers (standardized mean = 3.58). The primary administrative barrier was focus on individual rather than system factors to MAEs (item 16, item mean = 3.80), and no positive feedback for giving medication correctly (item 14, item mean = 3.62). The weakest perceived barrier was overall reporting process (standardized mean = 2.85).

**Conclusion:** Understanding of nurse’s perceived barriers to MAE reporting is a primary step to strengthen medication safety. Unit managers and administrators have important roles in this process. Nurses who perceive adverse consequences for reporting errors will not provide hospital administrators with accurate data to solve the problem.

**Key words:** medication errors, Reporting medication errors.
Medical Errors in Saudi Arabia: The Legal System, Litigations, and Professional Liabilities

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Over the last few decades, there has been an extensive expansion in the medical field in Saudi Arabia. This expansion is evident through the expansion in medical centers, the increasing numbers and varieties of health care professionals, and the ever-increasing number of medical interventions, with a rapid and continuous introduction of new technologies. This expansion brought with it some problems, of these, is medical errors.

Medical errors are common worldwide and Saudi Arabia is not an exception. Although there are few published studies on medical errors in the Kingdom, there are reports that showing that medical errors is a real problem in Saudi Arabia, with an increasing professional and social concerns.

The aim of this presentation is to discuss issues related to medical errors, litigations and professional liability in Saudi Arabia, with more emphasis on the legal system, the levels at which litigations can be processed and how professional liability is decided upon.

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Legislation of Mental Health

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No other aspect of health care is so affected by the law on a daily basis as mental health.

Mental health legislation is complex, and gives rise to numerous cases for judicial Review every year. Because there were also concerns about safeguarding patients, rights and the risk of increasing the public stigma attaching to mental illness and the risks psychiatric patients posed to the public to deprive patients of their freedom and impose compulsory treatment raises profound ethical questions and human rights issues.

There were about 20 acts of parliament between 1808 and 1981 dealing with mentally disorder patients. However, the first comprehensive piece of mental health legislation was the 1959 mental health act, based upon the recommendations of the Royal Commission chaired by Lord Eustace, Percy. this act was amended and updated in the Mental Health Act1983.The Mental Health Act1983 is seen as falling short of what is now needed for the care of the mentally ill in a modern context ,the government

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issued a white paper in December 2000 entitled reforming The mental Health Act that sets out its proposals for new legislation. The Westminster parliament put forward draft mental Health Act in June 2002. This met with criticism in respect of its proposed detention of patients with severe personality disorders even if proposed extension of compulsory treatment to those living in the community.

The Scottish parliament recently passed the Scottish Mental Health Care and Treatment Act in 2003

The mental Health Act 1983 is a complex piece of legislation, and is divided into 10 parts (149 sections).

A summary of the important section of the act is described in this paper.
Abstracts
The International Congress of Medical Ethics in Iran ——— 109

International Code of Ethics for Midwives
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Midwifery is a one of medical professional jobs that midwives care relationships to women and babies and family health (community). The international confederation midwives (ICM) is a federation of midwifery associations representing in 72 nations of the world. The ICM code states forth stage that include:

1. midwifery relationships
2. practice of midwifery
3. the professional responsibilities of midwives
4. advanced of midwifery knowledge and practice

Keywords: international code of ethics - midwifery
Necessity of Designing Convention on the Rights of Patients in the Field of Anesthesiology

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In medical ethics the rights of patients have significant importance. Considerably in anesthesiology, due to specific features of this field, patients need more attention to their rights.

For this purpose, following points should be kept in mind:

The patient in operation room is on the mercy of anesthetist and surgeon, intentionally or unintentionally; Anesthetized patient is completely defenseless, he even has not spontaneous respiration; It is possible that reveal patient's medical secrets; The atmosphere of the operation room is very stressful for the patients; the techniques of anesthesia are very variable regarding cost; Patients experience different intensity of pain due to surgical procedures; patients under anesthesia are required constant and close monitoring; transmission of infections is more prevalent during anesthesia; the possibility of clinical research is more in anesthesiology field; the patient's position in therapeutic decision making process remained undefined.

In view of the mentioned points, the design of convention on

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the patient's rights is necessary in this field.

The most important topics which are proposed for designing of such convention are:

patient has right to be treated as human and respectfully ; patient has right to know the name and degree of his doctors and other medical staff ; patient has right to know what is going to be done for him ; patient has right to has Islamic coverage ; patient has right that his medical secrets should not be exposed to others ; patient has right that his anxiety should be considered and medical team try to reduce his anxiety and treat it ; patient has right to be treated by possible minimal cost ; patient has right to achieve the best, most scientific and safest anesthesia procedure ; patient has right to be monitored constantly ; patient has right that his vital organs should be be protected ; patient has right that has minimal and tolerable pain ; patient has right that he should not be exposed to the infections in the operating room ; patient has right to have information about research programs and accept or deny it ; patient and his family have right to ask for "do not resuscitate" (DNR order) ; patient has right to received full medical care up till the end of life.

It is clear that when designing of the patient's rights convention, every field of medicine should be treated separately, it presents obvious and practical points of patient's rights on
concerned field, so that patients should get the rights.

For this, it is recommended that charter of patient's rights should be conducted in any fields of medicine.
Abstracts
The International Congress of Medical Ethics in Iran ———— 113

Application of Ethical Guidelines and Codes in the Form of Code of Ethics of Amadegah Eye Surgery Center of Esfahan
Mohammad Mozaffarpour

The Founder's Oath

One of most important applications of medical ethics is the use of Ethical Codes in the ethical guidelines of medical centers.

For this purpose, Code of Ethics of Amadegah Surgery Center of Esfahan is presented hope for enhancement the quality of health care and ethical principles in medical centers.

This fourteen (principle 12 is open) principles guideline is a multiplication of traditional(Eastern- Islamic) with modern bioethical perceptions and accords with contemporary challenges.
Ethics in Surgery

Marjan Laal1

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Ethics codes and guidelines developed by the medical practitioners of each era and culture, codes bound new physicians to the profession through agreement with the principles of conduct toward patients, colleagues, and society. The Hippocratic Oath, is one of the most famous and ancient oaths.

The ethical issues faced by physicians have been more challenging, today.

New technologies and techniques have put increased ethical pressure on practicing physicians. For surgeons, the need to be aware of ethical questions is perhaps even greater than for other physicians. Surgeons are often those who introduce new techniques or technologies. They often treat critically ill and traumatized patients.

Methods: With the research of articles and books from 1995 to 2003, by the keywords as medical surgical ethics, this article provided.

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16-18 April 2008
Abstracts
The International Congress of Medical Ethics in Iran ——— 115

Results: Surgical organizations have traditionally had less interest in ethics discussion than their medical colleagues. The surgeons’ aim is to treat and control disease and in this way they need patient’s trust. Surgeons treat with the sense of rescue, the feeling of relational proximity, the ordeal and the aftermath of surgery by presence to the patients.

Introducing the rights of the patient and ethics are essential for proper treatment.

Conclusions: Recognition and respect to the right of autonomy and choice for the patient result in proper communication between the patient and surgeon.

Surgeons should cure the patients by introducing the ethics with the respect to the rights of them and that his or her health and well-being more highly valued than the surgeon's own economic interest.

Keywords: medical ethics, surgical ethics
Abstracts

The Model for Conducting Ethics Consultation in the Intensive Care Units
F Solaimanizadeh¹, N Zafarnia, L Solaimanizadeh, A Abass zadeh, M Javadi

Introduction: clinical medicine is along with more ethical challenges or conflicts. Despite availability medical ethics consultations nevertheless, 95% of physicians with ethical conflict are challenged. The majority of physicians not only, no experience of a hospital ethics committee (H.E.C) and have not tendency the utilization of ethics consultation, lack of criteria for the determine the best individual for this action and un certainty clinicians to their qualification. The purpose of this article, reviews core principle relevant to the practice of clinical medical ethic and describes models for conducting hospital based ethics consultations and the contribution of bioethics committees to high quality practice patient care in ICU.

Theme: family problems can cause lack of effective communication with the physicians in ICU. One of the attempts medical ethics committees, help resolving ethical conflicts in ICU. Improved communication can reduce conflict and increase patient and family and team care satisfaction. Suggestion for

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16-18 April 2008
improved communication between patient and family and members of team care and resolution of conflict are seven step-approach include of prepare for the discussion, establish what the patient and family knows, determine how information is to be handled, deliver the information, respond to emotions, establish goals for care and treatment priorities, establish a plan care. Barriers the utilization of ethics consultations are lack of autonomy for the patient and team care. due to duty of ethics consultations should develop open dialogue between physician and patient until deliver correct information to patient and misunderstand prevented. One of the benefits model ethics consultations is satisfaction in resolving ethical conflicts that as opposed, authoritarian model, indivudal thoughtful and medical decision-making not imposed.

**Conclusion**: hospital ethics committees possess with specific skills can resolve conflicts and cause improve clinical outcomes and increase patient satisfaction.

**Keywords**: ethics consultation, conflict, physician, patient, communication
Is Anatomy Forbidden or not?
Alireza Ismailabadi, Hamideh Yazdimoghaddam

Anatomy is a necessary science to learn and teach whether it purpose is to understand the human body and limbs and its function or to understand cause of crimes or diagnosis of the disease and its kind. On the other hand, human body especially Moslems bodies have rights that ignore it, is illegal and in some cases ignorance it result in punishment and will punishable. Then how we can combine these interests (i.e. human body interest and anatomy) and can we in this combination consider the newly necessities and interests or we must respect to human body?

To answer these questions, we do not issue an order as a general rule.

In other word, when the purpose of anatomy is to teach, respect to human body is preferred but when it purpose is to diagnosis the disease and to understand the cause of the crime, the anatomy is avoidable.

Keywords: Anatomy, Interest, Forbidden (Hormat), Moslem body.
The Use of off Label Medicines in Children

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In order to prove that a new drug or treatment is safe and effective for a certain disease or in a certain group of patients, it has to be tested on human volunteers similar to the recipient group of patients. Most of the pre-clinical data provided by the pharmaceutical industry is almost invariably conducted in adults and the lack of scientific data on the use of medicines in children has been a major concern. Studies have shown that health professionals have to use medicines that are not licensed for use in children or prescribe doses according to adults’ studies, different indications, or alternative routes from that recommended.

When a drug is not tested in children, it means that it is not specifically licensed for use in children. Beside, licensed drugs are often prescribed outside the terms of the product license (off label) in relation to age, indication, dose, frequency, route of
administration, or formulation. Off label use of medication in children, could have caused serious, life-threatening postmarketing adverse events. Such an example is propofol which showed that off-label use of agents whose pediatric safety profile is incomplete could cause significant harm. Prescribing outside a product’s license could create concern for the prescriber, the child and the family.

A survey showed that almost half of all drug prescriptions in pediatric unit of five European countries including UK, Sweden, Germany, Italy, and the Netherlands were either unlicensed or off label 1. Another study showed that 90% neonates were given a drug that was either unlicensed or used in an off label way 2.

In conclusion when there is a case of use of unlicensed medicines or licensed medicines for unlicensed applications is necessary in paediatric practice, it is necessary to take additional steps, beyond those taken when prescribing licensed medicines, to obtain the consents of parents, carers and child patients to prescribe or administer unlicensed medicines or licensed medicines for unlicensed applications.
A survey on Nanotechnology Ethical Issues,
a Look on Proposed Solutions
Fattaneh Saddat Bathaei

Nanotechnology is a growing field. It seems that, this heterogeneous field of science and technology could cause great evolutions or in contrast make apocalyptic nightmares for human kind future.

There are two kinds of extremist approaches to nanotechnology in past years, those who believed in future utopia and those feared of apocalyptic nightmares. Indeed, the same novel properties of materials in nano-scale that leads to great evolutions, may be have very aggressive effects on human body and other bio-systems. Nowadays, scientists try to make a moderate and more precise approach to nanotechnology, and methodological discussions have been made on topics such as risk assessment, nano-regulation and prefer to consider pure ethical issues, such as human identity in future, with those technologies that could change the way of thinking by brain implants.

In this article we reviewed nanotechnology possible risks and ethical issues, and discuss proposed solutions. List of titles that might be discussed are:
122 The International Congress of Medical Ethics in Iran

1) Need to target oriented researches in fields of possible hazardous effects of nanomaterials on human body and other bio-systems and echo-systems.
2) Economic issues in small and large scale and effect of possible cheap nanotechnology products on economy and society.
3) Ethical issues of nanotechnology in fields of possible increase in human mind and physical abilities and issues about privacy and identity.
4) Ethical issues in nano-medicine: research ethics and treatment protocols.
5) Review of solutions proposed for those problems mentioned above.
6) Review of Iranian experts’ opinions in fields of nanotechnology, ethics, and Islam for local specific problems and adaptation to religious guidelines.
7) Discussion and conclusion, proposing a pragmatic protocol for Nanoethics and nano-regulations in Iran.
Abstracts
The International Congress of Medical Ethics in Iran ——— 123

Ethical Expedients in Biomedical Research
Involving Human Subjects
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Research involving human subjects should deal with health issues of the population or community in which the research is carried out. Only since a disease or health problem or specific circumstances is prevalent at the community, repeatability or newfound issue of research won't be sufficient.

Ethical expedients, would be achieved only when the successful interventions or other beneficences be provided to the society as a results of such research. Thus, to supply ethical expedients, a planning and management process must be established prior to implementation of the research and monitor and evaluate along the study to the end and even communicate the results to the authorities and also the population in which the research is carried out. Investigators' commitment and skills should be approved by ethical review committees prior to study and its process must be ceased whenever any violation or infringement of the protocol or human right is observed.

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16-18 April 2008
Respecting the individual rights of subjects is necessary at any age, socio-economic and cultural levels, and the investigator is not allowed to take the advantage of any circumstances such as lack of subject's knowledge related to his/her age, language, ethnicity, physical and/or mental disability and even occupational relations in the research environment, using pressure, induction, intimidation, irrelevant incentives to facilitate the study process. Therefore obtaining the voluntary informed consent of the prospective subject and make them assured that they would have the right of unconditional withdraw from the study, is considered as part of the investigators' commitments. Such an intricate, which would be occurred along conducting the research supported by sponsors, is bias distortion in performing and communicating the study results. Thus the investigator is obligated with his/her commitments, free from exclusive relations particularly socio-economic relations to the sponsors and in case of conflict of interests he/she must disclose it to the ethical review committees and even when communicating the study results. Ethical obligation in data analysis and publishing the partial or general results of study particularly the extensive multi-central trials are the issues which involve the investigators, research sponsors and ethical review committees.

**Keywords:** Research ethics, Biomedical, human subject
Absracts
The International Congress of Medical Ethics in Iran — 125

The Process of Getting an Ethical Approval for the Research Involving Human in the Universities of the UK
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According to the rules of NHS in the UK, all research involving human participants or human material or human data must be approved by the school or university or local ethics committee before commencement of the study. In this regard, the main researcher should submit the proposal of research including; all measurements, statistical issues, number and sort of participants, risks and probable adverse events, source of funding, aims of the research, etc. Clinical research must be performed by a clinician or clinical staffs or under consideration of them. In addition to the research proposal and application form, the ethics committee might need the approvals from R&D (Research and Development) office and REC (Risk and Assessment Committee). The above process takes 3-6 months to get through. In the event that the committee is unable to form an opinion on the basis of the application form and protocol submitted, a decision on approval may be deferred and the applicant invited to attend the next meeting of the committee to discuss the proposed research. The committee is guided by the
general principles outlined in the Declaration of Helsinki. It consists of a convenor and six members, expert in different fields of sciences. They meet monthly in a specific date. The ethics committee has own right to control the conduct of a research and request for amendment or stop it.

**Key Words:** research and development, ethics committees, clinical research, ethical approval, UK
Clinical Studies in Children
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There are practical difficulties in organizing clinical trials in children such as problems with developing an appropriate formulation, or difficulties in recruiting medical center, and children because of the well justified concerns of their parents or legal guardians and health professionals.

For new drugs, little is known about the drug’s dosage or side effects in children. The available data from adult studies could not provide us with the information regarding the safe dosage for children. Assuming children as small adults who need smaller doses is a dangerous misconception. Another problem in conducting clinical trials in children is the cost which is greater than studies in adult.

Although in order to ensure that children receive effective, safe and high quality medicines, these medications need to be tested scientifically in children within controlled clinical trials, but there are issues that need to be addressed so a child would
not be in any harm or risk as a result of enrolling in clinical trails. Some of these protective measures are:

d) A registry system for all pediatrics trials from all countries would be a great help.

e) Trained investigators with experience of working on clinical trials in children should be employed for working in clinical trials with children subjects.

f) Informed consent, parental permission, and assent in pediatric practice: many people involved in treating young people believe that the child or adolescent should play a role in the decision-making in entering a research study but the age in which a child can give consent differs from country to country. The consent or assent provided by parents or children should be presumed after receiving enough information and understanding the potential risks and benefits as well as the child’s rights and responsibilities. This guide will explain what to expect during the informed consent process, explain its importance to clinical research participants, and describe how it fits into a larger system that protects the welfare of people who take part in clinical trials.
The Role of Ethics Committees in Monitoring Research Protocol

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The role of the committees of ethics, which lack means and prerogatives of control, often limits its role to the simple check of the ethical character of the research protocol during its submission. It is about an ethical visa to begin research.

Ethic’s committees do not have to limit their investigations to the simple check of the ethical character of the protocol. It has also to check all ethical aspects surrounding the research.

The committees of ethics have to be the keystone of a monitoring protocol implying human subjects. They must be organically independent and have defined prerogatives with the power to criticize, to revise or to reject the research protocol.

To protect the person’s subjects throughout the research protocol, it is important to consider the ethical monitoring as a
necessary requirement during the research.

In this communication, we contribute to enlighten the perspectives of the ethical research monitoring and we propose mechanisms to their application.
Ethics and Alternatives in Research
Parvin Zakeri-Milani, Hadi Valizadeh

Ethics in research is hard to separate from the political, economic, administrative, and legal considerations. Most assuredly, there's a philosophical basis to research ethics, but instead, we'll focus on the practical considerations. A point to remember, however, is that there's no such thing as perfectly ethical research. The use of animals in research, teaching and testing is an important ethical and political issue. Much of the discussion about this issue revolves around the relative value, often referred to as 'moral value', of humans and animals. When the needs of animals and humans come into conflict, which takes precedence? Today there exists a wide spectrum of views on this subject, ranging from those concerned with animal 'rights' to those who view animals only as a resource to be exploited. All of these viewpoints have contributed to the development of ethical principles of animal use. These in turn have shaped animal use promulgated regulations. These regulations will be discussed in this article.
Ethics in Researches

Afsaneh Ghanbari¹

Master in International Law

Clinical research has a potential risk to harm. So the ethical standards are essential especially in human subjects.

African and European partners unite to promote ethics in medical research. Four African countries in collaboration with INSERM, MRC, and WHO have set up a project aimed at encouraging the formation of ethics committees for medical research in Africa. The principal objective will be to raise awareness of ethical issues in these regions, identify people working in this field and understand their real needs.

Also tri-Council Policy Statement on the Ethical Conduct of Research Involving Human Subjects (1998) is most important policy.

There are 2 ethical models for medical research. "Partnership" model, which actively involves all partners during ethical review."Regulatory" model consists primarily of regulations designed to prevent exploitation of participants.

SAEM believes that protection of human subjects is vital in

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16-18 April 2008
emergency medicine research and informed consent is the head of it. Also there are barriers to take informed consent because of the time frame. Protecting from these patients is the main responsibility for researcher.

About research at the field of mental disease especially Schizophrenia, A greater understanding of both risk and protective factors can lead to improved prevention and treatment strategies in this vulnerable population.

The Chartered Society of Physiotherapy’s Rules of Professional

Conduct state that “Chartered physiotherapists shall ensure the confidentiality and security of information acquired in a professional capacity.” Information that is available in clinical work cannot be made available to the research team unless it has been previously agreed with the patient and approved by the ethical committee.

Physical therapy journals should standardize ethical protections and make documentation of international ethical standards, which include social value, scientific merit, a favorable risk-benefit ratio, fair subject selection, informed consent, confidentiality, and approval by an impartial REC. In addition, international committees of journal editors should require authors to document compliance with certain ethical standards in manuscripts submitted for publication.
Abstracts

The International Congress of Medical Ethics in Iran

At the field of Medicines in addition to REC approval, they have to take license from ethical committees. At the field of Medical Devices, the project must be referred to the Medical Devices Agency after ethical approval has been obtained.

During the past six years, Ethic Review Committee for Research involved human subjects has evaluated over 2,000 protocols of research and about 120 protocols were on reproductive medicine. Some protocols were considered to be unethical. To avoid these serious problems and social risks to human subjects, ethical criteria in medical research should be introduced into the medical school curriculum. Capable and adequate number of Ethic Review Committee members must be trained.

A framework for evaluating the ethics of clinical research studies enhancements of health or knowledge, scientific validity, fair subject selection, favorable risk-benefit ratio, independent review—unaffiliated individuals must review the research and approve informed consent and privacy protected. Fulfilling all requirements is universal, although they must be adapted to the health, economic, cultural, and technological conditions in which clinical research is conducted.

Key words: Ethics- Research –Medical
Teaching Inter Disciplinary Professional Ethics

Mohand Abid Bakhotmah¹

There has been a dramatic increase in the ethical expectations of businesses and professions over the past ten years. The need for special ethical principles in a scientific society is the same as the need for ethical principles in society as a whole. They are mutually beneficial, the ethical principles help make our relationships mutually pleasant and productive. Ethical behaviors are instruments for persuasion, both of members of any given profession and the public in a given society, and on the global human cultures, and the global environment. They enhance the sense of community among members belonging to a group with common values and common mission. A profession’s ethical standards must be compatible with our common morality, but they go beyond our common morality, and become a global code of professional ethical conduct. The reasons to have code of professional ethics include (Defining acceptable/ unacceptable behaviors, Promoting high standards of practice; Providing a benchmark for self-evaluation; Establishing a framework for professional responsibilities; Gives occupational identity; and lead to occupational maturity). Interdisciplinary studies, is the

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process of answering a question, solving a problem, or addressing a problem that is so broad or complex that it cannot be addressed through a single discipline or field. In higher education, the goal of most interdisciplinary studies is to integrate the contributions of different academic disciplines or fields of study so that topics, problems, and phenomena under study are better understood, additionally the interdisciplinary education process seek holistic understandings of the social and natural worlds because the real-world problems are complex, hard to define, challenging to solve, and often have more than one right answer. Such problems require that individuals (students, doctors, teaching staff and other professions) know what kinds of information are needed and where to find that information, but also require a sound sense of social responsibility, strong ethical foundations and the skills of ethically evaluating a problem and the synthesis of morally and socially acceptable solutions. Incorporating professional ethics will encourage tolerance and respect for the perspectives of others; expand students', researcher and academic staff horizons and their capacity to question assumptions about the world and about themselves. Interdisciplinary ethical evaluation is a way to build bridges between pure science and humanities; it can improve faculty morale by revitalizing interests and collaborating with colleagues and thereby expand their repertoire.
of knowledge and skills. The interdisciplinary study of professional ethics in the medical schools is excellent preparation for the role of newly graduated doctors to be good citizens in our global human cultures.
Ethics in Health Administration
Mahdiyeh Shojaei Baghini¹, Fatemeh Maarefdoost
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Ethics is not just theory or talk. It must be practiced daily in health care organizations. Organizational culture will greatly influence the application of ethics. In turn, your ethics decisions can have an impact on your organization's culture. The impact factors on ethics in health care organizations are: Organizational and External.

The external influences on ethics are:

- Standards of external agencies such as the Joint Commission on Accreditation of Healthcare Organization
- Market forces. It includes technology and average aging of population
- Social responsibility: prevention and quality assurance
- And technology

The organizational influences on ethics are:

- Fiscal responsibility

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Abstracts
The International Congress of Medical Ethics in Iran ——— 139

- Organization’s culture
- Self-evaluation
- And patient issues, includes Paternalism and experience of hospitalization

In this paper, will been define this factors.
Medical Ethics in Health Tourism Development
Alireza Jabbari, Sayyed Jamaloddin Tabibi,
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Health tourism refers to movement of consumers to the country providing services for diagnosis and treatment. A combination of various factors, such as exorbitant costs of healthcare in industrialised countries, the increased ease and affordability of international travel, favourable currency exchange rates in the global economy, rapidly improving medical technology and standards of care in many countries as well as the ubiquitous internet, have led to the recent increase in its popularity. The purpose of this study is to determine the role of medical ethics in health tourism development. Data collection will be carried out through an expensive library and internet search. The experiences of pioneer countries in health tourism will be explored. Finally, the importance of medical ethics in health tourism development will be analyzed.

Key words: Health tourism, Medical ethics

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16-18 April 2008
Complementary and Alternative Medicine and Ethical Considerations
S. Shamloo, H. A. Adhami

Complementary and alternative medicine has become an important section of healthcare. Its high level of acceptance among the general population represents a challenge to healthcare professionals of all disciplines and raises a host of ethical issues.

By considering the risk-benefit issues such as the severity and acuteness of illness; the curability of the illness by conventional forms of treatment; the degree of invasiveness, associated toxicities, and side effects of the conventional treatment; the availability and quality of evidence of utility and safety of the desired CAM treatment; the level of understanding of risks and benefits of the CAM treatment combined with the patient’s knowing and voluntary acceptance of those risks; and the patient’s persistence of intention to use CAM therapies providers can formulate a plan that is clinically sound, ethically appropriate, and targeted to the unique circumstances of individual patients. Physicians are encouraged to remain engaged in problem-solving with their patients and to attempt to elucidate
and clarify the patient’s core values and beliefs when counseling about CAM therapies.

This article is an attempt to explore some of the more obvious or practical ethical aspects of complementary and alternative medicine.

**Key words:** Complementary and alternative medicine, Ethical considerations, Conventional Medicine, safety, effectiveness.
Conceptual Framework of Monitoring Equity in Health and Health Care
Sayyed Pourya Hedayati Naser Kiyadeh

**Background:** This paper aims at articulating a Conceptual framework for monitoring equity in health and healthcare. The focus is on four main questions: what is health equity? What is monitoring? What are the essential components of a system for monitoring health equity?

A framework is presented for formulating the key questions, defining the social groups to be compared, and selecting the health indicators and measures of disparity that are fundamental to monitoring health equity.

Although monitoring health equity is a scientific Endeavour, its fundamental objective is guided by values; technical challenges should be addressed as part of a broader strategy to confront the political obstacles to greater equity.

**Material & Methods:** this study was been reviewed studies that were fulfilled through librarian studies and internet search.

**Findings:** findings of this research is eight steps in order to the requirements of any system for monitoring that is include: identify the social groups of a prior concern, identify general concerns and information needs relating to equity in health and its determinants, identify sources of information on the groups and issues of concern, identify indicators of health status major
Abstracts

144       The International Congress of Medical Ethics in Iran

determinants of health status apart from health care, describe
current patterns of avoidable social inequalities in health and its
determinants, describe trends in those patterns over time, general
an inclusive and public process of considering the policy
implications of the patterns and trends and develop and set in
motion a strategic plan for implementation, monitoring, and
research, considering political and technical obstacles.

Conclusion: this paper presents a conceptual framework to
guide the development of approaches to monitoring equity in
health and healthcare. while not sufficient for effective action to
achieve greater equity in health, information can play an
important role. Moving towards greater equity requires selective
attention to the needs of disenfranchised groups, and more
powerful groups are likely to resist such efforts. To meet this
resistance, information on health equity must be scientifically
sound and technical strategies for monitoring equity must be
placed in the context of a broader strategy to address formidable
political obstacles. Efforts to obtain analyze and disseminate
information on equity must consider where how and who to
involve to intervene most effectively against the tide of
prevailing forces. On an

Key words: health equity, inequalities, monitoring, health,
healthcare, health indicators, health status

16-18 April 2008
Newborn Rights
Ashraf Mohammad zadeh

In uterus, the fetus depends on the placenta for growth and development and lack of any stimulation. Therefore after birth he or she has insufficient defense for extra uterine stimulation and needs supports. Newborn Rights include:

1- Early skin to skin and eye to eye contact between mother and newborn immediately after birth
2- Beginning of breast feeding in first hour of life
3- Routine care in bedding in
4- Preterm baby care as kangaroo mother care
5- Twenty four hour presence of mother in NICU admission babies
6- Facilitation and educational support to mother for caring of baby.
7- Free entrance of father and other family who will be participated in care of baby (grand mother, ..... )
8- Routine care (Vaccination, Vitamin K, Physical exam, .... )

First 12 hour of life (Specially first 30 minuets) is a critical period for newborns. Early skin to skin and eye to eye contact build up power full bonding between mother and her newborn that results better infant social correspondence and cognition in

Kangaroo mother care (KMC) supports all legal and ethical problems of newborns. Low birth weight (LBW) is a worldwide problem. Its frequency and distribution closely parallel those of poverty. Low birth weight is associated with high neonatal and infant mortality and morbidity. care of LBW infants represents a burden for the health and social systems everywhere. KMC provides all needs of these babies. KMC has 3 components: Skin to skin contact, Exclusive breastfeeding and support to the mother infant dyad.

Benefits for newborns:

1- in KMC babies stabilize faster than incubator.

2- Improvement in oxygenation, respiration and decreasing apnea of prematurity.

3- Reduction in nosocomial infection rate.

4- The baby's temperature stabilizes much better in mothers chest than in incubator.

5- Heart rate stable faster.

6- Exclusive breast milk production is stimulated by skin to skin care so baby gets all the breast milk including the correct milk for humans.
Abstracts
The International Congress of Medical Ethics in Iran ——— 147

7- More weight gaining (15 to 20 yr / kg / day ) than in incubator .

8- Less crying and stress results in somatostatin release and therefore preventing of intraventricular hemorrhage ( one of the most common cause of death in premature babies ) .

9- The KMC enables early bonding between mother and baby so the baby will receive better long term care and emotional problems .

10- Better development and brain growth in appropriate ways not in way by stress .

11- Regularity in sleep and awake state .

12- Powerful pain relief second to release of morfin in brain .

13- Blood sager in KMC is higher , a dangerous condition for intact survival and future neurological development .

14- Skin to skin contact stress hormones in the babies such as cortisol , endorphin and decreasing sympatoadrenal activity says reduction of stress in these babes .

15- Decrease of hospital stay

Benefits of mother:

1- It provide security and mother knows that her baby is with her and safe .

__________________________________________ 16-18 April 2008
2- Release of oxytocin get more rest and breast milk production in mother.

3- Release of oxytocin results in uterine contraction and less blood loss at delivery.

4- This reduces dramatically the guilt, depression anxiety, which is offer associated with having a premature baby.

5- Mum can leave the hospital earlier and return to normal daily life sooner.

6- The mum to be part of caring team and becomes central to the caring team.

7- KMC helps the mum and baby to settle in to a rhythm of sleeping and waking called "sleep synchrony" so the mother gets more sleep.

Fathers and other family members can use the KMC to relieve the especially in a multiple birth situation common with premature babies.

KMC is now done in neonatal research center in Emamreza Hospital belong to Mashad University of medical scenes.

The mother’s body is the only natural, healthy environment for a new baby.
Abstracts
The International Congress of Medical Ethics in Iran ——— 149

Ethical Problems of Oocyte and Embryo Donation
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Advances in reproductive medicine have allowed many thousands of infertile couples to have children. These developments have raised the level of expectation of successful treatment in many others, including those who require treatment with donated oocytes or embryos. The main indication for treatment by donor insemination is after a diagnosis of azoospermia or oligozoospermia in men. Oocyte donation may be indicated when a woman is affected by serious genetic disorder or her ovaries are absent, non-functioning, or are unlikely to respond to ovulation induction. There is growing concern that current screening protocols regarding gamete donation are ill-suited to meet the issues raised, especially in relation to genetic disease. If a genetic disease is highlighted during the process of recruitment, then appropriate investigations and counselling can be undertaken. However, there are no guidelines, either in law or practice, which address the issues of confidentiality that might arise if a disease emerges after

16-18 April 2008
insemination and establishment of pregnancy. Donors may become aware that they are at risk of a familial condition after they have donated gametes. An incurable adult onset disorder is a good example of such a condition. How can a donor who is later diagnosed to have disease inform the gamete recipients? At present each case is managed on the basis of individual clinical judgment almost without a geneticist involved. If appropriate and necessary, information could be conveyed to the recipient of the gametes or embryo without the need to identify the donor. It could be argued that further changes in regulations would have a negative impact on donor recruitment. We believe that this is unlikely if donors and recipients are fully counselled at the outset, made aware of such possibilities, reassured of anonymity.

The pace of advances in the science of genetics is such that the genetic bases of many diseases are defined every year. The information needed today will not be the same as the information needed tomorrow. In addition, collecting a complex pedigree of all the information that might conceivably be needed would be an impossible task. It is suggested that guidance from the professional bodies producing guidelines for good practice regarding the ownership of genetic information needs to be amended to take account of these points.
Prenatal Screening & Counselling in Iran

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Objective: Prenatal screening has become an increasingly common procedure all around the world. It offers couples useful information relating to the health of their fetus, although it gives us serious ethical dilemmas as well. This was conducted about Iranian scholars' attitudes towards prenatal screening and counseling with respect of ethical issues. Methods: Two hundred-one physicians, genetic and religious scholars were interviewed with regard to demographics and attitudes towards the ethical dilemmas in prenatal screening and counseling. Interviews were analysed using the four-principle approach. Results: Findings showed scholars' attitudes towards: 1. the right of couples to choose prenatal screening; 2. the role of prenatal screening and counseling concerning termination of an affected fetus; 3. screening results and emotional distress in couple, and

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16-18 April 2008
4. the impact of prenatal screening and counseling on the rate of disability. Conclusion: Iranian scholars were willing to consider prenatal screening to prevent transmission of diseases to the next generation. This goal is attained through the autonomous choice of the couple to participating the screening as well as prenatal counseling.

**Keywords:** Prenatal screening, Counseling, ethical dilemmas, Four-principle approach, Decision-Making
Cloning

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Simulation or transcription which is called cloning derived from Greek word “clone” that means cutting, budding and proliferating. Cloning is the asexual process of creating an identical copy of an original organism. Reproductive cloning is a technology used for generating an animal that has the same nuclear DNA as another currently or previously existing animal. Dolly the sheep, was created by reproductive cloning technology. In a process called "somatic cell nuclear transfer" (SCNT), scientists transfer genetic material from the nucleus of a donor adult cell to an egg whose nucleus and thus its genetic material, has been removed. A clone is simply one living thing made from another leading to two organisms with the same set of genes. Sometimes, plants are self-pollinated producing seeds and eventually producing more plants with the same genetic code. Ian Wilmut at the Roslin Institute in Scotland was assigned to a project in 1986. His goal was to create a sheep that produced
a certain chemical in its milk. He chose to alter adult cells, which held up well in laboratory conditions, and then clone them, producing animals with the altered gene all throughout their bodies. He began the paperwork in 1987, and began research in 1990. More work was done, and on July 5, 1996, a lamb was born, cloned from a frozen mammary cell from another adult sheep. In regard to pros and cons of this project, we point to the following merits and defects:

(1) Merits: Organ transplantation of cloned human being to one who is cloned from him/her in order to prolong the lifetime of original person; association and making image for relatives of original deceased person; the barren parents can be having children; with proper application of cloning technology we can renew the activity of damaged cells with reproduction of them; creation of healthy persons for remedy of hazards resulting from recessive hereditary diseases in some sexual components; regulation of children and human beings gender in future; prevention of rare creature distinction and finally therapeutic objectives.

(2) Defects: Prevalence of slavery; contradiction with marriage law; abuse of cloning techniques to create criminals and soldiers; gender imbalance; increasing of population; recognizing cloned person as a second rate citizen; the spread of smuggling and buying and selling of body organs with spreading of human
cloning; to prevent the creation of cloned subjects (for providing transplantable organs) we should restrict the domain of human smugglers; contradiction with principle of variety in creation; creation of a society without identity; and creation of psychological problems for the cloned.

Finally, it should be mentioned that various ideas are being discussed and it needs further studies from various specialized in view points; therefore, it seems that judging about these viewpoints requires much more time and research on pros and cons of this issue.

Keywords: Gastrointestinal, Ethanol, GERD
Misunderstanding: Human Cloning, Identity and Immortality
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Shortly after Dolly the Sheep was cloned, the Guardian ran an article featuring a man who claimed that cloning might be able to provide a route to immortality. His opinion was that since in cloning, the genetic blueprint of one individual is used to make another individual with the same genetic make-up, the new individual will be an exact copy of the original; and an exact copy is as good as the original. The suggestion is that we can bring back the dead by cloning them; all we need is a few cells removed from the body before death. These cells will enable us to make an exact copy of the dead person, which if the man featured in the article is to be believed, is equivalent to resurrecting them. If the process is continued time after time, the "dead" person will have achieved immortality. The man featured in the article is by no means exceptional for holding this view. The belief that we can bring back the dead by cloning them was the motivation behind a request sent to the Roslin Institute by a
woman who wanted a copy of her father. Her father was approaching death, and she felt that if Wilmut could produce a clone of him, she could prevent his death. This belief also fuelled a heart-wrenching letter sent to the Sunday Times by a man who had just lost his son in a car accident. He objected to the furor surrounding cloning, appealing that if this technology was made available, his son could be brought back to life. The reason that some people believe that they can resurrect dead relatives, or live forever by cloning is that they are misconceiving what human cloning actually can produce. One thing that they are overlooking is that the person produced by cloning will actually be born as a baby. However, we cannot literally photocopy people. My clone would not be an instant carbon copy of me at age twenty-one. She would gestate for nine months inside a woman's womb, (perhaps even mine), and be born as a baby. Moreover, even when she reaches twenty-one, she will not be identical to me at age twenty-one. The problem here is that people are mixing up genetic identity with personal identity. They are subscribing to genetic determinism; the idea that, genes are sufficient to make us who we are. However, monozygotic (identical) twins are illustrative of the implausibility of this view. Furthermore, environmental influences play a huge role in making us who we are. Every
choice we make causes our life path to branch out in different ways making an impact on our identity.

The naivety of genetic determinism is emphasized by the fact that genetic identity does not even constitute biological identity. Even cloned cells with identical sets of genes vary somewhat in shape and coloration. The variations are so subtle they can usually be ignored. However when cells are combined to form organisms, the differences becomes marked and individuality is born.

**Key words:** Human cloning, Immortality, identity, Personality
Abstracts
The International Congress of Medical Ethics in Iran ——— 159

Study of Rhythm of Knowledge and Attitude of Doctors and Nurses about Patient Right’s Pprism in Dependent Hospitals of Medical Faculty of Shahrood: 1385
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**Background:** respect to patient rights and appointing a structure for it, has continuous background in history of countries hygienic observation, that its observance follows patient satisfaction.

**Goals:** this study accomplished with this purpose; survey rhythm of doctor’s and nurse’s knowledge and theory about patient right’s prism in dependent hospitals of medical faculty of shahrood in 1385

**Method and material:** this research is kind of cross-sectional and applical studies, paying attention to limitation of research nation and need to accurate information, all samples has studied in the way of census and a questionnaire made include of 6 general question and 32 professional question about knowledge and theory of doctors and nurses about patient right’s prism that gave to all to complete to analyze data used of Spss and INSTAT and result showd in tables and figures.

**Findings:** result of research shows that 24.2% of interviewees
are man and 75.8% of them are woman. 77.5% of them work in Imam Hossein hospital and 22.5% work in Fatemie hospital. 77.4% of interviewees are bachelor and upper, 22.6% of them are lower in point of view of degrees. 18.1% of them are aidnurs, 60.4% are nurse , 10.4% are doctors, rest are include of other fields.53.3% of them are present that know about patient’s prism rights. 18.1% of them attain to their knowledge by means of educational seminars and conferences and rest in other ways almost all in their study period.hospital held education term for 15.9% of people and 84.1% doesn’t have any educational term. Knowledge grade average was 16.38/20 that shows good knowledge in research nation. Theory grade average was 17.09/20 that shows positive theory between them.by means of Pierson test proof meaningful relation between knowledge and theory that Speerman test confirm it either. P.v = 0.0001

Result: this research finding and other similar researches about rhythm of knowledge and theory of doctors about patient right and respect to this right in the hospital can be adequate criteria to evaluate the medical unit.in addition personnel and patients education can guarantee patient satisfaction and organization perpetuity.

Keywords: patient’s prism rights, nurse, Doctor, knowledge, attitude, medical faculty of shahrood
Abstracts
The International Congress of Medical Ethics in Iran ——— 161

Human Cloning & Problem of Psychological Identity
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The prospect of creating children through somatic cell nuclear transfer has elicited widespread concern, much of it in the form of fears about harms to the children who may be born as a result. There are concerns about possible physical harms from the manipulations of ova, nuclei, and embryos, which are parts of the technology, and about possible psychological harms, such as a diminished sense of individuality and personal autonomy. There are ethical concerns as well about a degradation of the quality of parenting and family life if parents are tempted to seek excessive control over their children's characteristics, to value children according to how well they meet overly detailed parental expectations, and to undermine the acceptance and openness that typify loving families. Virtually all people agree that the current risks of physical harm to children associated with somatic cell nuclear transplantation cloning might justify a prohibition at this time on such experimentation. In addition to physical harms, many worry about psychological harms associated with such cloning. One of the forms of psychological
harm most frequently mentioned is the possible loss of a sense of uniqueness. Although the myth of genetic determinism is dispelled, but some doubts about cloning and identity remain that I am going to argue that somatic cell nuclear transfer cloning creates serious issues of identity and individuality especially in the Psychological identity and forces us to reconsider how we define ourselves because Cloned children each will be genetically virtually identical to a human being who has already lived and also the expectations for their lives may be shadowed by constant comparisons to the life of the “original.” Moreover, comment on the importance of genetic uniqueness not only for individuals but also in the eyes of their parents.

**Key words:** Human cloning, Personality, Identity
Ethical Issues Relating to Molecular Genetic Testing of Spinal Muscular Atrophy

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Molecular genetic testing has catapulted into mainstream medicine during the past decade. Despite of increasing in number of genetic tests the treatment for genetic disease is still not definite. Spinal Muscular Atrophy (SMA) is one example of the most common genetic causes of childhood fatality and classified into three groups based on age of onset and achieved motor milestone. Survival Motor Neuron (SMN) gene has been identified as responsible for SMA. 61 out of 93 samples that we received from August 2003 until Feb 2007 were included in our study. The 61 samples were subjected to SMN1 gene deletion analysis according to the method described by van der Steege et al, 1995.Each genetic test costs about US$200. Our result

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16-18 April 2008
showed that forty nine out of 61 (80%) samples (20 type I, 21 type II, and 8 type III) were found to have homozygous deletion of at least exon 7 of the SMN1 gene. Twelve patients (20%) (7 type I, 4 type II, 1 type III) showed the presence of the SMN1 gene. More expensive tests were required to detect the mutation in the remaining 12 patients.

In this presentation, we discuss the limitations of genetic testing, taking SMA as an example and the ethical issues related to this testing including patients consent, limitations, costs, the lack of definitive treatment and our approach in dealing with these issues.
Ethics in Genetic Consultation: Reporting Medical Errors
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Premarital and preconception genetic counseling need careful consideration. Complete detailed family history of three generations is very helpful. Being non directive and non judgmental are the main ethical points in genetic counseling. According to Islamic rules and law, it is not possible to terminate pregnancy after fetus ensoulment even there is a major abnormality. In this report, a real case will be discussed to emphasize medical errors in this issue. The criteria to do prenatal diagnosis are; a major congenital abnormality in fetus which needs therapeutic abortion, there is no treatment available, couple both are happy with pregnancy termination, and availability of specific prenatal test.

Since the age of marriage and pregnancy and trend of consanguineous marriage are all increasing in Iran, more attention of clinicians are necessary especially Ob/Gynes, internists, pediatricians and midwives.

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The Roll of Ethic in Challenge and Future of HIV Prevention
Khadigeh Mirzaeinajmabadi

Less than a decade ago, the biggest problem in global health seemed to be emerged, HIV. "HIV is one of the world's most urgent health priorities," UNAIDS Executive Director Peter Piot said (Associated Press, 7/24).

Prevention and reduction of HIV is one the most important millennium development goals. According to many scientists HIV will promote to be one of the first killers of people specialty young people in future rapidly. There is a lot of concern about the HIV disease which is not treatment able yet. Iran has the lower rate of HIV compared to other countries and this point of view Iran could be could be a leader and model for all country through the world. The main reason for this great achievement is importance and emphases Islam to limit sexual relationship and abstains pre marriage in Iranian people. Unfortunately, Prevention and education efforts have usually paying attention on just about knowledge, attitudes about HIV and have ignored sexual need fulfillment related to partner selection and risk behavior. However, an abstinence-based approach to sex

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education focuses on teaching young people that abstaining from sex until marriage is the best way to avoid infection with HIV. These days, there are above one thousand abstinence-until-marriage programs around the United States, and one-third of public middle and high schools say both that abstinence is "the main message in their sex education" and that abstinence is taught as "the only option for young people". So, It is time for us to get serious attention about this problem not to be allowed too late ,paying attention that ethical and religion issues must be considered as issue that could the best way to improve the all aspect of life even against HIV.
Is Cloning an Ethical Phenomenon?

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Cloning is an asexual reproduction, so an animal is produced by cloning process from a mature cell similar the origin. The first successful achievement was cloning of a sheep as name Dolly in 1996 by Ian Willmut in Rosline institute in Edinburgh. After that cloning was done in another animals (mouse, calf, monkey) and in 2002 Clonaid institute announced the birth of the first colonised child as name Eve by using of a 31 years old lady skin cell genome in USA.

Cloning has advantages and disadvantages, some believe it is benefit for non-fertile couples or those who have lost their child in an accident, but its disadvantages are as follow:

1 – Appearance of abnormalities due to genetic modifications:

Nowadays used techniques meet with genetic modifications and reminds a nightmare of birth a child with untreatable abnormalities.

An anxiety in cloning and use of human cell is early age in newborn child. Sometime similar Dolly, there is not any sign of disease at the time of birth, but in course of time abnormalities appear which are the result of genetics modifications and early age.
Abstracts
The International Congress of Medical Ethics in Iran ——— 169

2 – Psychological and Emotional Abnormalities: What will be the feeling of a child or young when he understands that his mother is his sister or grandmother. This family alienation will cause bad psychological effect on him.

If birth of colonised children becomes common then marriage issue that is a normal process will be abolished gradually and family organisation will be disordered, and many of women become pregnant without husband. Also a lady may become pregnant by herself, therefore the mother and child are twin.

3 – Scientific Misuse: In this field we could point out to the following items:

a – The powerful and politicians could produce a genetics copy of themselves and sacrifice it at necessary time

b – Production of an Inferior race for economical or military purposes .

c – Use of colonised people for donation .

d – Performation of illegal researches on colonised people like test of forbidden drugs or abnormal weapons.

E – Effort for generation eternity in malicious people.

For the above reasons, majority of people are against cloning, also UNESCO organisation has forbidden any genetics test similar cloning that ignore human dignity in an official statement.

Key Words: Cloning, Genetice modifications, Dolly sheep
The Assessment of Changes in Medical Students Attitudes before & after Passing Communication skills Educational Program During Semiology Course in Medical Faculty, Tehran University of Medical Sciences

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Introduction: The physician-patient relationship has a significant effect on quality of care and health outcomes. In recent years, medical educators have recognized the importance of this issue by instituting various curricula to teach communication skills to medical students. This study examined the effect of a two-week communication skills program (based on Calgary Cambridge Guide) integrated into semiology course at Faculty of Medicine of Tehran University of Medical Sciences using the Patient-Practitioner Orientation Scale (PPOS).

Methods: We measured students' attitudes toward patient-centered and physician-centered care using PPOS questionnaire, an 18-item validated questionnaire that measures attitudes toward the physician-patient relationship. One hundred nine students in third year of

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16-18 April 2008
Abstracts
The International Congress of Medical Ethics in Iran ——— 171

medical school filled out the PPOS questionnaire before and after taking semiology course. Additional demographic data including gender, age, specialty choice and extracurricular activity were collected as well.

Results: We found no significant difference in mean overall PPOS score before and after taking semiology course (3.15 vs. 3.07, p= 0.21) as well as sharing sub-scale score (3.06 vs. 2.98, p=0.303); however, there was a significant difference in mean caring sub-scale score (3.06 vs. 3.3, p=0.003) before and after the course. Mean overall PPOS score of male students before taking the course was not significantly different from that of females. After taking the course, mean overall PPOS score was higher in female students compared with males (3.15 vs. 3.02, p=0.043). Sharing sub-scale score of females was also higher than that of males after taking the course (3.05 vs. 2., p=0.018).

Conclusions: Our findings indicate that although overall attitudes of students have not been significantly influenced by taking a communication skills program integrated into semiology course, overall attitudes and attitudes toward sharing has changed in females compared with males. Regardless of gender, students' attitudes toward caring changed in our study. Our hope is that this study will drive further research in the dynamics of communication skills education.
Nursing and Implicational Methods in Ethic Education
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To day nursing student ethic education is an important subject in nursing schools. Literature reviews indicate that the ethic in nursing was educated since 1900. As a result of many studies, traditional method of nursing ethic education has not acceptable efficiency to accountability to delivery health system current ethical problem, so ethic educator should apply new and interactive method more than traditional method in ethic education. Despite interactive method is better for contribute critical thinking than traditional method but traditional method is common yet.

Interactive method cause motivation, enhances in inquiry, increase reasoning, promote self steam, awareness of other opinion and feedback.

Various ways was used for this subject include: Group discussion, Role modeling, Moot court, Film discussion and Case study. This article is a review of new and interactive

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16-18 April 2008
Abstracts
The International Congress of Medical Ethics in Iran ——— 173

methods ethic education to nursing student and importance of ethic in them.

conclusion: Nursing as a clinical profession and responabile position require to effective educational ways. In attention to traditional method demonstrated as uneffective method in ethic education by literature, it should be replace by new and interactive methods. Finally this replacement can be source of quality performance.

Key word: ethic education, nursing
Abstracts

174 ———— The International Congress of Medical Ethics in Iran

Code of Ethics for Health Educators
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Introduction: The role of health education in designing and implementing of health programs in Primary Health Care System of Iran has been prominent. Demographic and epidemiological transient followed by health transient in recent decades show that non-communicable and lifestyle related diseases have been dominant and therefore this role has become more important and effective.

In this condition, paying attention and engaging to code of ethics will be a main concern for health educators. In this article, I have reviewed the different documents related to code of ethics for health educators which have been developed by the health education associations and institutes.

Text: Society for Public Health Education (SOPHE) as a valid reference for health education has developed the code of ethics for health educators. In 1993 SOPHE published a revised summary code of ethics noting that: “health educators take on profound responsibility in using educational processes must reflect the right of individuals and communities to make the decisions affecting their lives.”

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16-18 April 2008
American Association for Health Education (AAHE) also developed health education ethics, laying out a “common set of values designed to guide health educators in resolving many of the ethical dilemmas experienced in professional life.” Code of ethics of AAHE was further revised in 1999. These guidelines provide a commitment for health educators to behave ethically and to encourage and support the ethical behaviors of others. There are five responsibilities and 34 sections. These five responsibilities include responsibility to the public, profession, employers, in delivery of health education and in research and evaluation.

**Discussion and conclusion:** Health education has been built on humanitarian and democracy bases and its main mission is helping to individuals, groups and communities for adoption the healthy behaviors voluntarily. Health educations should pay attention not only to the technical processes of health education, but also to the code of ethics. Informing about this guidelines and supervising for implementing them, will be guarantors for succession in health programs.

**Key words:** Health Education, Health Promotion, Code of Ethics, American Association for Health Education (AAHE)
Education of Ethics in University
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Education of ethics (morality) is a process in which the trainees are assisted to learn about his/her educational needs and will help him/her to behave according to socially desirable dignity and norms. “Ethics” origin, this phrase is derived from Greece word “ethos” which means personality. Ethical Principles derives from Latin “Moralis” that means tradition, temperament or method. The meaning of the both is tradition; to wit the fundamental methods of behavior that not only are customary but also are correct. To be ethical means that an individual lives in a specific of personal frame of beliefs. On the other part, the ethic mostly has a relation to responsibility and community. Ethic in fact is common sense of people. The ethical matters in community are set out on the basis of the forms of culture, etiquette, customs, and regulations, whose obedience by all shall
Abstracts
The International Congress of Medical Ethics in Iran ———— 177

benefit the community. Therefore, the indecent behavior is immoral in the society and respect to law has become a social
etiquette. The law is set out for liberty of all and contrary to imaginations, is not created for individual personal liberty.
Bertold Bresht, the German Author, suggests in his book, that, those who say yes and those who say no, put two different
morals against each other and whatever is moral today may be immoral tomorrow! Why?

Human will earn capacity by work; he produces tools and forms his phases of development. Perspicacity and ideology
which rules on that system, is a dependent of the type of tool and production research. Production has an infrastructures nature,
ethic is part of insights and ideology is an outwardly formation. Therefore, in case a cause or matters was good and holly
yesterday, today, by an upheaval in its technology it would turn into a bad or unsacred. Ethic at least suffered from eminent
standing in three domain of university life:

1- In education of students and their individual development.
2- In taking care of community.
3- Corporation if universities in social growth of communities.

While these three domains have a perfect coordination with university compass, student’s ability in formation of a general
ethic structure must not be consigned to oblivion. In the whole,
principles of ethic and ethical intellection in relation with the real world problems would completely to be acceptable. Students at the classroom, hospital wards, and in community will correlate the said principles with ethical intellection to that extend which their experiences lead to cause ethical maturity in them.

The university must be a place beyond the exposure of such experiences. The university must be counted a supplementary element inside this process. Values, Prophetic Missions, and Functions of Universities, must be reflected within the university ethical topics like honor, loyalty, liberty of speech, cooperation & commitment and accountability against the community problems. Only and that time which affections and concerns encircle the students as a natural university program the proper opportunity is happened for ethical development.

**Keywords:** Education, Ethics, University.
Abstracts
The International Congress of Medical Ethics in Iran —— 179

What do You Know about Euthanasia?
Golam Ali Molla Sadegh Roknabadi

Introduction: Death is real and nobody can deny it? This real phenomena, is unpleasure. In some conditions acceptance of death is better than live accompany with severe pain and uncomfortable condition. The pain that lead to death. In a few countries there are laws about euthanasia but, almost all countries believe it isn't acceptable. There is no law about euthanasia, in Iran, but we are not allowed religiously. We tried to know the ideas of medical students about this. Totally 493 persons (from 496) answered our question.

Methods and Materials: physicians and medical students are one of groups that their knowledge is very important about euthanasia. In this research they answered this question" Can you do euthanasia for anyone who wanted? "Before answering we explained everything about euthanasia. The answers after explaining were "yes" and "no". Some explained more.

Discussion: In general there are many facts for any phenomenon in every society. Euthanasia is one of materials that is interest for anyone. Medicine can help many patients and cure them and do better quality of life of many patients. The patients
The International Congress of Medical Ethics in Iran

can live longer and better beside use medical sciences and technology. On the other hand there are some diseases that non curable and painful and accompany illness and life is trouble. But, maluse from "euthanasia" ca be a danger, therefore we have to be careful that life is a for fortune for anyone and no body cannot get form him. Especially it is not allowed in our religious.

**Conclusion:** If general knowledge is comple and everybody understands euthanasia, the idea is clear. We have to say everything about it and all the responcible person who contribute this important niatter.

**Key words:** Euthanasia, General Knowledge, Sever Pain, End Stage₂
Euthanasia, Choice and Human Rights
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In this paper we are having a special kind of Euthanasia called "Voluntary Euthanasia". In international documents, this term refers both to the "right to cure" and the "right to life". The question we are looking an answer to is whether or not these rights can be rejected by the right holder himself/herself? There is no international instrument on "Voluntary Euthanasia". However, one may ask a question if the right to life is against the right to death? When States must protect fundamental human rights, we can't easily accept that one has the right to die by himself.

The European Court of Human Rights respects the idea that prohibitions mentioned in article 2 of European Convention of Human Rights actually exist in relations between mankind, but the question still remains unanswered is whether the right holder can nullify his right?!

Because of the positive obligation of States on human rights, they can't rely on nullifying the rights. In fact human rights rules are imperative. Article 959 of Iranian Civil Code, for example says no one can take out of himself his civil rights. Suicide is
extensively prohibited also in Islam and another religions. From this point of view, the "quantity" of life is preferred to its "quality".

As the result in return to imperative human rights and logical idea of cure and other documents on the issue, use of human abilities as a duty, we can say euthanasia is rejected. Therefore, there is no legal or real meaning of right to-self as third generation of human rights. Especially in which situations using and enjoying fundamental rights depends on right to life. But the new question is the relation between human rights (right to life) and freedom of will and choice.
Is Euthanasia and Physician Assisted Suicide Necessary
Inclincal Situation
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Euthanasia is defined as "a deliberate intervention undertaken with the express intention of ending a life so as to relieve intractable suffering". If performed at the dying person's request or with that person's consent, it is voluntary; otherwise it is non-voluntary. In physician-assisted suicide, the physician provides the knowledge and means (equipment, drugs) necessary but the act is completed by the patient. It is similarly a deliberate act with the express intention of ending life and is not ethically or morally distinguishable from euthanasia. The definition of euthanasia must exclude double effects and the withholding/withdrawing of therapy considered futile. It must also specify the intention to end the life of the patient. e.g. 'allowing the physician to take the final action that brings on a patient's death' is easily misinterpreted. e.g. 'the practice of injecting a patient with a lethal dose of medication with the primary intention of ending the patient's life' would appear

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16-18 April 2008
The definition of physician-assisted suicide should acknowledge patients' intent as well as the physician's knowledge of that intent... e.g. 'a physician providing a sufficient dose of narcotics to enable a patient to kill himself' is open to misinterpretation. e.g. 'prescribed drugs to a patient knowing the patient intended to use them to end his or her life' is more specific. The guidelines for the practice of euthanasia and physician-assisted suicide:

(a) The request for euthanasia must come only from the patient and must be entirely free and voluntary.
(b) The patient's request must be well considered, durable and persistent.
(c) The patient must be experiencing intolerable suffering with no prospect of improvement.
(d) Other alternatives to alleviate the patient's suffering must have been considered and found wanting.
(e) Euthanasia must be performed by a doctor.
(f) The doctor must consult an independent colleague, before performing euthanasia.
(g) The doctor must submit a written report to the appropriate authority.

The following points are important in this case:
1. Necessity for adequate disclosure of medical detail.
Abstracts
The International Congress of Medical Ethics in Iran ——— 185

2. Pain and suffering cannot safely be made the basis for taking life because they cannot be measured or compared.
3. A right to involve another person in one's intentional killing does not exist.
4. It would never be certain that a request to be killed was voluntary and informed.
5. Even in terminally ill patients, a persistent wish to die is abnormal, while the diagnosis of the underlying psychological disturbance is hard to make and is often missed in those already under medical care.
6. Progression from voluntary to non-voluntary euthanasia would be simply logical.

Conclusion: There are no clinical situations necessitating the legalisation of euthanasia or physician-assisted suicide.

Comprehensive and multidisciplinary palliative care can effectively relieve much of the suffering of the terminally ill that is presently cited as justification for euthanasia or physician-assisted suicide.

There is urgent need for professional education about the management of patients with advanced disease including acknowledgement of the vital role of the multidisciplinary aspects of palliative care.

Key Words: Euthanasia, physician, assisted suicide, Medical Ethics
The Knowledge and the Attitude of the Nurses about Pre-Death and Post-Death Cares
S. Fatemeh Vasegh Rahimparvar, F. Noughani, J. Zebardast

Introduction: Death of a patient is an unavoidable stage of nursing. In many cases, the nurse is the only person who takes care of the patient at the time of death. An experienced and committed nurse obliges her/himself to perform and carry out the principles of caring the patient before and after death, in the best way possible and the necessity for that, is to be informed of such cares. This research carried out in order to assess the knowledge and the attitude of the nurses in Imam khomeyni complex Hospital about pre-death and post-death cares.

Materials and Methods: This research is a descriptive study. The samples was 227 nurses of Imam khomeyni complex hospital (includes Imam khomeyni, Vali-e-Asr and Meraj hospital). The number of subjects was determined from each hospital proportional to the number of nurses of that hospital. Then the samples selected randomly.

Data collected by a questionnaire. Validity of it was confirmed by Content Validity and Reliability of it was confirmed by Test-retest method. Data were analyzed with descriptive statistics.
Abstracts
The International Congress of Medical Ethics in Iran ———— 187

Results: Results showed that knowledge was moderate in majority of the samples about pre-death cares and it was insufficient in majority of the samples about post-death cares. The majority of the samples had a positive attitude about pre-death cares and a medium attitude about post-death cares. There was not any sample with negative attitude about pre-death and post-death cares. The highest positive attitude in pre-death and post-death cares was related to the statements which obliged the nurse to respect the customs and traditions the dying person and his/her family, causes relaxation and their spiritual calmness. After death also, if the family of the death observe that the body of their beloved one is valued, respected and is cared according to customs and rules then it'd be effective in calming their grief.

Conclusion: Regarding the undesirable level of knowledge and positive attitude of the nurses under study, concerning pre-and post-death cares and regarding the fact that the necessity for improving the knowledge is training and education, therefore the results of this research can help authorities to provide training and educational programs and plans for enhancing nurses’ knowledge regarding pre-and post-death cares.

Keyword: Knowledge, Attitude, Death, Nursing cares
ESAP and its Impacts on Health Injustice in Developing Countries
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In the 1950s and 1960s, the intellectual climate of the time was assigned to state-directed development. It was based on economic analysis that recognized market mechanisms as being inadequate in developing countries, legitimizing governments’ role in intervening to correct market imperfections through public sector investment. Therefore, in this period, which is characterized as the episode of ‘consensus’, international aid expanded to support the state.

In the late 1980s and 1990s, many elites and social agencies became discontented with the state, which was represented as the symbol of ‘instability’, ‘indebtedness’ and, more importantly, ‘inefficiency’, and was therefore taken as a key factor in the failure of economic policy. This is characterized as the return to classical economic theory and neo-liberalism. In this period, which is characterized as the episode of ‘conflict’, the international financial institutions, such as the World Bank and

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16-18 April 2008 ________________________________
IMF, became impatient with what were regarded as authoritarian developing country states.

Given the central role of International aid organizations in debt rescheduling and new loan agreements, these agencies were able to introduce significant conditions in the form of economic structural adjustment programmes (ESAP) which required political reforms as well as economic reforms (such as trade liberalization and removal of subsidies). This affected justice in the health sector through cuts in budgets, the introduction of user fees for public services and the growth of out-of-pocket expenses for private services – the combination of these leads to a situation characterized as ‘medical poverty trap’. Providing some evidences of such a trap, this paper argues that the economic strategies taken by the international aid institutions were inadequate in developing countries, and attempts to find a way to prevent a worsening of the situation.
Scarce Resource Allocation
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**Background and Objective:** With increase number of recognized curable diseases and arability of modern treatment procedure technologies beside. And also the more expectation of population and limitation of available resources on the other side need to have more fair and attention of dedication of those scarce resources. So, this article emphasis on explanation of principle rules for this issue.

**Methodology:** This study is base on the review articles which used from Infernal and external main scientific resources.

**Results:** With assess mat of Internal and external resources show that decision making in micro level must consider the needs, desires, individual nights and justice in disseminations of resources, In macro level the important factors as health needs and Burden of disease value, equal for race, gender and religious and financial Condi fin, attention to sensitive groups.

Respect to autonomy, justice and beneficence.

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16-18 April 2008
Abstracts
The International Congress of Medical Ethics in Iran ——— 191

Conclusion: Regarding to limitation of resources and multiplicity in health services, variety of service receivers needs, resource allocation should be established based on identified frame which mentioned in results.

Key words: Need. Rights, justice, desire, Macro allocation, micro allocation
Equity in Allocating Resources in Health Care and Human Rights
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Objectives: equity in distribution of health care is necessary and should be recognized and measured. It is concerned with human rights. This article identifies a context to determine what equity is and what ought to be done to achieve equity in health sector.

Methods: the methodology that implied in this research is a librarian method. It is based on documents and information that produced and accessible in this area from different resources.

Conclusion: the purpose of this research is to offer a brief overview of equity in health care and distribution of health resources. Equity in health sector is an important issue and especially in human rights it is a major key factor that all of the researches in the world inferred to it. So it is more important in human rights the role of equity is recognized and equity principles are used in policy making and planning in health sector.

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16-18 April 2008
Health institutions can deal with poverty and health within a framework encompassing equity and human rights concerns in five general ways: (1) institutionalizing the systematic and routine application of equity and human rights perspectives to all health sector actions; (2) strengthening and extending the public health functions, other than health care, that create the conditions necessary for health; (3) implementing equitable health care financing, which should help reduce poverty while increasing access for the poor; (4) ensuring that health services respond effectively to the major causes of preventable ill-health among the poor and disadvantaged; and (5) monitoring, advocating and taking action to address the potential health equity and human rights implications of policies in all sectors affecting health, not only the health sector.