行政院國家科學委員會專題研究計畫 成果報告

醫學倫理諮詢在台灣之現況及其可行發展之研究(第 3 年)
研究成果報告(完整版)

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報 告 附 件 ：出席國際會議研究心得報告及發表論文
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公 開 資 訊 ：本計畫可公開查詢

中 華 民 國 98 年 06 月 12 日

行政院國家科學委員會補助專題研究計畫成果報告

計畫名稱:

醫學倫理諮詢在台灣之現況及其可行發展之研究(第 3 年)

計畫類別： 個別型計畫

計畫編號：NSC 95-2516-S-040-002-MY3

執行期間：2008 年　08 月 01 日至 2009 年 07 月 31 日(第 3 年)

計畫主持人：中山醫學大學 戴正德
計畫參與人員： 許月禎、張儀萱、湯美雲

成果報告類型： 完整報告

本成果報告包括以下應繳交之附件：
出席國際學術會議報告一份

處理方式：除產學合作研究計畫、提升產業技術及人才培育研計畫、列管計畫及下列情形者外，得立即公開查詢
涉及專利或其他智慧財產權，二年後可公開查詢

執行單位：中山醫學大學

中　華　民　國　九十八　年　六　月　十二　日

Ethic Consultation and Its Implementation in Taiwan

中山醫學大學 戴正德

I. Introduction

Ethics consultation is a new emphasis in bioethics that has gradually gained its weight along with the rapid development of biomedical sciences. Recent survey in North America estimated that over 75 percent of all hospitals provide such a service either formally or informally. The Babe Doe case has propelled the establishment of Infant Care Review Committee to offer counsel and review in cases involving disabled infants with life threatening conditions. In 1992, the Joint Commission on Accreditation of Healthcare Organization required that all health care organizations set up some mechanism for the consideration of ethical issues arising in the care of patients and must provide education to caregivers and patients on ethical issues relating to health cares. These developments have somehow added the incentive to a wide spread establishing of medical ethics committee and the likes in hospitals in the last two decades.

Although bioethics consultation has become a trend in bioethics movement in recent years, there has not been much guidance on the design or responsibility of such a service. Medical ethics committee has placed ethical education as the main function of the committee yet in clinical setting ethics consultation can be more practical and effective as majority of health professionals are not trained bioethicist to deal the unexpected issues by the bedsides. With such a mechanism, health professionals and patients can easily access the needed help to facilitate decision-making, save precious time and avoid ever-growing dispute and tension. This trend, however is still controversial as some, based on the uneasiness of people to request for a consultation, argue that the ethical dilemma a health professional or a patient experiences, is personal in nature and should not be anyone else's business except their own as the principles of autonomy and confidentiality uphold. In addition, some insist that the recommendation provided by the consultation may be unsound, ethics experts may receive undue deference, procedures may be unfair, consultation may not be timely, the problem may be beyond the scope of the ethicists…etc. Despite of all these arguments and doubts, ethics consultation has been promoted not only as a positive ethical help to all but also as a supplementary assistance to the inefficient mediation and counseling services and the bloated legal system.

II. What is an ethics consultation ?

Medical decision-making is getting more complicated along with the rise of new biotechnology. Patients' anticipation for a speedy recovery and complete cure of diseases are normal yet sometimes unrealistic. When physicians fail to fulfill these expectations, they are blamed as incompetent or negligent. Not only health professionals are frustrated, patients and their families also dismayed. At times, the communication among health professionals can break down and the hostile confrontation surfaces. How to avoid all these unpleasant events to smoothly ease the tension to ensure a win-win situation for all becomes the concern of all people and ethics consultation provides this opportunity.

A. The ethics consultation

The ethics consultation is designed to assist patients, their family members, surrogates, health professionals ….to deal with difficult ethical issues in health care. The issues often are complex and complicated that cannot easily be resolved in a private fashion and any attempt in a slapdash manner to solve them leads to deepened confrontation among the parties involved. The issues confronted can be medical, nursing, legal, religious, social, financial and psychological…etc. An ethics consultation is designed to identify ethical problems in the care of a particular patient, clarify these problems through a careful analysis of the values involved, promote discussion and dialogue of the issues involved with those directly involved in the case and resolve ethical problems through a process of shared decision-making. An ethics consultation is advisory where patients, family members, surrogate and health care providers remain responsible for their own decision. Therefore we can define ethical consultation as an endeavor to provide help to patients, health team and concerned people so as to improve health care. Ethics consultation may be requested for a number of different reasons, for instance, 1. to clarify ethical issues 2. to facilitate discussion of an ethics dilemmas 3. to solve an ethical dispute. More concretely speaking, an individual patient or a member of health team may feel uneasy about certain clinical treatment or types of cares, for instance, a respiratory therapist may question if the hospital's DNR policy is effective. A patient may insist for certain kind of therapy that the physician regards unnecessary yet the patient keeps demanding. A patient who is still treatable yet the family request to have him discharged so that death ritual can be performed at home…etc. Often the requests for consultation have something to do with the issues of advance directives, surrogate decision-making, patient who refuse medically indicated treatment, requests for futile treatment, withdrawing treatment and do not resuscitation orders…, but sometimes the tension and misunderstanding among health professionals can also be the reasons.

B. The types of consultation

There are different ways of providing consultation, some simpler while others may be complex needing the involvement of different expertise. We can distinguish four types:

1. consultations that are simple and can be performed by simply answering questions.

   This kind of consultation may be common and unnoticeable most of time. Patients may complain about the attitude of an attending physician or a certain member of the care team. The consultant can bring both parties together to clear

   doubt or simply soothe the pain by letting the hurting patient vent the feeling.
2. consultations that require dialogue between the person who requested the consultation and the ethics consultant but do not involve direct contact with patients or family members, such as how to deal with a difficult patient or some unclear ethics issues needing consideration in a decision-making.
3. Consultations that involve direct contact between the ethics consultant and patients, family members or surrogate decision- makers or vice versa. This request may come from physician or members of care team that the consultant talks to the patient or his family or the other way around.

4. Consultation that requires the consultant to meet with health professionals (doctor, nurse ..etc), the patients and the families.

C. the procedures of the consultation

Request may come from physicians, patients, nurses, families, students…etc. If a request comes from someone else other than the physician, opinion will be sought from him first as consultation risks failure without the assent of the attending physician. Several steps are taken;

1. identify the issue
2. speak with nurse and family if request comes from physician or vice versa
3. see the patient and allow the patient to speak without interruption
4. ask open-ended question
5. talk with the physician
6. prepare an ethical analysis
7. provide recommendations

III. The Request for Consultation and the Consultant

A. Who can request for a consultation ?

An ethics consultation may be requested by

1. persons directly related to the clinical care such as patient, patient's physician, patient's surrogate, the patient's family, member of care team such as nurse…etc
2. uncertain ethical case that a medically related personnel raised for the sake of understanding.

This type is usually outside the range of ethics consultation but in Taiwan this may be requested and considered for the purpose of education. For instance, a physician is unsure of a certain case and request for a session of discussion. This request can be discussed privately or if consented, in an ethics seminar with the requesters' name concealed. This type can also come from a health professional who through personal experience wonders if the course of clinical action taken ethically justified. This kind of request is common in Taiwan.

B. Who should give the consultation

The mechanism of a private ethics consultation offered by a trained bioethicist is not yet available in Taiwan therefore the consultation is usually given through the medical ethics committee. It can take three forms:

1. a certain member of the committee, usually a trained ethicist is given the task to handle and provide the service.
2. a task force, such as a subcommittee is named to take care of the need. The task force will need to meet among themselves and to meet with the consultation requester to provide help.
3. the whole medical ethics committee serves as a consultant. This will involve a more complicated case that a whole committee needs to meet. When a request comes to this level, it quite often is a serious matter that no easy solution can be found. This may involve some form of mediation as the nature of the issue can be
confrontational such as a conflict between health professionals or medical

negligence and the attempt is to solve the dispute without legal intervention. It can also be an ethical challenge in regards to a special case needing the whole committee's involvement.

V. The documentation of consultation

The consultation should be confidential and process documented. The primary ethics consultant will be responsible for writing a note that will generally include:

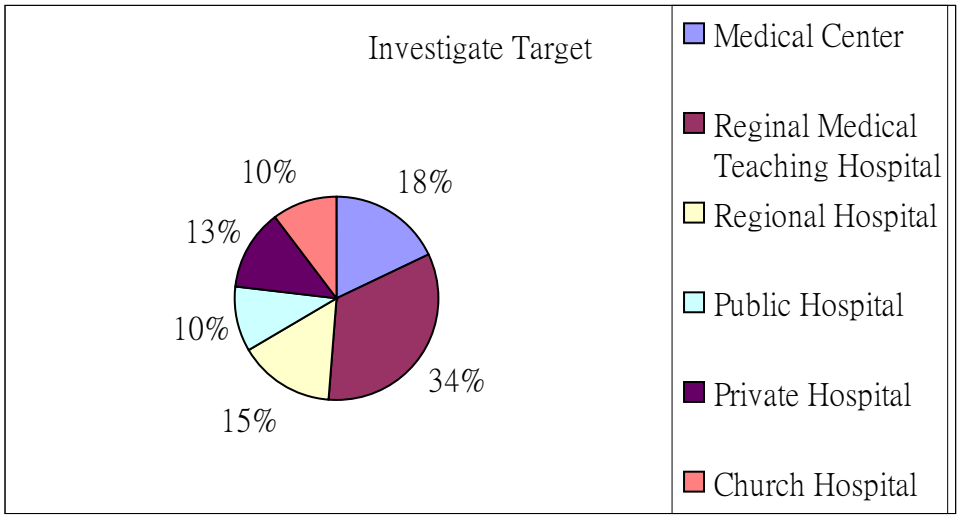
1. the individual who requests the consultation
2. the names of consultants who participate in the consultation
3. a summary of the reason for consultation
4. a detailed fact of the case
5. a list of any additional consultation requested as part of the consultation. For instance any specialist who is called to evaluate the diagnosis or a psychiatrist to evaluate the patients' decision-making capacity
6. a summary of the source of information obtained by the consultant
7. a discussion of the ethical analysis
8. the recommendation given

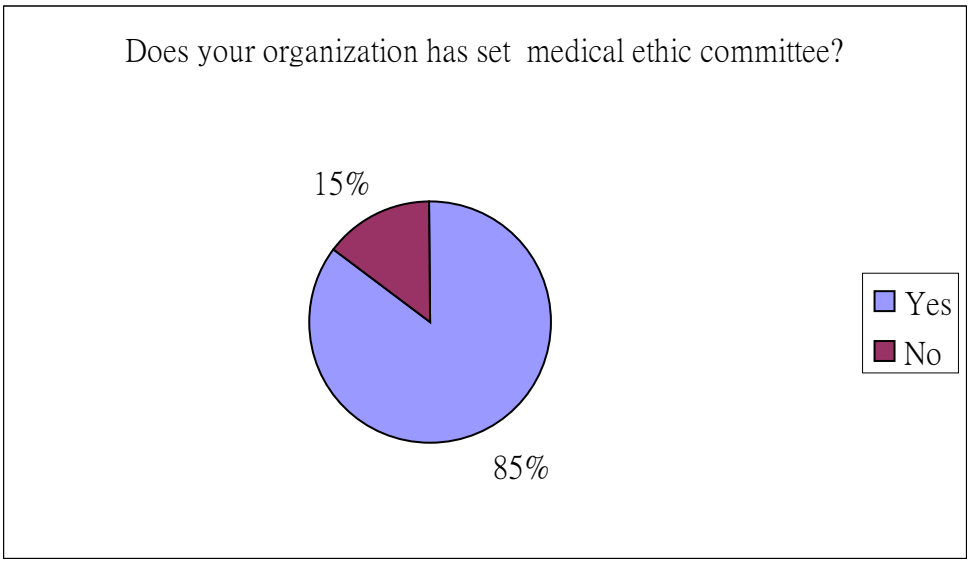
Documentation of a consultation is a sensitive issue in ethics consultation. Some consultation requesters may not want the case be recorded but according to the theory of ethics consultation, all consultation must be documented. This requirement may dissuade some people from requesting a consultation. In this regards, we can distinguish two forms of consultation, the formal and informal, the former needs to be documented and the later waiveable due to the nature of consultation. This classification is not universal as some consultation theorists insist that document is necessary while others recommend that persons involved should not be part of the permanent records. When the consultation case is used in a study format for teaching, the names of those involved should be concealed. Privacy and confidentiality for patents, physicians or other health care workers should always be protected.

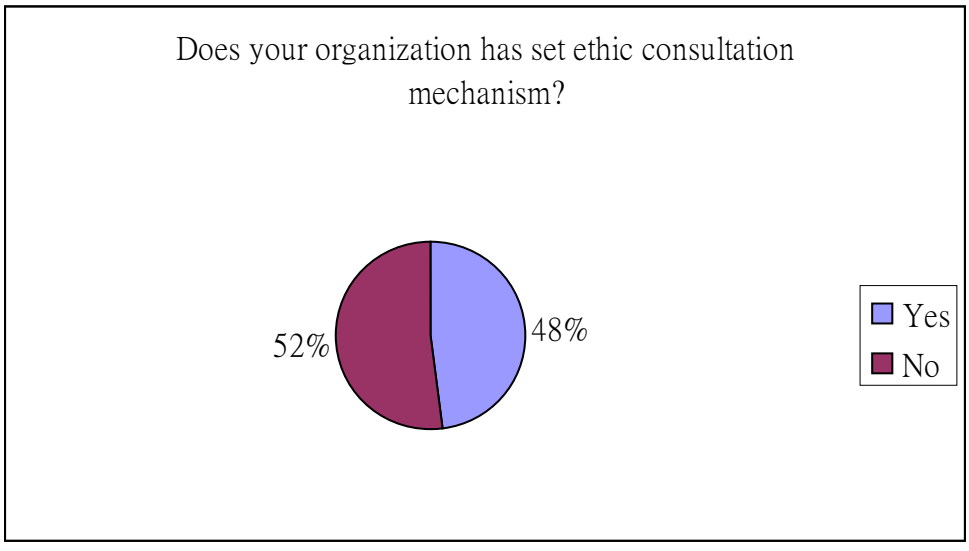
VI. The Feasibility of establishing a consultation mechanism in Taiwan.

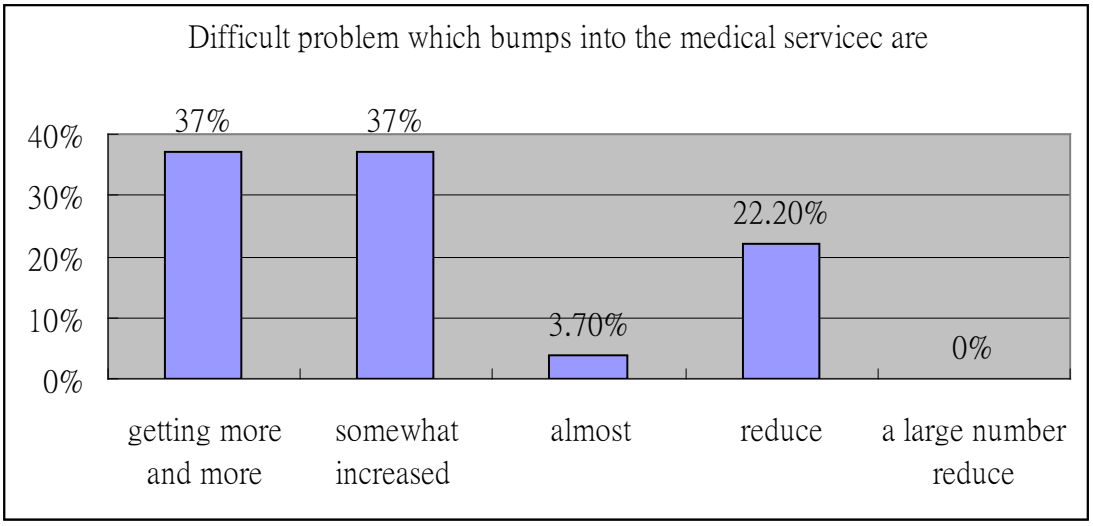
A survey was done to find how health professionals in Taiwan views ethics consultation in which 75 hospitals were asked to answer a questionnaire. Out of these 75 hospitals 51 responded, the rate of response is 68%, including 25.9% medical center, 48.1% teaching hospital and 22.2% regional hospital. The survey shows that 85.1% of the hospitals that responded already have the medical ethics committee in place.

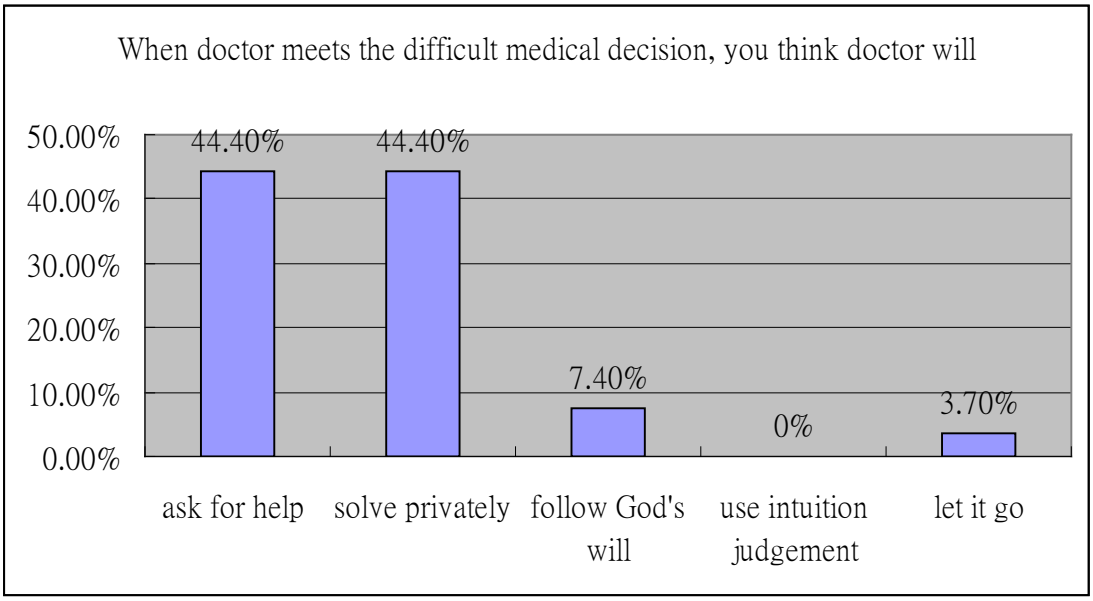
There are some interesting findings that can serve as reference in regard to the feasibility of establishing a mechanism of ethics consultation in Taiwan.

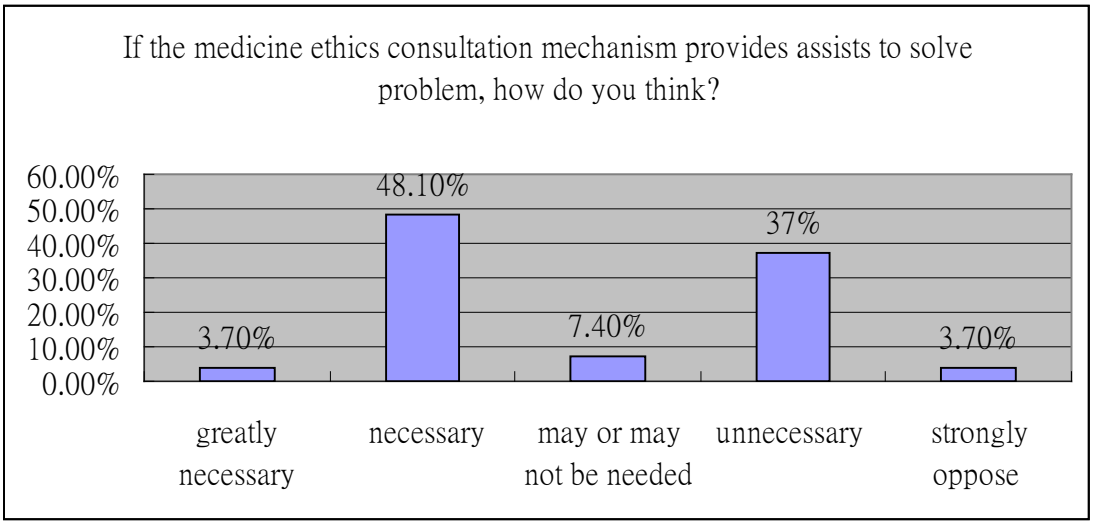

Investigate Target
10%
18%
13%
10%
34%
15%
Medical Center
Reginal Medical Teaching Hospital
Regional Hospital
Public Hospital
Private Hospital
Church Hospital

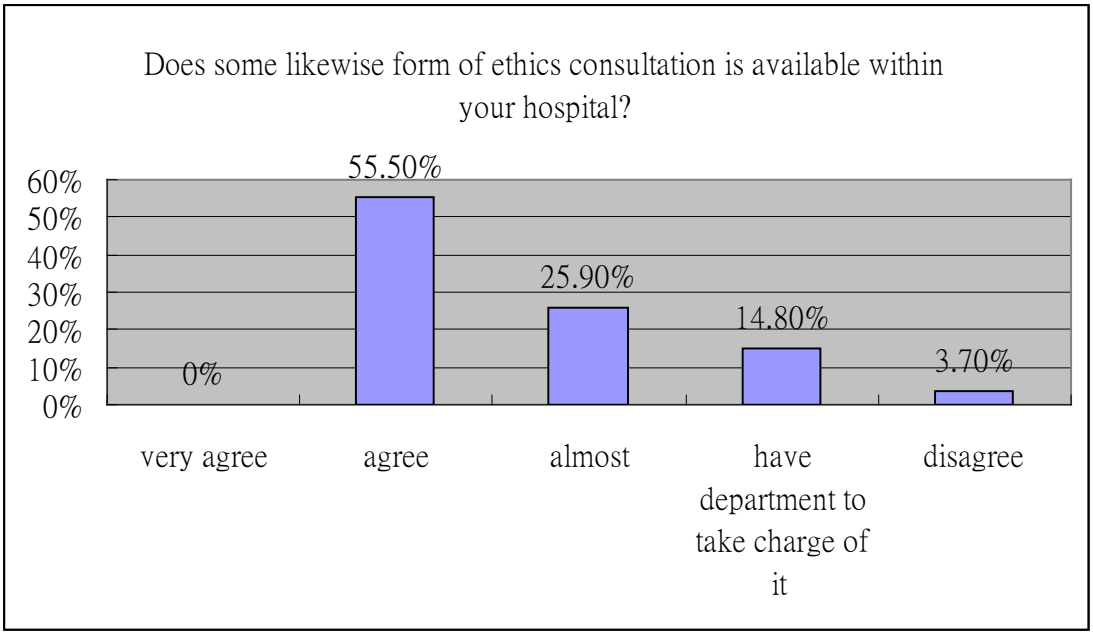

Does your organization has set medical ethic committee?
15%
85%
Yes
No

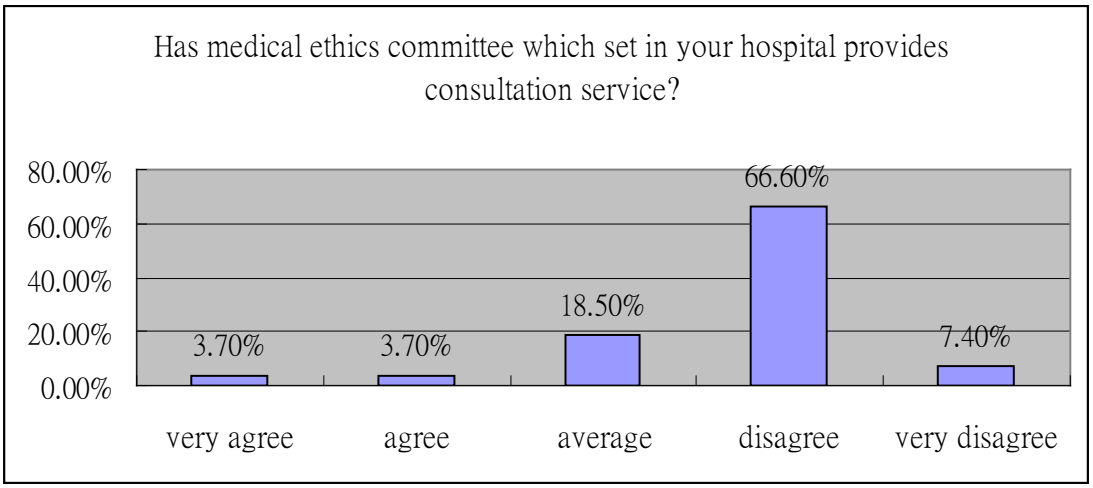

Does your organization has set ethic consultation mechanism?
52%
48%
Yes
No

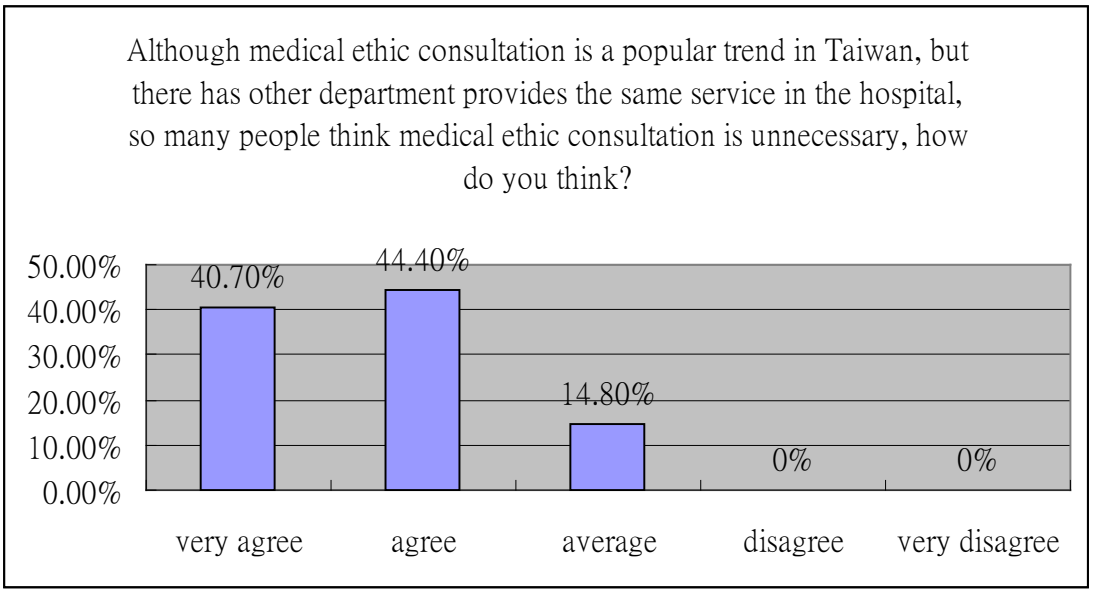

Difficult problem which bumps into the medical servicec are
40%
30%
20%
10%
0%
37%
37%
3.70%
22.20%
0%
getting more and more
somewhat increased
almost
reduce
a large number reduce

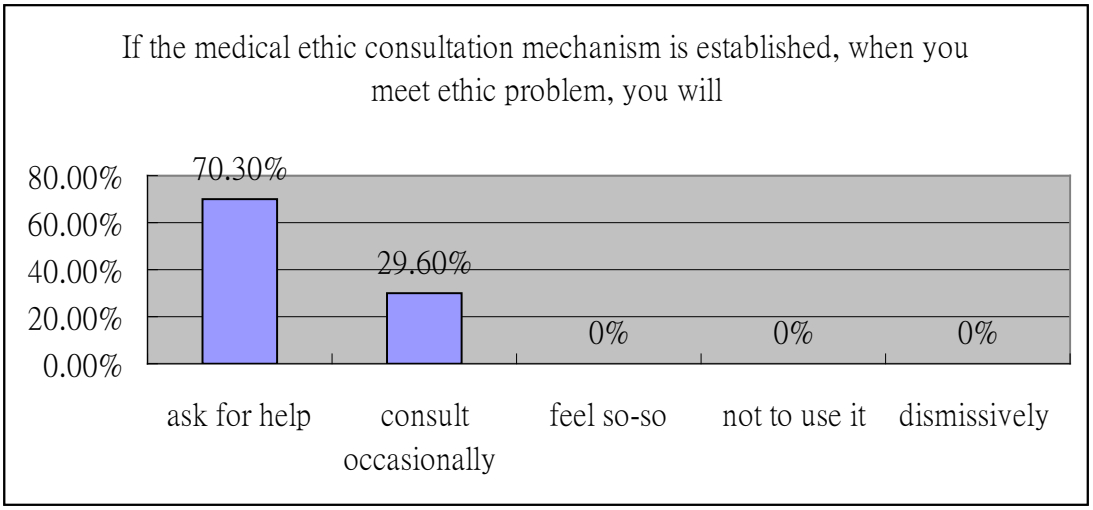

When doctor meets the difficult medical decision, you think doctor will
50.00%
40.00%
30.00%
20.00%
10.00%
0.00%
44.40%
44.40%
7.40%
0%
3.70%
ask for help
solve privately
follow God's will
use intuition judgement
let it go


If the medicine ethics consultation mechanism provides assists to solve problem, how do you think?
60.00%
50.00%
40.00%
30.00%
20.00%
10.00%
0.00%
3.70%
48.10%
7.40%
37%
3.70%
greatly necessary
necessary
may or may not be needed
unnecessary
strongly oppose


Does some likewise form of ethics consultation is available within your hospital?
60%
50%
40%
30%
20%
10%
0%
0%
55.50%
25.90%
14.80%
3.70%
very agree
agree
almost
have department to take charge of it
disagree


Has medical ethics committee which set in your hospital provides consultation service?
80.00%
60.00%
40.00%
20.00%
0.00%
3.70%
3.70%
18.50%
66.60%
7.40%
very agree
agree
average
disagree
very disagree


Although medical ethic consultation is a popular trend in Taiwan, but there has other department provides the same service in the hospital, so many people think medical ethic consultation is unnecessary, how do you think?
50.00%
40.00%
30.00%
20.00%
10.00%
0.00%
40.70%
44.40%
14.80%
0%
0%
very agree
agree
average
disagree
very disagree



From this survey we find that even though most of the hospital has already established medical ethics committee, 74% responded that the committee does not provide ethics consultation service. Supposing if such a service is available, 70.3% of the survey indicated that they would counsel when situation requires them. But in discrepancy, there is also 55.5% responded to say that some likewise form of ethics consultation is available within their hospitals despite the fact that a formal one does not exist. Another shocking response when responding to the question if such a mechanism is necessary, over 80% of respondent answered that some kind of consultation is already in place thus establishing such a new mechanism is superfluous. Another interesting finding is that 44.4% of respondents indicate that they may seek help when ethical issue arises but also the equal number indicates that they will prefer to solve the problem privately.

Would a mechanism of ethics consultation in some form is needed in Taiwan ? the answer is definitely positive. Since medical ethics committee has already been established, what we must do is to enforce its function to expand to the service of consultation. The question is that we don't have enough qualified trained bioethics consultant to provide the service.

Any ethical dilemma can be complicated by social, cultural, religious and personal factors thus a consultant must be well-versed in all fields of medical humanities besides bioethics training. The so-called "seed-teacher" has been attempted in Taiwan in the last few years through the workshops offered by some association or governmental institutes. We must be aware that bioethics cannot be taken as simply an academic discipline, it is much profound that not by attending several lectures or conference/workshop can enable and qualify a person to become a specialist in ethics consultation. Therefore a group effort gathering experts from different fields to work together becomes an alternative to provide such a consultation service before some qualified bioethics consultants are available. This group can become a sub-committee within the existing medical ethics committee and its composition must include experts from the fields of bioethics, medicine, nursing, social work, lawyer, minister or philosopher…etc. If such a team can be organized, we are ready to go for such a service providing that these team members are required to receive in-depth bioethical training.

Some may think that the four principles advocated by the Georgetown

scholars can serve as the guides for ethics consultation, thus the workshops different groups or associations provided in the past should be sufficient. In reality when we apply these principles and the already known bioethics theories to Asians, problems arise right away. For instance, the post enlightenment of European understanding of personal autonomy of decision-making is missing in Asia because where-in the decision-making is traditionally done in a familial way. The family led by father or elder son functions as an "individual unit" to make decision. The well-being of each individual effects the well-being of whole family thus the decision-making is made in a communitarian way. A father fulfilling his duty as the head of family bears the responsibility to act on behalf of the whole family to ensure what is decided is for the optimal well-being of all. The individual patient's wish is often " felt " in a collective way and considered in a broader sense of how his/her wish will effect the whole family. This familial decision-making can be called a soft autonomy as it is not the individual patient's wish alone, but the family's well-being is considered.

In Taiwan, there is a traditional format that is applied to solve the dispute or ethical dilemma. This format is based on the consideration of three aspects, firstly, under so and so circumstance, what would be the best solution for all ? secondly, would the action taken reasonable and done according to the social principles ? thirdly, is resolved action lawful ? These three considerations based on situation/motivation, reasonableness/principles and lawfulness/legality have served as the guides for moral decision-making in Confucian society for centuries. These three considerations are based on and striving for the virtues of compassion, respect in the spirit of filial piety, righteousness (fairness to individual, family and society), soft-autonomy (familial consent) and responsibility.

Another issue we must discuss is the issue of documentation. The survey indicates if the consultation is confidential and undocumented, close to 80% said that they may seek help depending the nature of the issue and this number decreased to only 12% when told that their consultation is documented *. This proves that a mechanism of ethics consultation is good providing when it is carried out in a confidential way. Here we must recommend three different formats of ethics consultation in Taiwan:

1. informal provision of information
2. informal discussion with parties to a conflict or dilemma
3. formal presentation of conflicts or dilemmas to an ad hoc sub-committee or a regularly scheduled meeting of the medical ethics committee.

The first two formats needs no documentation and the third one a document is needed providing that an informed consent, namely the issue of documentation is discussed before hand and agreed upon. An alternative way is to give each consultee a code that none can trace except the consultant. The documentation serves at least two purposes, firstly, for the mechanism's official record and keeping, secondly, for follow-up when is needed (a confidential consultation, however, can be granted, if requested).

VII. Conclusion

There is no formal consultation service in place yet in Taiwan. The medical ethics committee must expand its service to consultation besides education, policy/guideline recommendation and case study. I have established a temporal consultation team within my university and received several cases. The experience was worthwhile but I kept it to a private nature without advertising it nor charging any fee.

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* In another survey in regards to whether or not health professionals will seek consultation if the consultation is documented, only 12% indicates that they will. This domestic finding is similar to another survey done in Canada where I interviewed selected physicians and its result posted on my oversea trip's report.. Those interviewed are in favor of a consultation mechanism. But when their requests are to be documented, the indication is that they will prefer not to except when the issue bears no personal stigma and beneficial for case study.

Report of attending International conference/Interviews 2009

Two overseas' trips were made during this year for the purpose of my research project, one to attend the international conference in Croatia for the Balkan countries and the European Union and the other trip to Canada for finding how consultation is proceeded especially the documentation question. Here are my reports:

1. International Conference from May 15 to 22, 2009 in Losinj, Croatia.
   This conference is called : Losinj Days of Bioethics and has met for 8 years already. This conference has become the central gathering occasion of Balkan countries and the areas including some European union nations. This year 16 nations were presented and my paper dilivered at the conference was placed as the keynote speech on first day on plenary session. My topics was – Affirmation of Life as the Essence of Asian Bioethics. Many questions were asked during the QA period and I was surprised that European scholars are interested in Asian thinking especially Hindu tradition. Fortunately, I have done some study in Hindu religions and cultures thus I was able to answer questions and shared my thinking. I have attended the Losinj Days of Bioethics before, almost eight years ago and this time I discovered that Croatian economy is indeed changing from communist style to free market. Hotel was renovated and its style getting more capitalistic. On conference side, I met many younger scholars and also most countries sent their delegates to participate in international forum. Taiwan should present at international conference as much as possible to expose ourselves and to contribute our academic views. My participation has given those international delegates a fresh understanding of who we are.
   Some of the participants had attended the international conference held in Taiwan on ethics consultation and they told me how much they appreciated the chance to be here.
   I also used the opportunity to visit University of Rijeka Medical School where I met with their dean and some faculty members and talked about the mutual co-operation. We will first plan a program of student exchange and then perhaps faculty exchange too. This was a vey pleasant experience.
   One of the highlights of the conference was that I was interviewed by the Croatian Television Network about the difference of Asian bioethics and western thinking. I was happy to say that I came from Taiwan, a beautiful island in Far Eastern Asia. Taiwan and Croatia enjoy no any economic tie or any diplomatic contact. If we try, there should be a good opportunity for us to establish some kind of relation with this Balkan country. Croatia is not yet a member of European union but its gross national income is similar to Taiwan around $ 15000.00 US.

   My presentation is as follows:

The Affirmation of Life as the Essence of Asian Bioethics

Michael Cheng-tek Tai. Ph.D
Professor of Bioethics & Medical Humanities
Chungshan Medical University. Taiwan.

Introduction

a. The Essence of Bioethics in Question
   - i . Euthanasia
   - ii . Organ Trades
   - iii . Commercialization of medicine
   - iv . ……

b. Absoluteness or Relativity of Bioethics
   - i . Individualism in the West
   - ii . Family value in the East
   - iii . Communitarianism
   - iv . Georgetown principlism, European Bioethics Asian Bioethics…

II. The Varieties of Asian Bioethics

i. Confucianism– humanization: the respect toward life

ii. Taoism– harmonization: the way of Tao

iii. Buddhism– compassion: the spirit of Boddhisativa

iv. Hinduism– sanctification: the tripod of balance

The way of Asian Bioethics

What heaven imparts to man is called nature. To follow our nature is called the way. Cultivating the Way is called education. The Way cannot be separated from us for a moment. What can be separated from us is not the Way (Confucius)

Look to your own duty, do not tremble before it, nothing is better for a moment for a warrior than a battle of sacred duty…Perform necessary action, it is more powerful than inaction. Without action you even fail to sustain your own body. (Bhagavad Gita)

I. What is Asian Bioethics ?

1. Asia is not one but many with a wide cultural diversity.
2. By the impact of rapid development, Asia is going through a social revolution

3. **Search for Asian bioethics must be done through relating to a cultural past and changing cultures of the present.**

4. **Asian bioethics is a bioethics with Asian spirituality**

II. What is Asian Spirituality ?

- **Asian spirituality is reflected through its rich cultures in Hinduism, Confucianism, Buddhism, Taoism, Shintoism…**
- **Being divergent as they are, there are common features in Asian spirituality**

3. Humanization and harmonization are the souls of Asian spirituality
   i) Harmony and humanization between man and his fellow men
   ii) Harmony between men and Tao/ultimate reality
4. Humanness, Compassion, Filial Piety are the expressions of this spirituality

III. Bioethics Demonstrated in Asian Ancient Healers/Texts

1. In China
   i) Hua-tow – the Pai-chien
   ii) Tong Hua – the planting of almond
   iii) Sun Szu-miao – Physicians' Manual

2. In India

i) Key to a healthy good life – a balance within the body and the mind, between an individual and the world.

ii) Mind, Body and Spirit are the tripod. Illness and diseases are due to an imbalance of the tripod

iv) Medical treatment aims at restoring harmony and balance to the mind-body system.

v) A person is grounded in nature, a microcosm within macrocosm.

vi) Physicians must be compassionate and friendly, make the patient the focus of his practice.

IV. Humanization and Harmonization as the goal of Asian bioethics

1. **Confucianism: importance of virtues and moral example – each person must cultivate his inner good for the sake others expressed through Jen and Yi.**

2. **Hinduism : Moksha is the highest good – to reach this , dharma of life, characterized by truth, nonviolence, sacrifice and renunciation… must be observed .**

Three dharmas:

i) Asrama (four goals of life)
ii) Varna (four stages of life)
iii) Sadharana (steadfastness, forgiveness, veracity, charity, truthfulness, benevolence.)

V. Conclusion:

Asian spirituality provides a good foundation for Asian bioethics that aims at humanization and harmonization to make a person fuller and healthier. Deriving from Asian spirituality the Asian bioethics emphasizes these principles: Ahimsa, Compassion, Righteousness, Respect and Dharma.

2. Ethical Consultation in Canada from four different phases of physicians

Dates: Feb 2-13, 2009 (departing on Feb 1 and returned on 17)

I used the winter holidays break to visit Canada in an attempt to find out how Canadian physicians responded to the mechanism of bioethical consultation and then analyzed the findings to serve as a guide of how we can establish a system to help the clinical practitioners in Taiwan. My trip was not attending a conference but an interview with foreign physicians. I find this trip and interviews worthwhile and very informative. The impression in Taiwan re; bioethical consultation is that it is widely accepted and utilized in developed countries but my trip proved otherwise, at least my impression, but the experience is eye-opening and helpful in terms of providing a good service that can be valued by the users and feasible in our cultural setting.
Places visited : Calgary and Saskatoon, Canada.
Date; Feb 2-13 2009.

Here is my report:

First week: confirmed the appointments and set the venue of interview.
Preparation for interviews.
Two physicians were visited and interviewed.
Second week: interviewed two more physicians, toured the hospital facilities, spent time in library, checking ethical consultation materials and references.
Third week: checked through the content of interview and wrote the report and prepared a presentation file of the findings, entitled " consultation is to help not to intervene" that was presented at the 5th International conference on bioethics and ethical consultation held in Taiwan on March 9-14, 2009

First week:
Two physicians interviewed:
a senior and a middle aged physician. Two more physicians were to visit in the following week but the confirmation was checked and time and place arranged.
Two physicians were: Dr.Mary Anderson and Dr.Edward Karpinski.
The summaries of the interviews were as follows:

Dr.Anderson:
The two key concepts in clinical practice are : " patient first" (same as patient centered) and " serve the need of patients" .
Dr.Anderson received her medial training in University of Otago New Zealand. She practiced in New Zealand, South Africa, England and Canada. She shared her experience working in a poor neighborhood in Africa and has unique understanding of how a physician should extend help to patients. Her belief is to spend with them and make sure that patients feel the physician understands their pain and is willing to share doctor's expertise and kindness with them. When

dilemma or difficult ethical issues arose, Dr. Anderson has a different way of dealing. She is a devout Christian and gains her strengthen from God thus will pray with her patients. If Needed, she will visit her pastor but almost has never done that as her relationship with her patients is described as excellent because she stands on patients side and always keep the motto " Patient First" in mind. She said that conflict is man-made and can always be avoided if the trust between patients and physician is established.

Dr. Edward Karpinski :
Serving in a community clinics with twenty physicians, Dr.Karpinski finds that the support of his colleagues is very important. The clinics has a mechanism similar to ethics committee but few physicians seek help from it.
He said physicians have their closer colleagues who become the consultants when dilemmas occurs. When asked why the mechanism of help is seldomly utilized, he counter questioned if I would be happy to leave any trace or record that may effect my career in the future that I am in trouble needing help ? He said unless the issue is too big to handle, most of the physicians can solve problem themselves, The mechanism is available in the clinics that is hardly functional except some programs promoting the medical knowledge and enhancing colleagues' personal relationship.

The community clinics has a library that contains many books and reference materials on medical texts, medical ethics and other sources. There is also a regional officer in the area who can be available for consultation when needed. Dr. Karpinski himself never seek help as he believes that no problem is too large to be solved privately. Colleagues can always provide the best help.

Second week

Dr. Kevin Stevenson:
Dr.Stevenson is a surgeon and practices in a university hospital with all committees set up and run just like a medical center. He said the medical training he received taught him the importance of informed consent, in other word, patient autonomy is always respected. In this case, there is hardly any ethical problem. Surely he admitted that some diagnostic uncertainty may occur from times to times but there are pathologists and medical professors around to check with, besides, specialists are everywhere therefore technical problem is not a concern. The patients' mentality has some effect on ethical issues. But as long as good communication is given, no ethical problem is expected.
When asked if he ever sough for ethical help, the reply is never. He said attitude of the physicians is the determining factor in PP relation. He will attend the ethics seminar that meets once a month in hospital with the mind to be informed of the new ideas and what is going on in clinical setting.

Dr. Davina Julia:

Dr.Davina is an internalist specializing in nephrology. Dr. Davina feels the consultation service is a good thing but she does not think ma y will ever seek help from it. When asked why, she, like the other physicians said unless there is legal consequence, such consultation is needed. She see medical professionalism as important. Being a medical doctor is to provide help to patient so that patient can enjoy a healthy life. Patients are her friends and she will spend time with them to treat their illness, to educate them to know better to live in a healthy life style, and to be their friends to support them. Patient first or patient center is the key to a good patient-physician relationship.

According to her understanding, consultation is to collect different cases and give analytical views and present some direction of how to deal with them. For the consultation to intervene into each individual practice should not be recommended.

Third week:

Writing a report of this interviews and research finding in libraries. My findings are as follows:

Consultation is to help not to intervene

Michael Cheng-tek Tai. Ph.D.
Chungshan Medical University. Taiwan.

I. The Function of Medical Ethics Committee
   a. Education
   b. Guidelines and Policies Recommendation
   c. Case Studies
   d. Consultation

II. What can Consultation help ?
   a. Provide a Direction to solve the problem in a Dilemma
   b. Shade light on a Puzzling Question
   c. Give a third-person/objective Analysis of a situation
   d. Find an Acceptable Solution Agreeable to All Parties

III. How Practical is the Consultation Mechanism in Clinical Setting?
   a. To find out how individual clinicians utilize this consultation service, I interviewed 4 physicians in Canada, 2 seniors and 2 younger doctors. The senior physicians work in community clinics and the young ones in university hospitals in different cities.
   b. All emphasized the importance of patient-first (centered) approach.
   c. None of them ever approached the committee for advice or help.

d. All indicated that empathy and responding to patients' anxiety are important in PP relationship. Respecting to patient's autonomy makes consultation unnecessary.

e. In case communication breaks down or an ethical question arises, where do physicians find help?

i. Close clinician friend
ii. Colleagues
iii. Search the previous cases
iv. Pray to God for guidance
v. None indicated they ever approached Medical Ethics Committee or asked a consultant for help

IV. Why MEC/consultant are not approached for consultation ?

a. It becomes too formal and that should be avoided
b. Approaching MEC or seek a consultant should be the last resort when nothing can help
c. It is a matter between " me " and my patients

V. The Revelation of this interview that can benefit consulting mechanism

a. consultation should be informal
b. consultation should not be documented unless consented
c. consultation should be confidential
d. consultation should not be a work of mediation

VI. Conclusion

Consultation is complicated as some may come from patients, nurses and hospital staff rather than from the physicians themselves. How not to give an impression to physicians that consultation is an imposition is an art.
MEC through consultation is to help rather than to intervene.

Respectfully submitted,

Michael Cheng-tek Tai.

Report of attending International conference/Interviews 2009

Two overseas' trips were made during this year for the purpose of my research project, one to attend the international conference in Croatia for the Balkan countries and the European Union and the other trip to Canada for finding how consultation is proceeded especially the documentation question. Here are my reports:

1. International Conference from May 15 to 22, 2009 in Losinj, Croatia.
   This conference is called : Losinj Days of Bioethics and has met for 8 years already. This conference has become the central gathering occasion of Balkan countries and the areas including some European union nations. This year 16 nations were presented and my paper dilivered at the conference was placed as the keynote speech on first day on plenary session. My topics was – Affirmation of Life as the Essence of Asian Bioethics. Many questions were asked during the QA period and I was surprised that European scholars are interested in Asian thinking especially Hindu tradition. Fortunately, I have done some study in Hindu religions and cultures thus I was able to answer questions and shared my thinking. I have attended the Losinj Days of Bioethics before, almost eight years ago and this time I discovered that Croatian economy is indeed changing from communist style to free market. Hotel was renovated and its style getting more capitalistic. On conference side, I met many younger scholars and also most countries sent their delegates to participate in international forum. Taiwan should present at international conference as much as possible to expose ourselves and to contribute our academic views. My participation has given those international delegates a fresh understanding of who we are.
   Some of the participants had attended the international conference held in Taiwan on ethics consultation and they told me how much they appreciated the chance to be here.
   I also used the opportunity to visit University of Rijeka Medical School where I met with their dean and some faculty members and talked about the mutual co-operation. We will first plan a program of student exchange and then perhaps faculty exchange too. This was a vey pleasant experience.
   One of the highlights of the conference was that I was interviewed by the Croatian Television Network about the difference of Asian bioethics and western thinking. I was happy to say that I came from Taiwan, a beautiful island in Far Eastern Asia. Taiwan and Croatia enjoy no any economic tie or any diplomatic contact. If we try, there should be a good opportunity for us to establish some kind of relation with this Balkan country. Croatia is not yet a member of European union but its gross national income is similar to Taiwan around $ 15000.00 US.

   My presentation is as follows:

The Affirmation of Life as the Essence of Asian Bioethics

Michael Cheng-tek Tai. Ph.D
Professor of Bioethics & Medical Humanities
Chungshan Medical University. Taiwan.

Introduction

a. The Essence of Bioethics in Question
   - i . Euthanasia
   - ii . Organ Trades
   - iii . Commercialization of medicine
   - iv . ……

b. Absoluteness or Relativity of Bioethics
   - i . Individualism in the West
   - ii . Family value in the East
   - iii . Communitarianism
   - iv . Georgetown principlism, European Bioethics Asian Bioethics…

II. The Varieties of Asian Bioethics

i. Confucianism– humanization: the respect toward life

ii. Taoism– harmonization: the way of Tao

iii. Buddhism– compassion: the spirit of Boddhisativa

iv. Hinduism– sanctification: the tripod of balance

The way of Asian Bioethics

What heaven imparts to man is called nature. To follow our nature is called the way. Cultivating the Way is called education. The Way cannot be separated from us for a moment. What can be separated from us is not the Way (Confucius)

Look to your own duty, do not tremble before it, nothing is better for a moment for a warrior than a battle of sacred duty…Perform necessary action, it is more powerful than inaction. Without action you even fail to sustain your own body. (Bhagavad Gita)

I. What is Asian Bioethics ?

1. Asia is not one but many with a wide cultural diversity.
2. By the impact of rapid development, Asia is going through a social revolution

3. **Search for Asian bioethics must be done through relating to a cultural past and changing cultures of the present.**

4. **Asian bioethics is a bioethics with Asian spirituality**

II. What is Asian Spirituality ?

- **Asian spirituality is reflected through its rich cultures in Hinduism, Confucianism, Buddhism, Taoism, Shintoism…**
- **Being divergent as they are, there are common features in Asian spirituality**

3. Humanization and harmonization are the souls of Asian spirituality
   i) Harmony and humanization between man and his fellow men
   ii) Harmony between men and Tao/ultimate reality
4. Humanness, Compassion, Filial Piety are the expressions of this spirituality

III. Bioethics Demonstrated in Asian Ancient Healers/Texts

1. In China
   i) Hua-tow – the Pai-chien
   ii) Tong Hua – the planting of almond
   iii) Sun Szu-miao – Physicians' Manual

2. In India

i) Key to a healthy good life – a balance within the body and the mind, between an individual and the world.

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Respectfully submitted,

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International Co-operation Report 2008-2009

Theme: Bioethical Consultation based on Bochum Checklist
以 Bochum Checklist 爲基礎之醫學倫理諮詢

Project Investigators: Dr. Martin Hans Sass
Luhr University, Bochum, Germany
Georgetown University, Washington DC, USA.
Dr. Michael Cheng-tek Tai (Taiwan)

This last year's project has brought scholars from Germany, USA and elsewhere besides Taiwan to meet in Taiwan for the conclusion of the co-operation. We had expanded this final meeting on bioethical consultation into an international conference which was held at Chungshan Medical University from March 9-11,09 and at Academia Sinica from March 12-14. The scholars came from more than twenty countries to present papers and actively participated in discussion. This conference has been complimented as one of the best by all participants in terms of quality and hospitality. The National Science Council's support was the key to this success. I feel proud that we have done something worthwhile that has been affirmed by international scholars.

Dr. M.H.Sass gave the key note speech at the opening. He has retired from the directorship of the Bochum Center. We were p-leased that his successor, Dr. Jochen Vollmann made a special effort to come and also presented a paper on Evaluating the Impact of Clinical Ethics: a systematic review and critical appraisal of methods and outcome criteria. Dr.Vollmann also expressed his intention to continue the co-operation under his directorship. Well, I wish we could extend the project for two more years so that the new leadership could get on board. I have applied to another three years' research project on ethical review of social and behavioral research, but was granted only a year's duration thus cannot extend invitation to him for further co-operation. A good foundation however has been established.

Dr. Georeg Agich of USA, an initiator of the international dialogue on bioethical consultation also came as a key note speaker. He stayed behind after the conference to speak at different universities. Other big names of bioethics in the world such as Dr. William Deal, the former chairman of the American Medical Education Accreditation Council, Prof. Stuard Finder of USA, Prof, Soren Holm of England and Norwei, Prof. Henry Perkins of USA, Prof. Paul Norbert of Germany, Prof. Ann-Marie Slowther of England, , Prof. Stella Reiter Theil of Switzerland, Prof. Boris Yudin of Russia, Prof. Rick Singleton of Canada, Prof. Reidun Forde of Norwei …. All world famous scholars accepted our invitation. The papers that were presented at the conference were oublsihed through the Formosan Journal of Medical Humanities that has circulated throughtout the world. We do hope a book can be produced later.

This international co-operation has propelled an excellent impression on all who attended the conference. They suggested that we continue the effort to bring all to come again for a second round as it has been most informative and enjoyable event.

I must express my appreciation to my assistant, Phyllis Hsu who, by the special grant from NRC came to help the international conference. She did a superb job and should be mentioned in this report.

Respectfully submitted, 戴 正 德