



Universal Health Coverage

International Seminar

28-29
January
2019

Shaw Foundation Alumni House, Kent Ridge Campus, National University of **Singapore**



Centre for Biomedical Ethics
Yong Loo Lin School of Medicine

Dear Colleagues,

Welcome to this International Research Meeting of our journal, Asian Bioethics Review!

We are delighted that you are able to participate in this meeting, which has a twofold purpose. There is a degree of continuity with the workshop on “Writing Case Reports for Bioethics Journals” that ABR organised on 4 December 2018 as a pre-congress event to the 14th IAB World Congress of Bioethics in Bengaluru, India, which involved some promising junior scholars. This event relates to the capacity building role of the journal. But there is also a degree of continuity with the previous research conference we organised in February 2018, as we will be revisiting the theme of Universal Health Coverage (UHC). This is a topic that the NUS Centre for Biomedical Ethics (CBmE), which hosts the journal, has committed to work on as a WHO Collaborating Centre for Bioethics.

UHC is a target set by the United Nations to be realised by 2030 as a crucial component of the Sustainable Development Goals. It is indicated as including financial risk protection, access to quality essential healthcare services and access to safe, effective, quality and affordable essential medicines and vaccines for all. The implicit universalism is ambitious and uncommon in international politics. Additionally, the sort of “coverage” that is envisaged is similarly ambiguous, even if it is often interpreted as a reference to tax-based health security.

UHC is not new, however. As a global health initiative, it has waxed and waned since the League of Nations was constituted in the aftermath of the First World War. Importantly, some of the obstacles that have impeded UHC-based endeavours are no less evident today. For countries with limited resource, UHC may well seem like a utopian project, given its assurance of universalism and comprehensiveness. Politically, the notion of socialised medicine remains contentious. Business and medical interests may still consider this initiative as undermining the status of the medical profession, limiting patients’ freedom of choice and compromising the market position in healthcare.

But there are important differences in a more recent formulation of UHC. It now appears to be directed at advancing primary healthcare, and entitlements within this setting should also be cost-effective. This philosophy underscores the Astana Declaration that was issued last year. Important changes proposed include integrating primary healthcare with public health services, making primary healthcare a more attractive work environment, and supporting interprofessional teams where the allied health workforce play a greater role in health promotion and management of non-communicable diseases. From a bioethical standpoint, these developments and proposals remain undertheorized.

As we begin our deliberations and discussions, I take this opportunity to wish all participants an enriching time in building collaborations, and sharing knowledge and experiences.



Calvin Wai-Loon Ho LL.M, MSc, JSD, Advocate & Solicitor (Singapore)

Editor-in-Chief, Asian Bioethics Review

Assistant Professor, Centre for Biomedical Ethics, National University of Singapore

About ABR

The Asian Bioethics Review (ABR) is an international academic journal that provides a forum to express and exchange original ideas on all aspects of bioethics, especially those relevant to Asia and the Pacific, and is the flagship publication of the Centre for Biomedical Ethics at the Yong Loo Lin School of Medicine, National University of Singapore. Published quarterly by Springer Nature, the journal seeks to promote collaborative research among scholars in Asia and the Pacific or with an interest in Asia and the Pacific, as well as multi-cultural and multi-disciplinary bioethical studies more generally. It will appeal to all working on bioethical issues in biomedicine, healthcare, caregiving and patient support, genetics, law and governance, health systems and policy, science studies and research. ABR provides analyses, perspectives and insights into new approaches in bioethics, recent changes in biomedical law and policy, developments in capacity building and professional training, and voices or essays from a student's perspective. The journal includes articles, research studies, target articles, case evaluations and commentaries. It also publishes book reviews and correspondence to the editor. ABR welcomes original papers from all countries, particularly those on issues relevant to Asia and the Pacific.

ABR is an International academic journal that:

- Promotes multi-cultural & multi-disciplinary studies.
- Addresses bioethical issues arising from biomedicine and healthcare, genetics, law, policy, and science studies and research, especially those relevant to Asia.
- Commits to promoting regional capacity in bioethics scholarship.
- Highlights bioethical research that takes into account the unique perspectives of the Asia-Pacific and brings it to a wider international audience.

Acknowledgments

We would like to take this opportunity to thank our present Dean, Associate Professor Chong Yap Seng and his Office (especially HR), our former Dean, Associate Professor Yeoh Khay Guan, our Centre's Director Professor Vikki Entwistle, and our Centre's former Acting Director Associate Professor Roy Joseph, for their support of this international research meeting and ABR. We are much indebted to all of our speakers who have generously agreed to participate in this meeting at short notice and are immensely grateful to our colleague Ms Karen Teo for her untiring work in putting this meeting together.



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Monday 28 January

08:30 Registration

08:50 Introduction
Dr Calvin Ho (NUS, Singapore, p.6)

09:00 Welcome Address
Prof Vikki Entwistle (NUS, Singapore, p.5)

09:10 **Law and Governance for Universal Health Coverage**
Prof Vivian Lin (La Trobe University, Melbourne, p.10)

09:50 **Universal Health Coverage and Primary Health Care:
The Astana Declaration and Implications for Health and Migration**
Prof Phua Kai Hong (NUS, Singapore, p.11)

10:30 Break

10:50 **Universal Health Coverage in non-ideal contexts:
The Experience of HealthServe with Low-Wage Migrant Workers in Singapore**
Dr Natarajan Rajaraman (HealthServe, Singapore, p.12)

11:25 **Governance in Universal Health Coverage:
Synthesis of Human Resources for Health in Timor-Leste**
Mr Karel Caals, p.13 & Dr Calvin Ho, p.6 (NUS, Singapore)

12:00 **Universal Health Coverage, *quo vadis*? An assessment of UHC in the Philippines**
Dr Grace Ku (Vrije Universiteit Brussel & MSF, p.14)

12:35 Lunch

13:35 **The Ayushman Bharat National Health Protection Scheme: towards UHC in India**
Dr Vijayaprasad Gopichandran (ESIC Medical College & PGIMS, Chennai, p.15)

14:10 **Universal Health Coverage and the Ethical Dilemmas Faced by Chinese Patients
in Terminal Stages of Cancer**
Dr Xie Guangkuan (Peking University, Beijing, p.16)

14:45 **Helping patients make good decisions – the role of doctors**
Ms Kanny Ooi (Medical Council of New Zealand, Wellington, p.17)

15:20 Break

15:40 **Postpartum Depression among Women in Dong Anh District, Hanoi, Vietnam:
Prevalence and Risk Factors**
Dr Tran Tho Nhi (Hanoi Medical University, p.18)

16:15 **Organ transplantation and Universal Health Coverage in China**
Ms Yu Lanyi (Peking Union Medical College, Beijing, p.19)

16:50 **Maternal Mortality in the Princely Mysore State: 1880-1930.
Can history provide lessons for contemporary ethics?**
Ms Radhika Hegde (St John's Medical College, Bengaluru, p.20)

17:25 End of first conference day

18:00 *Conference Dinner (speakers and invited guests only)*

CHAIR: DR CALVIN HO

CHAIR: PROF PAUL A. TAMBAYAH

Tuesday 29 January

- 08:50 Re-cap of Day 1
Dr Calvin Ho, p.[6](#) & Mr Karel Caals, p.[13](#) (NUS, Singapore)
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- 09:00 **Ethical issues relating to the provision of Sustainable Renal Care**
Dr Valerie Luyckx (University of Zurich, p.[21](#))
-
- 09:35 **Ethics of introducing high-cost interventions in low-resource settings: A kidney transplantation case study**
Dr Sharon Teo (NUH, Singapore, p.[22](#)) & Ms Serene Ong (NUS, Singapore, p.[22](#))
-
- 10:10 Break
-
- 10:30 **Healthcare-Seeking Older People in a Post-Reform Chinese Rural Hospital: An Anthropological and Ethical Study**
Dr Zou Xiang (University of Otago, Dunedin, p.[24](#))
-
- 11:05 **Ethical aspects of disease survey on the bat populations of Taiwan**
Prof Chen Yi-Ning (CYCU, Taoyuen, p.[25](#))
-
- 11:40 **Race-ing against Time: The Anachronism of Race and Ethnicity in Public Health Surveillance**
Ms Mathavi Senguttuvan (NUS, Singapore, p.[26](#))
-
- 12:15 Lunch
-
- 13:15 **The rhetoric of ‘passive patient’ in Indian medical negligence cases**
Ms Supriya Subramani (IIT Madras, Chennai, p.[27](#))
-
- 13:50 **Efforts to improve quality of care at the end-of-life for an individual in South Korea**
Dr Beck Sang-Sook (Yonsei University, Seoul, p.[28](#))
-
- 14:25 **Research in global health emergencies: the ethical imperative of ‘preparedness’**
Ms Katherine Wright (Nuffield Council, London, p.[29](#))
-
- 15:00 Break
-
- 15:20 **Clinical Trials on Healthy Volunteers: Expanding the Framework of Expropriation**
Mr Navneet Wadkar (Forum for Medical Ethics Society, Mumbai, p.[30](#))
-
- 15:55 **Update and Challenges of Human Subject Protection in China: Lessons Learned and Experiences from Peking University**
Dr Zhang Haihong (Peking University, Beijing, p.[31](#))
-
- 16:30 Concluding Remarks
-
- 16:40 End of Conference

CHAIR: PROF ROY JOSEPH

CHAIR: DR VOO TECK CHUAN

Vikki A. ENTWISTLE, PhD MSc MA

Professor & Director

Centre for Biomedical Ethics,
Yong Loo Lin School of Medicine

National University of Singapore

Singapore

vikki.entwistle@nus.edu.sg

cbme.nus.edu.sg/people/all-staff/prof-vikki-ann-entwistle



Vikki Entwistle joined the Centre for Biomedical Ethics in July 2018 as Director and Professor of Bioethics. She was previously Professor of Health Services Research and Ethics at the University of Aberdeen, Scotland, UK. Vikki's interests in ethics developed in the context of applied health services research. In the mid-1990s while working to develop information to help patients and health professionals consider the effectiveness of different healthcare options, she saw a need for judgements of effectiveness to better reflect patients' perspectives on outcomes. She then started to raise and tackle questions about patients' involvement in both treatment decision-making and research agenda setting. Several of her empirical studies of patients' perspectives illuminated important shortfalls in the prevailing choice-dominated discourse on patient involvement. Vikki then started to draw on relational theorising about autonomy and on a capabilities approach to thinking about quality of life. This facilitated the development of more robust accounts of key concepts relating to person-centred care (including shared decision-making, support for self-management), and of more nuanced ethical arguments about healthcare and public health practices (including various forms of screening interventions).

Calvin W. L. HO, JSD LL.M MSc

Assistant Professor

Centre for Biomedical Ethics,
Yong Loo Lin School of Medicine

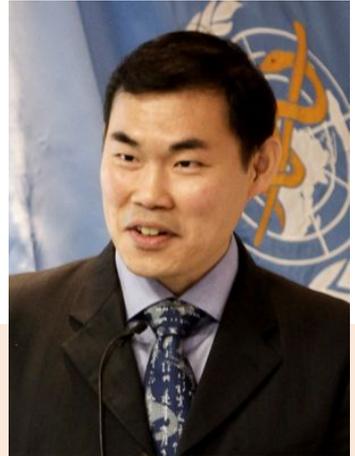
National University of Singapore

Singapore

medhwlc@nus.edu.sg

cbme.nus.edu.sg/people/all-staff/dr-calvin-ho

orcid.org/0000-0002-8328-1308



Dr Calvin Ho is Advocate & Solicitor of the Supreme Court of Singapore, and Assistant Professor at the Centre for Biomedical Ethics of the Yong Loo Lin School of Medicine, National University of Singapore. He is also Co-Head of the World Health Organization Collaborator Centre on Bioethics in Singapore; and a member of the Ethics Review Board of Médecins Sans Frontières (Doctors Without Borders). He serves as a statutory board member of the Singapore Nursing Board; a member of the Ethics Committee of the Singapore Medical Association and of Ng Teng Fong General Hospital; Assistant Director of the Legal Aid Bureau of the Ministry of Law of Singapore; and also as a member on national advisory committees on transplantation and on genetic testing of the Ministry of Health of Singapore. Dr Ho is the Editor-in-Chief of Asian Bioethics Review, and a member of the editorial boards of the journals Life Sciences, Society and Policy, Medical Law International and Asia-Pacific Biotech News, among others. His research relates primarily to the governance of emergent technologies (with focus on biomedical sciences), health systems and healthcare professions.



Paul Ananth TAMBYAH

Honorary Joint Professor

Centre for Biomedical Ethics,
Yong Loo Lin School of Medicine,
National University of Singapore

Senior Consultant

Division of Infectious Diseases,
National University Hospital

Singapore



mdcpat@nus.edu.sg

<https://www.nuh.com.sg/scripts/WebFormShowProfile2.aspx?id=13720>

Professor Paul Ananth Tambyah is currently a Senior Consultant in Division of Infectious Diseases, National University Hospital, Professor of Medicine at the Yong Loo Lin School of Medicine & Honorary Joint Professor at CBmE. He is currently the Secretary-General of the Asia Pacific Society of Clinical Microbiology and Infection and immediate past President of the Society of Infectious Diseases (Singapore). His past appointments include the founding head of the division of Infectious Diseases in NUS, Assistant Dean in Yong Loo Lin School of Medicine (YLLSOM), and a board member of the Society of Healthcare Epidemiology in America. His main research interests are in emerging infectious diseases and hospital acquired infection. Prof Tambyah collaborates with several CBmE Faculty on the ethics of infectious disease control and global health ethics.

Mo28Jan
CHAIR PM

Roy JOSEPH, PBS PBM FRCPCH MMed
MMBS

Associate Professor
Centre for Biomedical Ethics,
Yong Loo Lin School of Medicine
National University of Singapore

Emeritus Consultant
Department of Neonatology & Department of Paediatrics
National University Hospital

Singapore

roy_joseph@nuhs.edu.sg

<https://cbme.nus.edu.sg/people/all-staff/associate-professor-roy-joseph>



A/Prof Roy is the Undergraduate Director (HeLP) and Emeritus Consultant at Departments of Neonatology and Paediatrics, National University Hospital. He read Medicine at the Christian Medical College, Vellore, India from 1967-1972, aided by a Government of India Cultural Scholarship. He returned to Singapore and trained from 1976 -1979 as a paediatrician at the National University of Singapore. His sub-specialisation in Neonatology began in 1980 at the Kandang Kerbau Hospital, Singapore. He obtained additional training under the supervision of Prof Victor Yu at the Queen Victoria Medical Centre, Melbourne, in 1983 through a China Medical Board Scholarship of the University of Singapore. From 1997 to 2005, A/Prof Roy was the Chief of the Department of Neonatology at the National University Hospital. In 2004, he was admitted as a Fellow of the Royal College of Paediatrics and Child Health Neonatal. Special and intensive care, newborn screening, well baby and child care, long term management of the congenital hypothyroid, developmental assessment and disorders and chairing the NUH Clinical Bioethics Committee from the sphere of A/Prof Roy's clinical practice.

Apart from that, A/Prof Roy also provides ad-hoc consultation on general paediatric ailments. Evidence, tempered with art, forms the basis of his practice. A/Prof Roy's areas of academic and administrative responsibilities include directing undergraduate (faculty level) and postgraduate (departmental level) education and training in Neonatology, assisting in the development of an undergraduate Medical Ethics and Law curriculum and serving in the National Medical Ethic Committee and the Advisory Council for Neonatal screening. His research activities aim at improving medical education and in preventing mental and developmental retardation through providing a safe transition into the extrauterine environment and universal newborn screening for selected congenital conditions.

VOO Teck Chuan, PhD

Assistant Professor

Centre for Biomedical Ethics,
Yong Loo Lin School of Medicine

National University of Singapore

Singapore

medvtc@nus.edu.sg

<https://cbme.nus.edu.sg/people/all-staff/dr-voo-teck-chuan>



As an Assistant Professor at the National University of Singapore (NUS), Yong Loo Lin School of Medicine, Centre for Biomedical Ethics (CBmE), Dr Voo researches on medical repatriation of migrant workers on work permits in Singapore from a medical professionalism perspective under a start-up funding from NUS. He is also the Co-Director of CENTRES (Clinical Ethics Network and Research Ethics Support), a CBmE initiative funded by the Singapore Ministry of Health to coordinate training of ethics committees in Singapore. In addition, Dr Voo is a member of the steering committee of Global Forum on Bioethics in Research, and a member of the Editorial Board of Asian Bioethics Review. His research interests includes migrant health, bioethics and research ethics, and he is the lead editor of Healthcare Ethics, Law and Professionalism (Routledge 2018) and co-editor of The Ethics of Sports Technologies and Human Enhancement (Routledge 2016).

Tu29Jan
CHAIR PM

Vivian LIN

Professor

Department of Public Health

La Trobe University

Melbourne, Australia

V.Lin@latrobe.edu.au

www.latrobe.edu.au/public-health



Vivian Lin has more than 30 years' experience in public health, with a variety of roles in policy and program development, health services planning, research and teaching. She was appointed as Chair of Public Health at La Trobe University, in Melbourne, in 2000 and took leave to serve as Director of Health Systems for the World Health Organization in the Western Pacific Regional Office from 2013-2018, where she led on universal health coverage, sustainable development goals, antimicrobial resistance, aging, and gender-based violence. She is the author of several leading textbooks in Australia on health policy and planning, as well as on China. She has served on multiple editorial boards for leading journals, including as health policy editor for *Social Science and Medicine*. Most recently, she was a member of the International Panel on Social Progress and chaired its health cross-cutting group. Vivian has worked at senior levels in health policy in several Australian jurisdictions. She has also consulted widely for the World Bank, UK Department for International Development, AusAID as well as the WHO, and served on multiple academic, government and community boards in relation to health promotion, public health education and research, complementary health workforce regulation, women's health, Chinese community and China relations.

Law and Governance for Universal Health Coverage

Universal health coverage (UHC) is agreed globally as an integral part of the 2030 Sustainable Development Agenda. As such, UHC is not just about financing but is about how the health system can deliver on equitable and sustainable health outcomes. There is no blueprint for what UHC looks like or how it can be achieved, given health systems constitute a social and political intervention. So UHC roadmaps are necessarily country-specific and will ultimately reflect the historical, institutional, and socio-cultural contexts for policy-making. Whatever is the system design, the steering of the UHC journey will require effective governance mechanisms and processes if more equitable access and better health are to be achieved. The WHO Western Pacific Regional Committee has adopted a number of resolutions to support the realization of UHC and SDGs. Strengthening legal frameworks at the country level is core to the governance agenda – in order to ensure coherence across sectors, to improve quality and access of health services, to assure rights for citizens, and to protect the community from health risks and harm.

PHUA Kai Hong, PhD

Adjunct Faculty

Lee Kuan Yew School of Public Policy &
Saw Swee Hock School of Public Health
National University of Singapore

Singapore

spppkh@nus.edu.sg

lkyspp.nus.edu.sg/our-people/faculty/phua-kai-hong

Dr Phua Kai Hong lectures Health Economics at the Singapore Management University and holds adjunct appointments at the Lee Kuan Yew School of Public Policy & Saw Swee Hock School of Public Health, NUS. He is also a Visiting Professor to the Graduate School of Public Policy at the Nazarbayev University in Astana, Kazakhstan. He was previously Associate Professor and Head of the Health Care Division and of the Health Services Research Unit at the Department of Community, Occupational & Family Medicine, Yong loo Lin School of Medicine, NUS. He received a Master's in Health Services Administration & Population Sciences from the Harvard School of Public Health and a PhD in Social Administration specializing in Health Economics from the London School of Economics & Political Science. Dr Phua was the co-lead & corresponding author of the overview article in the Lancet Series on Health in Southeast Asia (2011), and co-editor of the Social Science & Medicine special issue on Health Systems in Asia (2016). He led the Asian component of an Asia-Europe Foundation (ASEF) comparative research project on health and migration. He is serving on the WHO Expert Committee on The Economics of Healthy Ageing and was an invited speaker on Primary Health Care for Migrants at the 2018 WHO Conference on Primary Health Care in Astana.

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Universal Health Coverage and Primary Health Care: The Astana Declaration and Implications for Health and Migration

There is no Universal Health Coverage without Primary Health Care. Forty years after the WHO Alma-Ata Declaration of Primary Health Care, universal health for all has still to be achieved. The recent Astana Declaration was updated to bring the ideals of the Alma-Ata Declaration to a realistic and strategic level to also include political will to commit adequate financing and to reach an acceptable quality for Primary Health Care for all populations. A growing interest on the intersection between migration and healthcare emanates from social and economic issues pertaining to the lack of access of migrants to healthcare. Despite making access to healthcare a basic human right, approaches of each country to include migrants into the healthcare system significantly varies. In Asia, countries are concerned over whether exclusion of migrant workers from healthcare will generate social costs and negative externalities that can be detrimental to their continued growth. A case study of Singapore will illustrate the costs and benefits of providing essential health care to migrant workers.

Natarajan RAJARAMAN, MBBS MPH

Head of Medical Services

HealthServe

Singapore

rajaraman@healthserve.org.sg

www.healthserve.org.sg



Dr Natarajan Rajaraman (Raj) joined HealthServe in February 2018 and oversees operations of the medical and dental clinics, as well as the development of community-based health programmes, research, education, and health-related external collaborations. Raj has a background in medicine, global public health, and education. His specific interests are in the health of vulnerable populations and post-conflict health systems strengthening through training healthcare workers and improving quality of healthcare facilities. He has previously served in Sierra Leone and Timor-Leste. Raj enjoys reading and movies. Raj loves cats. And motorcycles. But not cats on motorcycles.

UHC in non-ideal contexts: The Experience of HealthServe with Low-Wage Migrant Workers in Singapore

Singapore's health policy formally extends Universal Health Coverage to non-residents, including migrant workers. However, significant pragmatic challenges still remain for low-wage migrant workers to access their healthcare entitlements. HealthServe is an NGO that provides assistance for low-wage migrant workers in Singapore. In this talk, we share some experiences and reflections on the policy-practice gaps of UHC for this population in Singapore.



Karel CAALS, BCom

Research Assistant
Centre for Biomedical Ethics,
Yong Loo Lin School of Medicine

PhD Candidate
Department of Geography,
Faculty of Arts and Social Sciences

National University of Singapore

Singapore

karel.caals@u.nus.edu
researchgate.net/profile/Karel_Caals
orcid.org/0000-0002-4021-3268

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11:25



Karel Caals is a PhD Candidate at the Department of Geography, at the Faculty of Arts and Social Science at NUS. As a Health Geographer with an interest in the fields of Health Systems, Global Health and Medical Travel, he explores the different forms of association between health systems, studying Timor-Leste and its relations with the health systems of Cuba, Australia and Indonesia, as these countries collaborate with the East Timorese health system on medical care and training. He concurrently works as a research assistant at the NUS Centre for Biomedical Ethics, where he is involved in a project that explores the ‘nudging’ effect of health campaigns on people’s health status. Last, but not least, Karel is Assistant Editor of the Asian Bioethics Review.

Governance in Universal Health Coverage: Synthesis of Human Resources for Health in Timor-Leste

The right to healthcare is firmly entrenched in the constitution of Timor-Leste, and since its recent independence, there has been an assemblage of competing ideas, ideals and practices that has been sustained by the Timorese government to meet its legal commitment. This paper sets out who these various actors are, what they are doing in Timor-Leste, their goals and why they are active in Timor-Leste. It will focus on the influence of Australian and Cuban actors, each representing a contrasting and geopolitically competing ideal and idea of healthcare. Within the Australian sphere of influence, various smaller actors like Papua-New-Guinea and Fiji, have also been active. Apart from these, other actors include Indonesia, which is still involved in training nurses and mid-wives, as well as China and India. Against this geopolitical backdrop, this paper explains how governance in Timor-Leste sustains its human resources for health as a relational product, assembled through multiple routes, histories, contingencies, resources, power relations and socio-materialities, and how attending components, such as transfer agents and transmission modes and nodes, constitute this assemblage.

Grace Marie V. KU, MD MScPH FPAFP PhD

Guest Professor & Researcher
Faculty of Medicine & Pharmacy
Vrije Universiteit Brussel

Executive Officer
Ethics Review Board
Médecins Sans Frontières (Doctors Without Borders)

Brussels, Belgium

grace_ku@ymail.com

orcid.org/0000-0002-4276-9104



Dr Grace Marie V. Ku is a family physician with BSc and Doctor of Medicine degrees from the University of Santo Tomas in the Philippines, an MSc in Public Health from the Institute of Tropical Medicine in Antwerp, Belgium and a Doctorate in Medical Sciences (PhD Public Health) from the Vrije Universiteit Brussel (VUB). She has been a clinician and training officer in Family Medicine, and Chief Quality Assurance Unit at the Veterans Memorial Medical Center in the Philippines. Dr Ku has also been the Deputy Director of the Institute of Health Policy and Developmental Studies at the Philippine National Institutes of Health. Currently she is Executive Officer at the Médecins Sans Frontières (Doctors Without Borders) Ethics Review Board and Guest Professor at the Faculty of Medicine at the VUB, as well as a member of the VLIR-UOS Selection Committee.

Universal Health Coverage, *quo vadis?* An assessment of UHC in the Philippines



The UHC bill has been recently ratified in the Philippines. Considering the health agenda of the previous administration, this would be the second attempt to implement UHC. Based on the definition of UHC by WHO, we believe that a foundation of a prepared health system would be a requisite for successful implementation. We thus deemed it ideal to assess the readiness level using a health systems perspective and constructed a framework for assessment. Considering the WHO definition of and objectives for UHC, we adapted WHO's (2007) six building blocks of a functioning health system, the essentials of UHC according to WHO, the four dimensions of access, Levesque et al's (2013) definition of access, and the Institute of Medicine's (2001) six domains of care quality. We will be using this framework to assess the readiness level of the Philippine public health system for UHC implementation and sustainability.

Vijayaprasad GOPICHANDRAN, MD PhD

Assistant Professor

Department of Community Medicine

ESIC Medical College & Postgraduate Institute of Medical Sciences and Research (PGIMSIR)

Chennai, India

vijay.gopichandran@gmail.com

orcid.org/0000-0003-2635-9583



Vijayaprasad is a community physician, public health practitioner and Assistant Professor of Community Medicine at the ESIC Medical College & Post Graduate Institute in Chennai, India. He obtained his PhD in Public Health working in the area of Public Health Ethics. His area of interest includes social and behavioural epidemiology, public health ethics, clinical ethics and medical education. He also serves as Working Editor of the Indian Journal of Medical Ethics. He consults for the World Health Organization on several of their bioethics programs including development of ethical guidance for public health surveillance, ethical guidance for implementation research, and ethical guidance for vector borne disease control programs.

The Ayushman Bharat National Health Protection Scheme: towards Universal Health Coverage in India

The Ayushman Bharat (India blessed with a long life) Scheme is a state health insurance program that will cover about 100 million poor and vulnerable families in India providing up to INR 500,000 per family per year for secondary and tertiary care hospitalization services. The beneficiaries of the scheme can avail health care services from both public as well as empanelled private health facilities. The government claims this scheme to be one of the largest state health insurance schemes in the world. In this paper, I will present the specific details of the scheme, its proposed target, impacts, and will analyse the scheme with an ethical lens with respect to relevance, coverage, health system functioning and effectiveness. I will use the Public Health Ontario framework for ethical conduct of public health initiatives to analyse this scheme, which aims at providing universal health coverage in India.

XIE Guangkuan, PhD

Assistant Professor

School of Health Humanities

Peking University

Beijing, China

kuan393@pku.edu.cn

Dr Xie is an assistant Professor of Peking University School of Health Humanities and mainly teaches the courses of medical ethics, bioethics and public health ethics. He used to be the Academic Planning Office Director of Peking University, junior researcher of UC San Francisco (2004-2005), senior fellow of University of Minnesota (2011-2012), and visiting scholar of UC Berkeley (2012). His research interests include doctor-patient relationships, Medical Professionalism, conflict of interests, medial humanity education, and higher education administration.

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Universal Health Coverage and the Ethical Dilemmas Faced by Chinese Patients in Terminal Stages of Cancer

In July 2018, an article titled “Would you pay 1 million to buy 10 more months to live?”, has brought problems faced by Chinese cancer patients to the front of social attention and ensuing national discussion on these problems, stands out and gets widely spread. This article, on one hand, raises a sharp challenge for cancer patients in terminal stages and their families; on the other hand, elaborates on the ethical dilemma they have to confront while dealing with life and death decisions. Here I draw upon this particular case to discuss the ethical dilemma by cancer patients in terminal stages from the perspective of “Xiao” (filial piety), “Ci” (kindness of parents to children), and “Yi” (Justice) which are crucial conceptions in traditional Chinese ethics. From the perspective of “Yi” (justice), the reason underlying the ethical dilemma above is the shortage of national investment in healthcare and the injustice in healthcare resource distribution. Therefore, to walk out the dilemma, I suggest what we need is a reform in current medical care system in China.

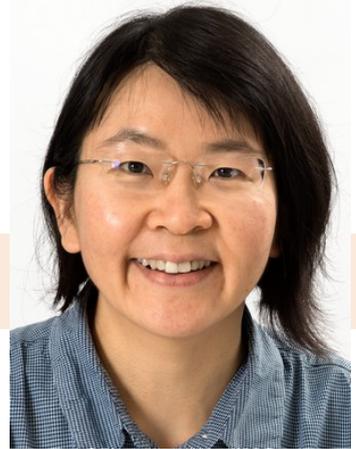
Kanny OOI, BProp LLB MBHL

Senior Policy Adviser & Researcher

Medical Council of New Zealand

Wellington, New Zealand

Mo28Jan
14:45



kooi@mcnz.org.nz

orcid.org/0000-0002-2549-6036

Kanny Ooi is a Senior Policy Adviser & Researcher at the Medical Council of New Zealand (MCNZ). A significant part of her role involves researching and drafting standards for doctors on different aspects of medical practice in New Zealand, and consulting widely with stakeholders on proposed amendments to MCNZ's statements. She regularly advises doctors and the public on MCNZ's standards and guidelines, and is involved in facilitating the Consumer Advisory Group that provides input to MCNZ from a consumer's perspective. Kanny completed a Bachelor of Property and Bachelor of Laws from the University of Auckland, and has a Master of Bioethics and Health Law (with Distinction) from the University of Otago.

Helping patients make good decisions – the role of doctors

Health services in New Zealand are largely publicly funded, and with that comes difficult decisions about which services should be prioritised and to what extent, and who will receive these services. The Medical Council of New Zealand recognises that resource constraints are a significant and relevant part of professional medical practice and has issued a statement to guide doctors on what good practice means in that context. Essentially, doctors have an ethical responsibility to ensure that health resources are allocated and used based on evidence and need, and to avoid interventions that have no clinical value. This presentation will discuss why overtreatment occurs, and how doctors could provide better care when assessing patients for treatment, making referrals, and communicating with patients and their families. It will also consider the importance of conversations between doctors and patients about what is appropriate and necessary so that patients make more informed decisions about their care resulting in better outcomes.

TRAN Tho Nhi, PhD

Lecturer

Department of Medical Ethics and Psychology,
Institute for Preventive Medicine and Public Health

Hanoi Medical University

Hanoi, Vietnam

tranthonhi@hmu.edu.vn

Mo28Jan
15:40



Tran Tho Nhi is a researcher and lecturer at the Department of Medical Ethics and Psychology, Institute for Preventive Medicine and Public Health at Hanoi Medical University, Vietnam. I have collaborated with researchers in both basic science and translational research. My research focuses on the general area of childbirth choices of woman with HIV, intimate partner violence, depression among pregnant women and postpartum depression. I was co-editor of the textbook General Introduction to Medical Anthropology and Medical Sociology and contributed to various training materials for Hanoi Medical University's training courses.

Postpartum Depression among Women in Dong Anh District, Hanoi, Vietnam: Prevalence and Risk Factors

Postpartum depression (PPD) is a serious mental disorder that is associated with negative outcomes for mothers and children. The objective of the study was to estimate the prevalence of PPD and to examine the relationship between selected risk factors and PPD. The study used a longitudinal study design on 1,274 women and was conducted in Dong Anh district, Hanoi. Participants were interviewed four times from enrolment, at a gestational age of less than 24 weeks to 12 weeks after delivery. Depression was measured by using the Edinburgh Postnatal Depression Scale. The prevalence of PPD was 8.2%. The factors which were significantly associated with depression were physical violence; sexual violence, preterm birth, a husband's preference for a son, low level of education, a woman's occupation, young age of the woman and a lack of family support after delivery. These findings call for PPD screening among new mothers and identification of risk factors among pregnant women was necessary to improving the health of mothers and children.

YU Lanyi, LL.M MA

PhD Candidate

School of Humanities & Social Sciences

Peking Union Medical College

Beijing, China

yulanyi0906@163.com

Yu Lanyi is a graduate of Peking Union Medical College / Centre for Bioethics of CAMS (Chinese Academy of Medical Science), Beijing, where she studied Bioethics and Health policy. Her currently research interests include the ethical issues surrounding organ transplantation and donation. She used to work at the National Organ Donation Administrative Center where she was involved in the formulation of relevant policies.

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Organ transplantation and Universal Health Coverage in China

For patients with end-stage organ failure, access to organ transplantation is not only limited by a long waiting list of potential recipients, but also affordability of the procedure. In China, these patients may be precluded from the transplantation due to high out-of-pocket payments. This phenomenon is inconsistent with Universal Health Coverage (UHC), which is a global initiative that is broadly concerned with providing quality health services and protecting individuals from financial hardship. In this presentation, with reference to the status quo of organ transplantation in the healthcare system in China, I will argue for the expansion of universal health coverage to include the cost of transplantation. Furthermore, I will consider the reimbursement of related expenses arising from funeral arrangements for cadaveric organ donors by the government also can be ethical acceptable based on UHC with some limitations.

Radhika HEGDE, MA

Lecturer

Department of History of Medicine

St John's Medical College

Bangalore, India

radhika.h@siri.res.in

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Radhika Hegde is a trained historian and joined the History of Medicine Department at St Johns Medical College in Bangalore, as a Lecturer in 2015. She helps in managing the SL Bhatia History of Medicine Museum and conducts Museum walks and activities for school children. Currently, she is involved in archiving of the museum artefacts, Bhatia papers and a project to make Museums accessible to all, where she is trying to reach out to the Government and Municipal School Children. Her interest is in the various aspects of history of medicine in the Colonial context of South India.

Maternal Mortality in the Princely Mysore State: 1880-1930.

Can history provide lessons for contemporary ethics?

The colonial response to health needs in India was sporadic. Although a health care system existed – the Indian Medical Service – it primarily served the needs of soldiers. Occasional interventions occurred when the health of people threatened the economic interests of the imperial state or when there were external pressures to introduce reforms. This was how colonizers used modern medicine as a means of social control. Although funding for healthcare increased in India after 1897, it was in effect negligible and inadequate to address the needs of a vast country with a large population. It was in fact missionaries, with the support of local royalty, who provided care to the local population. The Wodeyars, for example, who ruled the princely state of Mysore in Southern India, supported the cause of missionaries in delivering healthcare.

In the 19th century, death during childbirth was very common in India, as elsewhere. The colonial government's narrative was built around suffering Indian women in purdah (referring here to exclusive women's quarters), treated poorly by unclean and untrained 'dai's' (native midwives). Several factors contributed to a growing interest in women's health in India. First, most pioneer women doctors in England were associated with the women suffrage movement that encouraged them to empower other women. Second, a lack of opportunities for women medical doctors in England caused them to seek greener pastures in the colonies. Third, social reform movements in India and the rise of an anti-colonial National Movement pressurized the Colonial government to introduce reforms. Thus began the "Zenana" (pertaining to women; the 'women's quarters') Missionary Hospitals in India in the late 19th century that aimed to support the cause of Women's Health in India.

Valerie LUYCKX, MBBCh MSc

PhD Candidate

Institute for Biomedical Ethics and History of Medicine

University of Zurich

Zurich, Switzerland

valerie.luyckx@uzh.ch

orcid.org/0000-0001-7066-8135



Dr Luyckx obtained her MBBCh from the University of the Witwatersrand, South Africa. She trained in Internal Medicine at University of Miami and in Nephrology at Harvard University. She has an MSc in Public Health from the London School of Hygiene and Tropical Medicine and is completing a PhD in Biomedical Ethics at the University of Zurich on Ethical issues relating to provision of sustainable renal care in sub-Saharan Africa. She is a consultant to the WHO for the Global Health Ethics Team.

Ethical issues relating to provision of sustainable renal care

Non-communicable diseases (NCDs) are the leading causes of global deaths and most premature deaths occur in low and middle income countries (LMICs). NCDs require long-term access to healthcare, and as they progress, access to high-cost life-saving therapies. In LMICs, access to such therapies is at times provided by the state (often without parallel development of prevention programmes) or at other time may require unsustainable out of pocket expenditure. Decisions around the provision of high-cost NCD care in LMICs under universal health coverage are complex. When there is scarcity of resources for health there will be a need for priority setting. Priority setting dilemmas arise when trade-offs must be made about what kind of services to provide to whom, thereby withholding some services from individuals who could benefit. Using the examples of dialysis and transplantation, we discuss approaches to fair priority setting, which involve balancing the weight of technical evidence (such as costs, disease burden and effectiveness) with social values, which may conflict.

Sharon S. L. TEO, BMedSci MBBS FRACP

Paediatric Nephrologist

Children's Kidney Centre

National University Hospital

Singapore

sharon_teo@nuhs.edu.sg

Dr Sharon Teo is an accredited Paediatric Nephrologist and General Paediatrician. She completed her undergraduate studies in Bachelor of Medical Science (BMedSci) and Bachelor of Medicine, Bachelor of Surgery (MBBS) in the University of Melbourne, Australia. She obtained her postgraduate qualifications from the Royal Australasian College of Physicians (RACP) having completed her specialist training in both general paediatrics and nephrology at the Royal Children's Hospital and Monash Children's Hospital Australia. She is currently a resident physician in the Division of Paediatric Nephrology, Dialysis and Renal Transplantation of the Department of Paediatrics, Khoo Teck Puat-National University Children's Medical Institute, National University Hospital.



Serene A. K. ONG, MSc BSc

PhD Candidate

Centre for Biomedical Ethics,
Yong Loo Lin School of Medicine

National University of Singapore

Singapore

serene.ong@u.nus.edu

Serene Ong is a PhD candidate at the Centre for Biomedical Ethics, National University of Singapore. Her research interests are in the ethics of genetic testing and other emerging technologies, and transplantation. She holds undergraduate degrees in Computational Science and Chemistry, and a Master in Bioinformatics.



Ethics of introducing high-cost interventions in low-resource settings: A kidney transplantation case study

This commentary discusses the ethical considerations when introducing a high-cost intervention in a low-resource setting. The issues are exemplified by a kidney transplantation case in Myanmar. A minor with end-stage renal disease required a kidney transplant. He was from a rural, low-income family. As he was dialysis dependent, he had to relocate and live away from his home and family, requiring long term hospitalisation. Eventually, he received a living related kidney transplant, which offered him a chance of a life away from the hospital and significantly improved his quality of life. The transplant procedure was performed by international doctors from Singapore together with the local team. We discuss the ethical considerations at play when introducing kidney transplantation in a low-resource setting, and seek to trouble a simple upfront consideration of cost, where something that is initially more expensive can in the long run be cheaper, or, “I’m too poor to afford cheap boots”.



ZOU Xiang, PhD

Researcher

Bioethics Centre

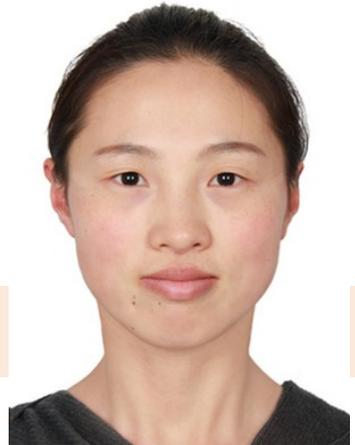
University of Otago

Dunedin, New Zealand



xiang.zou@postgrad.otago.ac.nz

orcid.org/0000-0002-8808-5605



Xiang Zou received her PhD in Bioethics from the University of Otago, New Zealand. She held a MA in Medical Anthropology from Sun Yat-sen University in China. Her PhD project is “Family-assisted Inpatient Care for Elders in Rural Hospitals in Southern China”, using an integrated anthropological and bioethical approach. Based on her PhD thesis, she currently is working on producing a series of publications in relation to family care, ageing support, rural primary care and social justice.

Healthcare-Seeking Behaviour of Older People in a Post-Reform Chinese Rural Hospital: An Anthropological and Ethical Study

This paper examines rural older patients’ healthcare-seeking behaviour in the context of current healthcare reform in China, integrating anthropological investigation with normative inquiry. Drawing on empirical data collected during six months’ fieldwork conducted in a rural hospital, the key features that are identified, are (1) the raised utilisation of hospital care services that accompanies increased medical insurance coverage; (2) the compromised medical care delivery and functional transformation of rural hospital; 3) resorting to hospital care as a solution to gerontological nursing care needs. These features mirror the constraint of lacking access to quality gerontological care facilities in rural China. Various unjust social, structural and institutional factors that contribute to this constraint are also investigated. Informed by feminist care ethics, this paper appeals for the state to mitigate constraints and reform social institutions by endorsing caring social policies, so as to better support ageing health care in rural China.

CHEN Yi-Ning, PhD DVM

Associate Professor

Department of Bioscience Technology

Chung Yuan Christian University

Taoyuan, Taiwan

yining6290@gmail.com

www.orcid.org/0000-0003-4821-8511



As a veterinarian, I am interested in the pathogenesis and cross-species mechanism of coronavirus, mainly the transmission from bats to other animals, including domestic animals and humans. My laboratory used the technologies of molecular biology, serology, and cell biology to understand how different coronaviruses infect different hosts. To collect valuable samples from the bat populations of Taiwan, I work with bat researchers, field biologists, and people from different communities and government agencies. As a member of Bat Association of Taiwan (BAT), I promote the communications between researchers, communities, associations, and government for the harmony coexistence of bats and peoples.

Ethical aspects of disease survey on bat populations in Taiwan

Bats present luck in traditional Chinese culture due to their beneficial roles in agriculture. People have always considered that bats roosting in the house and community are good fortune and need to be cherished. However, the positive attitude toward bats has changed since increased disease surveillance has implicated bats as likely vectors for many zoonotic infectious diseases. While bat conservation organizations keep promoting harmonious relationships between bats and human, there are conflicts among different communities and government agencies. Some communities see bats as a resource to be used and some regard them as pests to be removed. Public health authorities and conservation agencies have different agenda regarding regulation on bats. Misinformation creates confusion and misunderstanding among all parties involved. More comprehensive communication is required for ethical bat research producing evidence-based information, transparent information sharing, the participation and discussions between different communities, and the regulation of government agencies.

Mathavi SENGUTTUVAN, LL.M. BA LLB

Visiting Researcher

Centre for Biomedical Ethics,
Yong Loo Lin School of Medicine

National University of Singapore

Singapore

mathavi.senguttuvan@gmail.com

Mathavi is a lawyer by training, seeking to pursue her doctoral research in public health ethics, law and policy. She holds B.A. and LL.B. (Hons.) degrees from the National Law School of India University in Bangalore, India and an LL.M. degree from the Faculty of Law of the National University of Singapore. She is presently a visiting researcher at the Centre for Biomedical Ethics. Her primary research focus is on vulnerability and anti-discrimination in public health. Other areas of interest include clinical ethics, medical jurisprudence and reproductive ethics.

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The Anachronism of Race and Ethnicity in Public Health Surveillance

Race and Ethnicity-based data (RE data) has been conventionally used in public health for several purposes, including description of vitals and health statistics, indication of risks specific to sections of the population, marking biological and socio-economic health disparities, or for the simple lack of alternative modes of identification. Research based on RE data is usually published and disseminated for generalizable knowledge. In the specific context of public health surveillance, the most common usage is to back racially-directed policy. These policies can cater to the interests of communities with common behavioural traits, dietary habits and lifestyles affecting individual health, including smoking cessation, diabetes and obesity prevention, etc. However, it is a reiterated fact that race has limited biological underpinnings. As innocuous as this tool of research might seem, the damaging consequences of deriving scientific conclusions and implementing policy based solely or primarily on such social constructs must also be recognised, despite its significant material influence on society. Particularly in relation to infectious diseases, research on racial susceptibility can be misused and misinterpreted by the public at large, potentially resulting in the perpetuation of racist stereotypes, reputational harm, and other unjustifiable restrictions on civil liberties. Thus, we will be discussing the prospects of a universally-applicable legislative framework to check and guide representation and use of RE data in a politically, culturally, and ethically sensible manner.

Supriya SUBRAMANI, BBM MA

Doctoral Scholar

Department of Humanities and Social Sciences

Indian Institute of Technology Madras

Chennai, India

sufi513@gmail.com

www.researchgate.net/profile/Supriya_Subramani

orcid.org/0000-0001-8570-1057



Supriya Subramani is a graduate student at the Department of Humanities and Social Sciences of the Indian Institute of Technology Madras (IIT Madras), in Chennai, India. In her recently submitted thesis, she examined the underlying moral values of the concept of 'informed consent' within the medical judiciary and clinical practice in the Indian context. Her general research interests are in ethics, behaviour and law. In particular, she is interested in medical ethics and qualitative inquiry into moral subjectivities of individuals, and moral epistemological inquires within qualitative bioethics research.

The rhetoric of 'passive patient' in Indian medical negligence cases

In this paper, I aim to examine the rhetoric of 'doctor knows best' within court judgments in contested medical negligence cases of India. I illustrate the attitude and meanings endorsed through rhetorical strategies used within court judgments, particularly on the narrative constructs of patient as 'ignorant', 'passive' and 'incapable'. This construction advances the paternalistic values which have scant regard for patient's preferences and choices within the legal context. Further, I critique the rhetoric employed and explicate the consequences of the emerged meanings. I argue that this rhetoric provides a precedent which limits the understanding and respect for patients' choices and their abilities, and disregards patients' agency. The overall goal of this paper is to present the contemporary construction of 'passive patients' within the rhetorical institution- law- within the Indian context.

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BECK Sang-Sook, PhD

Researcher

Asian Institute for Bioethics and Health Law

Yonsei University

Seoul, South Korea

sang.beck@gmail.com

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Sang Sook Beck is a Researcher at the Asian Institute for Bioethics and Health Law, Yonsei University in Seoul, Korea. My areas of interests are the public policy, law and ethics of health among the elderly. I also have interests in cooperative efforts on global health. My current work includes the co-investigatorship on a whitepaper on the Global Health Security Agenda (GHSA) of the Korean Government and a research project to design and develop integrative community-based care programs for the elderly to promote ageing in place.

Efforts to improve quality of care at the end-of-life for an individual in South Korea

The ever-growing end-of-life care movement demands national attention to improve the quality of life of the patients. In 2008, Korea, Palliative Care Units for terminally ill cancer patients were authorized after lengthy advocacy of the voluntary and non-governmental effort and multiple governmental demonstration projects. The first legal basis for hospice palliative care for cancer patients introduced with the revision of 'Cancer Control Act' 2011. Jul 2015, National Health Insurance Service covers the hospice palliative care cost for terminal cancer patients. After the nation's Supreme Court ordered a comatose patient's right to die with dignity in 2009, 'The Law on the Hospice and Palliative Care and the Determination of Life-Sustaining Treatment for Terminally Ill Patients' enacted in 2016. Korean governments give priority to formulating policies necessary to establish a foundation for the end-of-life care. The Minister for Health and Welfare shall formulate and implement a comprehensive plan for hospice, palliative care, and determining life-sustaining treatment every five years. The further effort of introducing comprehensive advance care plan and the substitute medical decision maker required.

Katherine WRIGHT, MA

Assistant Director

Nuffield Council on Bioethics

London, UK

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kwright@nuffieldbioethics.org

www.nuffieldbioethics.org

Katharine Wright is Assistant Director at the Nuffield Council on Bioethics, responsible for the Council's 2017-2019 inquiry into ethical research conduct in global health emergencies. Her background is in health policy, law and ethics, and before joining the Nuffield Council in 2007, she worked in the UK House of Commons, the English Department of Health, and the English National Health Service. Her work at the Council has included consideration of ethical issues arising in dementia; the donation of all forms of bodily material for treatment or research; and the involvement of children and young people in clinical research.

Research in global health emergencies: the ethical imperative of 'preparedness'

The UK-based Nuffield Council on Bioethics is currently half way through a two year project exploring the ethical challenges encountered when conducting research in global health emergencies – looking not only at the 'micro' ethical aspects of research such as study design and review, but also the crucial 'macro' questions around who has power, whose voices are heard, and who benefits from any research undertaken. One of the key themes emerging in responses to the Council's international call for evidence is that of 'preparedness': while it may be the sudden and disruptive nature of an emergency that particularly challenges existing research norms, many emergencies are nevertheless foreseeable to a degree. This highlights the ethical imperative of improving levels of preparedness in many different domains: in terms of research capacity, community engagement, and critically in health systems resilience. Such resilience is fundamental in developing an evidence-based response to health emergencies that is steered by local interests and meets local needs.

Navneet WADKAR, MPhil BE

Program Officer
Bioethics Centre
Forum for Medical Ethics Society
Mumbai, India

PhD Candidate
Jawaharlal Nehru University
New Delhi, India

wadkar35_ssh@jnu.ac.in



Navneet Wadkar is a Program Officer at the Forum for Medical Ethics Society, a Mumbai-based organisation involved in activities such as training and research in bioethics. He has been trained in Social Medicine & Community Health (MPhil), Social Work (MSW), Chemical Engineering (BE) and currently pursues a PhD at the Jawaharlal Nehru University, New Delhi, on trends of clinical trials in India within a framework of excess therapeutic consumption and expropriation of clinical labour. He has a background and research interest in biocapital, research ethics and occupational health. He was also affiliated with the organization Shilpi Kendra, which campaigns against issues such as unethical clinical trials in India and silicosis in tribal populations.

Clinical Trials on Healthy Volunteers: Expanding the Framework of Expropriation

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In India, as elsewhere, healthy volunteers (HVs) in phase I clinical trials are often motivated by financial compensation. Historical expropriation and the everyday life struggle of HVs are often ignored as contributing factors to the normalization of the risks that are involved in these trials. Therefore the aim is to study expropriation experiences of HVs, employing qualitative and exploratory research designs. Purposive sampling was used to recruit nine HVs from two cities: Mumbai and Ahmadabad. All of the HVs and their family members were alienated from land and livelihood in their villages through different social, economic, political and cultural processes. Instead of altruism, financial compensation was the primary motivation. The compensation amount was spent to pay debts, medical and other emergencies, consumer goods and alcohol. To maximize their earnings, HVs participated in more than one trial, either consecutive or simultaneously, or both. The serial participation of HVs in phase I trials exposed them to serious risks which they were unable to recognize, unless a serious adverse effect occurred. Existing scholarship suggests that the risks as perceived by healthy volunteers are normalized through attractive financial incentives and serial participation. But the findings of this research indicate that state induced violence, caste, class and gender based violence as well as the everyday struggle of survival are also major contributing factors.

ZHANG Haihong, PhD

Coordinator

Human Research Protection Program

Peking University

Beijing, China

zhanghh@pku.edu.cn

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15:55



Haihong Zhang has been appointed as Coordinator of Peking University Human Research Protection Program since August 2014. She got her PhD in bioethics, and more specifically in research ethics, from the Philosophy Department, Peking University, China. She was a visiting scholar at Duke University Health System Intuitional Review Board (DUHS IRB), working as an IRB member from August 2012 to August 2013. Her main focus is on ethical review policy-making and capacity building at an institutional level. She is also in charge of ethics training of investigators at Peking University. Her research interests are research ethics, research integrity and public health ethics.

Update and challenges of Human Subject Protection in China: Lessons Learned and Experiences from Peking University

The genetic-edited baby event exposed recently brought in a lot of concerns on the ethical governance of research in China. It is imperative that our IRB professionals and bioethicists make time to reflect on human subject protection, with prudence. Taking Peking University as an example, we have witnessed both considerable progress in this field during the past 10 years, as well as considerable challenges. Evolution of the regulatory framework, along with institutional international collaborations on ethical review capacity building, third-party accreditation and internal quality improvement measurements, trough, for example, large scale training and regular auditing, play crucial roles in this fast development. However, there is still a lot of room for improvement. An increasing gap between the current legal framework and the fast-changing research landscape calls for more proactive roles for various stakeholders. Continuing non-compliance because of the poor awareness of ethical issues during the research implementation has alerted us to the urgent requirement for more responsible research conduct, quality assurance, as well as empowerment of subjects.