

Bioethics summer school at Yale University

Yale Üniversitesi'nde biyoetik yaz okulu

Çağrı ZEYBEK ÜNSAL^a

Dear editor,

I would like to share my personal experience of attending Yale University's Sherwin B. Nuland Summer Institute in Bioethics this past summer in this chapter of the Turkish Journal of Bioethics. Yale University's Sherwin B. Nuland Summer Institute in Bioethics is an international bioethics academic program that was established in 2009. Participants include undergraduates, graduate students and professionals from varying disciplines who are interested in learning more about bioethics.

The program includes morning lectures, discussion sessions, seminars, movie and book nights, debates on various topics within bioethics and visiting tours to places such as Monsanto, which is an American multinational agrochemical and agricultural biotechnology corporation, The Connecticut Hospice (The first hospice in the United States), The Hastings Center and The Cushing Center.

I attended this program as a graduate of law and a PhD student in Bioethics at Hacettepe University, Department of Medical Ethics and History of Medicine in Ankara, Turkey. Since I have been in the program at Yale University I learned how to analyze a case from both an ethical and legal perspective, how to discuss a case using bioethical principles and the four-box method, how to use different bioethical principles to different cases and how to ask questions about the ethical challenges in order to find the most appropriate solution. At Hacettepe University I read the Principles of Biomedical Ethics and learned ethical theories, this also helped me to understand and participate lectures at Yale.

In the morning lectures, we discussed healthcare in the United States such as the Affordable Care Act and insurance systems, what does federal government do on bioethics, assisted reproductive technologies and its ethical challenges, Islamic bioethics and its perceptions on assisted reproductive technologies such as sperm banks, assisted reproduction after death or divorce, surrogacy, ethical issues in dyslexia, personalized medicine, feminist activism, research ethics history and the examples throughout the history, palliative care, climate change effects on human, possibility to track disease and track wellness with genetic testing, religion and ecology, how could technology be a dangerous master, malaria and ethics, ethics of stem cells, freezing eggs of patients with cancer and its ethical considerations, how to define human dignity at the level of ethics such as applied, normative and meta ethics, is it good or bad for family to be in the room during the cardiopulmonary resuscitation or not, newborn intensive care, food policy and obesity.

After morning lectures, discussion sessions were held between 11:00-12:15, titled 'Self-determination', 'Clinical ethics', 'Relational ethics', 'Bioethics and critical thinking', 'Social justice in global health'. Aside from these discussion sessions, two students put together a 'Being Human' discussion session. During this discussion participants expressed their thoughts on what it means to be a human being. Every discussion session helped us to think practically and understand the applied ethics as we discussed cases, TV series, or play conversational games.

Seminars were held after the discussion sessions and I attended 'Comparative Human Rights and Health Care', 'Global Public Health', 'Sexual Ethics and Social Justice' in June; 'Biotech Law and International Patent Issues', 'Transplantation Ethics', 'Patent Perspectives: Global Pharmaceuticals Ethics' in July. I also audited the 'Neuroethics' and 'Research Ethics' seminars during July.

^a Hacettepe University, History of Medicine and Medical Ethics Department ✉ zeybek.cagri@gmail.com

Gönderim tarihi: 02.11.2015 • Kabul tarihi: 22.01.2016

We also had movie and book nights on Tuesdays after the seminars which were organized by some of the participants. Movies included 'The Journey of the Universe', 'Darren Goes West', 'Wit' and 'Story of Stuff'. As for book nights, those who wanted to attend had to read one of the books chosen by the book night organizing committee which included 'Diving Bell and the Butterfly', 'A Handmaid's Tale', and 'My Sister's Keeper.' Both movie and book nights concluded with a discussion.

Moreover, preparations for the debates started at the end of June. In each debate, participants selected a topic within bioethics and whether to be part of the affirmative i.e. pro group or the negative i.e. con group. The three debate groups that I participated in were; 'It is morally acceptable to withhold cochlear implants from deaf children because their parents wish their child to be part of the deaf community.', 'Physician assisted dying should be legalized.' and 'Direct-to-consumer advertising of prescription pharmaceuticals should be banned.'

The other debate topics were about 'Should doctors knowingly assist athletes by prescribing performance enhancing substances', 'Should commercial surrogacy be legalized', 'Should stem cell researchers be allowed to pay market rates to women who provide their eggs for science' and 'Should needle exchange programs be legalized'.

The main goals of these debates were to convince the audience that the side you were on is the best answer for that particular topic. The evaluation was based on how the groups listed their arguments, were they clear enough and were they evidence-based. There were also judges who were chosen from the audience randomly, and after the debates they had criticized each one of us with respect to those criteria mentioned above.

In the first debate group where we discussed the reasons of why it could be morally acceptable or not to withhold cochlear implants from deaf children because their parents wish their children to be part of the deaf community, our team had argued that the deaf children can still be part of deaf culture even though they can hear after the implant surgery since the device can be turned off. Children with cochlear implants will be able to speak and hear, while also being able to use sign language. Moreover, should being deaf be crucial to a particular situation, the sound processor of the implant can be turned off. So, should an individual with a cochlear implant wish to stop hearing temporarily they are able to do so. Being able to communicate with both deaf and hearing people, individuals with cochlear implants would belong to two communities.

In debate groups, it was also possible to show videos or PowerPoint presentations, therefore we used an advertisement to start with in my second debate group and argued that 'Direct-to-consumer advertising of pharmaceuticals should be banned.' The main arguments for this statement were that it could be harmful for patients and has many risks on patients and society such as unnecessary drug use without fully discovering the potential risks of the drugs, over medicalization, misinterpretation, miseducation and increase on health care costs.

In the third debate group we argued that physician assisted suicide should be legalized due to the following reasons: First of all it ensures the ultimate autonomy and right to self-determination, and a dignified death. Secondly it helps reduce the pains who are suffering from their diseases. Furthermore, legalizing it will encourage regulation and safeguards and it will prevent abuse of the system. And finally it reduces the burden on the health care system and reallocates resources where people who actually wants them.

The importance of this program is to learn how to view bioethical issues; through different perspectives, what topics are being covered in bioethics around the world and how those topics are being discussed both in bioethics and law, how to think critically, how to differentiate between morality and ethics, to work in a multi-disciplinary team and collaborate with colleagues from different countries.

In addition, the program also has advantages and disadvantages. It is a good opportunity to meet with specialists working on bioethics all around the world, to be able to ask questions to them during and after lectures. It is also an opportunity to improve and practice English since it is mandatory to make a

presentation and write a paper about that presentation at the end of the program.

However, I think the program was too short, for two months, since there were many interesting topics that needed to be discussed more thoroughly during discussions, classes and morning lectures. Even though there was an option to sit and listen to other seminars (auditing seminars) that you are not assigned to with the permission of the Institute's director and the seminar leader, I could not attend all the seminars that I would have liked to attend because my own classes were at the same time. The program had various seminars however there could be more seminar options so that participants could change their seminars if they are not satisfied.

Lastly, I had the best summer of my life while attending the Yale University's Sherwin B. Nuland Summer Institute in Bioethics. I made lasting friendships with people who live all around the world and I strongly suggest to anyone who is interested in bioethics to participate in this program.