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Why teach “Bioethics and Human Rights” to healthcare professions undergraduates?

ABSTRACT

This article highlights the importance of teaching “bioethics and human rights” to undergraduate students seeking health care degrees and illustrates how this topic fits well within these programs of studies. Historical, cultural, anthropological and practical reasons support teaching these topics as enrichment of medical training. The years after the Second World War showed how bioethics, human rights and medicine are closely intertwined. Moreover the relationship between human rights and bioethics has grown ever closer increasingly involving medicine and health care professionals. The authors observe that medical students have to face a cultural pluralism in bioethics and biolaw and we give students the opportunity to develop their critical thinking and logical argumentation abilities as well as their interest in academic research. Furthermore, the authors – who draw up briefly the experience of the Institute of Bioethics at the Faculty of Medicine and Surgery of the UCSC (Rome) - assert the necessity to help medical students to be respectful of patients in every clinical setting. It is therefore of utmost importance to train students to focus on the ethical dimension of care and to make good ethical decisions even in dilemmatic cases. To achieve this outcome, healthcare professionals should possess an integral vision of their work (technical and humanistic competence) and sharp skills to reflect in depth, avoiding superficiality and negligence. From this perspective, the teaching of “bioethics and human rights” could be very useful.

Keywords: Bioethics, Human Rights, Biolaw, medical students, Nuremberg Trials, Codes of Medical Ethics, conscientious objection.

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Introduction

As it is well known, Bioethics and Human Rights are closely intertwined. A human rights doctrine constitutes a precious contribution to the formulation of principles and standards of behavior in bioethics¹. Therefore, teaching “Bioethics and Human Rights” together in medical schools² is a significant challenge from three perspectives: historical, evolutive, and anthropological. Reflection on human rights and their basis, is tied to bioethics because it reinforces the need to know the whole reality of the human being. Without this integration/extension of knowledge, reality is reduced only to empirical data. Otherwise, joining human rights and bioethics affects not only scientific research, but also the diagnostic, therapeutic and rehabilitative care of patients.

Within the context of fragmented medical knowledge, Bioethics becomes a unique meeting place for the various healthcare fields. Likewise, human rights – despite their multiplicity and broad acceptance in the medical field³ – all refer to the human being.

Bioethics always raises the question: “Must we do all that we can do?” This question regards tension between scientific research and human progress, between the technically feasible and the ethically permitted⁴. It pushes bioethics towards finding conceptual and operating clarity regarding acceptable or unacceptable behaviors.

¹ Elio Sgreccia, Marina Casini, “Diritti umani e bioetica”, *Medicina e Morale*, (1/1999), p. 17-47.

² Emily L. Cotter, Jonathan Chevrier, ael Noor El-Nachef, Rohan Radhakrishna, Lisa Rahangdale, Sheri D. Weiser, Vincent Iacopino, “*Health and Human Rights Education*”, in *U.S. Schools of Medicine and Public Health: Current Status and Future Challenges*, 2009, DOI:10.1371/journal.pone.0004916, <http://www.plosone.org/article/info%3Adoi%2F10.1371%2Fjournal.pone.0004916>; Vincent Iacopino, “Teaching Human Rights in Graduate Health Education”, 2002, https://depts.washington.edu/ccph/pdf_files/iacopino.pdf, (25 September 2014); Daniel Tarantola, Sofia Gruskin S., “Health and human rights education in academic settings”, *Health and Human Rights*, 9, (2/2006), p. 297 – 300; Mpinga E. Kabengele, S. Meier, V. Zesiger, P. Chastonay, “Should medical schools train students in human rights? An exploratory study among medical students in 46 countries”, *Rev Med Suisse*, (2/2006), p. 1544–1546; Choe Kwisoon, Sunghye Park, So Yeon Yoo, “Effects of constructivist teaching methods on bioethics education for nursing students: A quasi-experimental study”, *Nurse Education Today*, 34 (5/2014), p. 848–853 <http://www.sciencedirect.com/science/article/pii/S0260691713003535>, (25 September 2014).

³ By way of an example: André Den Exter (ed.), *International Health Law and Ethics. Basic Documents*, Maklu Publishers, Apeldoorn-Antwerpen-Portland 2009; Jonathan M. Mann, “Health and human rights”, *British Medical Journal*, Apr 13, 312 (7036/1996), p. 924–925; Sofia Gruskin, Edward J Mills, Daniel Tarantola, “History, principles, and practice of health and human rights”, *Lancet*, 370 (2007), p. 449–455; European Charter of Patients’ Rights, http://www.who.int/genomics/public/eu_declaration1994.pdf (29 September 2014); Patients’ Rights in the European Union http://www.eu-patient.eu/Documents/Projects/Valueplus/Patients_Rights.pdf (29 September 2014)

⁴ Hans Jonas, *Technik, Medizin und Ethik. Zur Praxis des Prinzips Verantwortung*, Insel, Frankfurt/M., 1985; H. Jonas, *The imperative of Responsibility: In search of an Ethics for the Technological Age*, University of Chicago Press, Chicago 1984; L. A. Eckenwiler, F. G. Cohn, *The Ethics of Bioethics: Mapping the Moral Landscape*, John Hopkins University Press, Baltimore 2007.

The key question in the legal sphere is similar: "Does all that we can do and/or in fact do, respect justice?"⁵ or "Does it respect human rights?". These questions raise issues in the medical field as well. Therefore, our approach to human rights inevitably impacts the field of bioethics.

Below we are going to deal with the historical, evolutive and anthropological perspectives.

The historical perspective

Historically, the development of medical ethics (part of bioethics) and human rights have many intriguing parallels. The most important socio-political event characterizing the second half of the 20th century is the international effort to determine and protect human rights.

The Nuremberg Trials (1945-1946)⁶ and the following *Universal Declaration of Human Rights* (UDHR) of the United Nations (10 December 1948)⁷ were a turning point. Scholars point to these as the historical "roots" of bioethics as a field, particularly "secular" juridical bioethics which emerged long before the introduction of the term bioethics in Potter's academic writings⁸.

Post World War II, the search for the ethical foundations of human rights stimulated the birth of bioethics⁹. The UDHR can be considered the founding document of biolaw¹⁰. To some extent, the rise and development of modern bioethics is synchronous with growing concern for human rights.

The modern idea of human rights emerged after the "Nuremberg Trials" as a response to a deep anthropological crisis in medicine and law¹¹. During these famous trials of Nazi criminals, the world learned about the crimes committed

⁵ 7 Francesco D'Agostino, *Giustizia. Elementi per una teoria*, San Paolo Cinisello Balsamo, Milano 2010; Laura Palazzani, *Una introduzione filosofica al diritto*, Aracne, Roma 2011; Sergio Cotta, *Il diritto come sistema di valori*, San Paolo Cinisello Balsamo, Milano 2004.

⁶ Ann Tusa, John Tusa, *The Nuremberg Trial*, Skyhorse Publishing Inc., New York 2010.

⁷ Johannes Morsink, *The Universal Declaration of Human Rights: Origins, Drafting, and Intent*, University of Pennsylvania Press, Philadelphia, 1999.

⁸ Van Rensselaer Potter, "Bioethics: The Science of Survival", *Perspectives in Biology and Medicine*, 14, (1/1982), p. 127-153. In the following year, this article became the first chapter of the book *Bioethics: Bridge to the Future*, NJ: Prentice Hall, Englewood Cliffs 1971.

⁹ Elio Sgreccia, *Personalist Bioethics-Foundations and Applications*, National Bioethics Center, Philadelphia 2012, p. 17.

¹⁰ Marina Casini, "I diritti dell'uomo, la bioetica e l'embrione umano", *Medicina e Morale*, (1/2003), p. 67-110.

¹¹ Carlo Casini, "Processo di Norimberga e crisi del giuspositivismo", in: Antonio Tarantino, Rita Rocco (ed.), *Il Processo di Norimberga a 50 anni dalla sua celebrazione*, Giuffrè, Milano 2001, p. 125-146.

against prisoners and civilians, by order of the Nazi regime, with the collaboration of physicians¹².

Many atrocities in the extermination camps were facilitated and even carried out by health workers. Medical terms and “research” were often used to “justify” these acts of violence. Science was separated from its function of service to life and health, and it was transformed into a destructive force¹³. Consequently, faith in positive law as the only fair law collapsed completely. As the Nuremberg prosecutions revealed, many of the atrocities committed were not considered crimes under the “positive law” of the respective States. Positive law had sanctioned the systematic elimination of human lives by organized society through its norms¹⁴.

The drafting and adoption of the UDHR were directly motivated by the recent massive violations of human life and dignity. Thus, the UDHR observes that “disregard and contempt for human rights have resulted in barbarous acts that have outraged the conscience of mankind...”¹⁵. The UDHR represents the first global expression of rights to which all human beings are inherently entitled. The “core” of the modern idea of human rights is the recognition of “the inherent dignity and of the equal and inalienable rights of all members of the human family” as “the foundation of freedom, justice and peace in the world”¹⁶.

From this moment human dignity plays a crucial role in the international instruments dealing with human rights and can be found in a wide array of international and regional documents (covenants, directives, charters, declarations, resolutions, and recommendations) and constitutions. The concept of human dignity is essential as the foundation of the development of human rights as legal instruments for the protection of the human person. This is particularly relevant in the extension

¹² Robert Jay Lifton, *The Nazi Doctors. A Study in the Psychology of Evil*. Macmillan (Papermac), London-New York, 1986; Ulf Schmidt, “Medicina e Nazismo”, *Sistema Salute* (2/2001), p. 9-18; J. Vollmann and R. Winau, “Nuremberg Doctors’ Trials. Informed consent in human experimentation before the Nuremberg Code”, *BMJ*, (1996) 313(7070), p. 1445–1449; Robert N. Proctor, “Nazi Doctors, Racial Medicine, & Human Experimentation”, in: George J. Annas and Michael A. Grodin (ed.), *The Nazi Doctors and the Nuremberg Code: Human Rights in Human Experimentation*, Oxford University Press, 1995.

¹³ John J. Michalczyk, *Medicine, ethics, and the Third Reich: Historical and Contemporary Issues*, MO: Sheed & Ward, Kansas City 1994; Raimonda Ottaviani, Paolo Vanni, Duccio Vanni, *Trenta lezioni di storia della medicina*. Capitolo XXVI: *I medici maledetti: i campi di sterminio*, Franco Angeli, Milano 2008; Alice Ricciardi Von Platen, *Il nazismo e l'eutanasia dei malati di mente*, Le Lettere, Firenze 2000; Susan Benedict, Jochen Kuhla, “Nurses’ participation in the euthanasia programs of nazi Germany”, *Western Journal of Nursing Research*, 21 (2/1999), p. 246-263.

¹⁴ Giuseppe Capograssi, *Il problema fondamentale in Opere di Giuseppe Capograssi*, Vol V, Giuffrè, Milano 1959, p. 29-34; Francesco Carnelutti, “La certezza del diritto”, *Rivista di Diritto Processuale Civile*, 20 (1943), p. 81-91; Piero Calamandrei, “La certezza del diritto e le responsabilità della dottrina”, *Rivista di Diritto Commerciale* (1/1942), p. 341.

¹⁵ United Nations General Assembly, *Universal Declaration of Human Rights*. (10 December 1948). Paris; 1948 <http://www.un.org/en/documents/udhr/index.shtml#a18> (25 September 2014).

¹⁶ Ibid.

of the concept of human rights to the so-called bio-rights. Chapter 1 of the European Union (EU) *Charter of Fundamental Rights* (proclaimed on 7 December 2000)¹⁷, which became legally binding across the EU with the entry into force of the *Treaty of Lisbon*¹⁸, is titled "Dignity" and its Art. 1 claims: "Human dignity is inviolable. It must be respected and protected". It is very significant that human dignity within the EU Charter is linked with right to life (Art. 2), Right to the integrity of the person (art. 3), Prohibition of torture and inhuman or degrading treatment or punishment (Art. 4) and Prohibition of slavery and forced labour (Art. 5).

These instruments were unambiguously directed at relationships between individuals (albeit within the sphere of governmental responsibility), as well as relations between States. They contained many principles and obligations that resembled norms of medical ethics. Particularly overlapping with medical ethics in the UDHR were provisions requiring respect for human dignity and equality (articles 1 and 2), as well as the human right to life (article 3). Others resembled components of medical ethics in prohibiting torture or cruel, inhuman or degrading treatment or punishment (article 5), requiring non-discrimination (article 7), freedom from arbitrary interference with privacy (article 12), and progressive realization of the human right to a standard of living adequate for health and medical care (article 25). The human right to share in scientific advancement and its benefits (article 27) was in the same category. Human dignity appears in various contexts in international, regional and domestic instruments, even though this term is not explicitly defined nor is any explanation of its substance provided. However, the idea of dignity is being associated with both inherence (it cannot be gained or lost) and equality (it does not admit to any degrees). This means that human dignity is the indelible hallmark (not an additional, accidental element) present with the same force and the same intensity (non scalable) in all human existence. For this reason human beings must be treated as subjects and never as objects. The further principle of the inviolability of human life follows as a moral responsibility that everyone assumes towards others as members of the "human family".

The recognition of human dignity as inherent and equal, restores medicine and the health professions to their true and proper activity¹⁹. This inspired the adoption of *Codes of Medical Ethics*, with frequent updates, by international institutions such as the World Medical Association (WMA) and the Council of International

¹⁷ http://www.europarl.europa.eu/charter/pdf/text_en.pdf (25 September 2014).

¹⁸ Consolidated versions of the Treaty on European Union and the Treaty on the Functioning of the European Union: Charter of Fundamental Rights of the European Union(2009), Official Journal of the European Union C 83, 30.03.2010.

¹⁹ Jennifer Leaning, "Human rights and medical education. Why every medical student should learn the Universal Declaration of Human Rights", *British Medical Journal*, vol. 315 (29 November 1997), p. 1390-1391.

Organizations of Medical Science (CIOMS)²⁰. Considering the patient as the protagonist of his/her diagnostic-therapeutic-rehabilitative situation developed into the principle of the therapeutic alliance²¹. This mutual relationship stems from recognizing common membership in humanity. The “relationship” means open dialogue and collaborative independence. It also involves interaction inserted in a personally and professionally meaningful meeting and not a primarily contractual negotiation²². Patient’s rights in this new perspective are part of the highest expressions of the modern idea of human rights. It increases sensitivity to the person whose life is plagued by illness and/or disability²³.

Furthermore, thanks to the modern theory of human rights, the concept of “human rights in patient care” has developed general human rights principles to all stakeholders in the delivery of health care. It encompasses all rights recognized under international law that are relevant to the provision of health services. This includes basic empowerment rights (such as information, consent, free choice, privacy and confidentiality), rights to a remedy for abuses, and rights of access to services²⁴.

The evolutive perspective

Among the most important contributions to the formulation of the principles and criteria of conduct in the biomedical field, is the juridical investigation of human rights. Undoubtedly, the most important socio-political event characterizing the

²⁰ The Medical Associations’ Federations and the World Medical Association developed the deontological rules just deriving from human rights’ reflection. See: the Nuremberg Code (1946), the Geneva Declaration (1948), the International Code of Medical Ethics (1949), the Helsinki Declaration (adopted in 1964 and amended several times until 2000).

²¹ Evelyne Shuster, “The Nuremberg Code: Hippocratic ethics and human rights”, *Lancet*, 351 (9107/1998), p. 974-977; Evelyne Shuster, “Fifty years later: the significance of the Nuremberg Code”, *N Engl J Med*, 337 (20/1997), p. 1436-40.; Paul Julian Weindling, *Nazi Medicine and the Nuremberg Trials. From Medical War Crimes to Informed Consent*, Palgrave Macmillan, New York, 2004.

²² Ignacio Carrasco de Paula, Nunziata Comoretto, “Per una medicina centrata sul paziente: riflessioni sulla fondazione etica del rapporto medico-paziente”, *Medicina e Morale*, (3/2005), p. 557-566; Virginio Colmegna et al. (ed.), *Etica della cura. Riflessioni e testimonianze su nuove prospettive di relazione*, Il Saggiatore, Milano 2010; Luciano Sesta, *Ars curandi. Prospettive di filosofia della medicina*, Aracne, Roma 2011.

²³ Luciano Eusebi, “Diritti inviolabili e tutela dei più deboli. L’etica della cura in medicina” in: V. Colmegna et al. (ed.), *Etica della cura*, p. 135-155; Elio Sgreccia, “Fondazione etica dei diritti del malato”, *Medicina e Morale*, (4/1987), p. 567-575; Paolo Mariotti, Gianlorenzo Masaraki, Renato. Rizzi, *I diritti dei malati*, Giuffrè, Milano 1993; Henk J. J. Leenen et al., *The Rights of patients in Europe*, Kluwer, Deventer 1993; W. J. Wijk, “The Universal Declaration of Human Rights in medical-ethical perspective”, *Medicina e Morale*, (1/1999), p. 49-59; Riviero A. Piga, Alfonso T. Galván, *Panoramica internazionale sui diritti del paziente* in: Jean-Pierre P Massué, Guido Gerin (ed.), *Diritti umani e bioetica*, Sapere, Roma 2000, p. 103-112.

²⁴ Jonathan Cohen, Tamar Ezer, “Human rights in patient care: A theoretical and practical framework”, *Health and Human Rights*, 15 (2/2013); <http://www.hhrjournal.org/2013/12/10/human-rights-in-patient-care-a-theoretical-and-practical-framework/> (25 September 2014).

second half of the 20th century is the international effort to determine and protect human rights. However, the relationship between human rights and bioethics deserves to be considered as well, not only for its historical origins, but also for its importance in the contemporary cultural landscape²⁵. Bioethics has brought a human rights perspective to the interventions on human corporeality and procreation, on the genome, on the sunrise and sunset of human life, on living environments, on food security and genetically modified foods, and, on biological diversity in the field of plants and animals. Just think about the various possibilities of medically assisted procreation techniques, therapeutic use of stem cells (whose ethical and juridical core is the issue of human embryo research), cloning, genetic engineering, gene therapy, genetic testing, reproductive health, biomedical research, genomics analysis in employment and insurance, patentability of biotechnological inventions, health technology assessment, enhancement technologies and nanotechnology. Even regarding traditional "bioethical issues", such as abortion, euthanasia, assisted suicide, living wills, assistance to terminally ill patients, organ transplantation, determination of death, health care resource allocation, the doctor-patient relationship, professional responsibility, disability, medical assistance and conscientious objection, human experimentation, privacy and confidentiality, informed consent, new aspects arise when human rights are taken into account. Human rights intersect with numerous important areas of bioethics and are capable of dealing with many of the most significant normative problems in health care.

The mutual interaction between bioethics and human rights is blindingly evident: "fourth-generation rights" and "bio-law" are clearly outcomes of this relationship²⁶. Notably, biolaw has been emerging more and more as a discipline of its own²⁷. There is a spectacular growth in judicial rulings, legislation, legal opinions and different regulations in the field of bioethics²⁸. These cover most scientific and health care activities.

²⁵ Roberto Andorno, "Biomedicine and international human rights law: in search of a global consensus", *Bulletin of the World Health Organization*, 80 (12/2002), pp. 959 – 963.

²⁶ Marina Casini, Emma Traisci, Fabio Persano, "La bioetica nella prospettiva del biodiritto e della biopolitica", *Medicina e Morale*, (6/2010), p. 1019-1037.

²⁷ Laura Palazzani, *Introduction to the Philosophy of Biolaw*, Edizioni Studium, Roma, 2009; Roberto Andorno, *Principles of international Biolaw. Seeking common ground at the intersection of bioethics and human rights*, Bruylant 2013; Britta Van Beers, Luigi Corrias, Wouter Werner, *Humanity across international and biolaw*, Cambridge University Press, New York, 2014; A.A.V.V., *Il Biodiritto e i suoi confini: definizioni, dialoghi, interazioni*, Quaderni della Facoltà di giurisprudenza, Trento, 2014.

²⁸ See, for example the report concerning bioethics-related international instruments and bioethics legislation in the United Kingdom, Germany, Japan, China, Israel, India, Kenya, New Zealand, Brazil and Russia: The Law Library of Congress, *Bioethics legislation in selected countries*, Global Legal Research Center, October 2012 at http://www.loc.gov/law/help/bioethics_2012-008118FINAL.pdf (29 September 2014)

Briefly, we can point out in Italy (but not only), that the domestic order involves Parliament, Government ministries and every level of the Judiciary including the Constitutional Court. Furthermore, permanent or occasional committees are often set up with the task of expressing opinions, and also for the purpose of preparing legislation, to address the ethical and legal problems that arise as a result of scientific research and technological applications on life. Moreover health as a topic related to human rights is well established in many national Constitutions²⁹.

At the European level, both the European Union and the Council of Europe are involved. There have been numerous resolutions of the European Parliament since 1989³⁰, *Directive 98/44* of the European Parliament and of the Council of 6 July 1998 on the legal protection of biotechnological inventions, the European Court of Justice's decision in the *case Brüstle v. Greenpeace* (Case C 34/10 of 18 October 2011)³¹, the European citizens' initiative called "One of Us", promoted in the 28 EU countries on the basis of the Treaty of Lisbon (art. 11)³². Within the Council of Europe one can find many recommendations and other documents of the Parliamentary Assembly³³, but above all the well-known *Convention on Human Rights and Biomedicine* (opened for signature on 4 April 1997 in Oviedo, Spain)³⁴ as well as the many decisions of the European Court of Human Rights³⁵. The Oviedo Convention, the only binding international legal instrument on the subject of bioethics, enriched by four Protocols (from 1998 to 2008)³⁶, covers matters such as equitable access to health care (article

²⁹ As to a survey about European scene: *Patients' Rights in the European Union*. http://www.eu-patient.eu/Documents/Projects/Valueplus/Patients_Rights.pdf and *Patient Rights in the EU. A General Overview of the national patient rights legislation in Europe*, <http://europatientrights.eu/> (29 September 2014).

³⁰ European Parliament, Risoluzione (Doc. A2-372/88) sui problemi etici e giuridici della procreazione artificiale umana, *Medicina e Morale*, (3/1989), p.587 – 590; European Parliament, Risoluzione sui problemi etici e giuridici dell'ingegneria genetica, (Doc. A2-327/88), *Medicina e Morale*, (3/1989), p.579 – 587. These resolutions are mentioned in the resolution of 20 September 1996 titled "Protection of human rights and dignity of the human being with regard to the application of biomedicine and medicine", *G.U.C.E.* C320 of 28 October 1996.

³¹ The text of the ruling is published in *Medicina e Morale* (5/2011), pp. 905-919 and it is available at: <http://curia.europa.eu/juris/document/document.jsf?jsessionid=9ea7d0f130d5cd4130bee8224589be56b41c671869b2.e34KaxiLc3eQc40LaxqMbN4Oa34Se0?text=&docid=111402&pageIndex=0&doclang=it&mode=doc&dir=&cc=first&part=1&cid=330640>, (29 September 2014).

³² For the explanation of this initiative, see: www.oneofus.eu and for its meaning, see: Carlo Casini, *One of us. The first European Citizens' Initiative. One of Us: it is true, it is right, it is necessary*, Cantagalli, Siena, 2014.

³³ [http://www.coe.int/t/dg3/healthbioethic/texts_and_documents/INF_2014_5_vol_I_textes_%20CoE_%20bioéthique_E%20\(2\).pdf](http://www.coe.int/t/dg3/healthbioethic/texts_and_documents/INF_2014_5_vol_I_textes_%20CoE_%20bioéthique_E%20(2).pdf) (29 September 2014); [http://www.coe.int/t/dg3/healthbioethic/texts_and_documents/INF_2014_5_vol_II_textes_%20CoE_%20bioéthique_E%20\(2\).pdf](http://www.coe.int/t/dg3/healthbioethic/texts_and_documents/INF_2014_5_vol_II_textes_%20CoE_%20bioéthique_E%20(2).pdf) (29 September 2014).

³⁴ ETS No.164, or, by its full name, *Convention for the Protection of Human Rights and Dignity of the Human Being with regard to the Application of Biology and Medicine* was brought in Oviedo, Spain, on April 4, 1997.

³⁵ European Court of Human Rights, *Research report. Bioethics and the case-law of the Court*, Strasbourg (2012).

³⁶ *Additional Protocol to the Convention on Human Rights and Biomedicine, on the Prohibition of Cloning Human Beings* (ETS No. 168, 12. 01. 1998); *Additional Protocol to the Convention on Human Rights and Biomedicine, concerning Transplantation of Organs and Tissues of Human Origin* (ETS No. 186; 4.12.2001); *Additional Protocol to the Convention on Human Rights and Biomedicine, concerning Biomedical Research* (CETS No. 195; 25. 01. 2005);

3); consent (chapter II); private life and right to information (chapter III); the human genome (chapter IV); scientific research (chapter V); and organ and tissue removal from living donors for transplantation (chapter VI).

A significant international resolution came from the Council of Europe: Resolution n. 1763 of the 7th October 2010, *The right to conscientious objection in lawful medical care*.³⁷ It states that "No person, hospital or institution shall be coerced, held liable or discriminated against in any manner because of a refusal to perform, accommodate, assist or submit to an abortion, the performance of a human miscarriage, or euthanasia or any act which could cause the death of a human foetus or embryo, for any reason".

Another regional human rights institution, the Inter-American Court of Human Rights has to be quoted too for the disputed case *Murillo v. Costa Rica on in vitro fertilization*³⁸.

The continued existence of bioethics as a professionally influential normative system, is being challenged by the use of international human rights. Similarly, many other international conventions contain protections of the "right to life" and prohibitions on "torture or cruel and unusual treatment or punishment", as well as obligations upon States to progressively realize the "human right to health". Numerous national jurisdictions have constitutional provisions on similar subjects and interpretation of them contributes to the global development of international human rights, as well as bioethics and medical ethics.

On 19 October 2005, the 33rd Session of the UNESCO General Conference adopted the *Universal Declaration on Bioethics and Human Rights*³⁹, issued after *Universal Declaration on the Human Genome and Human Rights* (1997)⁴⁰ and the *International Declaration on Human Genetic Data* (2003)⁴¹. The 2005 declaration

Additional Protocol to the Convention on Human Rights and Biomedicine, concerning Genetic Testing for Health Purposes (CETS No. 203, 27. 11. 2008)

³⁷ Council of Europe-Parliamentary Assembly, *Resolution 1763 (2010) The Right to Conscientious Objection in Lawful Medical Care* (07.10.2010), http://assembly.coe.int/Main.asp?link=/Documents/AdoptedText/ta10/ERES1763.htm#P16_111 (29 September 2014).

³⁸ Inter-American Court of Human Rights, *Murillo et al. ("in vitro fertilization") v. Costa Rica*, November 28, 2012. http://www.corteidh.or.cr/docs/casos/articulos/seriec_257_ing.pdf (29 September 2014).

³⁹ Unesco, *Universal Declaration on Bioethics and Human Rights*, http://portal.unesco.org/en/ev.php-URL_ID=31058&URL_DO=DO_TOPIC&URL_SECTION=201.html (29 September 2014).

⁴⁰ Unesco, *Universal Declaration on the Human Genome and Human Rights*, 11 November 1997, <http://www.unesco.org/new/en/social-and-human-sciences/themes/bioethics/human-genome-and-human-rights/> (29 September 2014).

⁴¹ Unesco, *Declaration on Human Genetic Data*, 16 October 2003, <http://www.unesco.org/new/en/social-and-human-sciences/themes/bioethics/human-genetic-data/> (29 September 2014).

may be an important point of intersection in this process of extending international human rights into the field of biomedicine. The importance of widespread education in bioethics at all levels is reiterated in the just quoted *Universal Declaration on the Human Genome and Human Rights*: “1. In order to promote the principles set out in this Declaration and to achieve a better understanding of the ethical implications of scientific and technological developments, in particular for young people, States should endeavor to foster bioethics education and training at all levels as well as to encourage information and knowledge dissemination programs about bioethics. 2. States should encourage the participation of international and regional intergovernmental organizations and international, regional and national non governmental organizations in this endeavor”.

The *Convention on the Rights of Persons with Disabilities*, adopted by the UN on December 13, 2006⁴² and in force since May 2008, is particularly significant. It unites the themes of human rights protection and bioethics.

These and many other documents reflect the more general contemporary trend to greatly emphasize, classify, catalogue, extend and formulate human rights within any field where mankind is involved.

The anthropological issue and the different bioethics-biolaw theoretical systems

If our discussion about the connection between bioethics and human rights in the classroom stopped here, we would fail to understand all the reasons why teaching these subjects in the curriculum of medical schools is important. Both the historical roots which link human rights with *ante-litteram* bioethics and the increasing affirmation of human rights in the bioethics area of bioethics where health workers are committed, would be enough to justify teaching of “Human Rights and Bioethics” to healthcare professions students. Even if the progressive expansion of the relationship between human rights and bioethics is unquestionable, it is also true that there are different ways of formulating meanings, values, foundations, systems of criteria in dealing with Bioethics and human rights. This pluralism concerns both the anthropology chosen as a reference point and the various theories on the foundations of ethical and legal judgments⁴³. The so-called “anthropological question” (Who the human being is? What is the meaning of human life? What

⁴² United Nations, *Convention on the Rights of Persons with Disabilities and Optional Protocol*, <http://www.un.org/disabilities/documents/convention/convoptprot-e.pdf> (29 September 2014).

⁴³ Patricia A. Marshall, “Human Rights, Cultural Pluralism, and International Health Research”, in *Theoretical Medicine and Bioethics* (26/2005), p. 529–557.

determines the worth of a human being?) is fundamental to concepts like dignity, equality, freedom, democracy, that are the pillars of modern secular civil society and consequently of the health professions⁴⁴. This "anthropological question" impacts the practical choices physicians and health care workers make every day. The anthropological issue⁴⁵ is the core of both human rights and bioethics. Post-modern pluralistic societies offer a range of different approaches to the "anthropological issue", which is particularly evident in the English-language literature. But the whole doctrine of human rights withers if we do not know who humans are. The concept of human dignity remains a formal and empty idea, that can be used for contradictory purposes, unless one has a basic anthropological framework in the light of which the value and meaning of the goods we possess, and also what it means to be deprived of them, is defined⁴⁶.

The "old" question about biomedical technical scientific progress - is anything that you can technically do *in re ipsa* licit and lawful? – remains current. A glance at the cultural landscape shows that we face various models of bioethics and notably of biolaw, which offer different answers and consequently lead to different actions.

Different ethical traditions also have strong influence on human rights. With the birth of bioethics, these ethical traditions were transferred to different bioethical models that can even take-opposing positions on the same problem. Confrontation and conflict between different cultural models becomes particularly evident when dealing with the questions surrounding the beginning and end of human life.

⁴⁴ Francesco D'Agostino, "La dignità umana, tema bioetica", in Paolo Cattorini, Emilio D'Orazio, Valerio Pocar (ed.), *Bioetiche in dialogo. La dignità della vita umana, l'autonomia degli individui*, Zadig, Milano, 1999, p. 103; Roberto Andorno, "Dignity of the person in the light of international biomedical law", *Medicina e Morale* (1/2005), p. 165-178.

⁴⁵ This new emergency regards the topic of human dignity: Alfonsas Vaisvila, "Human dignity and the right to dignity in terms of legal personalism (from conception of static dignity to conception of dynamic dignity)", *Jurisprudencija/Jurisprudence*, 3 (117/2009), p. 111-127; Matti Häyry, Tuija Takala, "Human Dignity, Bioethics, and Human Rights", *Developing World Bioethics*, 5, (Number 3, 2005), pp. 225-233, <http://onlinelibrary.wiley.com/doi/10.1111/j.1471-8847.2005.00120.x/full> (29 September 2014); Roberto Andorno, "Dignité humaine, droits de l'homme et bioéthique: quel rapport", *Journal international de bioéthique*, (4/2010), p. 51-58; Roberto Andorno, "La signification du concept de dignité humaine dans la bioéthique internationale", in: Christine Baum-bach, Peter Kunzmann (eds.), *Würde - dignité - godnosc - dignity: Die Menschenwürde im internationalen Vergleich*, Munich, Herbert Utz Verlag; (2010), p. 209-222; Roberto Andorno, "Dignidad humana" in Carlos Maria Romeo Casabona (ed.), *Enciclopedia de Bioderecho y Bioética*. vol. I, Granada, Editorial Comares, (2011), p. 658-663; Roberto Andorno, "Human Dignity and Human Rights as a Common Ground for a Global Bioethics", *Journal of Medicine and Philosophy* 2009; 34 (issue 3), p. 223-240; Deryck Beyelle, Roger Brownsword, *Human Dignity in Bioethics and Biolaw*, Aspen Publishers, New York 2005; Leon R. Kaas, "Life, Liberty and the defense of Dignity: the challenge for Bioethics", *N Eng Jour Med*, 348 (8), 2003: 766-768; Barbara A. Misztal, "The idea of dignity: Its modern significance", *European Journal of Social Theory*, 16 (1/), p. 101-121.

⁴⁶ Ignazio Sanna, *Dignità umana e dibattito bioetico*, Edizioni Studium, Roma, 2009.

Sgreccia's Manual of Bioethics⁴⁷, offers a panorama of the principal meta-bioethics models which are directly related to biolaw⁴⁸, and notably to human rights. We may distinguish six of these cultural paradigms - socio-biological, subjectivist, utilitarian, contractualist, phenomenological and principlist - and to consider the personalistic model separately. In fact, despite their diversity of views, the "six models" carry a "weak", changeable and provisional definition of "human rights". In those contexts, human rights become tools of individual affirmation and strong self-determination; they are transformed into products of cultural evolution; they stem from variable social and political decisions. According to these approaches, human rights do not belong to every human being as such, but only to those human beings possessing certain features or exercising certain functions. In these "six perspectives" the concept of "person", linked to "human dignity", plays a key role in demolishing human rights in its most significant outcome: the principle of equality or non discrimination.

The proposal of a personalist model and the very theory of human rights

This is why the Personalist paradigm differs utterly from the other "six". The key point is the claim that human beings have an objective and ontological constitution because of which every human being must be considered a person without any discrimination. The priority recognized to the objective-ontological-realistic dimension of each human being/person is capable of resolving the fundamental contradictions and weakness of the other models⁴⁹.

Ontological personalism emphasizes the "unitotality" of the human person: the physical dimension cannot be separated from the spiritual dimension, because body and soul are united. The person is first of all a spiritualized body or an embodied spirit, valuable for who he/she is independently of the choices made, functions or abilities, or even the empirical presence of some skill. Human dignity belongs to every human being, since it is rooted in "being" and not in the having, producing, appearing⁵⁰. This ontological notion of dignity marks a threshold, a kind of respect and care beneath which the treatment of any human being should never fall. The

⁴⁷ E. Sgreccia, *Personalist Bioethics-Foundations and Applications*, p. 43-60.

⁴⁸ L. Palazzani, *Introduction to the Philosophy of Biolaw*, p. 40-41

⁴⁹ E. Sgreccia, *Personalist Bioethics-Foundations and Applications*, p. 57.

⁵⁰ On the dimensions and sources of human dignity and the first and most foundational one of these, the equal ontological dignity of each human being, see: Joseph Seifert, *The philosophical disease of Medicine and their cure*, in Vol. I. *Philosophy and Medicine*, Springer, New York 2002.

human person, from its conception until death and in every life situation of suffering or health, may not be considered as a means, but must be treated as an end in herself. This is the key reference point for society⁵¹.

The ethical value of an act must be considered not just under its subjective aspect of intentionality, but also objectively as regards the content and consequences of the act. The subjective evaluation prevails in the private, inner phase of judgment on the act, but the objective value prevails in the normative and deontological phase of judgment.⁵²

In the light of the personalist model, biolaw is called upon to realize, in the biomedical sciences, justice understood as the defense and promotion of each human being always characterized by an intrinsic dignity, equal for every human being irrespective of other extrinsic considerations⁵³.

Emphasizing the equal ontological dignity of all human being fits perfectly with the human rights doctrine inaugurated by the UDHR. The principle of equality (non-discrimination), must be applied to every human being simply due to his/her belonging to the human family. The modern notion of human rights posits that human dignity is always present. It never increases or decreases in value for anyone. To preserve equality, it is not acceptable to use other criteria than biological ones: every living individual of the human species is a human being, and therefore must be considered a person. It is partially true and partially false to observe that biological characteristics are insufficient to define a human being. It is true, because biology can only describe the processes of generation, but it cannot give a value of judgment. It is false, since human thinking must give decisive weight to biological facts to recognize the human being-person, because it uses the principle of equality⁵⁴. It is true for human beings before birth and for those suffering from a degenerative disease, or in the terminal phase of life.

Thus, according to this idea, the so called "new civil rights" in bioethics - demanded by functionalist and pragmatic utilitarian guidelines, as well as libertarian and socio-biological ones - are in conflict with the very theory of human rights. They introduce within the panoply of fundamental human rights new discriminations against several categories of human beings, making the content of human dignity insecure⁵⁵.

⁵¹ Joseph Seifert, *The difference between "someone" and "something"*, Oxford University Press Inc., New York, 2006.

⁵² E. Sgreccia, *Personalist Bioethics-Foundations and Applications*, p. 57-60.

⁵³ L. Palazzani, *Introduction to the Philosophy of Biolaw*, pp. 42 – 48.

⁵⁴ Carlo Casini, *One of us. The first European Citizens' Initiative. One of Us: it is true, it is right, it is necessary*, Cantagalli, Siena, 2014, p. 79.

⁵⁵ Joseph Seifert, *Love and the dignity of human Life. On nature and natural law*, Wm. B. Eerdmans Publishing Co., Cambridge 2012.

The connection between human dignity and human equality could be destroyed leading to a denial of the “inherent” dignity of the human being as such. Notably, the very right to life is being denied, especially at the more significant moments of existence: the beginning and end of human life, for those suffering from some terminal illnesses and severe mental or physical disabilities. This undercuts the foundations of the doctor/patient relationship severely such that medicine could be hijacked in the direction of extreme individualism and contractualism.

Human rights could lose their meaning and conceptual power and even become instruments of oppression using medical procedures against the weakest, most marginalized, most vulnerable and helpless. Currently a sort of “experiment” on the concept of humanity is underway in the fields of bioethics and human rights.

Ensuring that scientific experiments and medical practice respect and protect human life and its dignity in all stages of life, from conception to natural death, is therefore a key task for bioethics.

There is a scientific, ethical and legal need for a unifying ontological reality, such as the concept of human dignity, to buttress the human rights goal of equality for all. Inalienable human rights and dignity place limits on and guide commendable developments in genetics, biotechnology and medicine⁵⁶. Human rights should mean that human beings must be treated as subjects and not as mere objects of scientific research. In this sense, a strong linkage between human rights and bioethics can help prevent medicine from exploiting marginalized human beings.

It is therefore urgent that, among the issues covered in the teaching of bioethics and human rights, conscientious objection should be highlighted explaining the basis for permitting it and its meaning and scope⁵⁷. Students should be aware that conscientious objection is not just to “refrain from”, but above all a “promoting of” a genuine human rights culture that begins with respecting the right to life of the unborn. Such respect is in fact a key starting point of medicine.

⁵⁶ John Keown, *The law and ethics of medicine*, Oxford University Press, Oxford, 2012.

⁵⁷ Joseph Meaney, Marina Casini, Antonio G. Spagnolo, “Objective Reasons for Conscientious Objection in Health Care”, *The National Catholic Bioethics Center*, (Winter 2012) p.611-620; Joseph Meaney, “È un bene per i pazienti l’obiezione di coscienza del Medico?”, *Medicina e Morale* (5/2011), p. 930-933; Luciano Eusebi, “Obiezione di coscienza del professionista sanitario”, in Stefano Rodotà, Paolo Zatti (a cura di), *Trattato di biodiritto*, vol. III, *I diritti in medicina* (Edited by Andrea Belvedere, Leonardo Lenti, Elisabetta Palermo et al.), Giuffrè, Milano, 2011, p.173-187; Antonio G. Spagnolo, Marina Casini, Fabio Persano et al., “Obiezione di coscienza in sanità”, *Medicina e Morale* (6/2010) p.877-890; Gabriella Gambino & Antonio G. Spagnolo, “Ethical and juridical foundations of conscientious objection for health care workers”, *Medical ethics & bioeth.*, 9, (1-2/2002) p. 3-5.

Practical reasons to support teaching “Bioethics and Human Rights” for medical students. The experience of the Institute of Bioethics of UCSC

The previous considerations do not have only an “academic” relevance for healthcare students, as if they concerned only course work. Beyond these aspects there are at least three practical reasons for studying bioethics and human rights together.

The first reason regards the need of a more complete education. It is noted that in Europe for a long time the teaching of human rights in medical schools has been integrated as a part of the bioethical curricula. One of these programs is the “Rijeka Model” at the medical faculty of the University of Rijeka which is a pluri-perspective approach that embraces an interdisciplinary methodology in order to consistently explain bioethical issues and their implications⁵⁸. There is a strong motivation and tendency to insert the teaching of human rights in the formative curriculum of health practitioners⁵⁹. From the literature we find other experiences, not only in Europe⁶⁰ but also around the world⁶¹, of the teaching of human rights in schools of public health and even nursing schools.

Another practical reason is to enhance the health professionals’ skills in caring for patients “at the bedside” and in interacting with his family. It should never be forgotten that patients share with physicians the responsibility for their own health care in a mutually respectful alliance and the doctor/patient relationship is of greatest benefit to patients. As it is well known, healthcare workers sometimes face difficult medical decisions, involving not only patients, but also their families. Life and death decisions for incapacitated subjects are particularly vexing. Clinical situations are complex since they often involve a wide array of medical facts, circumstances and a

⁵⁸ Nada Gosić, “Bioetička edukacija u Hrvatskoj: povijesni i aktualni pristup.” *JAHR* 2012; 3 (5): 99-110; Nada Gosić, “Definitions of Bioethics in Bioethics Education in Croatia”, *Syntesis Philosophica*, 24 (2/2010), p- 349-368.

⁵⁹ Tamar Ezer, Judith Overall, “Advancing human rights in patient care through education in Eastern Europe and Central Asia”. *Health Hum Rights*, 15 (2/2013), p. 54-68.

⁶⁰ Dmytro Klapaty, Irina Senyta, Jadranka Bozиков, “Teaching Human Rights in Patient Care: Law, Medicine, and Public Health Faculties”. *The European Journal of Public Health* 2014; 24 (2); Mark Chamberlain, “Human rights education for Nursing Students”. *Nursing Ethics*, 8 (3/2001), p. 211-222; Ester Busquets, Begoña Roman, Nùria. Terribas, “Bioethics in Mediterranean culture: the Spanish experience”, *Med. Health Care and Phil.* (2012) 15, p. 437-451.

⁶¹ See, for instance, the Boston University websites: <http://www.bu.edu/sph/academics/departments/health-law/> and <http://www.bu.edu/academics/sph/courses/health-law-bioethics-human-rights/>. Among literature: K. Choe, S. Park, S.Y. Yoo, “Effects of constructivist teaching methods on Bioethics education for nursing students: A quasi-experimental study”, *Nurse Education Today* (2014), <http://dx.doi.org/10.12016nedt.2013.09.012>; Kwisoon Choe, Younghi Kan, Woon-Yong Lee, “Bioethics education of nursing curriculum in Korea: A national Study”, *Nursing Ethics*, 20 (4/2013), p. 401-412.

variety of values. Decisions must be reached quickly and in some situations it can be very difficult to identify the patient's best interests.

The temptation to judge their lives unworthy of living - based on personal opinions and preferences, and societal standards - is becoming more and more pervasive. Profit is considered by some the supreme good rather than human life, and consequently all lives that are costly to maintain are seen as an evil to extirpate. Perhaps the best example of this paradox is the management of newborns with severe pathologies which represents one of the most controversial aspects of current neonatal and pediatric care.⁶²

As clinical practice is a minefield of ethical challenges where perplexity is great and emotions run high, it is important in medical education to learn ways of dealing with these difficult decisions. In general, ethical issues have many aspects and circumstances. Good bioethical judgment consists in appreciating how several ethical principles should be evaluated in the actual situation under consideration. The dynamic interplay between theory and practice, experience, and reflection should be help students to work constructively in order to identify, analyze and resolve many bio-ethical issues that arise in clinical medicine in the light of human rights founded on the equal dignity and social nature of all patients, in whatever condition he/she lives⁶³. Managing bioethical problems effectively requires to recognizing the ethical issues, applying relevant knowledge, analyzing the problem, deciding about on-going actions, and implementing the necessary steps to improve the situation. Having a book in which "to look up answers" it is not sufficient. In the complex world of contemporary healthcare, all professionals are responsible for maintaining ethical standards linked to quality care.

Two examples that demonstrate the importance and the utility of teaching "bioethics and human rights" within medical courses might be: 1. the decision to give newborns with severe pathologies medical treatment. This setting even now represents one of most controversial aspects of the neonatal/pediatric medical practice because, in spite of medical progress, a complete recovery of these little patients is not always possible, as shown by the so called "Groeningen Protocol"⁶⁴; 2. the situation of end-stage renal disease, which affects a disproportionate number of older patients with multiple co-morbid conditions and poor functionality. In this

⁶² Antonio G. Spagnolo, "Quality of life and ethical decisions in medical practice", *Journal of Medicine and The Person*, 6 (3/2008), p. 118-122.

⁶³ Nick Dunn, "Practical issues around putting the patient at the center of care", *Journal of the Royal Society of Medicine*, 96(7/2003): 325-327.

⁶⁴ Antonio G. Spagnolo, "Deliberate termination of life of newborns with spina bifida", *Childs Nerv Syst*, (24/2008), p. 37-38.

situation many authors and physicians have disputed the right to start dialysis for very old patients and, consequently, speak of selection, and possible discrimination, on a social basis⁶⁵.

The third reason to support teaching of "Bioethics and Human Rights" for medical students is the need for a continuous up-to-dating of their knowledge regarding biomedicine and new technical-scientific realities from an ethical perspective. In this regards, let us describe our experience briefly. Since its foundation in 1992, the Institute of Bioethics has deemed human rights to be one of the most pivotal sources to guide medical activities relating to bioethical issues. It is particularly noticeable that at least one PhD in Bioethics with a JD in Law has always been part of the institute-team of bioethicists. Moreover, human rights and bioethics are integrated in classes for health workers. Notably, this teaching is addressed to students of medicine, nursing, midwifery, and other health professionals. Our teaching curriculum is based on a two step program. First we look at the historical aspects and anthropological foundations of human rights and bioethics. Moreover, we tackle the greatest bioethical issues from different perspectives and the most important international documents are taken into account. The second step focuses on a particular theme chosen from the broad-spectrum offered by the bio-technological possibilities and the social transformation linked to medical practice. The topic placed before the students is analyzed using case-law and examining the text of laws or other normative dispositions. According to the opinion of the Italian National Bioethics Committee⁶⁶, the "ideal" teacher for the first part of these courses would have a JD in Law and a PhD in Bioethics. Other possibilities are having professors with PhDs in Bioethics with a strong philosophical background, or an MD with a philosophical background and a PhD in Bioethics. For the second part of these courses, we strongly suggest that the professors should have, besides their PhD in Bioethics, a JD. This is our practice at the Institute of Bioethics of the Faculty of Medicine and Surgery of the UCSC. As for the way to teach, we use lectures, seminars, working groups, and other teaching methods. Generally speaking students are interested in human rights and bioethics; they appreciate the discussion and ask questions. Apart from papers, essays and articles, we have students read, a text-book "Bioethics and Medical Humanities", containing a chapter on human rights and bioethics. Moreover, we introduce other sources from which students could benefit: the "biolaw lab" and our journal *Medicina e Morale*. The former is realized by the

⁶⁵ Fliss E. M. Murtagh, Antonio G. Spagnolo, Nicola Panocchia, Giovanni Gambaro, "Conservative (non dialytic) management of end-stage renal disease and withdrawal of dialysis", *Progress in Palliative Care*, 17, (4/2009), p. 179-185.

⁶⁶ Italian National Bioethics Committee, Bioethics and education in the health care system, 7 September 1991.

Institute of Bioethics in collaboration with the “*Ut Vitam Habeant*” Foundation and it collects, catalogues and comments bio-legal documents to support students, researchers, professors, lawyers, that require an easy access to these documents. The latter is a bimonthly International Journal of Bioethics which publishes articles, commentaries and papers” dealing with biolaw and related issues.

Conclusions

We see at least four reasons to teach human rights linked with bioethics in Medical schools courses and in the framework of Medical humanities.⁶⁷

1. “Nazi science and medicine” played a pivotal negative role in the genesis of the modern idea of human rights and in the genesis of *ante-litteram* Bioethics. Thereafter, it has become clear that human rights and bioethics share a common interest in respecting human dignity and that this respect has to be considered essential to health practices.
2. Cultural reasons, because it is not possible to ignore the continuous increase of documents which deal with human rights and bioethics involving healthcare workers. A general knowledge of the most important bio-juridical documents is helpful for understanding the consequences they have on the healthcare professions. Students need to understand the large corpus of documents regarding human rights as applied to biomedicine and to new social transformations. We cannot avoid dealing with the cultural debate regarding the “anthropological issue” and the different models and orientative perspectives. One must show the crossroads at which human rights lie today, notably within the Bioethics.
3. Anthropological reasons. This is a very delicate and complex point from which we cannot escape. Biological and medical research and developments in technology have produced spectacular advances in the health field. However, these advances raise ethical issues that affect the individual and protection of his rights and dignity. Healthcare students should learn to deal with those various ethical approaches and should be helped to develop their critical skills and assisted in formulating coherent arguments.
4. Practical reasons. This teaching provides a framework for health workers to focus on the ethical dimension of care, to make ethical decisions and

⁶⁷ OSCE, Office for Democratic Institutions and Human Rights (ODIHR), *Guidelines on human rights education for health workers*, 2013, www.osce.org/odihr, (29 September 2014).

situational judgments, even in very difficult cases. Medical students could be taught that human rights enforcement mechanisms are actually an important means of implementing their professionalism in the healthcare. To achieve this outcome, healthcare professionals should achieve an integral vision of their work (technical and humanistic competence) and sharpen their in depth reflection skills.

These considerations are based on research, but particularly on teaching experience and frequent contact with other health educators teaching human rights in medical school bioethics courses. In order to provide medical care in an ethical and human way, physicians need to be better educated about specific aspects of ethical medical practice and learn to think critically. Routine bioethics education for medical students and young physicians doing their residencies, and continuing medical education for practicing doctors, are the best ways to accomplish this goal.

Organizations, governments, and various authorities are beginning to realize that they need highly trained people in healthcare ethics and law.

Finally, we would underline that we should avoid the temptation to teach only theory unrelated to practical cases. Medical students wish to learn "the right thing to do" and "how" to do it. They will learn better the theoretical background that sparks the ethical decision-making process when they see its concrete applicability for good decision-making. After imparting the basic knowledge they need, students should be encouraged to interpret some bio-juridical documents.

Notably, court decisions are especially interesting because a concrete case is at stake. In this regard, it would be useful to present case-studies - through seminars, movies, and so on – asking students to say how they would manage the case from a bioethical point of view. They should explain the reasons that led them to their conclusions, and describe their approach to resolving conflicts. There are useful collections like the open access "Casebook series" from Unesco⁶⁸, but it is possible to create *ad hoc* tools for students as well.

⁶⁸ Unesco - Social and Human Sciences Sector, Ethics Education Programme, Casebook on Human Dignity and Human Rights, Bioethics Core Curriculum, Casebook Series, n. 1, Paris 2011 <http://unesdoc.unesco.org/images/0019/001923/192371e.pdf> (5 December 2014)

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Zašto predavati “Bioetiku i ljudska prava” studentima zdravstvenih studija?

SAŽETAK

Ovaj članak nadalje ističe značaj podučavanja studenata preddiplomskog studija zdravstvenih struka “Bioetici i ljudskim pravima” te predočava kako se ova tematika dobro uklapa u njihove programe obrazovanja. Povijesni, kulturološki, antropološki i praktični razlozi podržavaju podučavanje ovim tematikama kao obogaćenje aktualne medicinske formacije. Godine poslije Drugoga svjetskog rata pokazale su kako su bioetika, ljudska prava i medicina nadalje blisko isprepleteni. Spomenuta veza između ljudskih prava i bioetike sve se više i više učvršćivala i rasla, uključujući medicinu i zdravstvene radnike. Autori zapažaju kako se studenti medicine suočavaju s kulturalnim pluralizmom u bioetici i biopravu, stoga im pružamo priliku kako bi razvili vlastita kritička promišljanja i logičke argumentacijske mogućnosti te vlastiti interes za akademsko istraživanje. Štoviše, autori – predstavljajući ukratko iskustvo Instituta za bioetiku Fakulteta za medicinu i kirurgiju UCSC (Rim) – ističu nužnost pomaganja studentima medicine kako bi poštovali pacijenta u svakoj kliničkoj situaciji. Stoga je iznimno važno uputiti studente da se usredotoče na etičku dimenziju njege, kako bi donijeli moralno ispravnu odluku čak i u kompliciranim slučajevima. Kako bi se postigli željeni rezultati zdravstveni radnici moraju posjedovati integrativnu sliku vlastitog zanimanja (tehničke i humanističke kompetencije) te istančanu vještinu kako bi mogli prodrijeti u dubinu stvari, izbjegavajući površnost i nemarnost. S obzirom na sve navedeno, podučavanje studenata “Bioetici i ljudskim pravima” moglo bi biti veoma korisno.

Ključne riječi: bioetika, ljudska prava, biopravo, studenti medicine, nirnberška presuda, kodeksi medicinske etike, priziv savjest