The Second International Conference of the Japanese Association for Philosophical and Ethical Researches in Medicine (JAPERM)

Theme:

Medical Ethics Education, Research Ethics and End of Life Care in Global Society

September 14-15th, 2025

at Kanagawa University, Minato Mirai Campus,
Yokohama, Japan

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Organizing committee

President of the conference: Koichi Setoyama (Kyoto Prefectural University of Medicine)

Managing director: Masashi Tsuboi (Kanagawa University)

Organizing committee:

Hitoshi Arima (Head) (Yokohama City University)

Fumie Arie (National Center of Neurology and Psychiatry)

Yicheng Chung (Kumamoto University)

Yutaka Kato (Shiga University of Medical Science)

Kimiko Katsuyama (Yokohama City University)

Mayumi Kusunose (Riken)

Yuichi Minemura (Gunma Paz University)

Motomu Shimoda (Kyoto Women's University)

Website: https://itetsu.jp/main/?page_id=3123

Message from the President of the Conference

I'm very pleased to hold the international conference of the Japanese Association for Philosophical and Ethical Researches in Medicine 2025 at Kanagawa University, Minato Mirai Campus, Yokohama, Japan.

This is the second international conference. The first conference was held in 2014 at Toyo University, Chair was Prof. Tetsuro SHIMIZU, the University of Tokyo, Head of the Organizing Committee was Prof. Motomu SHIMODA, Kyoto Women's University. The main theme was Philosophy and Ethics of Medicine in Multicultural Society.

This time, the main theme of the conference is "Medical Ethics Education, Research Ethics and End of Life Care in Global Society".

We invite three guest speakers from outside Japan: Prof. Barbara Bierer (Harvard Medical School, USA), Prof. Florian Steger (University of Ulm, Germany), and Prof. Ilhak Lee (Yonsei University, Korea). Two symposiums and many individual presentations on various topics are scheduled. Please see conference program.

I'm looking forward to a great number of participants from members of JAPERM and also mon-member researchers who are interested in the theme of the conference.I'm very pleased to hold the international conference of the Japanese association for philosophical and ethical researches in medicine 2025 at Kanagawa University, Minato Mirai Campus, Yokohama, Japan.

Koichi Setoyama
(Kyoto Prefectural University of Medicine)
President of the Conference
President of The Japanese Association
for Philosophical and Ethical Researches
in Medicine

Notes for participants and presenters

■ Conference Overview

・The second international conference of Japanese Association for Philosophical and Ethical Researches in Medicine (JAPERM) will be held from the afternoon of Sunday, September 14, 2025, through Monday, September 15 (a national holiday). The domestic annual conference of JAPERM will be held at the same venue from the afternoon of September 13 through the morning of September 14.

• The venue is the 4th floor of Kanagawa University's Minato Mirai Campus. **Access to floors other than the designated venue (4th floor, and 21st floor during the Conference Dinner) is prohibited.**

• For details on the venue, please refer to the program (below).

■ For participants

1. Payment of participation fees and registration

Participation fees for the international conference (September 14–15) and the domestic annual conference (September 13–14) will be collected together. Registration for both conferences will also be conducted simultaneously. **Those who have already paid the participation fee and registered for the domestic annual conference do not need to pay the participation fee or register separately for the international conference.**

Members of JAPERM can participate for a fee of **4,500 yen (tax included) if they complete the pre-registration and pay the fee by Sunday, August 31**. **For members of JAPERM who complete the procedure after that date and non-members, the fee is 5,000 yen (including tax).** Undergraduate students and graduate students who are not employed workers (both JAPERM members and non-members) will be charged **1,000 yen (tax included) upon presentation of their student ID**. Members of JAPERM who did not pre-register and non-members **pay the participation fee at the venue reception on the day of the conference**.

Members who wish to pre-register must (a) complete the pre-registration process by responding to the online questionnaire and (b) pay the participation fee by August 31, 2025 (Sunday). Those who wish to order a boxed lunch are requested to pay the total amount of the participation fee and lunch fee.

(A) To register, please access the following URL (MS Forms).

参加登録フォーム：https://forms.office.com/r/s8XL10se0d

(B) Payment of fee: Please transfer the payment to the following account.

〇ゆうちょ口座[Japan Post Bank]: 口座番号[Account number]: 98862661（記号番号[Code number]: 10500)

〇ゆうちょ銀行(Japan Post Bank):【店名】[Branch Name] 〇五八（読み ゼロゴハチ）[read as "Zero Go Hachi"],【店番】[Branch Number] 058

【預金種目】普通預金 [Account Type: Ordinary Deposit],【口座番号】[Account Number] 9886266

名義[Account Holder]: イガクテツガク リンリガッカイ （テツガクとリンリの間は空欄）[Leave a space between "テツガク" and "リンリ".)

Fee	Advance registration (JAPERM members only, payment by bank transfer by 3:00 p.m. on Saturday, August 30)	4,500 yen
	Onsite registration (JAPERM members and non-members)	5,000 yen
	Undergraduate students and graduate students who are not employed workers (JAPERM members and non-members)	1,000 yen

2. Name Cards

Name cards also serve as receipts for participation fees. Please fill in **your affiliation and name** on the name card provided at the reception desk and wear it at all times during the conference. **You will not be allowed to enter the venue without a name card**.

Name cards are the same for both the annual domestic conference and the international conference. If you are participating in the annual domestic conference, please wear the same name card at the international conference.

3. Lunch

We will prepare boxed lunches for those who sign up in advance. Please pick up your lunch at the reception desk. Please pay the fee when you register for the event. Please note that we cannot accept cancellations. For details, please refer to the registration form.

There is a Family Mart convenience store in the building behind the campus. There are also many restaurants near the university.

4. Please note that there is no cloakroom at the venue. **There is space to store large items in the members' lounge, but we will not take responsibility for any problems with your belongings**, so please take care of your valuables yourself.

5. Conference dinner

   The conference dinner will be held at the 21st floor restaurant on Sunday, September 14, from 6:00 p.m. to 8:00 p.m. **Advance registration is required**. The participation fee is 5,000 yen.

Program

Sunday, September 14
1:55PM-5:50PM

Yoneda Yoshimori Memorial Hall	
Keynote speech	
13:55-14:40	Koichi Setoyama (President of JAPERM)
Symposium	
14:50-17:50	Ilhak Lee (Yonsei University, Korea) Barbara Bierer (Harvard Medical School, USA) Florian Steger (University of Ulm, Germany) Chair: Yuichi Minemura
Conference Dinner at the 21st floor restaurant from 6:00 p.m. to 8:00 p.m. (advance registration is required)	

Monday, September 15
9:00AM-4:40PM

Yoneda Yoshimori Memorial Hall		Room #4007	
Paper Presentations, Session 1: "Research Ethics, Public Health Ethics" Commentator: Barbara Bierer Chair: Mayumi Kusunose,		Paper Presentations, Session 2: "Medical Ethics Education, Medical Education" Commentator: Florian Steger Chair: Yutaka Kato	
9:00-9:25	Emil Mazzoleni (University of Pavia, Italy) "Artificial Intelligence in Clinical Trials Law and Ethics: The European and Italian Experiences"	9:00-9:25	Tetsuro Tanojiri (Kyoto Bunkyo University) "Somatic Sensibility Education： Emerging Paradigms of Somatic Movement and Ethical Cultivation in Japanese Healthcare"
9:30-9:55	Kazutaka Hirose (Kyoto Prefectural University of Medicine) "Emerging Ethical Issues in Vaccines: The Case of HPV Vaccines in Japan"	9:30-9:55	Kojiro Honda (Kanazawa Medical University) "Utilizing Ethical Theories as Tools in Medical Ethics Education"
10:00-10:25	Naoto Kawahara (Kyushu University Hospital) "Consideration on Current U.S. Regulations and Governance for Dual Use Research of Concern"	10:00-10:25	Tatsuyuki Sato (Hokkaido University) "Difference in the Boundaries of Science Across Cultures in Medicine: Why Philosophy Education is Needed for Japanese Medical Science."
10:30-10:55	Hiroto Ushizawa (Hitotsubashi University) "Djulbegovic's Uncertainty of Medicine"	10:30-10:55	Sylwia Maria Olejarz (Health Sciences University of Hokkaido, Hokkaido University) "Rethinking Gestation: Public Attitudes Toward Artificial Womb Technology and Surrogacy in Japan – Insights from a Pilot Study"
		11:00-11:25	Tobias Bauer (Kumamoto University) and Tomoko Fujita (Kyushu University) "Experiencing the Diminishing of Donor Anonymity: Post-Donation Expectations and Perceptions of Sperm Donors in Germany and Australia Regarding Contact with Their Donor-Conceived Offspring"
Lunch Break 11:30-13:00			

<table>
<tr><td colspan="2">Open Call Symposium 1</td><td colspan="2">Paper Presentation, Session 3
“End of Life Care, Medical Assistance in Dying”

Commentator: Ilhak Lee
Chair: Yicheng Chung</td></tr>
<tr><td>13:00-14:40</td><td>“Medical AI: Ethical, Legal, and Social Implications/Issues: Diagnosis, Responsibility, Communication and Evaluation”

Organizer: Carl Becker (Kyoto University)

Speakers:
Carl Becker (Kyoto University)
Yusuke Inoue (Kyoto University)
Kazuki Ide (Osaka University)
Shiho Koizumi (Kyoto University)
Takuya Mori (Kyoto University)</td><td>13:00-13:25</td><td>Koichiro Itai (University of Miyazaki)
"Justifiable non-compliance with the law in the withdrawal of mechanical ventilation-Qualitative analysis of free responses by lawyers and legal experts to a questionnaire survey "</td></tr>
<tr><td></td><td></td><td>13:30-13:55</td><td>Nobuo Kurata (Nobuo Kurata., Soka University)
“Do Patients Have the Right to Request PAS?”</td></tr>
<tr><td></td><td></td><td>14:00-14:25</td><td>Hifumi Yoshizawa (Hokkaido University)
“Transformative Experience and the Integration of Multiple Selves’ Perspectives”</td></tr>
<tr><td></td><td></td><td colspan="2">----10 minutes break----</td></tr>
<tr><td></td><td></td><td>14:40-14:55</td><td>Yuichi Minemura (Gunma Paz University)
“Identity and the Badness of Death in the Embodied Mind Account”</td></tr>
<tr><td></td><td>Open Call Symposium 2</td><td></td><td></td></tr>
<tr><td>14:50-16:30</td><td>“Transformation of the global research ethics: the 2024 revision of the Declaration of Helsinki to promote patient engagement and dynamic consideration on vulnerability”

Organizers：
Chieko Kurihara (Kanagawa Dental University)
Takeo Saio (Fuji Toranomon Orthopedic Hospital)</td><td>15:10-15:35</td><td>Kiichi Inarimori (Hiroshima University)
“Wording Effects on Consent to DNAR”</td></tr>
</table>

	Speakers: Chieko Kurihara (Kanagawa Dental University) Takeo Saio (Fuji Toranomon Orthopedic Hospital) Varvara Baroutsou (Immediate Past President, International Federation of Associations of Pharmaceutical Physicians and Pharmaceutical Medicine (IFAPP), The Netherland) Dirceu Greco (Professor Emeritus, Federal University of Minas Gerais, Brazil) Special comment: Kotone Matsuyama (Nippon Medical School) Yoshiko Saito (The Japanese Institute for Public Engagement (Ji4pe)) (Some of the speakers may participate online.)	15:40-16:05	Wataru Sasaki (Yamaguchi University, The University of Osaka, Shiga University of Medical Science) "Against Either Way Argument on the Time of Death's Harm"

Keynote speech

14th, Sunday, 13:55-14:40, Yoneda Yoshimori Memorial Hall

Paternalism in Medical Ethics, Genetic Discrimination, Bioethics in Medical School Education in Japan

Koichi Setoyama

Kyoto Prefectural University of Medicine
President of the Japanese Association for
Philosophical and Ethical Researches in Medicine

Abstract:

In this speech, I would like to talk about three topics: paternalism in medicine, genetic privacy and genetic discrimination, and the role of medical ethics and bioethics in medical education in Japan.

At the first international conference of the Association held in 2014, I gave a presentation titled "Paternalism in Medicine". In the presentation, I pointed out negative perception of medical paternalism in Japan, and delivered an academic concept of paternalism which was not conflict with autonomy, referring to literatures concerning theories and arguments of paternalism in the Anglo American legal/social philosophy. I mentioned a significance of the so-called libertarian paternalism and "nudge". In this keynote speech, I would like to give an overview of the arguments of paternalism and update nudge strategies applied in medical policies. I assert that a certain paternalistic nudge from the medical professionals is inescapable in clinical settings and paternalism is sometimes necessary in the advanced care planning and shared decision making.

Next, I would like to address genetic privacy/discrimination as one of the key issues of ELSI (Ethical, Legal and social Implications) raised by advancing genetic technology. Although there have been enacted many kinds of genetic anti-discrimination laws in other countries, there has been no genetic anti-discrimination law in Japan to date. There is a huge "ELSI lug" between Japan and other countries. In June 2023, the Act on the Comprehensive and Planned Promotion of Measures for Ensuring that the Public Can Safely Receive High-Quality and Appropriate Genomic Medicine, the so-called "Genomic Medicine Promotion Act" was enacted in Japan. Although the act is not a genetic-specific anti-discrimination law that legally bans any type of discrimination based on genetic information, governmental response towards "unjustified discrimination" based on genetic information is imposed in the fundamental concept of the act. Based on the act, a working group was established in December 2023 in government. The working group presented a five-year-term basic plan. In this speech, I would like to address the key issues of genetic discrimination: the mechanisms that causes discrimination based on genetic information and

what is the standard that draws a line between "unjustified discrimination" and "rational distinction", affirmative use of favorable genetic information, and so on.

Finally, if time allows, I would like to address the role of education of medical ethics and bioethics to Japanese medical school students. I have been teaching subjects of bioethics and medical ethics more than a decade at Kyoto Prefectural University of Medicine. Bioethics is a compulsory subject for first-year students. Medical ethics is a compulsory subject for the 5th year students who have already begun clinical clerkship. Bioethics is a join class medical students and nursing students. In the Bioethics lectures, students may consider and explain ethical issues in medicine from the viewpoints of conflicts among the four fundamental principles of bioethics. Appropriate understanding of medical paternalism is one of the educational goals of the subject. Several group discussions are conducted in the class. Since in ethical judgements in medicine, there is no one universal right answer like the one in entrance examination of universities, students must listen to many opinions and rethink own opinion which may be influenced by each background. In the subject of medical ethics introduced to 5th-year students, they study the methodologies of clinical ethics such as narrative-based approach and four box-sheet analysis and so on. These subjects have an important role to educate medical professionalism which is the one of the main topics in the Japanese model core curriculum of medical education at the undergraduate level. Not only acquiring knowledge but also clinical reasoning, professional attitudes and behaviors should be indispensable in medical education.

Koici Setoyama

April 2015 - Professor of Biomedical Ethics, Graduate School of Medical Science, Kyoto Prefectural University of Medicine, Japan

[Expertise] Bioethics, Jurisprudence, Legal Philosophy, Medical Ethics, Research Ethics

[Education]
Graduate School of Law and Politics, Osaka University, Japan (2005: Ph.D. in Law)
The University of Wisconsin—Madison Law School, USA, (1998 to 2004) MLI., LL.M., S.J.D. Program

[Work History]
2004 - 2008: Full-time Lecturer, Graduate School of Law and Politics, Osaka University
2008 - 2010: Associate Professor, International Student Center, Osaka University
2010 - 2013: Associate Professor, Center for International Education and Exchange, Osaka University
2013 - 2015: Specially Appointed Professor (full-time), Leading Graduate Schools, Osaka University

[Teaching Subject] Bioethics, Medical Ethics, Bioethics and Law

[Research Topics]　Autonomy and Paternalism, Privacy of Gene Information, Genetic Discrimination

[Academic Affiliations]

President of the Japanese Association for Philosophical and Ethical Research in Medicine

Japan Association for Bioethics (served as Managing Director, Auditor, Representative, Chairperson of the General Affairs Committee, and Chairperson of the 30th Annual Conference)

Director of the Japan Association for Clinical Ethics

Director of the Japanese Association of Medical Law

President and Director of the Society of Ethics in Advanced Technology


Special symposium

14th, Sunday, 14:50-17:50, Yoneda Yoshimori Memorial Hall

"Medical Ethics Education, Research Ethics and End of Life Care in Global Society"

Chair: Yuichi Minemura (Gunma Paz University)

Speakers:
Dr. Florian Steger (University of Ulm, Germany)
Dr. Barbara Bierer (Harvard Medical School, USA)
Dr. Ilhak Lee (Yonsei University, Korea)

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Medical Ethics at Medical Faculties in Germany

Florian Steger

University of Ulm, Germany

In my presentation, I will discuss how we teach ethics at medical faculties in Germany. We take an integrative approach, presenting ethics not in isolation but in the context of the history and philosophy of medicine. Our aim is to highlight the context-sensitivity of ethics, i.e. to emphasise the contextual nature of ethical issues. We acknowledge the contributions of Beauchamp and Childress when it comes to ethical case analysis, but we go further and highlight the historical development of an ethics that is conscious of history. In doing so, our European framework and context are important to us. True to the motto: Those who know where they come from are prepared for what tomorrow brings.

We have been teaching history, philosophy and ethics of medicine in the curricula of medical faculties in Germany for more than 20 years. This curricular teaching is provided by scientists working at independent institutes for the history, philosophy and ethics of medicine located at medical faculties. I head such an institute in Ulm and am responsible for teaching students of medicine, dentistry and molecular medicine. We conduct almost 1,000 examinations per year.

In my presentation, I will explain how this curricular teaching has developed in Germany over the years and how it is enshrined in law. I will talk about the specific courses on offer, which topics we teach in which semesters and how we have structured the individual courses. I will discuss both the formats (lectures, seminars) and the individual content. I will explain which topics we have chosen and how we teach them to students. I will also discuss the examination format. Finally, I will go beyond the curriculum to discuss possible areas of specialisation within the framework of elective courses and, ultimately, the possibility of dissertations in the history, philosophy and ethics of medicine. This is because I have a number of doctoral students who come from medicine, dentistry and the humanities.

In addition, we have a certified continuing education programme in Germany in the field of ethics in medical care, which is aimed at doctors, nurses and pastoral carers. Within this framework, I have taught many continuing education courses over the years and qualified numerous participants. I have also developed my own accredited postgraduate master's programme in ethics in medical care. This programme is open to people who care for sick and dependent people. In my presentation, I will provide insights into both the formal structure and content of the certificate programme and the master's programme.

Steger, Florian, Univ.-Prof. Dr.

Since 1st of July 2016, Full Professor and Director of the Institute of the History, Philosophy and Ethics of Medicine at Ulm University. Before that, since 2011, in the same function at the Institute for History and Ethics of Medicine at the Martin-Luther-University Halle-Wittenberg.

Chairman of the Research Ethics Committee at Ulm University and the Commission "Responsibility in the Conduct of Science" (Good Scientific Practice), Head of Clinical Ethics, University Hospital Ulm, member of the Senate.

In 2014, Leibniz-Professor at the University of Leipzig. 2009–2014, member of the Junge Akademie. 2008, habilitation at the University Erlangen-Nuremberg. 2003, Bavarian Habilitation Grant of the Bavarian Ministry for Science. 2002, PhD at the Ruhr-University Bochum. Studies of medicine, classical philology and history.

Scholarship holder and now liaison professor of the German National Academic Foundation.

International visiting professorships in Rijeka (Croatia), Riga (Latvia), Łódź (Poland) and Moscow (Russia). 2018 Medal "Universitatis Lodziensis Amico" by the University of Łódź (Poland) and Honorary

Professor of Semmelweis University, Budapest (Hungary). Corresponding Member 2019 of the Saxon Academy of Sciences and 2020 of the Göttingen Academy of Sciences. 2021 Honorary Professor Saint Petersburg State Pediatric Medical University. 2021 Full Member of the Heidelberg Academy of Sciences. 2022 Corresponding Member Abroad of the Austrian Academy of Sciences.

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<The title and abstract of Dr. Bierer's speech will be announced later.>

Barbara E. Bierer

Professor of Medicine, Harvard Medical School

Barbara Bierer, MD, is the Faculty Director of the Multi-Regional Clinical Trials Center of Brigham and Women's Hospital and Harvard (MRCT Center); Professor of Medicine, Harvard Medical School and Brigham and Women's Hospital, Boston; and a hematologist/oncologist. She is also the Director of the Regulatory Foundations, Ethics and Law Program of the Harvard Clinical and Translational Science Center and the Director of Regulatory Policy, SMART IRB. She is Faculty in the Center for Bioethics, Harvard Medical School, and Affiliate Faculty in the Petrie-Flom Center for Health Law Policy, Biotechnology, and Bioethics at Harvard Law School. Previously she served as Senior Vice President, Research, at the Brigham and Women's Hospital for 11 years, and was the institutional official for human and animal research, for biosafety, and for research integrity. She initiated the Brigham Research Institute and the Innovation Hub (iHub), a focus for entrepreneurship and innovation. In addition, she was the Founding Director of the Center for Faculty Development and Diversity at the BWH.

In addition to her academic responsibilities, Dr. Bierer served or serves as Chair of the Secretary's Advisory Committee for Human Research Protections, Department of Health and Human Services (2008-2012); as a member of the National Academies of Sciences Committee on Science, Technology and the Law (2007-2016); on the Boards of Directors of Public Responsibility in Medicine and Research (PRIM&R) (2011-2020), Management Sciences for Health (MSH) (2013-2022), Vivli (2017-), Clinithink (2015-), and North Star Review Board (2020-). She chairs the Board of Trustees of the Edward P. Evans Foundation, a foundation supporting biomedical research. She has authored or co-authored over 260 publications.

Dr. Bierer received a B.S. from Yale University and an M.D. from Harvard Medical School.

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From Experience to Ethical Guidance: Korean Professionals' Views on Life-Sustaining Treatment through Empirical Bioethics

Ilhak Lee

College of Medicine, Yonsei University, Seoul, Korea

This presentation employs empirical bioethics methodology to examine the experiences of healthcare and social work professionals with South Korea's 2018 Life-Sustaining Treatment (LST) Decisions Act, reflecting the current state of end-of-life care and informing the development of policy recommendations. Focus group interviews were conducted with physicians, nurses, social workers, and ethics committee members across multiple healthcare institutions, and results were compared to ethico-legal literature on end-of-life care. The study reveals critical normative deficits in the current policy architecture and offers prescriptive recommendations based on professional insights, cultural context, and ethical principles.

Conceptual Ambiguity as Ethical Failure

The most salient finding across all focus groups was the conceptual vagueness surrounding "dying stage" (臨終過程). Despite the legal requirement for "two physicians" to determine this status, the absence of standardised clinical criteria leads to considerable institutional and individual variation. This ambiguity violates principles of consistency and procedural fairness, as patients' eligibility for LST decisions becomes contingent on opaque clinical judgments rather than objective criteria. Critically, autonomy becomes not a guaranteed right but a contingent status dependent on undocumented physician thresholds.

The Paradox of De-clinicalization

The 2018 Act's attempt to minimise paternalistic decisions by restricting LST withdrawal to the dying phase has backfired ethically. This formalism delays crucial conversations until patients often lack decisional capacity, paradoxically reinforcing surrogate-centred decisions while marginalising patient voices. Professionals reported that legal requirements created mechanistic, documentation-focused interactions that undermine deeper ethical deliberation about patients' values and goals. Hospital ethics committees have often defaulted to procedural

auditing rather than engaging in moral deliberation, thereby creating an ethics vacuum in institutional decision-making.

Cultural Context and Relational Autonomy

In the Korean context, where family involvement is normatively and emotionally salient, the law's individualistic framework creates additional tensions. The rigid legal structure fails to accommodate relational autonomy models that would better align with cultural expectations while still preserving patient-centred values.

Normative Recommendations

From this analysis, we derive five evidence-based normative claims:

Conceptual Clarity: Terms like "dying stage" require operational definitions with clinical markers, developed through interdisciplinary bodies and professional societies rather than legislative fiat or physician discretion alone.

Structured Ethical Discretion: Rather than suppressing clinical judgment entirely, transparent frameworks should permit accountable, context-sensitive decision-making within structured guidelines.

Recontextualised Autonomy: Early-stage, values-based conversations should be institutionalised to enable meaningful patient participation before decisional capacity is compromised, supporting relational autonomy in Korean culture.

Repurposed Ethics Committees: Institutional ethics bodies must be empowered to facilitate moral deliberation, mediate conflicts between families and providers, and ensure that decisions reflect both patient intent and contextual integrity.

Empirically Responsive Policy: Laws must be iteratively informed by implementation experiences. Frontline professionals constitute an ethical constituency whose insights warrant formal integration into policy evaluation and revision.

Conclusion

This study demonstrates that effective end-of-life care policy requires more than legal codification. It demands moral clarity, cultural attunement, and institutional support to ensure that rights are realised in the lived experiences of patients, families, and care teams. The voices of professionals serve not only as empirical data but as morally significant perspectives that must shape future regulatory reform to bridge the gap between legal intention and ethical implementation.

Ilhak Lee, M.D., Ph.D. is Professor of Medical Law and Ethics at Yonsei University College of Medicine in Seoul, Korea. He holds degrees in Medicine and in Medical Ethics from Yonsei University.

His research bridges clinical practice and bioethical theory, focusing on ethical decision-making in end-of-life care, emergency medicine, and intensive care settings. His another research interests relates to ELSI aspects of cutting-edge biomedical sciences. He led the Korean National Bio-Big Data ELSI program (~2020), and ethical guideline for applying artificial intelligence in health care.

He has served as Chair of the Department of Medical Law and Ethics at Yonsei, Chair of the Education Committee of the Korean Society for Medical Ethics, and Vice President of the Korean Bioethics Association. Professor Lee has led national projects on advance care planning and hospital ethics support systems. His recent publications examine the phenomenology of life-sustaining treatment decisions and international comparisons of end-of-life legislation. He also advises the government on health law and bioethics policy.


Open call symposium 1

15th, Monday, 13:00-14:40, Yoneda Yoshimori Memorial Hall

"Medical AI: Ethical, Legal, and Social Implications/Issues: Diagnosis, Responsibility, Communication and Evaluation"

Organizer: Carl Becker (Kyoto University, Graduate School of Medicine, Science Policy Unit)

Speakers:
Carl Becker (Kyoto University, Graduate School of Medicine, Science Policy Unit)
Yusuke Inoue (Kyoto University, Graduate School of Medicine, Healthcare Ethics)
Kazuki Ide (The University of Osaka, CiDER & ELSI Center)
Shiho Koizumi (Kyoto University, Graduate School of Medicine, Public Health Program)
Takuya Mori (Kyoto University, Hospital Department of Ethics Support)

Abstract:

The burgeoning use of AI in medical diagnosis, patient communication, and ethical review itself opens a Pandora's box of ELSI issues, such as: (1) Accuracy in Diagnosis and Prescription; (2) Privacy and Responsibility; (3) Equal Access and Public Trust; (4) AI-Patient Communication; and (5) AI for Ethical Standardization. Our panel brings together young experts discussing ethical perspectives on these rapidly emerging Ethical, Legal, and Social issues of Medical AI.

(1) Accuracy in Diagnosis and Prescription

In terms of accuracy, Prof. BECKER explains concerns of (A) biased data (e.g. publication biases against negative findings, and data depending largely on Caucasian samples); (B) protection of personal privacy vs. the need for large samples; (C) improper use of data (e.g. without reach-through consent for drug development); and (D) algorithmic transparency/traceability. Current lack of regulation and governance also creates concerns about (E) litigation over responsibility, when AI progresses faster than regulations, how can policy-makers keep up with the needs for control?

(2) Privacy and Responsibility

Prof. INOUE points out that we lack adequate assessment of the risks, privacy protection, and PPI (patient/public involvement) of Medical AI. Prof. INOUE too notes that the design bias of Medical AI and data may directly develop into discrimination and disparities for the recipients of health care. Scholars show concerns about tradeoffs between economy, efficiency, accuracy and transparency, but without guarantees of transparency, the "black box" of Medical AI may leave physicians with no grounds to evaluate its decision-making, and in the case of mistaken diagnoses or medical procedures, leave victims no recourse to sue for responsibility. When decisions are "made" with no "maker," then who will assume responsibility for bad decisions?

(3) Equal Access and Public Trust

The social issues associated with Medical AI implementation in real-world settings have not been sufficiently discussed; moreover, it remains unclear how various stakeholders envision the scope and nature of AI applications in medicine. In this session, Dr. IDE will present illustrative case examples—not limited to the medical domain but also drawn from everyday life—to underscore the broader societal implications of AI adoption. Dr. IDE's cases highlight social issues such as disparities in access, shifts in human responsibility, and public trust, that should be carefully considered prior to widespread implementation.

(4) AI-Patient Communication

Medical AI is being increasingly considered not only for diagnosis and proposal of medical procedures but also for communication of such information to patients and families. This depends in part upon the accuracy and acceptability of AI's communicating complex medical information to ordinary people in easily-understandable language. In fact, recent surveys show that AI is often better at doing so than physicians themselves. AP KOIZUMI discusses the acceptability of AI diagnoses to the public, and the impact of medical AI on patient-physician relations. She stresses the importance of AI reporting guidelines, considering the meaning of ELSI guidelines that link researchers, medical care, and patients. Concerns arise about the acceptability of AI communication with patients and families too: Will Japanese patients and families welcome the fact that their needs are being addressed not by a human but by AI?

(5) AI for Ethical Standardization

Large language models (LLMs) are a promising tool for addressing lack of manpower and fragmentation of ethical decision-making. If AI can simulate or support ethical reasoning, it may standardize or harmonize ethical judgments, particularly in the complex realm of medical research. Dr. MORI's ongoing research investigates how generative AI responds to ethically challenging scenarios, and whether these responses reflect coherent ethical principles. In this symposium, Dr. MORI will share preliminary findings on the potential of AI as a facilitator for more consistent and transparent ethical decision-making in biomedical research. He explores the use of an interactive artificial intelligence (AI) tool, to review ethical issues in medical research. MORI is developing programs to extract ethical points from research proposals using natural language processing and

deep learning for a large number of research proposals and examination opinions (i.e., big data related to ethical review) in the past, and to analyze their trends and main components. Can AI be used to ethically review AI?

This panel raises these issues as a foundation for further discussion and critical reflection of the Ethics of Medical AI among presenters and all participants.

Key words: ELSI, IRBs, Public Health, Decision-Making, Patient-Communication

Open call symposium 2

15th, Monday, 14:50-16:30, Yoneda Yoshimori Memorial Hall

"Transformation of the global research ethics: the 2024 revision of the Declaration of Helsinki to promote patient engagement and dynamic consideration on vulnerability"

Organizers:
Chieko Kurihara (Kanagawa Dental University, Graduate School of Medicine, Science Policy Unit)
Takeo Saio (Department of Internal Medicine and Psychiatry, Fuji Toranomon Orthopedic Hospital)

Speakers:
Chieko Kurihara (Kanagawa Dental University, Ethics Working Group, International Federation of Associations of Pharmaceutical Physicians and Pharmaceutical Medicine (IFAPP))
Takeo Saio (Department of Internal Medicine and Psychiatry, Fuji Toranomon Orthopedic Hospital)
Varvara Baroutsou (Immediate Past President, International Federation of Associations of Pharmaceutical Physicians and Pharmaceutical Medicine (IFAPP), The Netherland)
Dirceu Greco (Professor Emeritus of Infectious Diseases and Bioethics, School of Medicine, Federal University of Minas Gerais, Brazil)

Chairperson and special comment:
Kotone Matsuyama (Department of Health Policy Management, Nippon Medical School; President-Elect, International Federation of Associations of Pharmaceutical Physicians and Pharmaceutical Medicine (IFAPP)
Yoshiko Saito (Breast cancer survivor; Leader of the Bioethics Working Group of the Japanese Institute for Public Engagement (Ji4pe))

* Some of the speakers may participate online.

Abstract:

In the 2024 revision of the Declaration of Helsinki, a new concept in its history of 60 years, a comprehensible recommendation of meaningful engagement of patient, research participants and their

community at all the stage of research has come to be included. This is based on the recognition of the context of various structural inequities in research settings where equitable distribution of benefits, risks and burdens should be carefully considered. In addition,

vulnerability was re-considered as its fixed or contextual and dynamic natures and careful promotion of inclusion comes to be recommended, with strategic planning of sharing of the benefits resulting from research. This symposium will discuss such transformation of the research ethics principles, inviting global leaders engaged in the revision process of the Declaration for expanding our new horizon of research ethics.

Key words: The Declaration of Helsinki, patient and public involvement, research ethics, vulnerability, benefit sharing

Paper Presentations Session 1:
Research Ethics, Publish Health Ethics

Commentator: Barbara Bierer (Harvard Medical School, USA)
Chair: Mayumi Kusunose (Riken)

Paper Presentations Session 1:	15th, September Monday, 9:00-9:25	Yoneda Yoshimori Memorial Hall

Artificial Intelligence in Clinical Trials Law and Ethics: The Europiean and Italian Experiences

Emil Mazzoleni
(University of Pavia, Italy)

The integration of Artificial Intelligence (AI) technologies into medical research introduces significant ethical challenges that necessitate the strengthening of ethical frameworks. This presentation will give an overview of the state of the art on what AI is, how it is already applied in the healthcare sector and the ethical and legal issues related to AI in the European and Italian Experiences. Starting with the explanation of what AI is and the machine learning use in medicine, my talk highlights the primary ethical challenges, such as the different issues of privacy, confidentiality, bias, accountability, informed consent, safety, transparency, unfairness and regulatory compliance as central concerns in data governance. AI systems, particularly in medical research, may compromise patient data privacy, perpetuate biases if they are trained on nondiverse datasets, and obscure accountability owing; for this reasons, the application of AI in clinical trials and in scientific experimentation pose lots of legal challenges and in particular civil liability, implementation, privacy, and data protection. My analysis will be focus on the AI European Regulation and Legal Acts (enacted in 2024) and the Italian Legislation (enacted in April 2025); the latter is the first national law about the Artificial Intelligence in Clinical Trials. In this specific contest, ethics committees play a crucial role in clinical trials by reviewing and approving research protocols to ensure ethical standards in AI applications are met, protecting human right subjects, ensuring that clinical trials

are conducted according to AI limits, and addressing legal liability in cases of possible AI errors. My presentation will explore a new approach to AI autonomy in clinical decisions through a legal regulation of AI development balanced with ethical norms and addressed to the concrete practical clinical needs. My proposal is giving a general standard about legal validation of AI systems in clinical trials.

Key Words: Artificial Intelligence / Clinical Trial / Bioethics / Privacy

Paper Presentations	15th, September, Monday,	Yoneda Yoshimori
Session 1:	9:30-9:55	Memorial Hall

Emerging Ethical Issues in Vaccines: The Case of HPV Vaccines in Japan

Kazutaka Hirose
(Kyoto Prefectural University of Medicine)

The Japanese government includes the HPV vaccine in its national immunization program; however, it is currently administered only to women. According to the Immunization Act, the official aim of routine HPV vaccination is to prevent the transmission of HPV infection. Nevertheless, it is evident that the actual objective is to reduce the incidence of cervical cancer caused by HPV, as indicated on the official website of the Ministry of Health, Labour and Welfare, which emphasizes the vaccine's effectiveness in preventing cervical cancer.

From a public health perspective focused on curbing HPV transmission, it would be reasonable to vaccinate both women and men, given that HPV is primarily spread through sexual contact. Conversely, if the primary goal is merely to lower the incidence of cervical cancer, then prioritizing women alone might seem adequate. This discrepancy between the stated purpose of the Immunization Act and the actual intent underscores a contradiction: women alone are subject to the potential risks associated with vaccination, despite the fact that men also play a role in the transmission of HPV.

Furthermore, HPV is associated with other forms of cancer, such as anal and oropharyngeal cancers, which can also affect men. Consequently, men derive indirect benefits from the vaccination of women while remaining unvaccinated themselves. If men were included in the national immunization program, they would have the opportunity to directly reduce their own risk of developing HPV-related cancers.

This situation arises from the distinctive characteristics of HPV vaccines, which prevent the transmission of a virus that may lead to cancer several decades after infection. This stands in contrast to viruses such as rubella, which do not cause cancer. Traditionally, the primary objective of vaccination has been understood as the prevention of viral infection itself, rather than its long-term pathological consequences. The nature of HPV complicates this distinction, thereby challenging conventional assumptions about the purpose of vaccination.

In this regard, HPV vaccination raises novel ethical concerns related to immunization policy. This presentation examines the ethical implications of HPV vaccination within the context of Japan.

<Referrence> Ministry of Health, Labour and Welfare. HPV wakuchin ni kansuru Q&A https://www.mhlw.go.jp/stf/seisakunitsuite/bunya/kenkou/hpv_qa.html#Q2-2

Key Words: HPV, public health, vaccines, ethics, cancer

Paper Presentations Session 1:	15th, September, Monday, 10:00-10:25	Yoneda Yoshimori Memorial Hall

Consideration on Current U.S. Regulations and Governance for Dual Use Research of Concern

Naoto Kawahara
(Center for Clinical and Translational Research, Kyushu University Hospital)

I discuss the issue of Dual Use Research of Concern (DURC), which has become a social concern in recent years. Then I consider it mainly focusing on current U.S. regulations and governance.

From this point of view, I would like to provide an overview of "U.S. Government Policy for Institutional Oversight of Life Sciences Dual Use Research of Concern (2014)". This proposed a model of an oversight process involving collaboration among Principal Investigator, Institution, Institutional Review Entity (IRE), and Funding Agency.

On the other hand, there has been required considerations among ethical values such as non-maleficence, beneficence, justice, respect for persons, scientific freedom, and responsible stewardship through a multidisciplinary review process in the U.S. DHHS funding decisions on proposed research involving enhanced

PPPs (Potential Pandemic Pathogens).

Recently, "United States Government Policy for Oversight of Dual Use Research of Concern and Pathogens with Enhanced Pandemic Potential" was formulated based on previous dual-use related policies. This policy took effect on May 6, 2025., thereby it is anticipated that U.S. research institutions will face increased oversight, stricter review requirements, and so on.

Despite its value and benefits, research may provide knowledge, information, products, or technologies that could be misused for harmful purposes. So, relevant regulations and governance concerning DURC should be crucial to reducing the risks to public health. However, the measures that mitigate the risks of DURC should include flexible approaches that leverage existing processes, and endeavors to preserve and foster the benefits of research.

In any case, dual use issues include safety and security within the experimental facility, dealing with the risk of misuse and abuse, oversight involving an IRE, a risk mitigation plan, etc. in collaboration with relevant institutions.

There are also encompassed communication and ethical decision-making that are developed among a wider range of stakeholders. For example, research institutions, experimental facilities, relevant academic societies, journals, companies, public authorities, international organizations such as WHO, news media, and the general public are potential stakeholders. Furthermore, dual use could involve issues of public, environmental, ecosystem, and cross-generational ethics or integrity. Recently, issues related to national security and export control have also received attention in relation to dual use issues.

It is required to think about regulations and governance from a global perspective, crossing between public health and national security. It will be important to find an appropriate ethical framework, considering existing perspectives on research ethics and research integrity.

Key Words: DURC, PPPs, governance, public health, national security

Paper Presentations	15th, September, Monday,	Yoneda Yoshimori
Session 1:	10:30-10:55	Memorial Hall

Djulbegovic's Uncertainty of Medicine

Hiroto USHIZAWA
(Hitotsubashi University)

Benjamin Djulbegovic has argued that uncertainty in medicine is not merely an obstacle but rather serves as the foundation for hope, ethics, and free decision-making. By acknowledging the existence of uncertainty, patients are empowered to exercise their autonomy, and medicine can avoid degenerating into a purely deterministic process.

As a physician-scientist, Djulbegovic criticizes the traditional reliance on the intuitive notion that clinical trials are ethically justified simply because of uncertainty regarding the comparative merits of treatments. He proposed the "uncertainty principle" as a clear ethical standard, theoretically demonstrating that participation in clinical trials is an act of resolving existing scientific uncertainties and is ethically justifiable. He refers to "epidemic uncertainty."

His argument does not set scientific inquiry (the effort to reduce uncertainty) and ethical considerations (the importance of preserving some degree of uncertainty) against each other, but rather offers a framework that integrates both perspectives. In other words, Djulbegovic asserts that the "appropriate management of uncertainty" lies at the intersection of science and ethics.

Through the honest sharing of uncertainties, patients are able to make informed choices, thereby enhancing transparency and patient-centeredness in healthcare. His stance provides a theoretical underpinning for contemporary practices such as informed consent and shared decision-making. This movement has also been advancing in Japan, alongside the growing prominence of clinical research and the spread of evidence-based medicine (EBM) education, and this is generally a positive trend.

Nevertheless, in actual clinical practice, there remain types of uncertainties that are difficult to resolve through clinical research or that resist definitive answers. These relate to uncertainties about patient preferences ("preferable uncertainty").

Such uncertainties require considerable time and effort from both patients and healthcare providers, but they can also serve as opportunities to build trust. Rather than ignoring preferable uncertainty, it is essential to develop procedures for directly confronting it. This study aims to address the types of uncertainty and coping strategies that Djulbegovic recognized but did not explicitly discuss (Ushizawa, 2023), and to demonstrate their practical value for clinicians in real-world settings.

Key Words: uncertainty, clinical trial, epistemology, preference, unsolvability

Paper Presentations Session 2:
Medical Ethics Education, Medical Education

Commentator: Florian Steger (University of Ulm, Germany)
Chair: Yutaka Kato (Shiga University of Medical Science)

Paper Presentations Session 2:	15th, September Monday, 9:00-9:25	Room #4007

Somatic Sensibility Education： Emerging Paradigms of Somatic Movement and Ethical Cultivation in Japanese Healthcare

Tetsuro Tanojiri
(Kyoto Bunkyo University, Visiting Research Fellow)

In recent years, bodily experience and somatic sensibility have gained increasing attention in medical education and clinical practice. This presentation explores how Somatic Sensibility Education (SSE) contributes to the development of new paradigms in somatic movement and ethical formation within Japanese healthcare. Focusing on the integration of Spontaneous Movement (SM)—including Katsugen-Undō, Jihatsudō in Qigong, clinical psychology, and mindfulness—the study positions SM as a theoretical and practical innovation in contemporary medicine.

Sociological perspectives have been pivotal in redefining the body as a cultural, social, and symbolic construct. Drawing on Marcel Mauss's "techniques of the body" and Thomas Csordas's existential anthropology, SM practices are situated within a "third domain"—neither wholly medical nor religious but deeply rooted in daily life and reflective of broader cultural shifts.

These practices involve involuntary, spontaneous bodily movements that open access to deeper dimensions of breath, affect, memory, and symbolic imagery. In doing so, they challenge the reductionist and

objectifying models of the body that underpin much of biomedical discourse.

Although George Engel's biopsychosocial (BPS) model advocates for integrative approaches, it often lacks clarity in prioritizing specific domains of care. To address this gap, I propose Somatic Sensitivity as a clinical competence: the capacity to perceive existential states and processes of meaning-making through a patient's movements, breathing patterns, and nonverbal expressions.

SSE provides a pedagogical framework to cultivate this embodied responsiveness among healthcare providers. Rather than simply adopting alternative therapies, SSE fosters a reorientation toward the body as a living, expressive presence rather than a mechanical object of repair.

Moreover, the incorporation of SM into clinical education invites a reconsideration of medical ethics—one that affirms patients as beings deserving of reverence and clinicians as co-participants in life's holistic and transformative processes.

Ultimately, this approach aims not merely to supplement existing practices but to transform the foundations of clinical care, grounding it in the dignity of the sensing, moving, and meaning-generating human body. In this presentation, the author will discuss the aforementioned points, while highlighting several SSE cases at medical education institutions in the Tokyo metropolitan area and the Kansai region of Japan.

Key Words: Somatic Sensibility Education(SSE), Spontaneous Movement (SM), BPS model, Jihatsudō, Katsugen-Undō

Paper Presentations Session 2:	15th, September, Monday, 9:30-9:55	Room #4007

Utilizing Ethical Theories as Tools in Medical Ethics Education

Kojiro Honda
(Department of Medical Humanities, Kanazawa Medical University)

Has it not been argued that only those who are involved in medical practice, namely physicians, are capable of educating students in medical ethics? This view is valid in the sense that it is difficult to learn traditional etiquette and manners of interacting with patients (decorum) in a classroom setting.

So, what should ethicists teach in a medical school classroom? It would be fair to say that general medical ethics courses involve explaining normative ethical theories and elucidating the content of new ethical issues brought about by advances in medical technology. However, in dialogues with students thus far, I have come to believe that simply pointing out "the problem lies here" is insufficient. This is because I have realized that they are seeking practical skills that will be useful in medical settings.

Therefore, I have revised the lecture content of my course, changing it from "Medical Ethics and Bioethics" to "Medical Ethics Useful for Informed Consent," and have changed the learning objective to acquiring "the skill to articulate clear reasons for one's own practical intuitions about what is right or wrong and to convey them to others". The purpose of this course is not to enhance ethical views, but to express the ethical views one has already possessed in words. The skill to express the reasons for one's judgment in words is essential for communication with patients.

In the Japanese medical field, it has been common sense that "correct behavior is learned by observing senior physicians," and this type of education is still effective. However, this alone does not improve communication with those who are unfamiliar with the context of medical settings. In this presentation, I would like to introduce an initiative to improve communication skills by utilizing normative ethical theories (utilitarianism, deontology, virtue ethics) as judgment tools.

Key Words: Medical Ethics Education, Normative Ethical Theories, Informed Consent, Communication Skills, Practical Application

Paper Presentations Session 2:	15th, September, Monday, 10:00-10:25	Room #4007

Difference in the Boundaries of Science Across Cultures in Medicine: Why Philosophy Education is Needed for Japanese Medical Science.

Tatsuyuki Sato
(Hokkaido University)

Clinical medicine is often said to have become “science” in the twentieth century, primarily due to the

rise of clinical trials. However, the scope of “science” may not be uniform across cultures, which may impact the community of medical research. In this presentation, I propose that the domain that "science" is expected to encompass in clinical medicine differs between Japan and Western countries. This divergence in the conceptual boundaries of science may contribute, in part, to the declining international competitiveness of Japanese medical sciences, and education in the philosophy of science could help us understand and reverse the trend.

In Japanese medical guidelines, the term "scientific" frequently modifies the word "evidence," and evidence-based medicine (EBM) is often translated into Japanese as "medical practice based on scientific evidence." This linguistic framing suggests a conceptual separation between evidence as something that can be scientific, and practice, which incorporates clinical judgment and values, as something that is not entirely scientific. Thus, science is construed as a process that collects evidence necessary for critical decisions in daily practice, but the decision step itself is something that goes beyond science. This resonates with the historical narrative of clinical medicine which describes moving from reliance on individual physician expertise to evidence provided from clinical trials with rigorous methodologies as the “scientification” of medicine.

In contrast, in Western countries, the term "scientific" tends to modify not only the word “evidence” but also the word “guidelines” and “statements” published by medical associations. Here, EBM is often portrayed as a wholly scientific enterprise, wherein the processes of evidence generation, synthesis, and proposing guidelines and statements are all conceived as integral parts of science. This broader extension of science suggests a different epistemological stance toward “science” compared to that in Japan.

By analyzing these differences, this paper aims to illuminate the view of science in medicine entrenched in each community. Furthermore, I propose that the Japanese view of science could be outdated, given the trend in current biomedical sciences moving from emphasizing the data itself towards emphasizing the interpretation of the data. This may be one reason for the declining international competitiveness of Japanese medical sciences, and education in philosophy of science and medicine would be useful to better understand and reverse the situation. Implementing insights from the philosophy of science and medicine into not only education but also science policy could help reinvigorate Japanese science on the international stage.

Key Words: Medical education, EBM, View of Science, Philosophy of Science

Paper Presentations Session 2:	15th, September, Monday, 10:30-10:55	Room #4007

Rethinking Gestation: Public Attitudes Toward Artificial Womb Technology and Surrogacy in Japan – Insights from a Pilot Study

Sylwia Maria Olejarz
(Health Sciences University of Hokkaido &
Center for Applied Ethics and Philosophy, Faculty of Humanities and Human Sciences,
Hokkaido University)

Aim and background

This pilot study aims to analyze Japanese public attitudes toward artificial womb technology (AWT) and traditional commercial surrogacy, focusing on ethical, legal, and social considerations in the context of infertility. While complete ectogenesis (gestation entirely outside the human body) is becoming increasingly plausible, Artificial Womb Technology presents a potential alternative to commercial surrogacy. Commercial surrogacy is currently legal in some countries (no clear regulation in Japan) and used by single individuals or couples (not limited to those experiencing infertility). Surrogacy business raises ongoing ethical and legal controversies, including the exploitation and commodification of women's reproductive labor, health risks to the surrogate mother, and psychological burdens on both surrogates and commissioning parents. In contrast, AWT promises to decouple reproduction from the female body, potentially circumventing these controversies.

Method

This pilot qualitative study was conducted to address a critical gap in bioethical discourse in Japan: how the public evaluates the acceptability of AWT versus commercial surrogacy. Using a method of thematic analysis of open-ended responses from two diverse participant groups (university students), we examined how individuals answered the question: "If you were infertile, would you choose surrogacy, artificial womb technology, or neither—and why?"

Results

Preliminary findings show a strong rejection of surrogacy, cautious interest in AWT, and a notable proportion of participants unwilling to choose either option. These responses reflect deep ethical concerns surrounding both options, suggesting that AWT, while promising, is not ethically neutral.

Discussion

To analyze these findings, I draw on Elizabeth Anderson's (1990) prominent argument regarding the critique of commercial surrogacy, which claims that surrogacy contracts commodify gestation by requiring surrogate mothers to suppress their natural maternal bonds and treat the fetus as property. This framework prompts a question: "Does artificial womb technology (AWT), by relocating gestation outside the human body, genuinely avoid commodification, or rather transform it? By reconfiguring gestational labor into a technological process, AWT may still objectify reproduction, but in a less exploitative and more egalitarian form.

Conclusions

This study offers twofold implications. First, it proposes a new ethical framework for emerging reproductive technologies in Japan, where public deliberation and university-level ethics education on these topics remain limited. Second, it provides a foundation for policy recommendations that incorporate public attitudes and feminist bioethics principles, aiming to guide future regulation of artificial womb technology (AWT) in Japan and beyond.

Key Words: Reproductive ethics, artificial womb technology, commercial surrogacy, motherhood, Japan

Paper Presentations Session 2:	15th, September, Monday, 11:00-11:25	Room #4007

Experiencing the Diminishing of Donor Anonymity: Post-Donation Expectations and Perceptions of Sperm Donors in Germany and Australia Regarding Contact with Their Donor-Conceived Offspring

Tobias Bauer
(Kumamoto University)

Tomoko Fujita
(Kyushu University)

Reflecting the growing consensus on the right of donor-conceived individuals to know their genetic origins, a number of jurisdictions have introduced legal reforms that shift gamete donation from a practice characterized by secrecy to one that allows donor-conceived individuals to access identifying information about their donors. In 2017, the State of Victoria, Australia, became the first jurisdiction in the world to eliminate donor anonymity retrospectively, regardless of when the conception occurred. Germany also introduced a mandatory sperm donor registry in 2018, effectively banning anonymous donations in clinical contexts. These legal reforms open up opportunities for donor-conceived individuals and donors to make contact. Furthermore, the increasing availability of direct-to-consumer DNA testing has also contributed to ending anonymity for some of the parties involved in donor conception, directly connecting them.

In light of such legal, technological, and social transformations, the authors have conducted a multinational study, investigating how sperm donors' post-donation views on donation, and, in particular, their expectations and experiences regarding contact with their donor-conceived offspring have evolved. The findings presented here are based on semi-structured, in-depth interviews with current and former sperm donors in Germany (n = 11) and Australia (n = 5), who donated at different points in time between the 1980s and the 2020s.

The results indicate that sperm donors' perspectives are shaped not only by legal, social, and technological changes, but also by evolving personal experiences, and shifting life circumstances. At the time of their interview, participants in this study predominantly expressed a fundamental understanding of the issues and acknowledgment of donor-conceived individuals' right to know the identity of—and to establish contact with—their genetic fathers. However, participants also reported difficulties in navigating new and often unexpected temporalities of contact with donor-conceived individuals. Accounts of both actual contact and

anticipated future encounters reveal a wide range of expectations concerning the form, intensity, and depth of such contact. This variation suggests potential for mismatch in expectations, which may pose problems when contact occurs.

One of the key implications of this presentation is the importance of expanding informational and psychosocial support structures for (former) sperm donors, including access to counseling and platforms for peer exchange. The results of the analysis further suggest that including donor perspectives—in addition to those of donor-conceived individuals and recipient parents—may offer valuable insights for countries currently debating the legal configuration of donor (non-)anonymity such as Japan.

Key Words: donor conception, sperm donation, sperm donor, donor anonymity, donor connections

Paper Presentations Session 3:
End of Life Care, Medical Assistance in Dying

Commentator: Ilhak Lee (Yonsei University, Korea)
Chair: Yicheng Chung (Kumamoto University)

Paper Presentations Session 3:	15th, September Monday, 13:00-13:25	Room #4007

Justifiable non-compliance with the law in the withdrawal of mechanical ventilation: Qualitative analysis of free responses by lawyers and legal experts to a questionnaire survey

Koichiro ITAI
(Division of Bio-medical Ethics, Faculty of Medicine, University of Miyazaki)

Background:

If the withdrawal of mechanical ventilation were to be legalized, there is a concern that its legislation may exert a "silent pressure." For this reason, rather than explicitly defining the withdrawal of mechanical ventilation as a legal right, we prefer the installation of a policy in which the details of individual cases are carefully scrutinized, allowing for justifiable non-compliance with the law in special cases. However, views among legal professionals regarding the requirements for justifiable non-compliance in the withdrawal of mechanical ventilation differ, and there is no consensus in the legal community in Japan.

Methods & Results:

The questionnaire survey was sent to 125 physicians and 100 lawyers and legal experts (response rate, 48% (n=60) and 17% (n=17), respectively). While 17 (28.3%) physicians responded that they would withdraw mechanical ventilation in the model case, 38 (63.3%) responded that they would maintain mechanical ventilation. On the other hand, 40 (66.7%) of physicians responded that they would withdraw mechanical ventilation in the

generalized case, whereas 14 (23.3%) responded that they would maintain mechanical ventilation. The difference between the model case and generalized case was statistically significant ($p<0.001$). With respect to lawyers and legal experts, 12 (70%) advised thatmechanical ventilation could be withdrawn in the model case, whereas 3 (18%) advised that mechanical ventilation should be maintained. This difference was markedly different from that of the physician responses. With respect to the generalized case, 11 (73%) lawyers and legal experts advised that mechanical ventilation could be withdrawn, whereas 3 (20%) advised that mechanical ventilation should be maintained. Among lawyers and legal experts, the difference between the model case and generalized case was modest. When considering the free responses of lawyers and legal experts in a detailed qualitative manner, a characteristic point was that they generally indicated that, while one cannot escape the problematic nature of the issue from a legal perspective, it is unlikely that one would be found guilty in the end.

Conclusion:

Results of the qualitative analysis suggested that the following three points would form the minimal requirements for justifiable non-compliance needed to secure procedural justice: 1) assessment of the process of self-determination (in particular, scrutiny of silent pressure in the background of care burden and economic reasons), 2) assessment from the perspective of the medical care team which comprises various specialties, and 3) review by an ethics committee which includes an external member.

Key Words: death with dignity, justifiable noncompliance with the law, withdrawal of mechanical ventilation, procedure justice, tolerance

Paper Presentations Session 3:	15th, September, Monday, 13:30-13:55	Room #4007

Do Patients Have the Right to Request PAS?

Nobuo Kurata
(Soka University)

PAS(Physician Assisted Suicide) is defined as "the voluntary administration of lethal drugs, prescribed by a physician, to a patient to cause death as a means of relieving his or her physical suffering." The right to self-determination, on the other hand, is the right of the patients to choose the medical treatment that they believe will

best improve their quality of life. In this paper, I argue that the right to PAS is not part of the "patient's right to self-determination."

Suppose a terminally ill patient has little prospect of gaining value (e.g., happiness, satisfaction, achievement) by continuing to live. In that case, there is little to be lost through death and, therefore, "no interest in living any longer." PAS also differs from suicide in that it merely hastens death, which will occur sooner or later.

However, PAS is not consistent with the goal of medical practice, which is to improve patient's quality of life, since its intention is death itself. Even if patients have the right to ask their physicians to "relieve suffering," such a right does not justify the prescription of lethal drugs to achieve that relief. The patient's right to self-determination in health care is the right to choose the medical treatment they believe is best for them—in the broadest sense, the treatment that best improves their quality of life. However, the right to seek PAS cannot be said to derive from the right to self-determination, as PAS is not intended to improve their quality of life. The right to request PAS also implies "the right to choose the day, time, and place of death," but whether this falls within the scope of the right to self-determination in medical treatment is questionable.

Furthermore, it is beyond a physician's professional duty to comply with a patient's request for PAS. "Do not let people die" is one of the strongest professional norms for physicians, and PAS poses a risk to that principle. Additionally, there is the practical concern that PAS often fails in practice. Even if PAS is intended with the beneficent principle of pain relief, there are other ways to relieve pain. If, for example, sedation is sufficient to alleviate suffering, then PAS may not be necessary.

Key Words: PAS, patient's right to self-determination, physician's professional duty

Paper Presentations Session 3:	15th, September, Monday, 14:00-14:25	Room #4007

Transformative Experience and the Integration of Multiple Selves' Perspectives

Hifumi Yoshizawa
(Hokkaido University)

Transformative experience (TE) presents significant ethical challenges in medical decision-making, particularly when there is a conflict between the preferences of a person's pre- and post-TE selves. As L.A. Paul (2014) describes, TE brings about deep epistemic and personal transformation, making it difficult for individuals

to understand or anticipate what the experience will be like in advance. Therefore, the concept of self-determination becomes problematic when patients cannot fully understand what undergoing a particular treatment will be like until they experience it. This presentation explores the ethical and practical dilemmas arising from such conflicts, focusing on Wilkinson's ethical framework and Pettigrew's group rationality approach.

Consider the case of a dementia patient who, before the onset of dementia, wrote an advance directive refusing life-prolonging care, but later expresses a desire to receive it or an ALS patient who wishes to remove their ventilator after having lived with it. These cases highlight the complex issue where pre-TE preferences may conflict with post-TE preference. The post-TE self may be better informed through direct that experience and may authentically express a new set of values or desires. This raises the ethical question: should the preferences of the post-TE self override those of the pre-TE self, particularly in life-and-death decisions?

Wilkinson (2023), drawing on Parfit's reductionist view of personal identity, argues that when a patient's decision risks serious harm to their future self, it can be justifiable for doctors to override that decision. According to Parfit, future selves may be treated similarly to other people, and Mill's harm principle supports overriding autonomy to prevent harm to others. Furthermore, Carel and Kidd (2020) argue that disease itself can be a TE, reinforcing Wilkinson's view that the pre-TE self's choices may not be ethically decisive.

Pettigrew (2022) offers a different but complementary approach with his group rationality approach. He suggests that individuals should be understood as a sequence of temporally distinct selves. Decisions should be made using a utility function that averages the preferences of past, present, and future selves, thus avoiding domination by any single self's viewpoint. Using Pettigrew's model, I argue that a more balanced approach is required—one that integrates multiple selves' perspectives rather than privileging one over another.

Key Words: Transformative experience, Informed consent, Advance directive, Decision-making, personal identity

Paper Presentations Session 3:	15th, September, Monday, 14:40-15:05	Room #4007

Identity and the Badness of Death in the Embodied Mind Account

Yuichi Minemura
(Gunma Paz University)

Jeff McMahan's Embodied Mind Account (EMA) advances a non-animalist view of personal identity, positing that we are essentially conscious beings constituted by the capacity for consciousness grounded in the functional activity of the brain. On this view, human organisms that either have not yet developed consciousness, such as early embryos, or have irreversibly lost it, such as patients in a persistent vegetative state (PVS), do not possess the same identity as the conscious person they precede or succeed. Consequently, EMA suggests a discontinuity of identity across such conditions, undermining the persistence of the subject and reframing the badness of death as a function of the loss of future conscious experience.

I critically analyze EMA by reconstructing its metaphysical commitments and epistemic assumptions regarding personal persistence. I argue that EMA draws a sharp ontological distinction between conscious persons and the human organisms that instantiate them, leading to counterintuitive implications for our understanding of identity, death, and moral status.

In contrast, I defend a biological view that treats early embryos and PVS patients as numerically identical organisms throughout their development and degeneration. Even without consciousness, these beings retain identity through their continuous biological functioning. The embryo does not become a new conscious entity upon developing brain function; instead, it remains the same living organism throughout different phases of its life. Similarly, the PVS patient retains the same biological identity and cannot be plausibly considered a distinct entity merely due to the loss of higher brain function.

Building on this framework, I propose that the badness of death lies not merely in the deprivation of conscious experiences but in the interruption of a biologically continuous life. The organismic view provides a more coherent account of identity across time, avoids the metaphysical discontinuities implied by EMA, and supports a broader ethical understanding of harm in early and end-of-life cases.

This critique not only raises important questions about the metaphysics of identity but also has implications for ethical debates in bioethics, including abortion, end-of-life care, and the moral status of severely brain-injured patients.

Key Words: Identity, Badness, Death, Embryo, PVS

Paper Presentations	15th, September, Monday,	Room #4007
Session 3:	15:10-15:35	

Wording Effects on Consent to DNAR

Kiichi Inarimori
(Hiroshima University)

This paper investigates the impact of wording effects on individuals' attitudes toward "do not attempt resuscitation" (DNAR) orders through a series of online experiments. The results show that subtle differences in wording significantly influence agreement with DNAR orders. Specifically, framing DNAR as a benefit or resuscitation as a potential harm increased acceptance, as did presenting DNAR as a form of "natural end-of-life care." These findings underscore the powerful role of language in shaping patients' and families' decisions in critical end-of-life contexts. The paper also examines the ethical implications of such communicative strategies. We argue that, on the one hand, selective wording may be morally justifiable if it aligns with the patient's best interests and respects their autonomy. On the other hand, if the use of cognitive biases in medical decision-making is deemed morally problematic, practitioners are ethically obligated to minimize the influence of such biases to uphold the principles of informed consent.

Key Words: Wording Effect, Informed Consent, DNAR, Autonomy, End-of-Life Care

Paper Presentations Session 3:	15th, September, Monday, 15:40-16:05	Room #4007

Against Either Way Argument on the Time of Death's Harm

Wataru Sasaki
(Yamaguchi University, The University of Osaka, Shiga University of Medical Science)

The harm of death remains a central issue in theoretical philosophy and medical ethics. Deprivationism is one of the most widely accepted theories. It holds that death is bad for a person if and only if, and because, the person would have been better off had she not died. Although this view is dominant in the literature, it faces the so-called Timing Problem: any adequate account of harm must specify when the harm occurs, but it is unclear how a dead person could be worse off, since the dead person may not possess any welfare status to compare.

Proponents of Deprivationism diverge at this point. Subsequentism holds that such comparisons are possible, assuming that the dead have a well-being level of zero (i.e. the Zero View, e.g. Bradley 2009, Feit 2016, 2021). Atemporalism, by contrast, rejects this assumption and maintains that the dead have no well-being level at all, yet the harm of death can still be atemporal (i.e. the Undefined View e.g. Broome 2004, Johansson 2013). Subsequentists object that the view sacrifices explanatory unity by embracing unacceptable exceptions. The debate remains unresolved, since neither view offers a fully satisfactory account.

More recently, some philosophers (e.g., Timmerman 2022, Feit 2023, sec. 7.2.3) have proposed a new line of argument to defuse the Timing Problem. They argue that, since a dead person either has zero well-being or no well-being at all, Deprivationism can plausibly address the problem under each assumption. Therefore, they conclude, Deprivationism has already adequately answered the Timing Problem. I refer to this line of reasoning as the Either Way Argument (EWA). In this paper, however, I argue that EWA fails to provide a satisfactory resolution.

In what follows, I first formulate EWA in its most charitable and precise form. For the argument to be sound, I argue, both of the following assumptions must hold: (1) the Zero View entails Subsequentism, and (2) the Undefined View entails Atemporalism. However, neither assumption has been satisfactorily defended. In the end, EWA merely sidesteps the problem of posthumous well-being, rather than resolving the Timing Problem. I then consider several possible objections from the EWA side. Finally, I conclude that Deprivationism cannot resolve the Timing Problem without first offering a defensible account of posthumous welfare.

Key Words: death, Epicureanism, harm, well-being, Timing Problem

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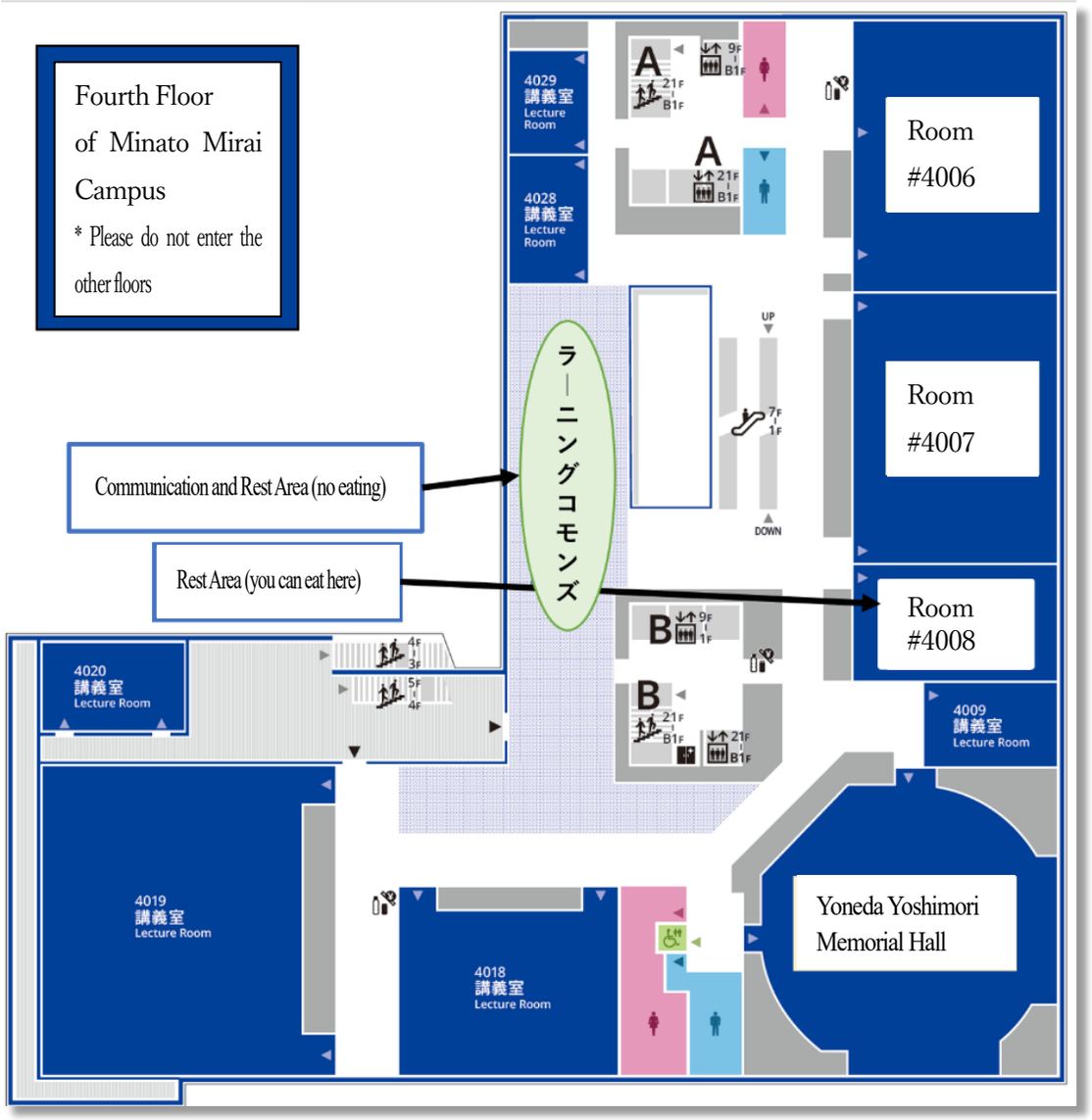
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