



WORKSHOP 2018

ABSTRACT BOOK



New Hall of the Synod- Vatican City

25-26 June 2018

Monday, June 25, 2018

FIRST SESSION

- Moderators Mons. Pierangelo Sequeri
 Prof. Marie-Jo Thiel
- 15:00 Welcome
 Archbishop Vincenzo Paglia - Vatican City
- 15:15 ***Global Health and Justice***
 Dr. Tedros Adhanom Ghebreyesus – Ethiopia (Video message)
- 15:55 ***The Universal Declaration on Bioethics and Human Rights
(2005) and the Dialogue between Cultures***
 Prof. Stefano Semplici – Italy
- 16.30 Coffee Break

SECOND SESSION

- Moderators Prof. Roberto Dell’Oro
 Prof. M. López Barahona
- 17:00 ***From Evangelium vitae to Laudato si’: Perspectives for Global
Bioethics***
 Prof. Rodrigo Guerra Lopez – Mexico
- 17:30 ***The Fundamental Role of Education***
 Prof. Henk Ten Have – USA
- 18:00 Discussion
- 18:30 ***Practical Experiences*** – Videos
 Community of S. Egidio – Italy
 CUAMM - “Medici con l’Africa” – Italy
- 19:00 Conclusion

Tuesday, June 26, 2018

THIRD SESSION

- Moderators H.E. Msgr Alberto Bochatey
 Prof. Etsuko Akiba
- 09:00 Introduction
- 09:10 ***Ethics of “Coming into the World”***
 Prof. Lisa Cahill – USA
- 09:35 Discussant
 Prof. Laura Palazzani – Italy
- 09:40 ***Neonatal Health and Pregnancy***
 Prof. Marta Fracapani – Argentina
- 10:05 Discussant
 Prof. Janusz Gadzinowski – Poland
- 10:10 ***Birth and Economic Inequalities***
 Prof. Carlo Hanau – Italy
- 10:35 Discussant
 Prof. Tomi Thomas – India
- 10:40 Discussion
- 11:00 Coffee Break

FOURTH SESSION

- Moderators Msgr. Carlos Simón Vazquez
 Prof. Adriano Pessina
- 11:25 ***Evolution of Prenatal Diagnosis Techniques, Ethical and Policy Challenges***
 Prof. Marie-Jo Thiel – France
- 11:50 Discussant
 Prof. Kevin Fitzgerald - USA

11:55	<i>Birth and Migrations</i> Msgr. Robert Vitillo – Switzerland
12:20	Discussant Prof. Chiara Giaccardi – Italy
12:25	Discussion
13:15	Conclusion

SPEAKERS

CAHILL Lisa, J.Donald Monan Professor of Theology at the Boston College (USA).

FRACAPANI Marta, Professor of Paediatrics, University of Cuyo, Mendoza (Argentina); Member of the Pontifical Academy for Life.

GHEBREYESUS Tedros Adhanom, Director of the World Health Organization (Ethiopia).

GUERRA LÓPEZ Rodrigo, President of the “Centro de Investigación Social Avanzada” (CISAV), Queretaro (Mexico); Member of the Pontifical Academy for Life.

HANAU Carlo, Professor of Planning and Organization of Social and Health Services, Modena and Reggio Emilia University, Modena (Italy).

PAGLIA Vincenzo, President of the Pontifical Academy for Life

SEMPlici Stefano, Professor of Social Ethics and Moral Philosophy, University of Rome Tor Vergata (Italy); Past Chair of UNESCO International Bioethics Committee.

TEN HAVE Henk, Director, Center for Healthcare Ethics, Duquesne University, Pittsburgh (USA); Member of the Pontifical Academy for Life.

THIEL Marie-Jo, Professor at the University of Strasbourg; Director of the European Center for Studies and Research in Ethics (CEERE), Strasbourg (France); Member of the Pontifical Academy for Life.

VITILLO Robert, Secretary General of the International Catholic Migration Commission (ICMC), Geneva (Switzerland).

DISCUSSANTS

FITZGERALD Kevin, Dr. David Lauer Chair in Catholic Health Care Ethics, Georgetown University Medical Center, Washington DC (USA); Member of the Pontifical Academy for Life.

GADZINOWSKI Janusz, Professor of Neonatology, University of Poznan (Poland); Member of the Pontifical Academy for Life.

GIACCARDI Chiara, Professor of Sociology, Catholic University of the Sacred Heart, Milan (Italy); Member of the Pontifical Academy for Life.

PALAZZANI Laura, Professor of Philosophy of Law, LUMSA, Rome (Italy); Vice President of the Italian National Bioethics Committee; Member of the Pontifical Academy for Life.

THOMAS Tomi, Past President of the Catholic Health Association of India, Secunderabad (India); Member of the Pontifical Academy for Life.

MODERATORS

AKIBA Etsuko, Professor of Law, University of Toyama (Japan); Member of the Directive Council of the Pontifical Academy for Life.

BOCHATEY Alberto G., Auxiliary Bishop of La Plata (Argentina); Member of the Directive Council of the Pontifical Academy for Life.

DELL'ORO Roberto, Director of the Bioethics Institute and Professor at the Department of Theological Studies, Loyola Marymount University, Los Angeles (USA); Member of the Pontifical Academy for Life.

LÓPEZ BARAHONA Mónica, Academic General Director of the “Centro de Estudios Biosanitarios”, Madrid (Spain); Member of the Directive Council of the Pontifical Academy for Life.

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PEGORARO Renzo, Chancellor of the Pontifical Academy for Life.

PESSINA Adriano, Professor of Moral Philosophy; Director of “Centro di Ateneo di Bioetica”, Catholic University of the Sacred Heart, Milan (Italy); Member of the Directive Council of the Pontifical Academy for Life.

SEQUERI Pierangelo, Dean of the John Paul II Pontifical Theological Institute for Marriage and Family Sciences, Vatican City; Member of the Directive Council of the Pontifical Academy for Life.

SIMÓN VÁZQUEZ Carlos, Representative of the Dicastery for Laity, Family and Life, Vatican City; Member of the Directive Council of the Pontifical Academy for Life.

THIEL Marie-Jo, Professor at the University of Strasbourg; Director of the European Center for Studies and Research in Ethics (CEERE), Strasbourg (France); Member of the Pontifical Academy for Life.



STEFANO SEMPLICI

Professor of Social Ethics and Moral Philosophy,
University of Tor Vergata, Rome (Italy)

The Universal Declaration on Bioethics and Human Rights (2005) and the Dialogue between Cultures

The Universal Declaration on Bioethics and Human Rights of 2005 is characterized, among others, by three elements: the reference to human rights and the definition of a broader bioethics agenda; the absence of discussion regarding specific controversial topics, particularly topics concerned with the beginning and end of life; and the strong emphasis placed on the principles of solidarity, social responsibility and the sharing of goods. The significance of these choices can be better appreciated and understood through contemplating these two critical questions concerning the tradition of human rights. First, questioning their usefulness (which should be distinguished from their foundation) and secondly, exploring the relationship between the universality of rights and the diversity of cultures, given the equality in dignity, which is inherent to every person by the mere nature of his humanity with the plurality of experiences and paths of freedom. Bioethics, measuring itself against the extraordinary opportunities made available by scientific progress, today plays a key role in guaranteeing the dignity, rights and fundamental freedoms of all human beings. It begins with those who face life, thus more vulnerable and susceptible to the effects of inequality. This is also a challenge for the United Nations 2030 Agenda, which cannot be avoided and must be won.



RODRIGO GUERRA LOPEZ

President of the “Center for Advanced Social Research”, CISAV, Queretaro (Mexico)

Member of the Pontifical Academy for Life.

Perspectives for a Global Bioethics, From Evangelium Vitae to Laudato Si’

The Magisterium of the Church gradually deepens the "depositum fidei" and responds dynamically to the socio-cultural challenges of every age and context. Thanks to the Magisterium, we can discover the "creative fidelity" of Revelation, as well as create concrete situations that enable the Church to announce the Good News. The personalistic thought of St. John Paul II has one of its best fruits in the Encyclical *Evangelium Vitae*. The Encyclical strongly proclaimed the dignity of human life from conception to natural death and warned against the most pressing threats to human life in the mid-nineties of the last century. Today the Encyclical *Laudato Si’* of Pope Francis is enlarging the horizon of Christian social thought and personalistic bioethics. *Laudato Si* creates a meeting-point for the two fields of contemporary Christian inquiry and a place for a new synthesis for the fundamental aspects of a new global bioethics. These new global bioethics recognizes the centrality of the human person - above all the poorest and most vulnerable - and the relation between the social life, the natural environment and human history. A new agenda for the construction of a "Culture of Life" is thus emerging. In this way the relationship between nature and context, person and community, and exclusion-poverty-power, can be reconsidered with the maximum philosophical, scientific, bioethical and social rigor. Thus offering a believing and rational response to the challenges of biotechnology, bioethics and biopolitics, for today and the future.



HENK TEN HAVE

Director of the Center for Healthcare Ethics,
Duquesne University, Pittsburg (USA)

Member of the Pontifical Academy for Life

The Fundamental Role of Education

In the year 405, St. Augustine was consulted by a young colleague about the best approach to teach an introductory course in Christianity. In his treatise on catechetical instruction, Augustine addressed the issues of subject-matter, objectives and methods of teaching. The crucial question for him was: what is a good education? In Augustine's view, education is not successful if it is not passionate and inspired. Education begins with the teacher's enthusiasm, devotion and concentration. Their tongue should be guided by their heart. Education is not merely focused on knowledge or skills, but on the goal to motivate and inspire. Teachers and learners are united in the same endeavor; they all want to be better persons. The ultimate aim of education is transformative. Education is fundamentally a moral enterprise. It is, what John Dewey has called, the manifestation of humankind's responsibility to conserve, transmit, rectify and expand "the heritage of values we have received."

Bioethics education has a similar though more restricted mission. It invites students to participate in a specific professional community, grasping and shaping what is valuable in being a professional. Ethics teaching is not a remedy or antidote that can be injected into the medical curriculum to compensate, complement or supplement lack of virtues and values. Neither is it provide a dimension of 'humanitarianism' or 'professionalism' to uni-dimensional persons focused on science, rationality and objectivity. On the contrary, bioethics teaching is focused on constructing professional identities and shaping character. In building and reinforcing professional identity, knowledge and practice are linked. The challenge is to define the role of education in regard to global bioethics.



LISA SOWLE CAHILL

J. Donald Monan Professor of Theology,
Boston College (USA)

Ethics of “Coming into the World”

Global bioethics puts health care in a framework of interdependence and justice. It follows the key values of Catholic social teaching; dignity of the person, universal common good, mutual rights and duties, participation, a Gospel option for the poor and vulnerable, and solidarity. Clearly, global health disparities fail in maintaining these standards of justice and charity. Within excluded communities, children are the most vulnerable, particularly our female children. Moreover, health care justice for children requires justice for their mothers. Women worldwide take primary responsibility for children, yet have inferior access to food, health care, including perinatal care, education, and income-producing work.

Many insights of *Laudato Si'* apply to the ethics of coming into the world. **First**, there is an established, sufficient, and well-known Catholic teaching already in place. **Second**, international agreements such as the United Nations Framework Convention on Climate Change and the UN Convention on Rights of the Child are also established. **Third**, these international norms, governmental and ecclesial, have been lamentably “ineffectual” (LS, 169), in terms of prompting real commitment to the goals they set forth. **Fourth**, as *Laudato Si'* stresses, the cause is lack of “political will” on the part of the most powerful interests. **Fifth**, real change demands real commitment to put action and resources behind the rhetoric of dignity, care, and justice. **Finally**, the way forward begins in the grassroots to global mobilization. Here the Catholic community and other faith traditions are vital. What is needed is not more teaching and policies, but concreting commitment and action, with Catholics everywhere taking a leadership role.



MARTA FRACAPANI

President of the Provincial Council of Bioethics; Directress of the MSc in Bioethics, Medical Sciences Faculty, National University of Cuyo, Mendoza (Argentina)

Member of the Pontifical Academy for Life

Neonatal Health and Pregnancy

The Maternity and Childhood Department of the Ministry of Health, Social Development and Sports of the province of Mendoza, Argentina, adopted the strategy for the regionalization of perinatal assistance proposed by the national Ministry of Health through the National Department of Maternity and Childhood in an effort to reduce maternal-neonatal mortality. The regionalization of neonatal assistance in public hospitals focuses on childbirth with probable gestation of less than 32 weeks (or ultrasound scan evidence of a fetus weighing less than 1500 grams), and/or newborn babies and the birth of infants weighing less than 1500 grams. A regionalization process entails the creation of an increasing complicated system of health care service providers wherein the optimization of resources leads to an improvement in the quality of assistance for beneficiaries. Work was also done in the public and private subsystem of Mendoza on perinatal regionalization for assistance to pregnant women, high risk pregnancies, newborn babies, babies considered at high risk and women in childbirth. Efforts were deployed in two fundamental areas: 1) on-site training in maternity wards and 2) the regionalization of perinatal assistance. Training entailed the use of innovative learning-teaching techniques involving the medical staff on duty every day of the week at the hospitals in the province. Responsibility for health care is considered a personal, professional and political responsibility where local and global considerations converge and challenge us to attain the goal of excellence.



CARLO HANAU

Professor of Political sciences and Health economics, University of Bologna and Modena (Italy)

Birth and Economic Inequalities

The future of society is based on children, whose healthy life must be guaranteed immediately by all means possible. The first indicator to examine is mortality, the denial of life for the newborn and the first five years of the child's life.

My report is based on UNICEF data, which conducts surveys on the mortality and health status of children, collaborating with the WHO and the World Bank through UN IGME. The last publication in Italian language was presented on February 20, 2018: *Every Child is Life: We Stop Newborn Mortality*.

From this it is noted that every year 5.2 million newborn babies' lives are lost. 2.6 million newborns die before they reach their first month. One million of this 2.6 million, emits the first and last breath the day he or she is born. Another 2.6 million are stillborn. Most of these deaths are an avoidable tragedy: more than 80 percent of neonatal deaths are caused by premature birth, complications during the birth, labor and delivery and infections such as septicaemia, meningitis and pneumonitis. These are avoidable deaths if mothers and newborns could have access to quality health care, good nutrition and clean water, which also would affect the deaths within the child's first month and first 5 years of life, whose mortality rate decreased by 62% between 1990 and 2016. The mortality of infants under the age of 1 month was decreased by 49% (a smaller increase than 62% because neonatal deaths are difficult to cope with single agent or intervention and require a more systematic approach to the system global for neonatal survival).

The risk of neonatal death varies enormously depending on where a child is born. In Japan fewer than one newborn children in 1,000 dies during the first 28 days, compared to 46 children in Pakistan. In Pakistan, newborn survival is closely linked to the income level of the country. In lower income countries, 27 out of 1000 newborn babies die, whereas in high-income countries 3.3 out of 1000 children die within their first month of life.

The income level of a country is only one of the determinants, since health policy choices can play an important role. In Kuwait and in the United States of America, both countries of high-income, the neonatal mortality rate is 4 out of 1000, only slightly better than some low-income countries such as Sri Lanka and Ukraine, who hold a neonatal mortality rate of 5. Rwanda has more than halved its neonatal mortality rate in recent decades, reducing it from 41 in 1990 to 17 in 2016, ranking well above middle-upper income countries such as the Dominican Republic, where the neonatal mortality rate is 21. This shows that the existence of the political will to invest in solid health systems, which gives priority to newborns and the reaching of the poorest and most marginalized is of fundamental importance and can make a difference, even where resources are limited.

Also within each country the differences between classes of family income, regions and level of urbanization, access to services, cultural levels, medical status, age of the mother, ethnic groups, gender of the newborn, condition of immigrant, state of war, epidemics and famine in the country affect the neonatal mortality rate.

The moral obligation to overcome iniquity among all newborns is recognized in the Millennium Development Goals of the WHO and the focus to contribute and achieve an increase in maternal and child health and therefore a reduction in mortality and morbidity. In addition to child deaths, there are also the more or less serious disabilities that heavily influence the neuropsychic development of the child preventing the complete realization of their genetic and human potential more generally and a healthy first 1000 days of life.



MARIE-JO THIEL

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Director of the European Center for Studies and
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Evolution of Prenatal Diagnosis Techniques. Ethical and Policy Challenges

Prenatal diagnosis enables parents wishing to have a child to be reassured about its state of health. It has become the door opener for ending a child's life before he or she is born. Prenatal diagnosis includes a series of medical and genetic tests carried out at different times. Such as, pre - implant diagnosis, that targets prenatal screening in which the NIPT (non invasive prenatal test) potentially opens the way to the analysis of the entire genome of the child to be born, and hence its possible elimination due to not conforming to expectations (individual and societal). Selection expands in a most insidious way. By situating this analysis within the perspective of global bioethics, evidence becomes the vast collective and most ambiguous request that literally devours the individual request of the parental dream for a healthy child. By way of the need for "common sense" addressed to autonomous and responsible persons, what is actually expressed is the will of the globalized world dominated by the market, therefore its opposition in dealing with and especially paying for "senseless" and expensive lives that, in terms of a commodity, are considered "discards". The contribution substantiates the great developments of prenatal diagnosis and proposes a socio-political and ethical rereading in order to motivate a sense of responsibility which, while well aware of suffering underway here and now, also raises its gaze afar in both time and space in order to intuit responses consistent with the world and the humanness we wish and pursue both individually and collectively.



ROBERT J. VITILLO

Secretary General of the International
Catholic Migration Commission (ICMC),
Geneva (Switzerland)

Birth and Migration

The author will focus on the following issues related to the theme of the presentation:

1. The right to be born, given challenges presented by some States to migrants, especially those in irregular status, or those not benefiting from protection as officially recognized refugees, through the imposition of forced contraception or forced abortion, as well as an examination of the particular vulnerability of some populations in this regard.
2. Threats to enjoyment of the right of *ius soli* in those countries which traditionally have been recognized as a right, as well as the Church Teaching for the right of migrant children to receive citizenship from their place of birth and the practical consequences of statelessness among some forced migrant and refugee populations.
3. The right to full life and dignity for migrant children after birth, and for migrant families, including the right to education, health care, decent work, decent living conditions, and to have a family. International law and policies in this regard, including the Universal Declaration of Human Rights, the ILO Convention on the Rights of Migrant Workers and their Families, et al. and the Teaching and Tradition of the Catholic Church and of other major faith traditions in this regard.
4. Particular focus of the Holy See in advocacy on the UN Compacts for Refugees and for Safe, Orderly and Regular Migration.
5. Listen to the voices of Refugee Children in their search for life, dignity and peace.