BIOETHICS IN THE CONTEMPORARY WORLD-WHY SHOULD I TALK ABOUT BIOETHICS?
Linamara Battistella, ISPRM President

It is necessary to be very aware of the responsibility that we – specialists in Physical and Rehabilitation Medicine – have at this moment, when it is so hard to define the limits between ethics, life and research, and we see ourselves smashed by the press and media, by our different ideologies and by interests so distant from the ideal of science and from the ideals of life preservation.

The discussion concerning ethics is not a new one. Since Socrates, this has been a much discussed issue among scholars, researchers and the society as a whole. For the Greeks, “PHYSIS” – nature – meant the mature, the entire, the handsome, and the healthy. Infirmity, “PATHOS”, was immoral and supernatural. And so, the Doctor – the person that had the virtue to give back someone’s health – was a moralist. The patient, “IN-FIRMUS” – which means “without moral or physical ‘firmness’” – was classified as incapable and, therefore, should be treated as a child; the Doctor, with his healing power, was to perform the role of a priest. That explains the sacred feature of Medicine and the paternalist behavior towards patients. The progress of knowledge has allowed us to differentiate illness from immorality, but disability still has remained, for a long time, misunderstood.

The second stage on the ethics evolution brings up the innovation introduced by the doctor, theologian and philosopher Maimonides. This positive moral persists with Descartes and Voltaire on the 17th century. The 20th century is characterized by a more technical approach to Medicine and has the progressive socialization of assistance as its target. In 1948, on the pursuit of equality between men, the United Nations has issued the Universal Declaration of Human Rights.

When science – with its need of inquiring and its capacity of transforming – became a threat to the individual, the society realized that rules and conventions had to be created, giving scientific ethics a new face. This is how bioethics emerged; we could even affirm that an important fact that raised world awareness in this sense was the Hiroshima and Nagasaki bombing, which showed us that science could harm as much as it could heal, and could destroy men, nature and society.

Following this line of thought, Potter comes with the relations between biological knowledge and human values. The discussion that involves ethics, bioethics and human rights, has become even more important on the 60’s. Nevertheless, this discussion has added very little to the millenary knowledge that had always been disseminated by Buddha and Manu.

Modern society, through bioethics, translated those principles of Buddha and Manu into three areas: AUTONOMY – means “respect for the human being”; people with reduced autonomy are those who are socially vulnerable – and, amongst them, are the disabled. WELFARE – “bonum facere”: doing the best for the patient – what brings us back to Hippocrates. SOCIAL JUSTICE – equity – to treat equally who is equal, and to treat differently who is different.

The frameworks of Bioethics become even more complex when we consider different cultural realities, political systems and socioeconomic conditions. Bioethics relies on the autonomy of the human being, and autonomy is deeply linked to conditions of living, like poverty, lack of freedom, violence – such as in a war – and different ideologies.
These facts become even more remarkable when we talk about disabled people. Historically, bioethics have conditioned their attitude to a restrict view of ethical and social policy. And this has a great impact on how people with disabilities – and their options – are seen and dealt with.

That brings us back to the ethics Socrates proclaimed, when disease was immoral. And that obviously reflects on how disability is looked at today, and the question here is not to cure the disease, but to create a disability-free society.

Respecting the patient’s autonomy depends on a fair society. When society accepts people with disability, we will be really able to talk about tolerance and equity. The patient’s perspective is to cross the barriers imposed by disability.

It is unrealistic to expect that people with disabilities will not see implications or be afraid living in a society or professional market that celebrates the possibility of a disability-free world.

As researchers we should reflect on human relations, obviously taking into account scientific yearnings, but also considering that we could never abandon the defense of human integrity and the preservation of life. As educators we MUST educate for freedom and peace, transmitting ethics and moral values.

The most relevant positive development comes probably from the growth of indignation, which was demonstrated in different parts of the world, particularly among the younger generations, against abuse of power and the lack of justice.

The mission of ISPRM is to foster this indignation in a positive and resolute way. Many issues have been raised but, probably, the main question – in a frame of conflicting values and interests which characterize the complexity of our time – is: “what values do we attribute to life?”. And, as a consequence: “how can we protect and enrich this product?”. If bioethics means also – or mainly – to appreciate and to love life, I express the hope that our different voices may converge to give stimulating answers to the most important actor in this scenery: our patient.

INTERNATIONAL SPINAL CORD INJURY DATA SETS
Fin Biering-Sørensen, MD, Head of department,
Co-chair to the Executive Committee of the International Standards and Data Sets
Chair of the Scientific Committee of the International Spinal Cord Society
Clinic for Spinal Cord Injuries, The Neuroscience Centre, Rigshospitalet, Copenhagen University Hospital

Survival of spinal cord injury (SCI) with a reasonable quality of life has increasingly become an expected outcome worldwide. As a result there is an increasing need for data pertaining to SCI. Such data should be in the form of a common international data set collected on individuals with SCI to facilitate comparisons regarding injuries, treatments, and outcomes between patients, centres and countries.

Many countries have established SCI databases. These and many other countries are finding it increasingly important to have comparable data elements so that the services affecting worldwide outcome of SCI can be assessed and compared. For those countries seeking to develop or upgrade a SCI database, the ability to learn from the experience of other countries is critical. Since data may be used to secure and/or maintain financial support for SCI services, data standards must be high and selection of data fields carefully examined.

The process for establishing International SCI Data Sets started at an international meeting of experts in SCI data collection and analysis occurred at a workshop on May 2, 2002, prior to the combined meeting of ASIA (American Spinal Injury Association) and ISCoS (International Spinal Cord Society) in Vancouver, British Columbia, Canada. At this meeting a process was developed for selection of data elements to be included in International SCI Data Sets.

An overall structure and terminology has been developed following the format of the International Classification of Function (ICF). This includes definitions of the Core Data Set, as well as Modules with Basic Questions and Basic Data Sets and Expanded Data Sets. General guidelines for the development of data sets have been worked out.
The Core Data Set has been developed, and data sets for Non-traumatic spinal cord lesions, Vertebral Injury, Spinal Surgery, Lower urinary tract function, Pain are under development. In addition in collaboration with WHO is a specific SCI module of the ICECI (International Classification of External Causes of Injury) under development to facilitate international collection of data for prevention purposes.

Working group a module on Activity and Participation are being established. All new data sets approved will be made available with a data collection syllabus at the web sites of ISCoS (www.iscos.org.uk), and ASIA (www.asia-spinalinjury.org).

**THE 23TH CONGRESS OF THE COLOMBIAN ASSOCIATION OF PHYSICAL MEDICINE AND REHABILITATION**

By Jorge E. Gutierrez, MD, MSc, Colombian ISPRM delegate

The Colombian Association of Physical Medicine and Rehabilitation (ASCMF&R) organized the 23th edition of their biannual Congress last August 3-5, 2006 in Cartagena, Colombia.

The Colombian Association was honored with the presence of Dr. Linamara Battistella ISPRM president, Dr. Joyce Bolaños president of the Latin American Association of Rehabilitation Medicine (AMLAR), Dr. Mark Young chair of the ISPRM International Exchange Program Committee and Dr. Bryan O’Young, coauthor of the well known book: “Secrets of PM&R”.

Some highlights of the congress are listed below:

- Linamara, Joyce, Mark and Bryan were designated as honorary members of the ASCMF&R
- 90% of the practicing Colombian physiatrist attended the congress
- Fellowships were granted to all Colombian PM&R residents to attend the congress
- A special course of Rehabilitation Medicine for general practitioners was held the first day.
- Several Colombian residents and physiatrists established contacts to participate in the ISPRM International Exchange Program directed by Dr Mark Young
- Dr. Carlos Fernandez, the ASCMF&R president, and other ASCMF&R officers had a very constructive meeting with Dr. Luis Parada President of the Venezuelan Society of PM&R and Dr. Laura Flor librarian of the Ecuadorian Society of PM&R and a further closer collaboration between the three societies will be developed.
The number of active members of the Association increased by 15%.
The ASCMF&R edited the textbook “Rehabilitation Medicine 2006” and a new volume of the Colombian Journal of PM&R.
The best paper award was won by Dr. Jorge E Gutiérrez for the manuscript titled “Automatic Detection of focal neuropathies using machine learning techniques: a cost-sensitive comparison of supervised classifiers”
Dr. Luz Helena Lugo, from the Universidad de Antioquia, was elected as new president of the ASCMF&R
The congress organizers received a positive feedback from the attendees for the high scientific level
The 2007 ISPRM Congress in Seoul, Korea was widely promoted during the Colombian Congress.

In the Picture from left to right: Dr. Jorge E Gutiérrez Colombian ISPRM delegate, Dr. Carlos Fernández ASCMF&R president, Dr. Luis Parada Venezuelan Society of PM&R president, Dr. Linamara Battistella ISPRM President and Dr. Joyce Bolaños AMLAR president.

In the Picture from left to right: Dr. Orlando Quintero ASCMMF&R treasurer, Linamara Battistella ISPRM president, Dr. Laura Flor librarian Ecuadorian society of PM&R, Dr. Olga Estrada ASCMF&R secretary and Dr. Luis Parada Venezuelan Society of PM&R president.
ISPRM BOARD OF GOVERNORS MEETING
DURING MEDITERRANEAN CONGRESS ON PM&R - VILLAMOURA, ALGARVE

ISPRM President’s Cabinet Meeting (on invitation only)
Wednesday, 18 October 2006, 09.00 - 11.00 hrs ◆ Meeting Room DELFIM

ISPRM Executive Board Meeting (on invitation only)
Wednesday, 18 October 2006, 11.00 - 13.00 hrs ◆ Meeting Room DELFIM

ISPRM Board of Governors Meeting - Part 1 - Meeting open to all ISPRM Board Members
Chaired by Prof. Linamara Battistella
Wednesday, 18 October 2006, 13.30 - 17.30 hrs ◆ Meeting Room NEPTUNO of the Marina Hotel

ISPRM Board of Governors Meeting - Part 2 - Chaired by Prof. Chang-IL Park
Meeting open to all ISPRM Board Members
Saturday, 21 October 2006, 13.30 - 17.30 hrs ◆ Meeting Room NEPTUNO of the Marina Hotel

ISPRM BOARD MEMBERS THAT DID NOT SEND IN THEIR REPORTS FOR PRESENTATION AT THE BOARD MEETING ARE REQUESTED TO DO THIS ASAP

NEW NATIONAL SOCIETY OF REHABILITATION MEDICINE FOUNDED IN SINGAPORE

The newly-formed Society of Rehabilitation Medicine of Singapore (SRMS) had its inaugural annual general meeting on February 23, 2006 and presently has a voting membership of 14 ordinary members (fully qualified physiatrists). The rest of the Society's membership comprises non-voting associate (physiatrists-in-training) and affiliate (allied health including therapists, nurses, prosthetist, pharmacists, social workers, etc.) members.

The President of the SRMS is Dr. Peter A C Lim and he can be contacted at peter.lim.a.c@sgh.com.sg

We wish this new ISPRM member a fruitful future.

NEWS & VIEWS EDITORIAL BOARD
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$ Please feel free to submit articles for the News & Views and to take part in our Editorial Board.
UPCOMING MEETINGS AND CONGRESSES

- Congresses on Neurology [http://www.eurostroke.org/esc_main%20links.htm]


5th ISPRM World Congress – May 9 -13, 2009 in Istanbul, Turkey

6th ISPRM World Congress – June, 4 – 9, 2011 in San Juan, Puerto Rico

- 131st Annual Meeting of the American Neurological Association, 08- 11 October, 2006, Chicago, IL, USA, [http://www.aneuroa.org/annual.htm]
- 5th Int. Congress on Spondyloarthopathies, 12-14 October 2006, Gent, Belgium, Visit [www.medicongress.com]
- 3rd. Mitteleuropäischer Kongress für PM&R, organized by the German and Austrian Society in collaboration with the Italian Society on PM&R – Language German – 12 – 14 October 2006, CD-Hotel Salzburg. Info: pmr-kon@salk.at


- 21st SOFMER Congress (French Society on PM&R), October 19-21, 2006, Rouen, France – lectures in French only contact Prof. Françoise Beuret-Blaquart at fbeuret@aol.com
- 28th Indian Association of Sports Medicine congress, October 26-28, 2006, Pune, India, contact Dr. Ashish Babulkar, ababulkar@bigfoot.com
- Evolving Architecture of Research, Patient Care and Education, 2nd National SCI Conference, October 26-28, 2006, Toronto, Canada – email murawiec.marta@torontorehab.on.ca
- 1st Symposium on Medical Rehabilitation, 2-4 November 2006, Ankara, Turkey. Info gunesyavuzer@hotmail.com - visit [www.trs2006.org]
- 6th Annual Symposium of 2nd Rehabilitation Department of National Rehabilitation Centre, “EIAA”, Rehabilitation of Cerebral and Spinal Cord Lesions, major and minor functional interventions, November 2-4, 2006, Congress Centre “DAIS”, Greece – information: Christina Rapidì at rapidìchà@hotmail.com or ninapetr@hotmail.com
- 22nd Congress of the Latin-American Medical Association, November 8-12, 2006, Veracruz, Mexico, contact jmguzman@avantel.net
41st ASM of Japan Medical Society of Spinal Cord Lesion. November 9-10, 2006, JASCol Keisie Hotel Miramare, Chiba, Japan – visit www.miramare.co.jp

68th Annual Assembly of the AAPMR, November 9-12, 2006, Honolulu, Hawaii, USA – www.aapmr.org – Reduced registration fees for ISPRM members offered

4th National Convention and Scientific conference of the Bangladesh Association of Physical Medicine and Rehabilitation (BAPMRCON 2006), November 15-16, 2006; Dhaka, Bangladesh. Contact: Mohd Taslim Uddin taslim@bdcom.com

9th Asian Federation of Sports Medicine, November 19-22, 2006, Riyadh-Saudi Arabia. Info info@afsm2006.com.sa


Combined Meeting of the South African and Belgian Knee Societies, Oct 29-Nov 5, Cape Town, South Afrika. Info www.medicongress.com

3rd Annual Update Symposium on Clinical Neurology and Neurophysiology, February 19-21, 2007, Tel Aviv, Israel. Info meetings@isas.co.il

17th Annual Convention of the Philippine Academy of Rehabilitation Medicine, February 28 to March 3, 2007 at Marco, Hotel, Cagayan de Oro City, Philippines. Info: cemby@yahoo.com


4th International Congress of the Cuban Physical Medicine and Rehabilitation Society, March 26-30, 2007, Havana, Cuba - visit www.sld.cu/sitios/rehabilitation or contact jorge.martin@infomed.sld.cu

19th Annual Physical Medicine and Rehabilitation Board Review Course (80 CME credits) of Kessler Medical Rehabilitation Research and Education Corporation (KMRREC), April 18-27, Westminster Hotel, Livingston, New Jersey. Info: cdavide@kmrrec.org

45th Congresso SERMEF (Spanish Society on PM&R), May 22-25, 2007, Tarragona, Spain – Congress in Spanish only info: m.velazquez@torrespardo.com

Implementing the Evidence - 15th Annual Scientific Meeting of the Australasian Faculty of Rehabilitation Medicine, May 22- 25, 2007, Sydney, Australia. Info: AFRM@racp.edu.au


9th Congress of European Federation for Research in Rehabilitation (EFRR), 26 to 29 August 2007, Budapest, Hungary - Theme: "Partnership in rehabilitation research"- Contact: Prof. Lajos Kullmann, lkullmann@rehabint.hu

69th Annual Assembly of the AAPMR, 27-30 September 2007, Boston, USA – visit www.aapmr.org
EuroSpine 2007, 2-5 October 2007, Brussels, Belgium
Heizel Congress Center – visit: www.medicongress.com

- Annual Congress 2007 SOFMER (French Society on PM&R), 4-6 October 2007, Rennes, St Malo, France (lectures in French only) - contact gdekorvin@cpa-sante.com

6th Interdisciplinary World Congress on Low Back Pain, 7-10 November 2006, Barcelona, Spain. Visit www.worldcongresslbp.com


First Asia and Oceania Congress of Physical and Rehabilitation Medicine (AOSPRM), May 15-19, 2008, Beijing, China. Info: www.aocprm2008.com

European Congress on Physical Medicine & Rehabilitation, 4 - 7 June 2008, Brugge, Belgium - visit www.medicongress.com

- 1st World Congress on Pain, 17-22 August 2008, Glasgow, Scotland – visit www.iasp-pain.org
- 7th Mediterranean Congress of Physical and Rehabilitation Medicine, 18 - 21 September 2008, Potorose, Slovenia
  Contact: Prof. Crt Marineck marineck.crt@mail.ir-rs.si

AMLAR 2008 3-6 November 2008 - including the meeting of the Latinoamerican Society of Paraplegia, Hilton Conrad Hotel and Convention Center, Punta del Este, Uruguay – Contact Hugo Nunez Bernadet anhunez@adinet.com.uy


17th European Congress on Physical Medicine & Rehabilitation, 23 - 27 May 2010, Venice, Italy

Please feel free to send us an email with your upcoming congresses for publication in this agenda