



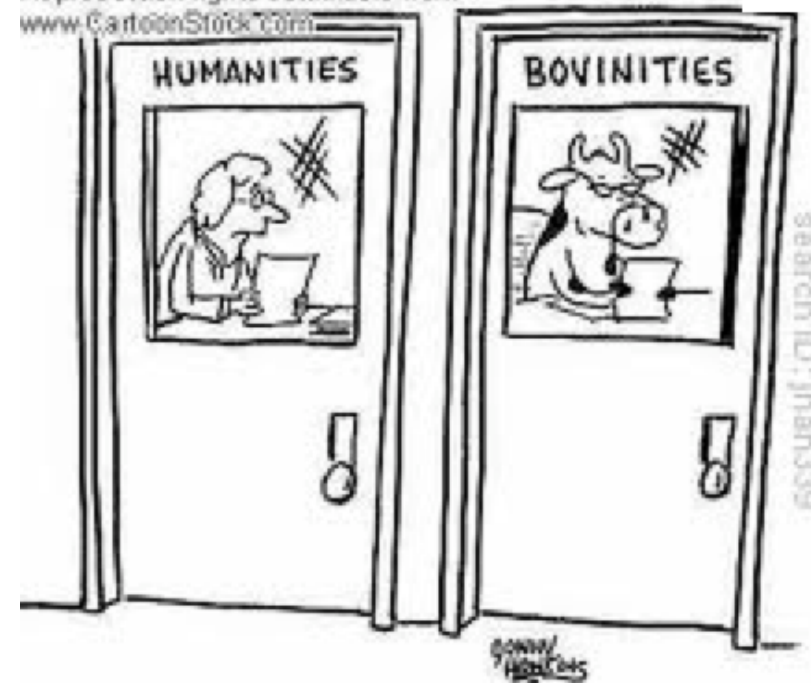
UNIVERSITÀ DEGLI STUDI DI FERRARA

- EX LABORE FRUCTUS -

Giovanni Boniolo

Dipartimento di Scienze Biomediche e
Chirurgico Specialistiche

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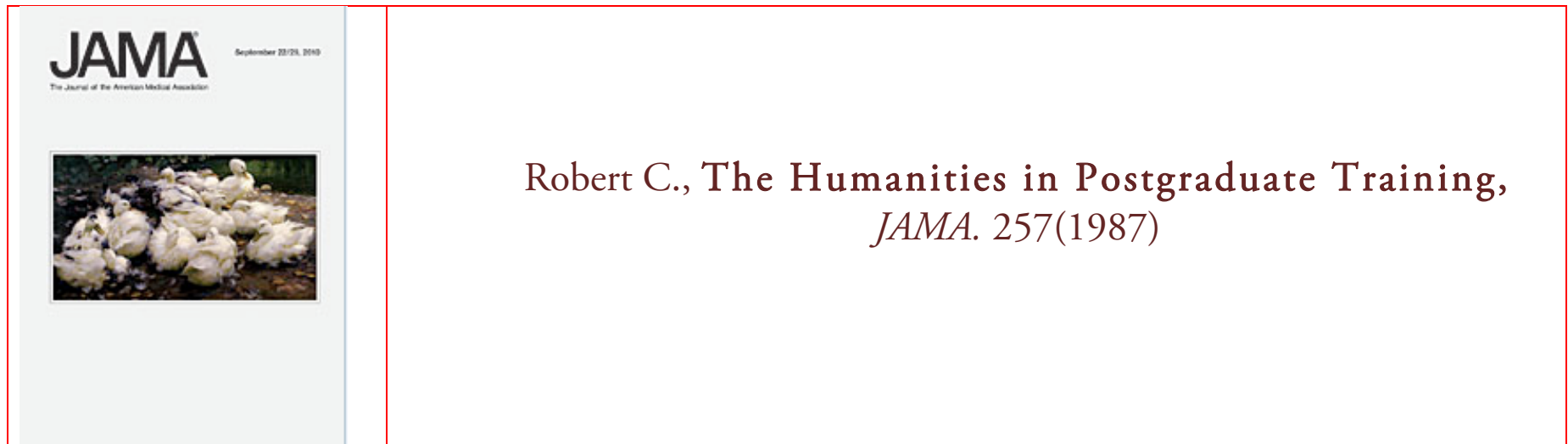


MEDICAL HUMANITIES:

any interdisciplinary attempt that tries to reconcile medicine with humanities, it promotes a patient-oriented rather than a disease-oriented approach to medical care

- The term was coined in the United States in the 1960s
- It has gained a general acceptance both in EU and US, only in the 1990s

1. **Medical Humanities** as a given approach to medical research and practice
2. **Medical Humanities** as one of the elements of a curriculum to become physician

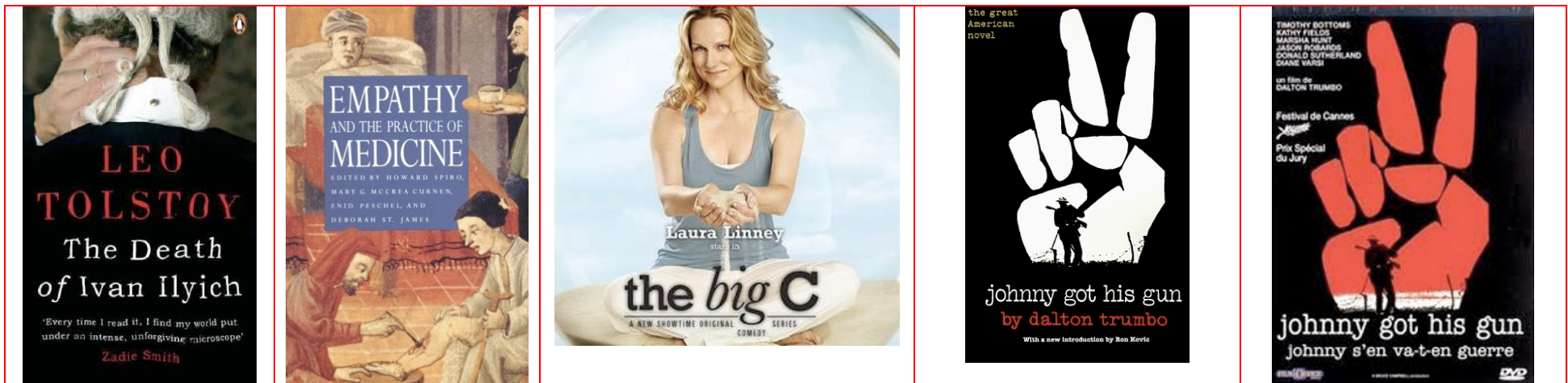


Robert C., **The Humanities in Postgraduate Training,**
JAMA. 257(1987)

Existential approach

fostering a depth of a human and humane understanding of the professional-patient relationship, by focusing on

- narration
 - given by the patient during the anamnesis
 - given by the patient “as placebo”
 - addressed to the physician
 - addressed to the student
- empathy



Journal of Medical Humanities



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1600-1009 (online)

Volume 34 Number 3
September 2014



J Med Humanit (2014) 35:377–387
DOI 10.1007/s10912-014-9269-5

Rethinking Medical Humanities

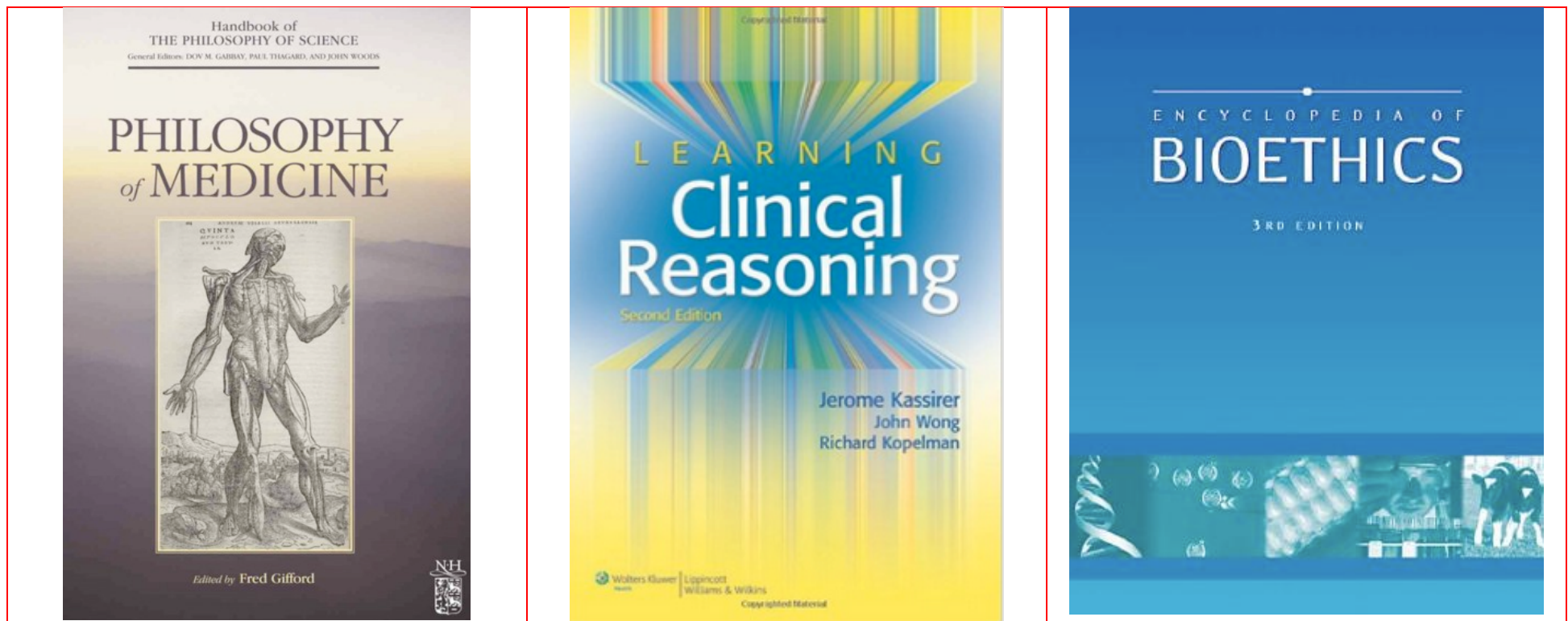
Luca Chiapperino • Giovanni Boniolo

Published online: 30 January 2014

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Conceptual approach

embracing all the disciplines (philosophy, logic and probability, ethics, etc.) contributing to the theoretical analysis and comprehension of medicine



1 – PHILOSOPHY



How could we define 'clinical death'?

Annals of Internal Medicine

ESTABLISHED IN 1927 BY THE AMERICAN COLLEGE OF PHYSICIANS

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1 March 1981, Vol 94, No. 3>

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Medicine and Public Policy | 1 March 1981

On the Definition and Criterion of Death

JAMES L. BERNAT, M.D.; CHARLES M. CULVER, M.D., Ph.D.; and BERNARD GERT, Ph.D.

Bioethics ISSN 0269-9702 (print); 1467-8519 (online)
Volume 21 Number 1 2007 pp 32-40

DEATH AND TRANSPLANTATION: LET'S TRY TO GET THINGS METHODOLOGICALLY STRAIGHT

GIOVANNI BONIOLO

Keywords

death, definition,
explantability window,
transplantation,
methodology

ABSTRACT

The purpose of this paper is methodological. I begin by showing the methodological frailties of both the heart and brain approach to the criteria of death used in connection with organ transplantation. I then clarify what a definition is. Finally, I propose to abandon the definition of death, and suggest a pragmatic definition of 'explantability window'.

How could we define 'disease'?



YALE JOURNAL OF
BIOLOGY AND MEDICINE

Yale J Biol Med. 1945 Jan; 17(3): 493-501.

PMCID: PMC2601549

The Meaning of Normal*

[C. Daly King](#)

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THE MEANING OF NORMAL*

C. DALY KING

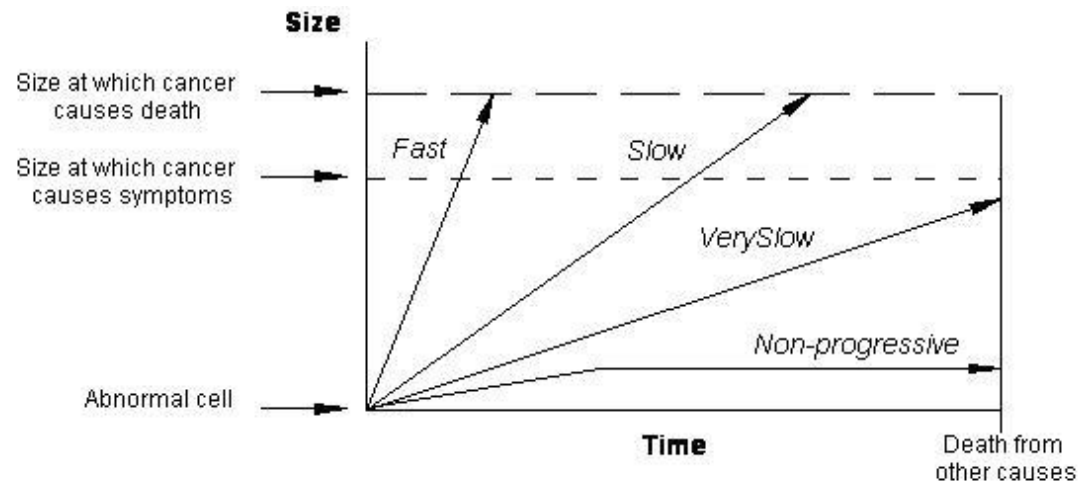
It is generally agreed that scientific research yields its richest rewards to those investigators who take the pains, in advance of actual experiment, to review carefully the question to which they

Bladder cancer

FISH analysis uses a computer algorithm model to evaluate and compare cells for abnormality. If abnormal, these cells may be considered suspicious or diagnostic for cancer. **The presence of four or more abnormal cells is considered diagnostic for bladder cancer.** Thus, a grey area may exist when **there are one to three abnormal cells present.** Clinical judgment skills, experience with FISH analysis, knowledge of the patient's medical history, and/or consultation with other pathologists may be necessary for appropriate diagnosing.



Overdiagnosis and Overtreatment



2. LOGIC AND PROBABILITY



da A. Campanile

Without Screening

1000 patients with clinical lung cancer

10 years later

900 are dead
100 are alive

$$10 \text{ year survival} = \frac{100}{1000} = 10\%$$

With Screening

4000 patients with pseudodisease
1000 patients with clinical lung cancer

10 years later

4000 are alive
900 are dead
100 are alive

$$10 \text{ year survival} = \frac{4100}{5000} = 82\%$$

Annals of Internal Medicine

ESTABLISHED IN 1927 BY THE AMERICAN COLLEGE OF PHYSICIANS

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6 March 2012, Vol 156, No. 5>

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Original Research | 6 March 2012

Do Physicians Understand Cancer Screening Statistics? A National Survey of Primary Care Physicians in the United States

Odette Wegwarth, PhD; Lisa M. Schwartz, MD, MS; Steven Woloshin, MD, MS; Wolfgang Gaissmaier, PhD; and Gerd Gigerenzer, PhD



$$P_w = \frac{1}{650 \times 10^6}$$




$$P_h = \frac{1}{3,2 \times 10^3}$$

Given

$$P_w < P_h,$$

why do people win the lottery more frequently than to be hit by a meteorite?



 OPEN ACCESS

ESSAY

Why Most Published Research Findings Are False

John P. A. Ioannidis

Published: August 30, 2005 • DOI: [10.1371/journal.pmed.0020124](https://doi.org/10.1371/journal.pmed.0020124)

48,070
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Science The World's Leading Journal of Original Scientific Research

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Home > Science Magazine > 25 January 2013 > Couzin-Frankel, 339 (6118): 386-391

- Article Views
- > Summary
 - > Full Text
 - > Full Text (PDF)
 - > Podcast Interview

Science 25 January 2013:
Vol. 339 no. 6118 pp. 386-389
DOI: 10.1126/science.339.6118.386

NEWS FOCUS

Shaking Up Science

Jennifer Couzin-Frankel

nature International weekly journal of science

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NATURE | CORRESPONDENCE

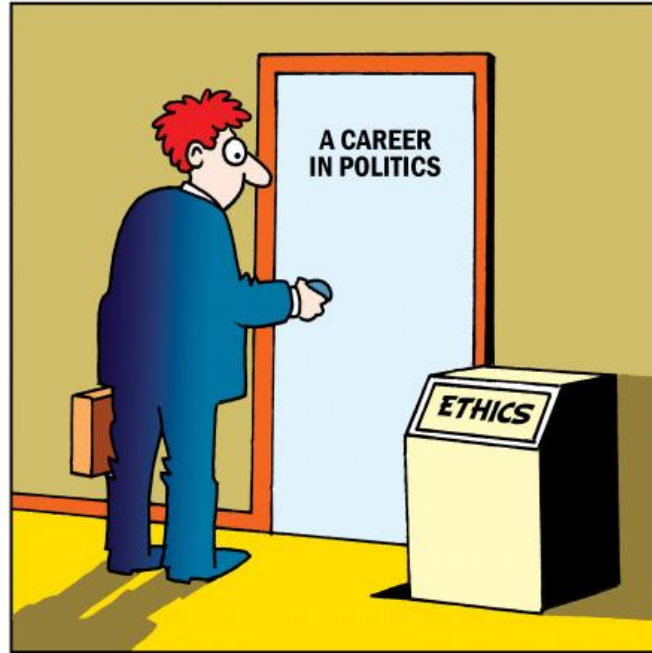
Publishing: Alarming shift away from sharing results

Giovanni Boniolo & Thomas Vaccari

[Affiliations](#) | [Corresponding author](#)

Nature 488, 157 (09 August 2012) | doi:10.1038/488157d

3. ETHICS



The four deadly sins

The first deadly sin

There is a foolish idea that in order to speak about ethics a serious background and training is not necessary

The second deadly sin

There is a pretty collective misunderstanding on the relationships between religion and ethics

The third deadly sin

There is an increasing trend to solve ethical problems by means of laws

The fourth deadly sin

There is a naive confusion between moral prejudices and moral positions

1

Have you an ethical question concerning biomedical research or clinical practice?

Look for an ethical solution (after having understood the science at stage)

Aren't you able?

Be silent!

2

Have you an ethical solution?

Look for a rational and shareable justification

Aren't you able?

Be silent!



ισηγορια (isegoria)

≠

παρρησια (parrhesia)

Moral disagreement concerns a conflict among different opinions held by different persons

→ **Ethical deliberation**

nature International weekly journal of science

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NATURE | NEWS

Stem-cell ruling riles researchers

Italian health minister's support for a controversial treatment appals the country's scientists.

Alison Abbott
26 March 2013



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Mean time from submission to publication

SCIENTIFIC REPORTS

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Nature | 26 March 2013
2. Higgs physics on the cheap
Nature | 26 March 2013
3. Planck steps infant Universe
Nature | 26 March 2013
4. Stem-cell ruling riles researchers
Nature | 26 March 2013
5. Brain scans predict which criminals are more likely to reoffend
Nature | 25 March 2013



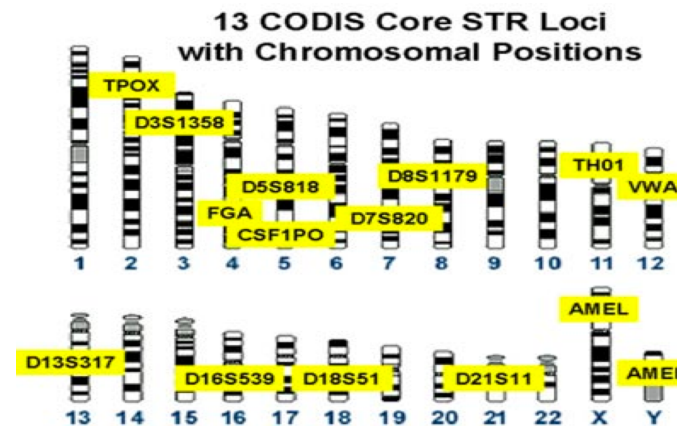
FECONDAZIONE: COSA PREVEDE LA LEGGE 40

In sintesi le principali norme previste dalla legge

- ACCESSO ALLE TECNICHE DI PROCREAZIONE ASSISTITA:** è consentita per risolvere problemi di sterilità o infertilità e solo se non ci sono altri metodi terapeutici efficaci
- NO ALL'ETEROLOGA:** il testo vieta il ricorso alla fecondazione eterologa, cioè con seme di persona estranea alla coppia
- CHI PUO' RICORRERE ALLE TECNICHE DI PROCREAZIONE:** le coppie formate da persone maggiorenni di sesso diverso, sposate o conviventi, in età potenzialmente fertile ed entrambe viventi. No, insomma, a single, mamme-nonne e fecondazione post mortem
- EMBRIONI E SPERIMENTAZIONE:** sono vietate la sperimentazione sugli embrioni e la clonazione umana. Ricerca clinica e sperimentazione sull'embrione sono ammesse solo se finalizzate alla tutela della sua salute e del suo sviluppo. E' vietata anche qualsiasi tecnica che possa predeterminare o alterare il patrimonio genetico dell'embrione
- OBJEZIONE DI COSCIENZA:** il personale sanitario non è tenuto a prendere parte alle procedure per l'applicazione delle tecniche di procreazione medicalmente assistita quando sollevi obiezione di coscienza con preventiva dichiarazione



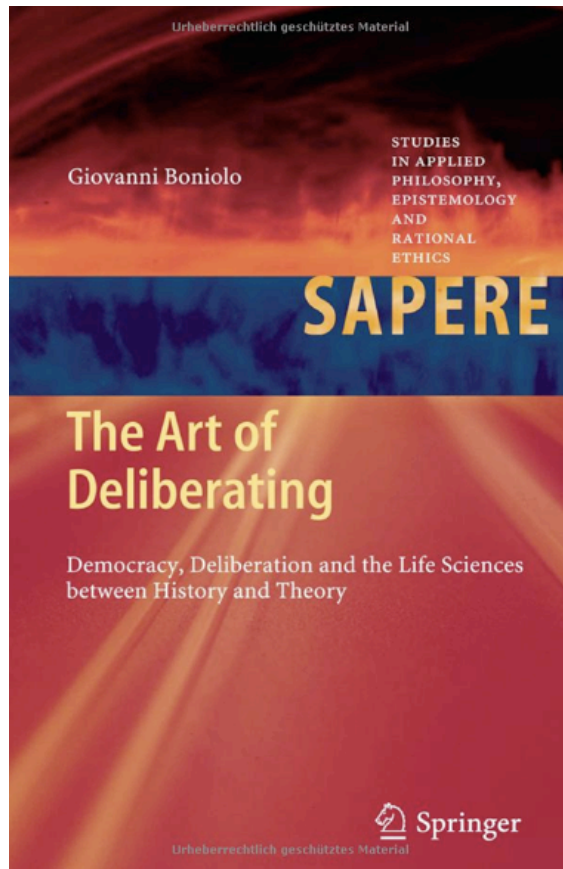
PIÙ infograph



Deliberative democracy

Any system of ethical and political decisions based on some tradeoff of consensus decision making and representative democracy.

In contrast to the traditional theory of democracy, which emphasizes voting as the central institution in democracy, deliberative democracy theorists argue that legitimate public ethical decisions can only arise from the public deliberation of the citizenry.



John Stuart Mill, *On Liberty* 1859

1.

The liberty of the individual must be [...] limited: **he must not make himself a nuisance to other people**

2.

That the only purpose for which power can be rightfully exercised over any member of a civilized community, against his will, is to prevent harm to others.

His own good, either physical or moral, is not a sufficient warrant.

3.

In the part which merely concerns himself, his independence is, of right, absolute.

Over himself, over his own body and mind, the individual is sovereign.

The ethical dilemma of vaccination policies

- **INDIVIDUAL CHOICE?**
 - i) Is the individual at liberty to exempt from vaccination?
 - ii) Are these choices an expression of individual autonomy?
 - iii) Are they blameworthy on the grounds that they are selfish?

- **MANDATORY VACCINATION POLICIES?**
 - i)** Is it the State within its rights to make mass immunization compulsory?
 - ii)** In what circumstances (epidemics? pandemics?)
 - iii)** Are mandates instances of **unjustified state paternalism**?



The Free-rider argument

Free-riders: those who enjoy the benefits of a public good without contributing to its creation

What's the moral status of free-riding behaviours?



Alimentazione l'Oms: la carne rossa favorisce il cancro, come il fumo e l'amianto

23 Ottobre 2015

Commenti

N. commenti 4



:-D 3
:-(0
:-O 0
:-(1

aaa

ARTICOLI CORRELATI

VIDEO
Carne fresca, ecco come si riconosce



for more
information
on lung cancer,
keep smoking.
the lung association british colombia





Nudge

Improving Decisions about
Health, Wealth, and Happiness

Richard H. Thaler and Cass R. Sunstein

...with a new afterword

"One of the few books I've read recently that fundamentally changes the way
I think about the world." —Steven Levitt, coauthor of *Freakonomics*

LIBERTARIAN PATERNALISM

- it is false that people always (or usually) make choices that are in their best interest
- in many situations, some organization or agent must make a choice that will affect the choices of some other people. The point applies to both private and public actors
- paternalism not always involves coercion

thus

- an authority should introduce positive rules (nudges)





This idea has been widely applied in the context of USA and several EU countries health policies:

- **tobacco**: selling only to adults who have purchased an annual personal permit;
- **salt in food**: produce unsalted foods so that consumers must deliberately add salt if they wish;
- **physical activity**: provisions in collective agreements for an exercise period where employers are required to offer a time during the working week for their employees to exercise, but which employees could opt out of if they wished;
- **correct nutrition**: agreements with supermarkets for the prominent display of “healthy” foods and visible warnings for those that are potentially harmful; free distribution of fresh fruit in primary schools and the involvement of firms in similar schemes for their employees;

Question 1

WHICH RECOMMENDATIONS SHOULD I FOLLOW?
(i.e., who is legitimized to tell to the citizens what to do?)

Answer

those institutions which refer to the best scientific literature on the item

Question 2

WHY SHOULD I FOLLOW THOSE RECOMMENDATIONS?
(i.e, why are they legitimized)

Answer

since I, as citizen, have deliberated (with other citizens) for them

Libertarian paternalism and health care policy: a deliberative proposal

**Giuseppe Schiavone, Gabriele De Anna,
Matteo Mameli, Vincenzo Rebba &
Giovanni Boniolo**

**Medicine, Health Care and
Philosophy**
A European Journal

ISSN 1386-7423
Volume 17
Number 1

Med Health Care and Philos (2014)
17:103–113



ecancermedicalscience

Cancer, obesity, and legitimation of suggested lifestyles: a libertarian paternalism approach

Giovanni Boniolo^{1, 2} and Vincenzo Rebba³

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²Dipartimento di Scienze Biomediche e Chirurgico Specialistiche, University of Ferrara, Via Fossato di Mortara, 64A, Ferrara 44121, Italy

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Moral dilemma concerns a conflict between moral obligations held by the same persons

→ Ethical counselling

Maria, 61, enters the hospital accompanied by her husband. They have a particular way of seeing world and life, where everything is connected with everything and where there is deterministic fate for any living being. She is there since she accuses respiratory difficulties and circulatory problems. Maria is obese and very soon at the hospital the physician diagnoses bronchopneumonia, hypercholesterolemia and diabetes, but also a severe gangrene at her left foot. He tells her that the situation is not life threatening, but she has to amputee her foot immediately otherwise she will die. Maria does not know what to do: saving her life but going against her way of seeing world and life, or be coherent and die?

Giovanna, 38, is a woman carrying a TP53 germline mutation. This mutation has been associated with Li-Fraumeni syndrome, which may increase up to 85% the risk of its carriers to develop tumors such as bone and soft-tissue sarcomas, premenopausal breast carcinoma, leukemias, brain cancers and adrenocortical carcinoma, with the latter two arising in children as well. There is a cancer history in Giovanna's family (she had a breast cancer; her father had a colon cancer; her paternal aunt had a breast cancer, two Giovanna's cousins developed tumors). Giovanna thinks to test her two children for TP53 mutation: could and should do it? Could or should tell them the possible positive results?

There are situations in which to take a decision is not easy at all: a lot of ethical concerns and values, religious beliefs, ways of seeing life and death are so entangled that who has to choose is in a sort of *decision-paralysis*.

THUS

Ethical counselling is a dialogic activity between a counsellor and a counselee aimed at helping the latter to cope with (but not to solve) his life troubles (which means that they are neither physiological nor psychological) by means of philosophical concepts, ideas, theories, techniques which allow him the reflection on his way of thinking and seeing world, history, life and death.

G. Boniolo-V. Sanchini (eds)

Ethical counselling and medical decision-making in the era of personalized medicine.

Springer – Heidelberg 2016

Content

Chapter 0 - The plan (G. Boniolo)

Section 1: Methodology

Chapter 1 - Ethics consultation services: the scenario (A. Linkeviciute, V. Sanchini)

Chapter 2 - Ethical Counselling for patients (G. Boniolo, V. Sanchini)

Chapter 3 - Ethical Counselling for clinicians (G. Boniolo, V. Sanchini)

Chapter 4 - Nocebo and the patient-doctor communication (L. Colloca, Y. Nestoriuc)

Chapter 5 - Reasons and emotions (M. Annoni)

Chapter 6 - The centrality of probability (G. Boniolo, D. Teira Serrano)

Section 2: Ethical issues

Chapter 7 - Genetic testing and reproductive choices (P. Maugeri)

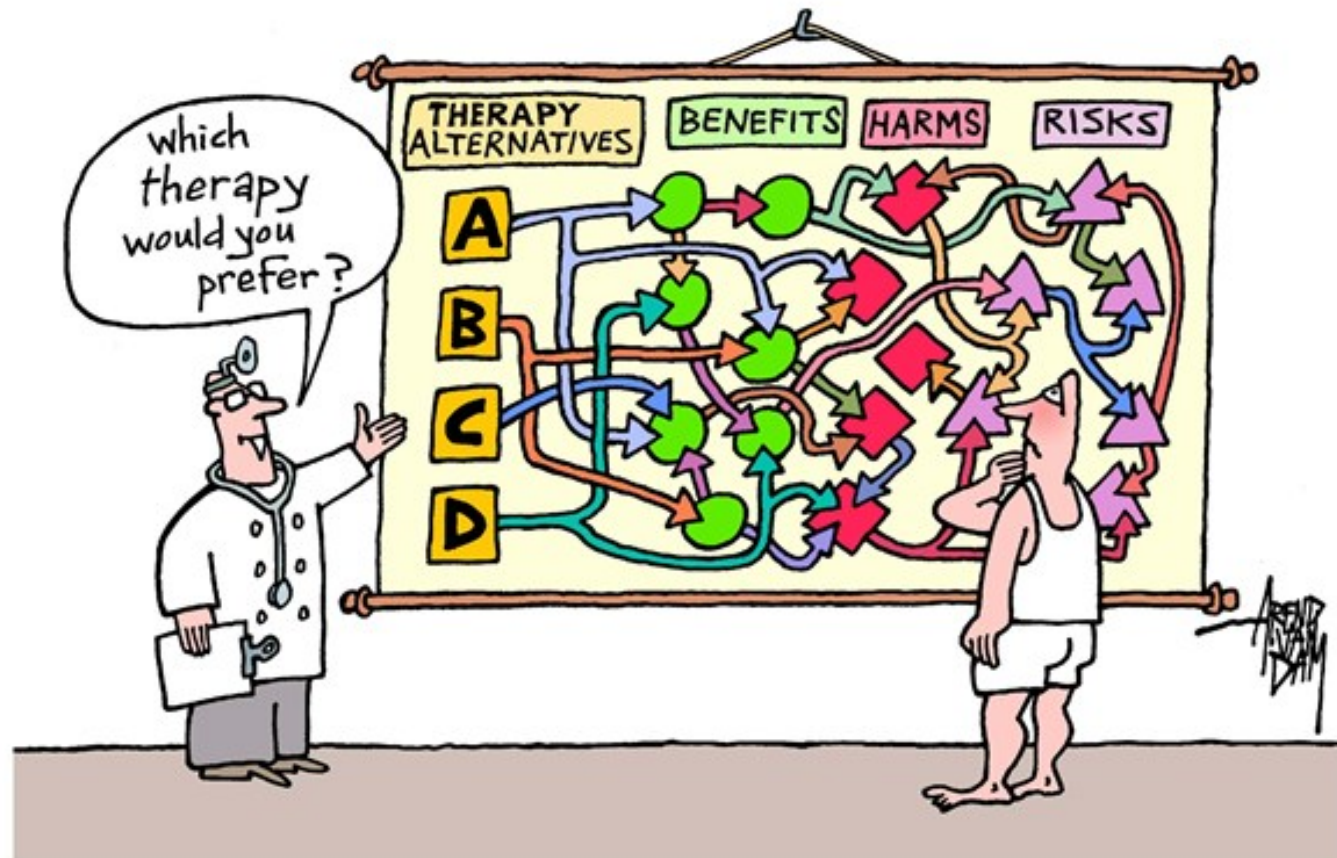
Chapter 8 - The 'right-not-to-know' (L. Chiapperino)

Chapter 9 - Incidental findings (M. Damjanovicova)

Chapter 10 - Oncofertility (A. Linkeviciute, F.A. Peccatori)

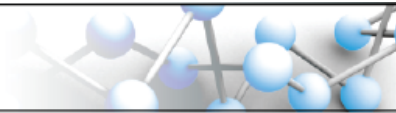
Chapter 11 - Overdiagnosis (G. Ferretti)

Conclusion: Choices (G. Boniolo)



informed consent

bioethics



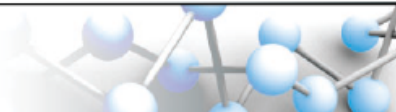
Bioethics ISSN 0269-9702 (print); 1467-8519 (online)
Volume 26 Number 2 2012 pp 93–100

doi:10.1111/j.1467-8519.2010.01823.x

TRUSTED CONSENT AND RESEARCH BIOBANKS: TOWARDS A 'NEW ALLIANCE' BETWEEN RESEARCHERS AND DONORS

GIOVANNI BONIOLO, PIER PAOLO DI FIORE AND SALVATORE PECE

bioethics



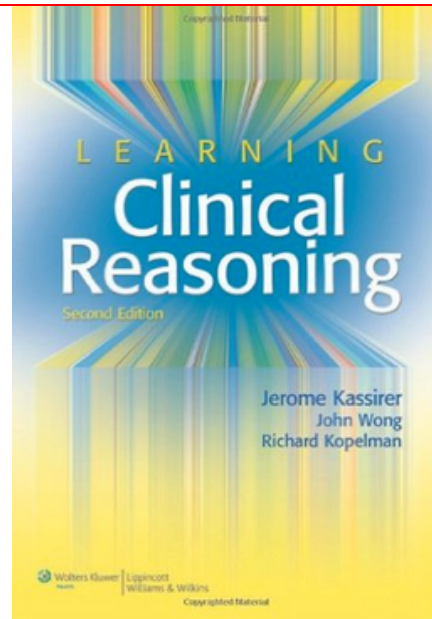
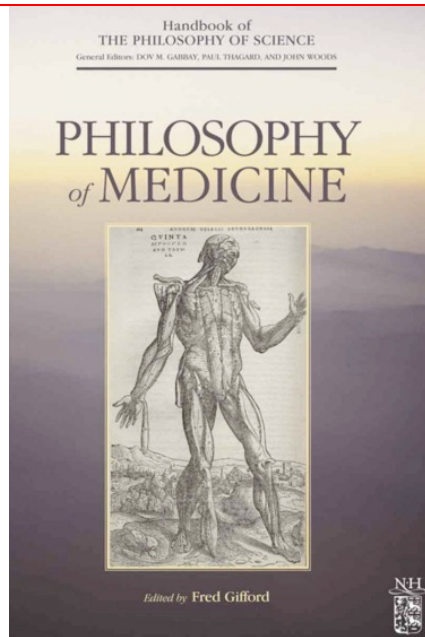
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doi:10.1111/bioe.12184

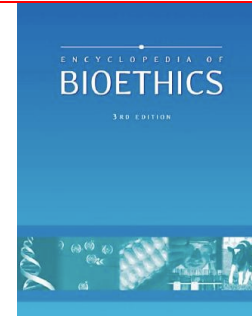
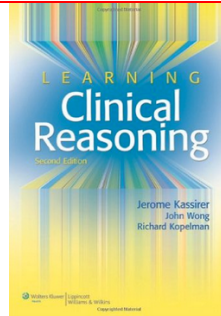
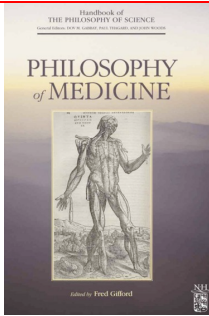
A TRUST-BASED PACT IN RESEARCH BIOBANKS. FROM THEORY TO PRACTICE

*VIRGINIA SANCHINI, GIUSEPPINA BONIZZI, DAVIDE DISALVATORE,
MASSIMO MONTURANO, SALVATORE PECE, GIUSEPPE VIALE, PIER PAOLO DI FIORE,
AND GIOVANNI BONIOLO*

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**Thank you for your
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