Fourth Global Summit of National Bioethics Commissions
Held in conjunction with the Sixth World Congress of Bioethics, International Association of Bioethics

Brasilia, Brazil
3 – 4 November

Day 1

WELCOME AND OPENING REMARKS

Professor Didier Sicard, President, Comité Consultatif National d'Ethique, France welcomed delegates and observers to the Fourth Global Summit. He stressed the importance of bioethics in the world today, mentioning in particular the theme of stem cells as an issue of relevance to many countries.

Professor Catherine Peckham, a member of the Nuffield Council on Bioethics, discussed the diversity of National Bioethics Commissions. There are now over 40 National Bioethics Commissions, from all corners of the world which are extremely varied, although they generally share the same goals. The Global Summit presents one of the few occasions that all Commissions are brought together globally. Professor Peckham expressed the hope that the Summit would provide the opportunity for all Commissions to share experiences and hopes, both formally and informally.

Dr Beatriz Tess, Director of the Department Science and Technology, on behalf of Dr Barjas Negri**,** Ministry of Health, Brazil, welcomed participants to Brasilia. The Brazilian National Bioethics Commission had been launched the previous week, and the Department was particularly pleased to be able to host the Global Summit in Brazil. Stem cells and genetically modified organisms had been selected as the first two topics for study by the new Commission.

SESSION I :
FOLLOW-UP FROM PREVIOUS SUMMITS AND AIMS OF THE BRAZILIAN SUMMIT

Chair: Professor Didier Sicard, France

Dr Sandy Thomas, Director of the Nuffield Council on Bioethics, UK, gave a brief summary of the previous Global Summits, which had been held in San Francisco, Tokyo and London. She reminded participants that the overall aims of the Global Summit meetings were:

- to facilitate international dialogue in bioethics amongst National Commissions
- the opportunity to share information and plans
- to explore issues of common interest from comparative perspectives

Dr Beatriz Tess then discussed the aims of the Brazilian Summit. There had been an increasing move to have more substantive discussions of common interest in the Global Summits, and a new form had therefore been adopted for the Brasilia meeting. During

the formal sessions there would be less emphasis on reporting the activities of individual National Bioethics Commissions, and more emphasis on discussion of issues. The introduction of a series of smaller Breakout Groups on the second day would allow more focussed debate. At the same time, the agenda had been designed to provide more time for networking informally during breaks and at an evening reception. It was hoped that this would provide the opportunity for individual participants to discuss specific details about the activities of their Commissions.

The diversity of bioethics commissions was then discussed, and it was noted that several countries, for example the UK, Spain and the Netherlands, do not have a single commission. Participants acknowledged that the situation would always vary between countries and that commissions should not be excluded from the Summit because they did not have 'national' status. One delegate suggested that the title of the Summit should be reworked to include National Bioethics Commissions 'and the like…'

Professor Sicard concluded by saying that both official and unofficial bodies should be included in the Global Summit, and that the Summit should be pluralistic and proud of its humility.

SESSION II : RESEARCH ON HUMAN STEM CELLS

Chair: Dr R Kishore, Chief Medical Officer, Ministry of Health and Family Welfare, India

Presentations on Current Issues

Professor Alexander Capron, Director, Ethics, WHO:

Professor Alex Capron gave a brief introduction to the issues, with an overview of the scientific importance and potential of human stem cells. He outlined the ethical objections to the use of embryos to derive stem cells, namely that research leads to the destruction of embryos, and that the use of embryos could render them merely as objects of utility, or commodities, rather than having any inherent value of their own. He then outlined policy developments since 1998 and summarised regulations in the US, pointing out that the political debate has centred on moral absolutes rather than critical ethical analysis. The recent debates on cloning had given research involving stem cells considerable political prominence and complicated the picture.

Dr Mette Hartlev, Danish Council of Ethics:

Dr Mette Hartlev gave an overview of the developments in Denmark. The Danish Committee on Gene Technology had recently published a report which recommended that broad-based public debate be initiated and that a clear political framework be established. There is currently no legislation in Denmark aimed directly at regulating the use of human embryonic stem cells although the Danish Act on Assisted Reproduction (1997) includes provisions that have indirect relevance. Under the Act, there is only very limited authorisation for research on fertilised eggs; experiments are only permitted for the purpose of improving IVF treatments, and only those women undergoing fertilisation treatment can donate eggs for use in research. The use of cloning to create an embryo for the purposes of reproduction (rather than the technique of cloning itself) is also

banned. Research on fertilised human eggs to generate knowledge about stem cells is therefore not allowed, although it would theoretically be possible to use stem cells from fertilised eggs in order to treat disease. It was suggested that this state of affairs needs further clarification. There was also a need for political and legal clarification concerning the importation of embryonic stem cell lines for research purposes. The Danish Council of Ethics has also considered cloning, and although members were in agreement to oppose reproductive cloning, they could not reach consensus about therapeutic cloning. They recommended that research with alternative sources of stem cells should be increased. Hartlev ended by calling for more public debate on the issues.

Dr Wybo Dondorp, Health Council of the Netherlands:

Dr Wybo Dondorp from the Health Council of the Netherlands, summarised the perspectives and legislation related to research on human stem cells in the Netherlands. The Embryos Act came into force in September 2002. This includes a ban on the creation of embryos for purposes other than pregnancy, but a provision that this ban shall lapse within five years. There is therefore effectively a moratorium for a five year period. There are also regulations which apply to the use of embryos specially created for research or therapy that will apply after the ban is lifted. Existing ES cell lines fall outside the scope of the Embryos Act. However, there has been a major shift in the political landscape in the Netherlands during the past few months and the impact this will have on the Embryo Act will not be clear until the next elections in January. The Health Council of the Netherlands has published several reports relating to stem cells, most recently a report in 2002 on the use of stem cells for tissue repair. This gives an overview of the current research concerning the potential use of various types of stem cells. The report concluded that the alternatives for using embryonic stem cells are less promising but recommended that research with alternative sources should be continued. The claim that the number of embryonic stem cell lines currently available is sufficient for the research necessary to develop practical cell therapies was rejected.

Discussion

Participants from Germany, Israel, India, Catalonia, Italy and Japan clarified the regulatory framework for embryo research in their countries. It was acknowledged that the situation in each country was very different for a variety of reasons, including the differences in culture, religion, society and legislation. It was agreed that it was important to respect different views about the acceptability of research on human embryos. However, while accepting that each country should have their own regulations, it was suggested that more could be learnt from the way that discussions took place in different countries.

Professor John Harris (UK) commented on the importance of ethical argument and consistency and the need to analyse the reasoning behind regulations. He suggested that there needed to be more consideration of three points: clarity of the moral status of the embryo, the existing legislation on abortion and assisted reproduction, and the arguments against both reproductive and therapeutic cloning.

A representative from UNESCO reported that a Working Group had produced a report on human embryonic stem cells in 2000. This report contained a summary of the national and international guidelines, and recommended that each national government or commission should discuss embryo status in research in their own country.

A discussion took place about the possible production of a communiqué. It was agreed that, on this occasion, a communiqué would not be appropriate on the topic of stem cells because there was not enough time for detailed discussion. It was suggested that the role of the Summit was to share ideas and discuss different perspectives and experiences, rather than to reach a conclusion.

However, a number of points were raised where it was agreed that national discussions had international ramifications, and these should be considered in more detail. These included:

- What might be the international implications of national regulations in different countries? For example, countries with stringent regulations which restricted research on embryonic stem cells could fail to retain scientists and funds could be transferred to other countries where research was less restricted or unregulated.

- Should countries that restricted research on stem cells be able to make use of results or therapies arising from research that has been permitted in other countries?

- Are there commercial or other issues related to the use of stem cell lines imported from different countries?

- What are the limits of responsibility for a country? Should some regulations be national and others international?

- Do the views of indigenous populations vary between different countries?

It was agreed that it was important to consider the international aspects of the deliberations of national bioethics commissions, particularly in relation to the topic of stem cells.

Day 2

SESSION III and IV: BREAKOUT GROUPS

Session III Introduction: Dr Sandy Thomas

Session IV Chair: Dr Ken Davey, President, National Council on Ethics in Human Research, Canada

Use of biological samples

Chair: *Professor Solly Benatar, President, IAB*
Rapporteur: Michael Wilks, British Medical Association, UK

Participants:

- Francesc Abel , *Catalan Bioethics Committee, Catalonia*
- Richard Carpentier, *National Council on Ethics in Human Research, Canada*
- Eve-Marie Engels, *German National Ethics Council, Germany*
- Rita Halila, *National Advisory Board on Health Care Ethics, Finland*
- Mette Hartlev*, Danish Council of Ethics, Denmark*
- Nandini Kumar, *Indian Council of Medical Research, India*
- Siobhan O'Sullivan, *Irish Council of Bioethics, Ireland*
- Catherine Peckham, *Nuffield Council on Bioethics, UK*

Discussion focused on three topics: the ethical issues, public information and issues related to regulation and guidance

Whose interests were at stake?

- Inadequate attention to
  - public health issues
  - medical education
  - research
- Patient interest too prominent
- Interests of patients, researchers and health systems interlinked and mutual

Public rights and duties. Those identified included:

- Responsibility of patient/ participant:
  - benefit sharing
  - "social capital"
  - responsibility of those entering health care system to health care of all
  - duty to report back on findings
  - increased ownership of process

Question: Can informed consent cover the use of tissue samples so that we minimise barriers to research and education at the same time as achieving maximum practical protection of individual autonomy?

Informed consent

- For "anything you can get DNA from"
- Retrospective v prospective
- Detailed legalistic structure is complex, restrictive and unable to deal with moral duties in the consent process
- Not necessary for anonymised samples
- Required for linked/identifiable samples
- 'Staged' consent:
  - for personal health care
  - for benefit of family
  - for benefit of disease group
  - for unrestricted use
- Specific consent process for commercial/ drug company sponsored research
- Issue of payment in developing countries
- Consent process should be robust in all countries involved
- Could be seen to be Imperialist
- Sensitivity to cultural differences

- Raise awareness of research approval process in countries where samples obtained
- Only respects a certain level of autonomy

Anonymisation

- Reflects issues of privacy
- But need more public awareness of potential use of tissue
- Establish validity of technical process to achieve anonymisation
- If sample to be anonymised:
    - check technical process
    - establish public health interest
    - research ethics committee approval
- If samples cannot be anonymised, need greater evidence of benefit to justify potential risk to subject

Public information

- Public education essential
- Participation as individual for public benefit
- Complex task
- Medical profession has role
- Shared with media, politicians and public
- Risk of “hyper-individualism”
- Repair trust
- Explain risk
- Limit expectations

Regulation and guidance

- Regulation essential:
    - improves trust through transparency
    - needs to be explicit about protecting patient interest
- Language of responsibility of profession
- Guidance should include education of professional duties
- New dialogue between legislature, courts and profession on codes of practice
- Public involvement increases public ownership

Pharmacogenetics

Chair: Dr Sandy Thomas, UK
Rapporteur: Dr Wybo Dondorp, Netherlands

Participants:

- Alexander M Capron, *World Health Organization*
- Brigitte Jansen, *European Academy for Environment and Economy, Germany*
- Cesar Pinheiro Jacoby, *Ministry of Science and Health, Brazil*
- Eiko Suda, *Eubios Ethics Insitute, Japan*
- Juan Carlos Tealdi, *National Commission of Biomedical Ethics, Argentina*

The application of pharmacogenetics in the drug discovery process is a relatively new development, and the possible implications for patients, healthcare systems and the pharmaceutical industry are still difficult to predict. Pharmacogenetics involves the application of knowledge about genetic factors which influence the interaction between disease processes and medicines. It promises better targeting of medicines, so as to avoid the unnecessary exposure of patients to medicines which are either ineffective or which may have negative side effects.

The following issues were identified for consideration:

1) The application of pharmacogenetics in drug discovery by pharmaceutical companies
2) Consequences for patient care and healthcare systems
3) Pharmacogenetic information and privacy
4) Aspects of global justice
5) Public concerns about genetics

1. The use of pharmacogenetics by the pharmaceutical industry

While the pace of the development of pharmacogenetics can only be speculative, it appears likely that pharmaceutical companies will want to pursue pharmacogenetics, to reduce side-effects experienced by patients and for reasons of competition (to prevent other competitors with related intellectual property claims introducing testing systems for proprietary medicines). However, it is in the interests of the industry to market 'blockbuster' medicines, which might be undermined by the targeting of drugs to groups with specific pharmacogenetic profiles. It is uncertain how important pharmacogenetics will be for the industry. In preparation of a report on pharmacogenetics, the Nuffield Council will try to get a clearer picture of possible developments.

Another aspect of pharmacogenetics concerns the management of clinical trials in drug development. Companies might elect to exclude groups with less favourable pharmacogenetic profiles from trials at an early stage. The use of smaller groups of participants might mean that adverse events are detected less efficiently. It is also uncertain to what extent medicines will be developed for groups with pharmacogenetic profiles which are uncommon.

2. Consequences for patient care and the health care system

It seems reasonable to expect that in future some medicines will only be available on condition of prior profile-testing. From the perspective of doctors, this would be a means of offering good medical care: the probability of prescribing a medicine that might be harmful or ineffective would be reduced. From the perspective of the HMO or other healthcare systems, pharmacogenetics would contribute to the responsible use of resources. But since the outcome of testing will often be in the form of a lower or higher probability of the drug being (in)effective or having adverse effects, the decision about prescription will generally depend on whether or not the predicted outcome reaches a preset threshold. One can speculate that patients with profiles which indicate that they would not benefit from taking the medicine might protest against not being given the drug, being prepared to accept the reduced chance of efficiency, or an increased chance of adverse effects. Some patients might want the medicine to be prescribed without being tested.

If better targeting through pharmacogenetics means that for some groups of patients, medicines are no longer available, it could be argued that they are not worse off as compared to the present system in which they are prescribed medicines that are either ineffective or have serious adverse effects. Rather, the possibility of avoiding medicines that are ineffective could be seen as an important advantage. On the other hand such patients may feel abandoned. How can society express its solidarity in such a context? How should these patients be cared for?

Whether the targeting of medicines through pharmacogenetics will help reduce costs in the health care system is uncertain. On the one hand cost reduction may follow from the possibility of making the prescription of medicines more effective and increase the avoidance of unnecessary complications. But pharmacogenetic testing may also reveal that some groups of patients need more costly medication. In the case of chronic conditions, healthcare may become more expensive.

3. Pharmacogenetic information and privacy

According to some, there are no new issues in respect of pharmacogenetics and privacy. They stress that information about polymorphisms yielded by the testing of pharmacogenetic profiles differs significantly from the type of knowledge yielded by testing DNA mutations. Whereas the latter generally concerns an individuals health in relation to disease, the former is of relevance to the prescription of medicines and therefore may not raise the same or additional privacy concerns. Also, the patient may not need to be given the genetic information and only the outcome of the test. However, not only will the information leading to the decision be on the patient's medical record (where it may be accessible for him), it is also the case that specific pharmacogenetic profiles may be associated with a higher or lesser degree of susceptibility to certain (multifactorial) diseases, or to adverse effects of exposure to certain substances. Such information may be of interest to insurance companies and employers.

4. Global justice

A possible concern here is that if pharmacogenetics leads to medicines that are only (safely) available on the condition of prior testing, the costs and availability of such tests will erect a new hurdle to efforts aimed at giving populations from developing countries improved access to safe medication. While tissue samples from these countries will

certainly be used in pharmacogenetic research, there are questions about whether the populations involved will receive any benefit.

5. Public concerns about genetics

Since pharmacogenetics is a promising development, it is important that the costs and benefits are discussed in a balanced way to avoid unsubstantiated concerns about the impact of genetics on the future of society.

Background information:

In the UK, the Nuffield Council on Bioethics is currently preparing a report on pharmacogenetics. In Germany, preparations are underway for a scientific conference on *Pharmacogenomics: a new era of medicine*, to be held in Hamburg on 29 September-1 October 2003. The programme will also include ethical, legal and social aspects (info: www.tutech.de/pcgs). In the Netherlands, the Health Council has issued an 'early warning' report on pharmacogenetics in 2000 (English translation to be found on the Council's website: www.healthcouncil.nl).

Patenting of DNA

Chair: Dr R Kishore, India
Rapporteur: Jim Lavery, NIH, USA

- Georg Christoph Amstutz, *Swiss National Advisory Commission on Biomedical Ethics, Switzerland*
- Giovanni Berlinguer, *Italian National Bioethics Committee, Italy*
- Kerry Breen, *Australian Health Ethics Committee, Australia*
- Andres Peralta Cornielle, *Dominican Republic National Bioethics Commission, Dominican Republic*
- Hugo Fernades Junior, *Camara dos deputados, Brazil*
- Sang-yong Song, *The Korean Bioethics Association, South Korea*

The Nature of DNA

- A chemical compound or information?
- Symbolic representation of human heritage (UNESCO Universal Declaration on the Human Genome)

Is DNA patentable?

- Genes in natural state cannot be patented (Vienna convention of the European Commission?)
- What does it mean to claim ownership of DNA?
- Discovery versus invention
- Novelty
- Utility
-

Is there a distinction between DNA and embryos for the purposes of patenting?

Genetic tests

- DNA probes for mutations for cystic fibrosis?
- DNA Sequences in public domain: consequences for testing

Basmati rice

- Indigenous knowledge
- Historical use
- "genetic knowledge" insufficient for patenting

Other examples:

- Fibrinogen producing cows
- Spider silk producing goats
- "Harvard Mouse", "knock-out mice"

Implications of patenting DNA:

1. *Social*

- Commodification of body parts
- Commodification of organisms
- The attraction of commercial potential
    - Genetic testing
    - Genetic enhancement
    - Genetically modified organisms
- Public Trust
- Disparities

2. *Commercialisation*
    - *Regulation of ownership*
        - National laws/regulations—scope and applicability
            - Pace of science makes interpretation difficult
        - Political philosophies/policies
        - Protection of revenue
    - *The use of public resources as platform for private gain*
        - The "value of discovery"
        - Enhanced value of commercialization
        - Social obligation of private industry?
    - *Stakeholders*
        - Industry/public/governments

    - *Profit sharing*
    - Notion that 1-3% annual net profits stemming from genomic discovery should be shared with developing countries
        - Taxation scheme? How administered?
        - Profit shares reflected in differential drug pricing in developing countries?
        - Global Fund as a model for paying out?
    - Reflects lack of laws regulating the utilization of genetic material in research in developing countries

- *Research Context*
    - Exploitation
        - Human populations and vulnerable groups
        - Plant and animal populations
        - Biodiversity
    - Prior agreements & benefit sharing
    - Confidentiality/privacy/indigenous knowledge
        - i.e., in patenting process

    - Informed consent and community consultation
        - Scope of disclosure (e.g., benefit sharing agreements)
        - Appropriate authority to negotiate?
        - Mechanisms of gaining community permission/authorisation
            - Tonga
            - Iceland
            - Newfoundland

    - Reasonable availability
    - Stored tissue/consent/disclosure

        - Import/export of tissue
    - Stigmatisation/discrimination

3. *Research enterprise*
    - Effect on private investment
    - Patenting fees for researchers
        - Research tools
        - Restricted use of biological models/systems/organisms
    - Public trust in research

- International
    - International law
        - Recognition and reciprocity
    - International relations
    - Global disparities
        - Economic and social
        - Health
        - Health research (10/90 gap)
    - Global public goods
    - *TRIPS*
    - Provisions to ensure price control and to ensure accessibility to all segments of society in certain circumstances (e.g., national health emergency) without violating TRIPS
        - Compulsory licensing
        - Parallel importing
    - New initiatives in drug development in neglected diseases
        - Not-for profit drug companies (e.g., MSF initiative)
    - Disparities in capacity to deal with IPR/patent issues
        - Disparities in capacity
        - Role for National Bioethics Commission
        - Took on the issue until new body formed within Ministry of Health
            - Design regulatory norms/policies
            - Research ethics review capacity
    - National laws and policies
    - Need to focus on the global implications of laws and policies of individual countries as well as international treaties and other regulatory instruments

The role of the media in publication for health, science and ethics

Chair: Professor Maurice Cauchi, Bioethics Consultative Committee, Malta
Rapporteur: Lee Zwanziger, President's Council on Bioethics, USA

Participants:

- Cristina Dale, *The British Council, Brasilia*
- Ken Davey, *National Council on Ethics in Human Research, Canada*
- Orio Ikebe, *International Bioethics Committee, UNESCO*
- Marie-Helene Mouneyrat, *Comité Consultatif National d'Ethique, France*
- Nicola Perrin*, Nuffield Council on Bioethics, UK*
- Ivan Segota, *University of Rijeka, Croatia*
- Boris Yudin, *Russian National Committee on Bioethics of the Russian Academy of Sciences, Russia*

This diverse group included representatives from medicine, law, science, government, philosophy, journalism and press officers. Several participants reported a high degree of interest in health information, and an increasing interest in bioethics, both by the media and public.

In countries where there is an established interest in bioethics, public discussion tends to focus on particular issues. In countries where the topic is newer, public discussion is less focussed, and asks more general questions, such as what is bioethics?

Issues particularly covered by the media included topics concerning beginning-of-life and end-of-life, genetically modified organisms, distributive justice and access to care. The communication of risk and of scientific uncertainty, as well as incremental results, often takes a back seat to drama, to personal stories, and may be portrayed as more final than is the case for science, medical research and ethics.

The group therefore discussed strategies for improving communication between researchers in science and ethics, and journalists. Several participants reported success through developing personal contacts and by making information available in a form sensitive to the needs of journalists for clear language and timely response. One participant described a particularly successful long term effort of the Canadian Science Writers' Association to host symposia where scientists are invited to present scientific work of media interest, as a possible model. One participant mentioned guidelines for scientific journalists distributed by the SIRC in the UK which are sensible but which may not always be followed.

Participants noted that the general level of science education in the population affects both the writers and the readers of health and bioethical reporting. All participants agreed that better primary and secondary education in their respective countries would help.

The group discussed alternative forms of communication. One participant mentioned that television programmes in his country were reliable and had a successful impact. Several noted the success of small drama groups presenting short plays and leading discussions on bioethical topics. Another highlighted lectures and interactive exhibitions

directed to the general public and especially children. Participants returned several times to the increasing importance of the internet wherever accessible, for both reliable information and, unfortunately, misinformation. Participants noted that each of their organisations has a website, which may be of help in disseminating materials on bioethics. Participants considered the desirability of an international study of reporting on bioethics and health, but were unable to formulate a practicable proposal in the time available.

Cell and DNA databases

Chair: *Professor Arvo Tikk, Estonian Council on Bioethics*
Rapporteur: *Sylvia Rumball, National Ethics Committee on Assisted Human Reproduction, New Zealand*

Participants:

- Alberto Bochatey, *Argentina*
- Zelina Ben-Gershon, *Ministry of Health, Israel*
- Ryuichi Ida, *National Bioethics Committee, Japan and IBC, UNESCO*
- Leonard Martin, *National Commission for Ethics in Research (CONEP), Brazilian Society of Bioethics, Brazil*
- Didier Sicard, *Comité Consultatif National d'Ethique, France*
- Stellan Welin, *Centre for Research Ethics, The Sahlegrenska Academy at Goteborg University, Sweden*
- Daniel Wikler, *WHO*

The Chair introduced the topic by giving an overview of existing national genetics databases. He then presented detailed information about the Estonian genetic database, focusing particularly on data protection and informed consent and this provided a basis for the subsequent discussion.

The discussion which followed was vigorous with contrasting views expressed. The discussion focused on genetic databases rather than cell databases.

It was noted that there are existing databases such as those related to Guthrie cards where the protection may be less than for the new databases being established. While most new databases are national in scope and focused on health outcomes, the database established by the Mormon church for genealogical purposes was international in scope.

The basic questions posed by one group member was: should there be national databases? If so, for what purpose?

The critical issue identified by the group was the risk : benefit ratio.
Benefits outlined for the Estonia national database included:

- Economic benefits for the country, eg scientists returning, increased job opportunities, development of biotechnology industries, increased interest in science by students
- Public health benefits
- Economic returns to the sponsors
- Potential health benefits for the donors

Issues concerning databases raised by group members included:

- Confidentiality: protection of data by legislation or guidelines. Which gives the best protection? Linking of genetic data bases to medical records and subsequent access

- Types of informed consent- specific, prospective or delegated to an ethics committee or similar body

- Sharing of profits generated as a result of the databases

- Access to benefits without having contributed

- International aspects such as purchase of data from another country; collection of data in another country

- Inclusion of children

- Consultation
  - manipulation of the debate by the media
  -understanding of issue by citizens being insufficient for informed consent

  -manipulation occurring due to the way information is presented

Extra session: **Communiqué**

A communiqué was presented to the Summit on the morning of the second day. The aim was to stress the importance of discussing international implications of bioethical deliberations. It was felt that these were often not considered by national Commissions and that the Global Summit provided one of the only settings where international implications could be debated. The majority of the delegates felt it was worth taking forward, and the communiqué was drafted during the day.

Summing up and next steps

Co-Chairs:

- *Professor Didier Sicard, France*
- *Professor Catherine Peckham, UK*
- *Professor Leonard Martin, Brazil*

It was agreed that the form of the Fourth Global Summit had been successful, and could usefully be adopted again in future meetings. The Breakout Groups had facilitated good discussion. The popularity of the topic about the role of the media was noted. The only change recommended was that the plenary sessions should, where possible, be held in round table form rather than in an auditorium. There was support for modifying the name of the Global Summit of National Bioethics Commissions to reflect the nature of participating bodies, and to acknowledge that not all countries had a single national commission.

Professor Alex Capron, Director of Ethics, WHO, spoke about the potential role of WHO in future Summits. Between the Tokyo and London Summit, the WHO had provided Secretariat support and had helped to organise the meeting in London. Unfortunately, there had then been a gap in what they were able to offer, but the establishment of a new ethics department meant the WHO was again able to offer support. Professor Capron suggested that the WHO should provide Secretariat support for future Summits. If the Summit decided to terminate the relationship with the WHO at a future date, the relevant files would be passed back. Decisions about the organisation of the Summits would remain with the Steering Committee who would co-convene the Summit every other year.

The Fifth Global Summit would take place in Sydney, Australia, in conjunction with the Seventh World Congress of Bioethics hosted by the IAB. Dr Kerry Breen, Director of the Australian Health Ethics Council, said that he was delighted to be involved with the next Summit and hoped to maintain the spirit and discussion of this Fourth Global Summit. He confirmed that funding for the Fifth Summit would be available and proposed that the Summit should be co-convened by the Australian Council, the Brazilian National Bioethics Commissions and the Nuffield Council on Bioethics. The offer from the WHO to provide Secretariat support was accepted.

It was proposed that in future the Steering Committee of the Global Summit should operate on a rolling basis, including the hosts of the previous two Summits and led by the current host. The host of the next Summit should also be invited to join the Steering Committee as soon as the location was known.

Professor Leonard Martin drew attention to the different profile of bioethics in developing countries as opposed to developed countries. The Global Summit had provided a useful opportunity for delegates from all parts of the world to come together and compare perspectives. Speaking on behalf of the Brazilian Society of Bioethics and CONEP, Professor Martin thanked the French CCNE, the Nuffield Council on Bioethics, and the Department of Science and Technology in Brazil for organising the Fourth Global Summit and closed the meeting.