

Conclusion: The study shed light on social, cultural and faith differences of the three major communities in Malaysia and its influence on the opinion about organ donation and transplantation. Findings assist organ donation and transplantation organizations to reach out the diverse socio-demographic and ethnic communities with cultural-specific information about organ donation.

OT29-3

Peace & Health Improvement: Challenges in the Asia Pacific Region

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Violence is a leading cause of death and disability worldwide. Every day, over 400 people die as a direct result of war or some other form of collective violence around the globe. Morbidity rates range from four to ten-fold. Besides health consequences, violence can place significant burdens on national economies. In areas of the Asia Pacific where peace and social stability has prevailed, remarkable socioeconomic and health improvement have been observed. In others regional and internal ethnic conflicts have directly contributed to increased morbidity and mortality and destabilized health gains. Data collected on health indicators for displaced populations from areas of conflict was analyzed to assess health impact due to internal ethnic conflict and the efficacy of health and humanitarian services provided. Data suggests the lag in health gains is more evident and related to injuries as well as other sensitive indicators in maternal and child health and mental health including suicides. Migration and massive internal population displacements are evident in conflict zones creating significant demands for services for Internally Displaced Person(IDP) that become long term camps with the inherent human rights issues and the need for medical and public health intervention and advocacy. The role of NGOs, universities and neutral parties in reducing tensions and restoring trust in civil strife is a major and necessary commitment.

OT29-4

The Current Legal Issues of Informed Consent in Taiwan

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In recent years, informed consent has been the most important legal and ethical principle guiding medical clinic and research in Taiwan. Nevertheless the progress of relative medical law and regulations, including the new version of informed consent form issued by Department of Health in 2004, yet, can't keep pace with the blooming amounts of disputes. For the foregoing reasons, this paper shall be presented the legal issues of

informed consent in Taiwan and focuses on the current phenomenon of society and regulations. There are three major topics for my discussion. They are: the detailed and classified consent form, decision-making competence and divergent requirements between clinic and research. Owing to the official, unified consent form, patients, their legal representatives, spouse or relatives rarely fully informed about important information, even the basic benefit, risks and expenses. This paper suggests that we should differ the consent form from the clinical departments and patients who are teenagers, adults, and the aged. Furthermore, according to the current regulations, patients' competence are frequently measured with the standardized thinking of patient's age — legal majority, pass over teenaged patients, and transfer the rights to be informed and consent to their relatives. Even the adult patient, though not in a coma or emergency, yet they are not always informed the true or whole conditions. There is no denying that family members usually play important roles in assisting with a patient, but definitely they cannot replace the autonomous decision of individual himself/herself. Competence is a legal concept and every person (in some countries young children under certain years or people with impaired mentation may be treated as exceptions) is presumed to be competent unless determined otherwise in a legal process. Therefore, how to define a patient as an incapable person and build a reasonable and systematic procedure would be the necessary and essential work in the future. Finally, because the different characters (such as purpose, risk, especially the necessity for patient/participant) of medical clinic and research, no matter from prospective of autonomy or protection, thinking it more carefully will make us keep awareness with sharp bright eyes to treat human in more reasonable way.

OT29-5

Health, Haste and Harm: International Aid Workers and Local Knowledge in A War-Torn Sri Lanka

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International aid workers who provide health services to areas affected by violent conflict have a particular responsibility to make sure their activities do not exacerbate existing tensions. One important measure in this respect is to consult and involve local resources and community organisations that represent knowledge and expertise in relation to the conflict (Green and Ahmed, 1999; Smillie, 2001; de Silva, 2009). Checking how various aid activities can affect power relations, ethnic divides, and distribution of resources in the war-affected community are among the actions recommended by Mary B. Anderson with her concept Do No Harm (Anderson, 1999). Even though this approach is well-known in the international aid community, recent studies have revealed that the principles of Do No Harm are often difficult to put into practice in humanitarian