

PANDEMIC ELSI

INTERNATIONAL CONFERENCE

KYOTO

13.-15. MAR. 2025



Keynote Speaker :

Satoshi Kodama (Kyoto University)

Daniel Tsai (National Taiwan University)

Ilhak Lee (Yonsei University)

Gregory Pence (University of Alabama)

Eric Feldman (University of Pennsylvania)



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ORGANIZING COMMITTEE

Satoshi Kodama (Kyoto University)
Koji Mikami (Kyoto University)
Koyo Izawa (Kyoto University)
Michael Campbell (Kyoto University)
Seungmin Nam (Kyoto University)
Kaori Beppu (Kyoto University)

CONFERENCE VENUE

Rakuyu-Kaikan 楽友会館



Google maps

Yoshidanihonmatsucho,
Sakyo Ward, Kyoto, (606-8315)

+

Online - zoom



Funded by

"Archiving the Ethical, Legal, and Social Issues in Pandemic Responses towards Building an Infectious-Disease-Resilient Society." (RISTEX RInCA)

"Examining the Role of Experts in Policy-Making Process During the Coronavirus Pandemic" (JSPS the Academic Knowledge Co-creation Program)



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13.-15. MAR. 2025

Program

DAY 1 [13. MAR.]

13:00-13:15 Opening Remarks

- Satoshi Kodama (Kyoto University)

Keynote Presentation (13:00-16:00)

Chair: Michael Campbell (Kyoto University)

13:15-13:35 Looking Back and Forward: the COVID-19 pandemic and ELSI in Japan
- Satoshi Kodama (Kyoto University)

13:45-14:15 From SARS to COVID-19:
the ethical challenges and lessons learned in Taiwan
- Daniel Tsai (National Taiwan University)

14:15-14:30 Coffee Break

Chair : Carl Becker (Kyoto University)

14:30-15:00 Trade-offs in Deliberation:
What was lost in the quarantine policy in South Korea
- Ilhak Lee (Yonsei University)

15:00-15:40 What Went Wrong:
America's COVID response and lessons for the future
- Gregory Pence (University of Alabama)

15:40-16:00 Coffee Break

16:00-16:30 Controlling COVID-19: Do legal rules and sanctions matter?
- Eric Feldman (University of Pennsylvania)

17:30-19:30 Dinner



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Program

DAY 2 [14. MAR.]

Morning Session 1 (9:30-10:45)

Chair: Michael Campbell (Kyoto University)

Shao-Yi Cheng (National Taiwan University)

Palliative Care during the COVID Pandemic in Taiwan

Janet Delgado (Yamaguchi University)

Ethical Assessments and Mitigation Strategies for Biases in AI-systems used during the COVID-19 Pandemic

Satoshi Horikawa (Kyoto Sangyo University)

Archiving of Slander against People Infected with COVID-19

Shigeto Yonemura (University of Tokyo)

Conflict of Privacy and Public Health - Legal analysis of Using personal Data for prevention of COVID-19

Coffee Break (10:45-11:00)

Morning Session 2 (11:00-12:30)

Chair : Megumu Yokono (Waseda University)

Tatsuya Mima (Ritsumeikan University)

The Impact of the COVID-19 Pandemic on the Lives of Ventilator Users:

Ethical Considerations

Kazutaka Hirose (Kyoto Shimbun)

Problems of Journalism in the COVID-19 pandemic

Ken Ogata (Keio University)

Discussion on Electronic Surveillance during Emergency Situations

Takanori Fujita (Tokyo Foundation for Policy Research)

Mobile Technology for Pandemic Response: Japan's COCOA App and

Data Protection Issues

Lunch (12:30-13:30)



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13.-15. MAR. 2025

Program

DAY 2 [14. MAR.]

Afternoon Session 1 - ECR Session (13:30-14:45)

Chair: Ilhak Lee (Yonsei University)

Koyo Izawa (Kyoto University), Shinon Numata (Kyoto University)

Analysis of Japanese Covid-19 Infection Prevention Posters

Seungmin Nam (Kyoto University)

Revisiting South Korea's COVID-19 Measures: Ethical Perspectives on Freedom in Pandemic Policy

Yuri Hamashima (University of Bristol)

Primary Care Physicians' Responses to the COVID-19 pandemic in Japan and England : finding from qualitative interviews and personal reflections on my PHD journey

Yicheng Chung (Kumamoto University)

Ethical and legal issues regarding public health and privacy during the COVID-19 Pandemic: experiences from Japan and Taiwan

Coffee Break (14:45-15:00)

Afternoon Session 2 - Project Report (15:00-16:45)

Chair: Daniel Tsai (National Taiwan University)

Taketoshi Okita (Shiga University of Medical Science)

Changes in Japan's Regulatory Framework for Countermeasures against Infectious Diseases

Megumu Yokono (Waseda University)

Sustaining Engagement: How Humanities and Social Science Researchers Can Contribute to ELSI Practices

Yusuke Inoue (Kyoto University)

National Bioethics Committees' Responses to COVID-19: A Cross-National Analysis

Nariyoshi Shinomiya and Noburu Notomi (Project Advisor)

Comments for the project presentations

Dinner (17:30-19:30)



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Program

DAY 3 [15. MAR.]

Morning Session (9:30-10:45)

Chair: Yicheng Chung (Kumamoto University)

Naoshi Koide (Osaka University)

Lessons from the COVID-19 Pandemics- From Frontline Clinical Practice to ELSI Research

Seiji Mimura (Japan Disaster Medical Assistant Team)

Disaster Response in Pandemics and ELSI

Takanori Yamamoto (Nagoya University Hospital)

Pandemics from the Front Lines of Disaster Medicine

Coffee Break (10:45-11:00)

General Discussion (11:00-11:45)

Moderators: Satoshi Kodama (Kyoto University)

Megumu Yokono (Waseda University)

Closing Remarks (11:45-12:00)

Satoshi Kodama (Kyoto University)

Lunch (12:00-13:00)



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Abstracts

DAY 1 [13. MAR.]

Keynote Presentation (13:15-16:30)

Looking Back and Forward: the COVID-19 pandemic and ELSI in Japan - Satoshi Kodama (Kyoto University)

The government's response to the new coronavirus (Covid-19) has affected every corner of people's lives. How well or poorly have Japan and other countries responded to such a public health crisis, and how can we do better in the future? These were the questions we asked when my colleagues and I started the three-and-a-half-year project called "Archiving the Ethical, Legal, and Social Issues in Pandemic Responses towards Building an Infectious-Disease-Resilient Society," funded by RISTEX.

In our project, we investigated the ethical, legal, and social issues (ELSI) in public health crises, including but not limited to Covid-19, and the responses to them. We employed a variety of methodologies, including literature reviews and expert interviews, to examine these issues. We have organised and archived the results of those investigations on our website (pandemic-philosophy.com). Additionally, we have inquired about what kind of role researchers in humanities and social sciences can play when dealing with trans-scientific issues.

In this presentation, I will summarise our research project and critically examine Japan's response to the pandemic.



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Abstracts

DAY 1 [13. MAR.]

Keynote Presentation (13:15-16:30)

From SARS to COVID-19, the ethical challenges and lessons learned in Taiwan - Daniel Tsai (National Taiwan University)

During the COVID-19 pandemic, Taiwan was able to use IT devices to control the infection and to allocate medical resources efficiently, however, there were also ethical issues regarding privacy and the protection of personal information. The use of National Health Insurance IC Card is one example. Medical information such as examination records and basic medical history are recorded in the IC chip, which medical professionals can access with card reader easily. The use of IC card is helpful for both medical professionals and patients but also raised concerns about the infringement of privacy under the name of public health. The ethical issues regarding the use of health insurance IC card were highlighted during COVID-19 pandemic. In this presentation, I will examine the privacy issues regarding the use of IC cards and the application of personal information in Taiwan during the pandemic. I will examine the relating legal cases and indicate the limit of judicial institution as the defense of human rights in times of emergency. In addition, as the Japanese government plans to expand the use of My Number system to other areas such as healthcare and medicine. Based on the experience of Taiwan, I will also make suggestions for future measures in Japan from the perspective of public health and privacy.



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Abstracts

DAY 1 [13. MAR.]

Keynote Presentation (13:15-16:30)

Trade-offs in Deliberation : What was lost in the quarantine policy in South Korea - Ilhak Lee (Yonsei University)

During the COVID-19 pandemic, South Korea frequently employed the rhetoric of “scientific quarantine,” a term that leveraged the symbolic authority of science to obscure the political dimensions of public health policies. However, by its very nature, public health inherently involves politically significant decisions. Particularly in a prolonged pandemic such as COVID-19, the challenges extend beyond the allocation of healthcare resources to include the distribution of societal resources and the shared responsibilities for care and healthcare.

This presentation critically examines the distributive challenges faced by South Korean society during the pandemic and evaluates the strategies employed to address them. Public health ethics, unlike clinical medicine which deals with tangible individuals, relies heavily on knowledge to care for imagined or statistical populations. This reliance makes questions of distribution more complex and consequential. By exploring these issues, the presentation aims to illuminate the ethical trade-offs inherent in South Korea’s quarantine policies.



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Abstracts

DAY 1 [13. MAR.]

Keynote Presentation (13:15-16:30)

What Went Wrong: America's COVID response and lessons for the future - Gregory Pence (University of Alabama)

Despite its advanced medical system, America had a very high rate of deaths per capita from Covid. Officials mistakenly claimed to know facts about Covid when they did not, making mistakes about masking, asymptomatic spread, and effectiveness of contact tracing. Philosophically, America wavered between denial and pursuing Zero Covid, but ignored the important alternative of Focused Harm Reduction. The latter approach was unjustifiably suppressed for political reasons.

Avoidable harms occurred because Focused Harm Reduction was not pursued: 16 million children stayed out of school too long and are now a year behind in reading and math. In addition to 1.1 official deaths from Covid, another 400,000 excess deaths occurred among Americans who delayed medical treatment, suffered overdose deaths, or died in other ways. Many businesses failed that could have been saved. To alleviate some harms, trillions of dollars were borrowed and pumped into the economy, saving it from recession but creating high inflation.

The legacy of Covid in America is a deep distrust of Public Health and government officials managing pandemics. This may be the worst harm in America caused by Covid.



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Abstracts

DAY 1 [13. MAR.]

Keynote Presentation (13:15–16:30)

Controlling COVID-19: Do legal rules and sanctions matter?

- Eric Feldman (University of Pennsylvania)

From the early days of the Covid-19 pandemic, governments, public health experts, and policymakers were sharply divided about how best to respond to the rapid spread of a deadly virus. Some emphasized the importance of lockdowns, others prioritized testing, still others have pressed for vaccination, and a few have taken a 'less is more' approach. Despite their differences, those involved in crafting local, regional, national, and international policies uniformly assumed that legal sanctions would increase compliance with public health directives.

When cities and states in the US issued emergency executive orders aimed at combating Covid-19, for example, those orders were buttressed by legal sanctions. States could fine or imprison individuals who flouted the orders, and could punish non-compliant businesses through financial penalties, forced closures, and business license revocation. On the first full day of France's lockdown (March 18, 2020), police fined four thousand people for not following the government's orders, thanks to a law that authorized an initial penalty of 35 euros, quickly escalating to 375 euros. During the 2022 lockdown in Shanghai, the Chinese government made clear that those who failed to comply "would be dealt with in strict accordance with the law by public security organs." When sanctions have been seen as overly invasive, incentives have taken their place. Rather than fining or imprisoning those who refused to be vaccinated, for example, Israel (like many countries) withheld a wide range of benefits from those unwilling to take the shot.

The emphasis on legal sanctions and incentives makes sense. While philosophers and legal scholars since the Greeks have debated the relationship between law and sanctions, Frederick Schauer's observation that "... it is the fear of fines, imprisonment, civil liability, and other sanctions that is the dominant factor in producing genuine obedience to law" nicely sums up the current state of the debate. People may obey the law for all sorts of complex reasons, but surely one of them is because they will be punished if they don't.

How, then, should we understand the Japanese government's efforts to control the spread of Covid-19? As other countries were imposing emergency regulations with strict penalties, mandating vaccines and masks, and fining bad actors, Japan was reliant on a set of legal interventions that depended upon voluntary compliance. Only as the pandemic progressed did the Japanese government conclude that more robust laws were necessary, leading lawmakers in the Diet to revise Japan's infectious disease legislation. One might imagine that including significant financial penalties in the law would motivate both businesses and individuals to comply. Not so. Instead, the data suggest that compliance with the law was significantly higher when it did not include sanctions and decreased once penalties were imposed. Stated most provocatively, it appears that law without sanctions in Japan was more powerful than law that carried penalties meted out by the state. This paper will explore that claim that legal sanctions were an ineffective way to achieve compliance with lockdowns in Japan and elsewhere. Is the Japanese case unique? Or does it suggest a more generalizable story about pandemics, law, and sanctions?



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Abstracts

DAY 2 [14. MAR.]
Morning Session 1 (9:30-10:45)

**Shao-Yi Cheng (National Taiwan University),
Palliative Care during the COVID Pandemic in Taiwan**

The COVID-19 pandemic has greatly affected our daily lives including our way of caring the patients. During the pandemic, all aspects of disruptions were seen among different levels and targets of medical care. Among all the impact that caused, terminally-ill patients have suffered the most. In Taiwan, as the pandemic progressed, there were dramatic impacts in terms of policy and provision of palliative care to our terminally-ill patients both in inpatients, home care and shared-care settings. For inpatients, the number of beds available for palliative has been decreased due to many beds dedicated for the COVID infected patients. This has greatly decreased our capacity for serving inpatients. We discontinued home care for a while when the pandemic was at its peak and shortly resumed. We decreased the number of visits to patients' home, instead, increased the number of teleconference and used communication APPs such as LINE to keep updated with the patient and family members. For shared care, which is defined as the palliative care team visits patient in other units. Shared-care utilization declined in the first year after the COVID outbreak but resumed in the second year. During the COVID pandemic, Taiwan has demonstrated resilience and capability to cope with a devastating catastrophe.

**Janet Delgado (Yamaguchi University),
Ethical Assessments and Mitigation Strategies for Biases in AI-systems used during the COVID-19 Pandemic**

The use of AI algorithms in medicine offers potential improvements in clinical decision-making but also raises significant ethical concerns. These include errors in judgment, diagnostic inaccuracies, and privacy risks, all of which can adversely affect patients' well-being and autonomy. AI algorithms may produce false positives or negatives, leading to incorrect treatments or missed diagnoses. Additionally, there is a danger of over reliance on AI, which could undermine the healthcare provider-patient relationship and exacerbate healthcare disparities, especially when algorithms are trained on biased data. Privacy violations and patient segmentation based on incomplete or biased data further complicate these issues. Given these complexities, the next question arises: Is it possible to eliminate these ethical problems? To address these challenges, continuous oversight, transparency, and a critical approach are essential to minimize biases and ensure fairness. We will present several recommendations and tools designed to mitigate these ethical concerns.



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DAY 2 [14. MAR.]
Morning Session 1 (9:30-10:45)

Satoshi Horikawa (Kyoto Sangyo University),
Archiving of Slander against People Infected with COVID-19

During the period of the COVID-19 pandemic, there was a wave of slander and libel against infected persons, the restaurants and organizations where clusters of infection occurred in Japan. Among the students of the university where I work, there was an outbreak of clusters in the early stage of the pandemic. The media reports and discourse spread via social networking services about these clusters resulted in many slanderous phone calls to the university. Students of the university also received direct and heartless criticism from people in the community. Together with my colleagues at Ritsumeikan University, I conducted interview and questionnaire surveys examining this situation. These surveys included questions about how many and what kind of calls were made to the university, and how the university responded to them. We also recorded how students were slandered and what the characteristics of the slander were. These records are not preserved in mass media reports or official records, so we recognize them as having become valuable archives. I will present the background and detailed results of our research at the meeting.

Shigeto Yonemura (University of Tokyo),
Conflict of Privacy and Public Health - Legal analysis of Using personal Data for prevention of COVID-19

Under the pandemic of COVID-19, there were active discussions concerning several issues in Japan whether the (central or local) government can use personal data for the infection control. The most problematic issue was that of the mobile phone app (COCOA), which aimed to prevent infection by means of contact tracing with the infected. Though the government had expected that the app would be effective, many people did not install it or enter their data due to distrust of the system, and the app proved of little effectiveness in preventing COVID-19. Such an issue has much relation to the conflict of privacy and public health in the legal context. I would like to introduce the legal situation about it and analyze the general conditions of using personal data for prevention of infectious diseases.



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DAY 2 [14. MAR.]
Morning Session 2 (11:00-12:30)

Tatsuya Mima (Ritsumeikan University),

The Impact of the COVID-19 Pandemic on the Lives of Ventilator Users: Ethical Considerations

The COVID-19 pandemic exhibited regional differences, but there were commonalities in terms of who was most severely affected. In the case of COVID-19, non-communicable chronic diseases played a significant role in determining vital outcomes. This inequality of risk is often overlooked in the simplistic narrative of “virus versus humans.” In this sense, while COVID-19 is an acute viral infection, ‘death from COVID-19’ can also be understood as a chronic disorder. Understanding the plight of those most vulnerable to COVID-19 can offer valuable insights into the future of ELSI. We conducted a web-based study on patients with locked-in syndrome (PwLIS), including ventilator users, during the pandemic and found that the majority of PwLIS were severely affected by lockdown measures and held negative views on triage (ventilator rationing) in emergency medical settings. LIS is a condition in which a person remains fully conscious but is unable to move their limbs. Some PwLIS lose the ability to breathe independently and require a ventilator. Triage refers to the allocation of medical resources based on the principle of saving the greatest number of lives in situations where not everyone can be treated. In Japan, emergency triage has been discussed, but no legislation has ever been enacted on the matter. Here, it seems essential to apply the principle of “nothing about us without us” to medical guidelines. Affirming vulnerability and recognizing humans as dependent beings is crucial. Discussions on triage usually take place under the sense of urgency created by the pandemic state of emergency. However, by definition, emergencies do not last forever. Moreover, the existence of the state of emergency does not erase the weight of ethical dilemmas. Thus, as seen in the cases of masks, disinfectants, and PPE, the fundamental solution to ethical dilemmas in medical resource allocation may not lie in sophisticated ethical reflection but simply in increasing the supply of resources.

Kazutaka Hirose (Kyoto Shimbun),

Problems of Journalism in the COVID-19 pandemic

In Japan, people were requested to get vaccines and stay home to prevent infections from spreading around the country during the COVID-19 pandemic. These requests were necessary to confront the pandemic to some extent. However, were there points that ought to be improved in journalism for public trust?

I have worked for a local newspaper company, the Kyoto Shimbun, and covered medical issues during the pandemic. As a journalist, I found several problems in public health fields, such as communications about vaccines' effects and risks. In the presentation, I will argue the issues from a journalist's perspective and show future lessons.



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DAY 2 [14. MAR.]
Morning Session 2 (11:00-12:30)

Ken Ogata (Keio University),

Discussion on Electronic Surveillance during Emergency Situations

Under the COVID-19 pandemic from 2020, electronic surveillance was used intensively, especially in island nations. In my report, I will examine the issues involved in the introduction, operation, and evaluation of electronic surveillance systems that were implemented to enforce immigration restrictions in emergency situations such as the COVID-19 pandemic, using Asian countries as examples.

Takanori Fujita (Tokyo Foundation for Policy Research),

Mobile Technology for Pandemic Response: Japan's COCOA App and Data Protection Issues

During the COVID-19 pandemic, various countries implemented contact tracing measures using mobile phone location and contact information. In Japan, the contact confirmation application COCOA was introduced, along with attempts to assess infection risks using anonymized location data. In this presentation, I will first discuss these mobile phone technology implementations, focusing on Japan's COCOA app and its role in contact tracing efforts. Then, I will analyze key privacy protection challenges that emerged during its deployment, including user consent mechanisms. Finally, I will examine how these challenges relate to ongoing debates about medical data legislation, particularly regarding the balance between public health surveillance and personal privacy protection. Through this analysis, I aim to contribute to discussions about developing more effective and privacy-conscious health surveillance systems for future public health emergencies.



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DAY 2 [14. MAR.]

Afternoon Session 1 – ECR Session (13:30–14:45)

Koyo Izawa (Kyoto University), Shinon Numata(Kyoto University),
Analysis of Japanese Covid-19 Infection Prevention Posters

Amid the spread of COVID-19 in Japan, government-led infection control posters have been distributed nationwide, while local governments have also created and utilized their own posters tailored to regional circumstances. However, it remains unclear to what extent the guidelines issued by the central government are reflected at the local level, as well as how the content of public awareness campaigns differs across regions. In this study, infection control posters produced by the Ministry of Health, Labour and Welfare, as well as those created by prefectures and government-designated cities, were collected through methods such as web scraping. The posters were then coded according to categories including mask-wearing, social distancing, and large-scale travel restrictions for quantitative analysis. The results visualized the degree of consistency and divergence between central and local posters and suggested how local characteristics may be incorporated. These findings are expected to contribute to future strategies for infection control promotion and intergovernmental collaboration.

Seungmin Nam (Kyoto University),
Revisiting South Korea's COVID-19 Measures: Ethical Perspectives on Freedom in Pandemic Policy

South Korea, like many other countries, took various steps to reduce the spread of COVID-19. While these efforts have been internationally recognized as successful, they also raise important questions that merit deeper reflection. This presentation revisits key responses undertaken in South Korea since the onset of the pandemic. Certain measures, such as contact tracing, quarantine enforcement, and social incentives of vaccination have prompted debates about privacy, individual freedoms, and the balance between public safety and personal rights. Particularly, some incidents have highlighted the need to reconsider the concept and significance of 'freedom' in the context of public health emergencies. It is essential to examine them not only from a policy standpoint but also through the lens of public perception and ethical considerations. By analyzing these cases, this presentation aims to contribute to discussions on future pandemic responses and the ethical discussions needed to balance public and individual freedoms effectively.



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DAY 2 [14. MAR.]

Afternoon Session 1 - ECR Session (13:30-14:45)

Yuri Hamashima (University of Bristol),

Primary Care Physicians' Responses to the COVID-19 pandemic in Japan and England : finding from qualitative interviews and personal reflections on my PHD journey

When the first lockdown was announced on 23 March 2020, I was writing the introductory chapter of my thesis at the University of Bristol, a moment that fundamentally reshaped my PhD journey. This presentation reflects on my experiences as a student navigating the challenges of conducting research during the pandemic, including undertaking observational and interview studies in England and Japan. Finally, I will present and discuss the key qualitative findings from my research on primary care physicians' perceptions and experiences of resource allocation in England and Japan, with a particular focus on their responses to the COVID-19 pandemic during its early phase.

Yicheng Chung (Kumamoto University),

Ethical and legal issues regarding public health and privacy during the COVID-19 pandemic: experiences from Japan and Taiwan

During the COVID-19 pandemic, Taiwan was able to use IT devices to control the infection and to allocate medical resources efficiently, however, there were also ethical issues regarding privacy and the protection of personal information. The use of National Health Insurance IC Card is one example. Medical information such as examination records and basic medical history are recorded in the IC chip, which medical professionals can access with card reader easily. The use of IC card is helpful for both medical professionals and patients but also raised concerns about the infringement of privacy under the name of public health. The ethical issues regarding the use of health insurance IC card were highlighted during COVID-19 pandemic. In this presentation, I will examine the privacy issues regarding the use of IC cards and the application of personal information in Taiwan during the pandemic. I will examine the relating legal cases and indicate the limit of judicial institution as the defense of human rights in times of emergency. In addition, as the Japanese government plans to expand the use of My Number system to other areas such as healthcare and medicine. Based on the experience of Taiwan, I will also make suggestions for future measures in Japan from the perspective of public health and privacy.



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DAY 2 [14. MAR.]

Afternoon Session 2 -Project Report (15:00-16:45)

Taketoshi Okita (Shiga University of Medical Science),

Changes in Japan's Regulatory Framework for Countermeasures against Infectious Diseases

Unlike many other countries, Japan's COVID-19 restrictions on the general public were voluntary and noncompulsory. However, in the past, Japan's infectious disease control measures, including vaccination, were also enforceable. How has this changed and what does it mean? At first glance, this may appear to be a Japan-only event, but in the big picture, it may also point to an international trend. We hope that this report will serve as a foothold for considering the future of public health and other public matters, including measures against infectious diseases.

Megumu Yokono (Waseda University),

Sustaining Engagement: How Humanities and Social Science Researchers Can Contribute to ELSI Practices

In this presentation, I explore how humanities and social science researchers can maintain continuous engagement in ELSI (Ethical, Legal, and Social Issues) activities in ways that are meaningful for their academic development. Based on interviews with researchers experienced in ELSI-related activities, I identify key factors for sustaining these practices. These include actively sharing and organizing experiences and knowledge, promoting a diversity of expertise and perspectives, and creating career pathways through appropriate recognition and evaluation of ELSI-related work.

The interviews also highlighted challenges related to the growing prevalence of top-down, government-driven ELSI initiatives. The findings suggest that humanities and social science researchers need to take more proactive roles in building constructive relationships with ELSI practices.



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DAY 2 [14. MAR.]

Afternoon Session 2 -Project Report (15:00-16:45)

Yusuke Inoue (Kyoto University),

National Bioethics Committees' Responses to COVID-19: A Cross-National Analysis

National Bioethics Committees (NBCs) are expected to serve as key platforms for ethical debate and policy development in health sciences. Despite their significant role, systematic analyses of NBCs' responses during public health emergencies remain scarce, particularly regarding their real-time contributions to policy development.

Among 33 committees examined across OECD countries and other regions, 22 committees (69%) issued statements and recommendations regarding COVID-19. A total of 109 publications were analyzed, with the highest frequency from Italy (13), followed by France and Germany (9 each). The temporal distribution shows significant early response: 55 publications in 2020, 40 in 2021, and 12 in 2022-2023. Notably, 32 publications (29.4%) were issued within six months of WHO's PHEIC declaration.

The publications addressed 14 major themes, with vaccination (22%), COVID-19 policy frameworks (16.5%), and medical resource allocation (13.8%) being the most frequent topics. While our analysis is still in its preliminary stages, two issues have emerged as particularly noteworthy: the varying levels of institutional capacity across countries, as evidenced by the wide range in publication frequency (0-13 per committee), and the predominantly national focus of discussions despite the global nature of the crisis.



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Abstracts

DAY 3 [15. MAR.]
Morning Session (9:30-10:45)

Naoshi Koide (Osaka University),

Lessons from the COVID-19 Pandemics- From Frontline Clinical Practice to ELSI Research

The novel coronavirus infection (COVID-19) triggered a global pandemic in early 2020. In Japan, infection control measures were prioritized as the initial response. Specifically, public health interventions such as forced hospitalization and hotel-based treatment facilities were implemented to contain the spread of the disease and manage infected patients. Additionally, the declaration of a state of emergency, restrictions on visits to elderly care facilities, and various movement restrictions affecting all citizens, including non-infected individuals, rapidly permeated society. Even after COVID-19 was reclassified as a Class V infectious disease, remnants of infection control measures remain evident in various aspects of daily life. But were these responses truly appropriate? Given the transformation of society, it is crucial to reevaluate these measures from an ELSI (Ethical, Legal, and Social Issues) perspective. In crisis response, not only emergency interventions but also subsequent social changes must be examined through an ELSI insights, ensuring a balance between individual freedoms and human rights.

Furthermore, it is essential to assess whether lessons from past infectious disease control measures, such as those for HIV and leprosy, were effectively applied to Japan's COVID-19 response. A comprehensive review of COVID-19 measures should provide an opportunity to examine the current state of ELSI considerations and explore emerging issues.

This session is made possible through the collaboration between the JSPS Project and RInCA. We would like to express our sincere gratitude to Professor Kodama for their invaluable contributions to this initiative. Through this session, we aim to provide ELSI researchers with insights from DMAT and emergency physicians who worked on the frontlines of the pandemic. By analyzing the COVID-19 response from their medical perspectives, we hope this session will generate new insights and foster further discussion.



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Abstracts

DAY 3 [15. MAR.]
Morning Session (9:30-10:45)

**Seiji Mimura (Japan Disaster Medical Assistant Team),
Disaster Response in Pandemics and ELSI**

The novel coronavirus disease (COVID-19) triggered a global pandemic in early 2020, severely impacting healthcare systems worldwide. Beyond being an infectious disease, COVID-19 functioned as a “disaster,” disrupting medical services and society. Infection control measures, including hospitalization and quarantine in designated facilities, raised ethical concerns regarding individual freedom and human rights. While these measures were deemed necessary for public health and infection control, their prolonged implementation exacerbated the burden on healthcare workers, prevented families from witnessing the passing of loved ones, negatively affected patients with mental illness, and deepened social fragmentation and psychological distress. Moreover, the COVID-19 response made it clear that controlling an infectious disease alone does not signify the resolution of a disaster. The relentless strain on healthcare systems, the increased workload on medical professionals, and profound socio-economic disruptions had immeasurable consequences. Public fear and confusion led to preventable tragedies. This study examines COVID-19 not only as an infectious disease but also as a disaster, analyzing initial response strategies from the perspective of disaster medicine. Additionally, it references past infectious disease responses to provide insights into the future reconstruction of infectious disease management and disaster medical systems.

**Takanori Yamamoto (Nagoya University Hospital),
Pandemics from the Front Lines of Disaster Medicine**

The COVID-19 pandemic, which spread globally from early 2020, had a severe impact on Japan, with over 33 million cumulative infections and more than 70,000 deaths. In the early phase of the pandemic, among various contributing factors, the insufficient assessment of medical resources was a significant issue that impacted the country’s disaster response. In Japan, emergency physicians played a critical frontline role, revealing significant challenges such as the overwhelming strain on healthcare systems. This study examines COVID-19 response efforts in Nagoya city from an emergency medical perspective, focusing on disaster response through cooperation between DMAT and regional healthcare networks. During the initial phase, infection control measures took priority, and the perspectives of disaster medicine care were not sufficiently integrated, leading to difficulties in emergency transport and the proper allocation of medical resources. Effective disaster response requires smooth coordination between policymakers, government agencies, and healthcare providers, emphasizing the importance of pre-established relationships. This presentation reviews the role and challenges of emergency physicians during COVID-19, with a particular focus on case of Nagoya city. It aims to provide insights for reconstructing future disaster response and emergency medical care systems.



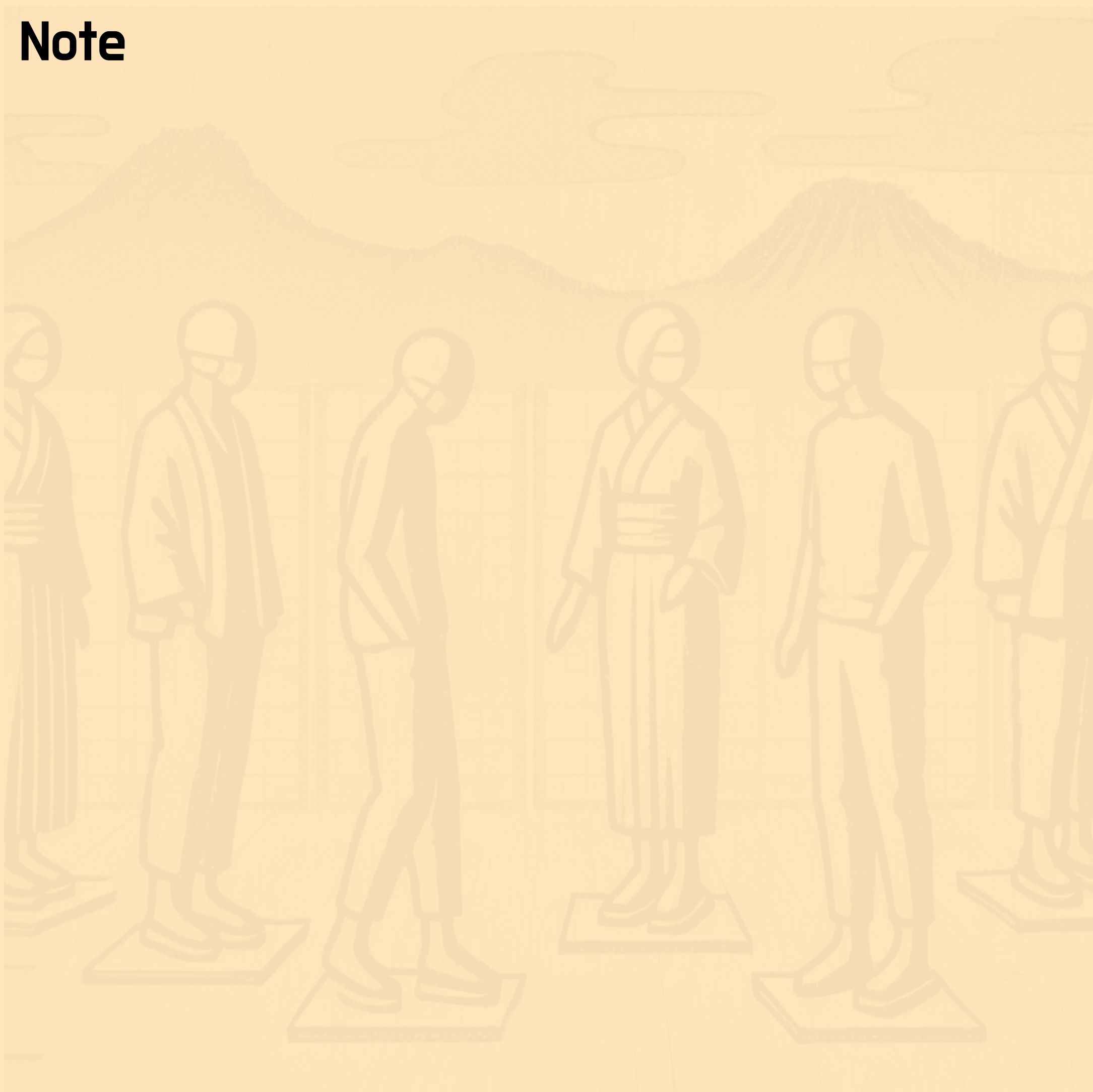
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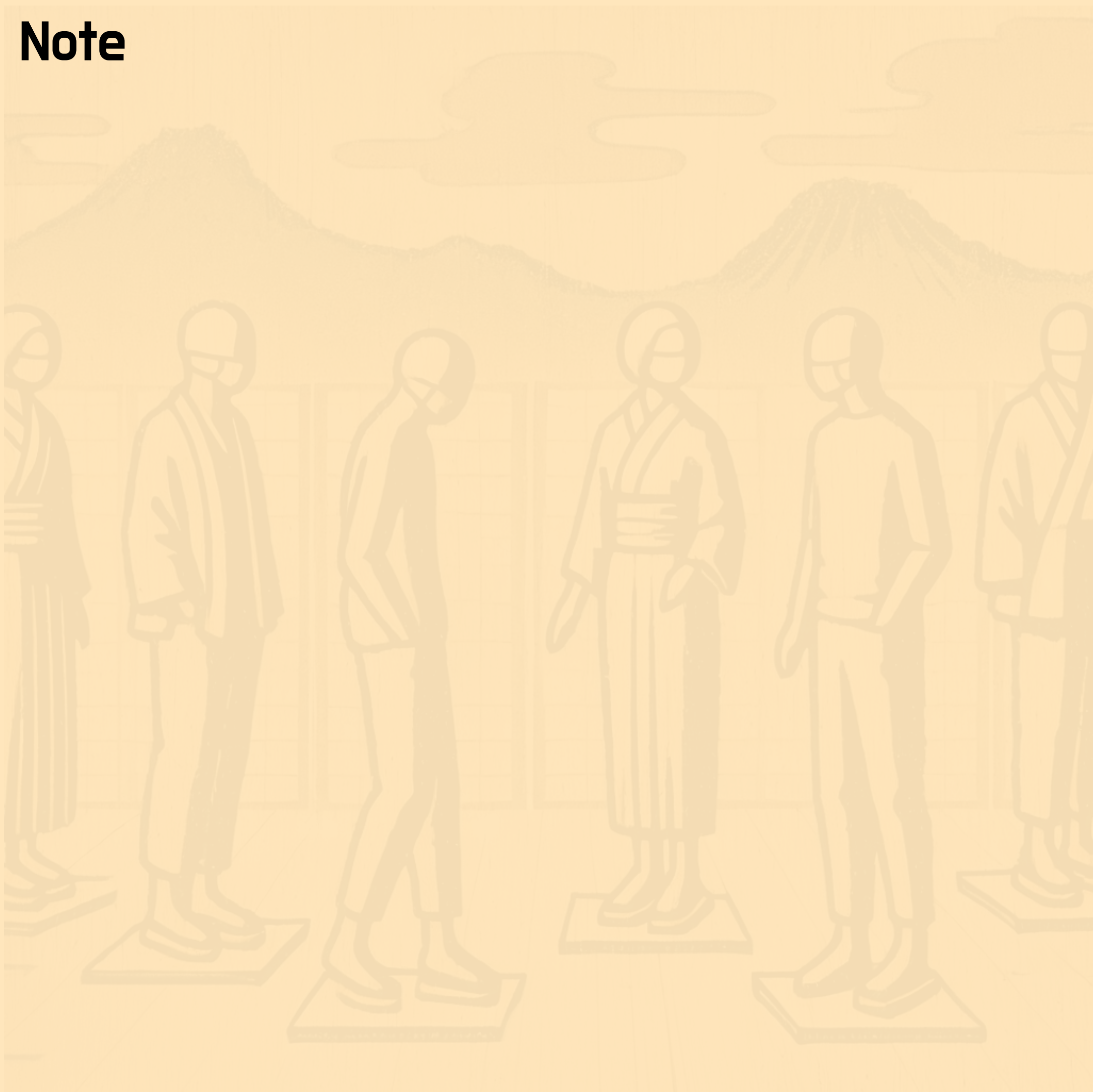
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