

International and Interdisciplinary Symposium

Medical, Ethical and Social Aspects of Aging Medicine

30 April 2026 · Istanbul · Türkiye

PROGRAM and ABSTRACTS

Symposium Chair

Prof. Dr. İlhan İlkılıç (Istanbul University, Faculty of Medicine)

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PATRONAGE

The Symposium will be held under the auspices of Prof. Dr. Osman Bülent Zülfikar, Rector of Istanbul University

INFORMATION AND REGISTRATION

Information:
Email: aysenur.daldabanberberoglu@istanbul.edu.tr
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Registration:
Registration is required (Deadline: 16 April 2026). You can register via the website below.
https://itftatikefgsymposium.wordpress.com
Attendance at the symposium is free of charge.

This symposium is organized within the framework of the 51-year-long joint scientific and educational cooperation between Istanbul University, Faculty of Medicine (TÜRKİYE) and Ludwig Maximilians-University Munich Faculty of Medicine (GERMANY). For 42 years, these collaborations have been organized by TATIK (Turkish-German Medical Relations Commission IU ITF) and the Erich Frank Association (LMU Munich).

International and Interdisciplinary Symposium on

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Due to scientific advances in modern medicine, people are now living longer. Not only these developments, but also the decline in birth rates, especially in modern societies, led to the increase of the proportion of the elderly people. As a result, societies are becoming older. While a longer life expectancy is a welcome development, it raises different problems and conflicts, particularly in the field of health care system. These problems are not only medical in nature, but they have also social and ethical dimensions. On the other hand, these problems vary according to the cultural and demographic structure of a society.

At this symposium, we will address the problems arising in the healthcare system due to the aging of societies, considering their social and ethical implications. This approach will be interdisciplinary and intercultural, and the following topics will be addressed during the symposium.

- Medical, Ethical and Social Aspects in the Treatment of the Elderly
- Medical, Ethical and Social Issues in the Treatment of People with Dementia
- Parenteral Nutrition and Ethical Issues
- Treatment of the Elderly in Intensive Care
- Aging and Medical Futility
- Advance Care Planning: Advance Directives in Health Care
- Aging and Palliative Medicine
- Aging and Psychiatry
- The Role of Clinical Ethics Committees and their Implementation
- Ethical, Legal and Social Aspects of AI and New Technologies in Aging Medicine
- Interculturality and Aging Medicine

PROGRAM

30 April 2026

Venue

Istanbul University, Beyazıt Campus, Rectorate Building, Doctorate Hall, Istanbul

08.30 – 09.00 Registration

09.00 – 09.30 Welcome

Prof. Dr. İlhan İlkılıç – Symposium Chair (Istanbul University, İstanbul Faculty of Medicine)

Prof. Dr. Dr. Fuat Oduncu (Helios Clinic Munich West & Ludwig-Maximilians-University of Munich, Medical Faculty)

Prof. Dr. Ahmet Salduz (Dean, Istanbul University, Istanbul Faculty of Medicine)

Prof. Dr. Osman Bülent Zülfikar (Rector, Istanbul University)

09.30 – 10.00 Keynote Address

Prof. Dr. Dr. Fuat Oduncu (Helios Clinic Munich West & Ludwig-Maximilians-University of Munich, Medical Faculty)

Cancer Management in the Elderly – A Medical, Ethical, and Social Challenge

PLANERY SESSION I | 10:00 – 12:00

Venue

Istanbul University Rectorate Building, Doctorate Hall Beyazıt, Istanbul

10.00 – 10.20	**Assoc. Prof. Tuğba Öbekli** (Istanbul University, Istanbul Faculty of Medicine) *The Rising Burden of Population Aging in Türkiye: Chronic Disease, Geriatric Syndromes, and Comprehensive Geriatric Assessment — A Geriatrician's Perspective*
10.20– 10.40	**Prof. Dr. Adrian Danek** (Department of Neurology Ludwig-Maximilians-University of Munich, Medical Faculty) *Dementia Syndromes – Overview and Challenges*
10.40 – 11.00	**Coffee Break**
11.00 – 11.20	**Prof. Dr. Bülent Saka** (Istanbul University, Istanbul Faculty of Medicine) *Medical and ethical issues in the elderly care with the accelerating pace of ageing population: Understanding new models of care*
11.20 – 11.40	**Prof. Dr. Thomas Ruzicka** (Ludwig-Maximilians-University of Munich, Medical Faculty) *Basal Cell Carcinoma – The Most Common Tumor in Aging Populations*
11.40 – 12.00	**Prof. Dr. Yüksel Demir** (İstanbul University, Architecture Faculty), **Assoc. Prof. Dr. M. Orkun Özüer** (Beykent University Faculty of Engineering an Architecture), **Dr. Selim Velioğlu** (SE Faculty of Architecture) *Habitat for Everyone: A proposal for a living environment that aims to enable all generations that make up the family and society to live together in harmony*
12.00-13.00	**Lunch Break**

SESSION II- PARALLEL SESSION A 13.00-16:00

Venue: Doctorate Hall

13.00 – 13.20	**Prof. Dr. Florian Seemüller** (kbo-Lech-Mangfall Clinic, Garmisch-Partenkirchen, Peißenberg and Murnau) *Diagnosis and Treatment of Late Life Depression*
13.20 – 13.40	**Dr. Elif Duygu Cindik-Herbrüggen** (Neuro-Psychiatric Center Riem-Munich) *Intercultural treatment competence in neuropsychiatric care of aging migrants in Germany: clinical experience from a multidisciplinary center*
13.40 – 14.00	**Prof. Dr. F. Arın Namal** (Istanbul University, Istanbul Faculty of Medicine) *An Overlooked Reality: Suicide in Old Age – An Ethical Perspective through the Window of Turkey*
14.00 – 14.20	**Res. Asst. Ayşenur Daldaban Berberoğlu** (Istanbul University, Istanbul Faculty of Medicine) *Intercultural Perspectives and Ethics in the Care of Dementia Patients*
14.20 – 14.40	**Coffee Break**
14.40 -15.00	**Prof. Dr. İlhan İlkılıç** (Istanbul University, Istanbul Faculty of Medicine) *What should be the ethical implications of old age in the process of determining medical indications in the elderly?*
15.00 –15.20	**Asst. Prof. Dr. Esra Aksoy** (Amasya University, Faculty of Medicine) *Aging, Intensive Care and the Ethics of End-of-Life Care in Türkiye*

15.20 – 15.40 **Assoc. Prof. Dr. Ozan Eren** (Dpt. of Neurology, Munich Clinic Bogenhausen)
Haymatloz 2.0 – The Aging Pioneers

15.40 – 16.00 **Dr. Hatice İpek Keskin** (Social Sciences University of Ankara, Department of Philosophy)
The Existential Ground of Palliative Care: A Discussion on Faith, Vulnerability, and the Limits of Suffering

SESSION II- PARALLEL SESSION B 13.00-15.40

Venue D2 Hall

13.00 – 13.20 **Dr. med. Kornelia Götze** (Medical Faculty and University Hospital Düsseldorf, Heinrich Heine University Düsseldorf)
Advance Care Planning – a concept for strengthening the autonomy of patients who are incapable to give consent

13.20- 13.40 **Dr. Orhan Önder** (Marmara University, Faculty of Medicine)
From Rooms to Cyberspace: Rethinking Privacy in AI-Supported Eldercare through the Cyberspatial Privacy Framework

13.40 –14.00 **Assoc. Prof. Dr. Hasan Erbay** (Afyonkarahisar Health Sciences University, Faculty of Medicine)
Advance Care Planning and AI in Aging Medicine: An Evaluation from the Perspective of Narrative Ethics

14.00 14.20 **Coffee Break**

14.20 – 14.40	**Asst. Prof. Dr. Ayten Püren Doğanay** (Çağ University, Faculty of Law) *From a Life of Dignity to a Death of Dignity: Advance Directives in Old Age*
14.40 – 15.00	**Asst. Prof. Dr. Zeynep Reva** (Özyeğin University, Faculty of Law) *From Care to Custody: Positive Obligations to Protect the Lives of Dementia Patients in Institutional Settings: The Case of Dodov v. Bulgaria*
15.00 – 15.20	**Gökçe Nur Dökmetaş PhD Cand. and Res. Asst. Sare Karacan** (Istanbul University, Institute of Social Sciences Istanbul University, Faculty of Law) *Human Rights Obligations in Aging Medicine*
15.20 – 15.40	**İrem Atak** (Düzce University, Faculty of Medicine), **Nisa Nafia Emir** (Med. Student Düzce University, Faculty of Medicine), **Prof. Dr. Şükrü ÖKSÜZ,** (Düzce University, Faculty of Medicine) *Ethical Aspects of Medical Students' Behavior Towards Elderly Patients*
16.00-16.30	**CLOSING REMARKS** **Prof. Dr. Dr. Fuat Oduncu** (EFG LMU) **Prof. Dr. Ilhan Ilkilic** (TATIK IU ITF)

ABSTRACTS

Medical, Ethical and Social Aspects of Aging Medicine

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International and Interdisciplinary Symposium

Medical, Ethical and Social Aspects of Aging Medicine

30 April 2026 Plenary Session I
09.30 – 12.00 Istanbul University Rectorate Building Doctora Hall

Cancer Management in the Elderly – A Medical, Ethical, and Social Challenge

Prof. Dr. Dr. Fuat Oduncu Clinic of Hematology, Oncology and Palliative Medicine Helios Hospital Munich West – Academic Teaching Hospital of Ludwig-Maximilians-University of Munich

The management of elderly patients with cancer presents a major challenge to the health care professionals and the society. The treatment requires a multidisciplinary approach including professionals from different fields inside and outside the medical specialties such as oncologists, geriatricians, nurses, psychologists, physiotherapists, social workers, etc. The therapeutic management has to address the patients' individual characteristics including (biological) age, comorbidities, bodily and mental functions, home care and nursing. Very often, the dosage of chemotherapeutics and highly expensive immunotherapeutics and targeted therapies needs to be adjusted because of severe side effects. This, in contrast, may impact the efficacy of the treatment leading to an undertreatment resulting in a worse progression-free and overall survival. Moreover, elderly patients take several multiple medications due to their comorbidities leading to severe interactions of polypharmacy. Additionally, cognitive constraints of dementia and delirium will make it more difficult to treat the cancer patient. Therefore, a highly personalized and thus time-consuming approach is necessary. All decisions are shared decisions between the patient, as long as he/she is autonomous and gives informed consent, his/her family and the therapeutic team. This will provide the ground for weighing the benefits against the risks of the cancer treatment. The medical and ethical focus might be put on the patient's quality of life and his/her wishes rather than prolonging his/her life.

The Rising Burden of Population Aging in Türkiye: Chronic Disease, Geriatric Syndromes, and Comprehensive Geriatric Assessment — A Geriatrician's Perspective

Assoc. Prof. Tuğba Öbekli Istanbul University, Istanbul Faculty of Medicine, Division of Medical Sciences Geriatrics Unit

Türkiye is experiencing a marked demographic transition characterized by progressive population aging. According to the most recent data from the Turkish Statistical Institute the proportion of individuals aged ≥65 years has increased substantially over recent decades. This demographic shift has significant implications for the healthcare system, which is increasingly confronted with older adults presenting with complex, chronic, and interrelated medical conditions—a trend expected to intensify in the coming years. Older adults frequently present with multimorbidity, including cardiovascular disease, diabetes mellitus, chronic kidney disease, osteoporosis, and neurocognitive disorders. This clinical complexity commonly results in polypharmacy, potentially inappropriate medication use, drug–drug interactions, and an increased risk of adverse drug events. In parallel, geriatric syndromes—such as frailty, falls, sarcopenia, malnutrition, urinary incontinence, delirium, and functional decline—are highly prevalent and substantially impair quality of life, yet they are often insufficiently addressed within conventional organ-based models of care. These challenges underscore the need for a structured and holistic clinical approach beyond routine assessment. Comprehensive Geriatric Assessment (CGA) is a multidimensional and multidisciplinary process delivered by an integrated healthcare team. Its primary objectives are to optimize functional status, rationalize pharmacotherapy, prevent disability, and establish individualized, patient-centered care plans. Within this framework, we developed the Turkish Inappropriate Medication use in the Elderly (TIME) criteria, an evidence-based screening tool designed to identify both overprescribing and underprescribing in older adults. The integration of structured tools such as TIME into CGA may contribute to safer prescribing practices and improved clinical outcomes in an increasingly complex aging population.

Dementia Syndromes – Overview and Challenges

Prof. Dr. Adrian Danek Department of Neurology University Hospitals Ludwig-Maximilians-University of Munich

Decrease of cognitive abilities with advancing age has been interpreted as part and parcel of the aging process or, alternatively, as a medical issue asking for treatment. Societal action will differ according to the interpretation chosen. Dementia will be reviewed here as a consequence of disease states, with vascular and neurodegenerative conditions the most relevant. Deposition of abnormally configured body proteins currently is the favored explanation of neurodegeneration and treatments aimed at inhibiting the formation of such protein deposits or allowing their removal have been developed. Prospects, allocation and timing of such treatment must be discussed. As dementia not only affects cognition but may alter character/personality, human autonomy is another relevant topic in the context. Finally, the presentation will mention approaches to some of the challenges outlined.

Medical and ethical issues in the elderly care with the accelerating pace of ageing population: Understanding new models of care

Prof. Dr. Bülent Saka Istanbul University, Istanbul Faculty of Medicine, Dep. Internal Medicine, Expert in Geriatrics and Clinical Nutrition

Ageing population is growing faster than expected in Turkiye. The latest demographic data showed 9,55 million people (11,1%) with ≥65 years old. 20% of the elderly people live alone and elderly dependency is 16,2% (34,5% in Europe), which requires medical treatment and advanced care plan. According to Turkish Laws, “Everyone has rights to live, protect and improve his physical and moral property. Advanced medical support in the end stage of life can not be terminated with the decision of healthcare professionals”. Whereas, many interventions in that stage can not be done without permission of the patient and/or relatives, or against advanced directives of the patient himself. Medical treatments should be done in accordance with the current evidence based knowledge and guidelines. ESPEN indicated hydration and nutrition rights of the population. Artificial nutrition treatment needs evidence based indications, therapeutic targets and patient’s consent. Ageing population is closely related with higher prevalence of dependency. New models for care, including private insurance systems, are needed, those should be sustainable in terms of health economics, and will be supported with the preformed advanced directives.

Basal Cell Carcinoma – The Most Common Tumor in Aging Populations

Prof. Dr. Thomas Ruzicka Department of Dermatology and Allergology
Ludwig-Maximilian University Munich

Basal call carcinoma BCC is the most common tumor of man - at least in populations with fair skin. It affects predominantly elderly people and is caused by chronic ultraviolet irradiation. Thus, it occurs predominantly in sun exposed areas of the face, especially on the nose. Rare cases arise in genetic disorders such as nevoid basal cell carcinoma syndrome (Gorlin-Goltz syndrome). The molecular pathophysiology has been unraveled and involves mutations in the Sonic Hedgehog pathway (SHH). Diagnosis is clinical and by histology. In many cases, modern imaging techniques such as confocal laser scanning microscopy or optical coherence tomography, or their combination, aid in preoperative in vivo diagnosis. Preferred treatment is by microscopically controlled surgery with microscopically clear excision margins (Mohs micrographic surgery and its modifications). Surgery may be challenging due to the location in difficult sites of the face such as nose, ears, eyelids, and the presence in multimorbid elderly persons, and may require complex plastic reconstructions. A number of other destructive therapies exist including ionizing radiation, and for inoperable cases the systemic use of SHH-inhibitors such as vismodegib offers an alternative. In individual advanced cases with reduced life expectancy, ethical issues may arise concerning treatment indication and choice. The most effective approach to BCC and other skin cancers is prevention by consequent UV-protection. Besides the medical challenge, BCC poses an important social aspect, since the incidence of BCC is steadily increasing due to climate change and aging populations, and poses a great burden on the health care systems and the individual patients.

Habitat for Everyone: A proposal for a living environment that aims to enable all generations that make up the family and society to live together in harmony.

Prof. Dr. Yüksel DEMIR, Istanbul University, Faculty of Architecture, Department of Architecture
Assoc. Prof. Dr. M. Orkun ÖZÜER, Beykent University Faculty of Engineering an Architecture, Industrial Design Department (Turkish)
Dr. Selim VELİOĞLU, SE Faculty of Architecture, Department of Architecture

This paper presents a proposed approach in architecture regarding the relationship between aging, space, and settlement. The proposal was developed through two architectural project competitions: one national and one international, both of which received awards. The main objective of the study is to develop architectural and spatial solutions to the living environment needs of elderly individuals who are becoming increasingly isolated from their families and society in a society with a rising average age. The methodology of the study can be described as research through design. During the development of the proposals, a comprehensive current situation analysis was conducted, experts in the field were consulted, relevant scientific studies were examined, and a precedent analysis of existing architectural solutions was performed. In the precedent analysis and the identified current state of the art, some drawbacks of the applied approaches were listed, and the developed proposals aimed to address these drawbacks. Existing approaches, often referred to as nursing homes, elderly homes, senior residences or care facilities, mostly provide spaces that isolate elderly individuals from their families and society, alienate them from life, and cause them to waste time while awaiting death. These places are often places that young family members, especially grandchildren, do not enjoy visiting or spending time in. Aimed at eliminating these drawbacks and providing a more humane solution, this proposal, developed from a holistic, circular, and ecological perspective, is designed on a settlement scale more like an attractive, lively neighborhood/village than a building. It is flexible, adaptable, modular, and expandable. The proposal is also designed to be economically feasible and sustainable.

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30 April 2026 Session II- Parallel Session A
13.00 – 16.00 Istanbul University Rectorate Building Doctora Hall

Diagnosis and Treatment of Late Life Depression

Prof. Dr. Florian Seemüller Deputy Medical Director and Chief Physician, kbo-Lech-Mangfall Clinic, Garmisch-Partenkirchen, Peißenberg and Murnau

Late-life depression (LLD) is a prevalent and often underdiagnosed condition associated with significant morbidity, reduced quality of life, and increased mortality in older adults. This presentation provides an updated overview of the epidemiology, clinical features, and evidence-based management of depression in later life. Particular attention is given to the complex interplay of biological vulnerability, cognitive decline, multimorbidity, and psychosocial stressors that characterize LLD. The talk highlights key diagnostic challenges, including atypical symptom presentation and overlap with neurocognitive disorders, as well as the importance of systematic screening in geriatric populations. Treatment strategies are discussed in a multimodal framework, encompassing pharmacotherapy, psychotherapy, and collaborative care models. Emphasis is placed on individualized treatment planning, considering age-related pharmacokinetic changes, comorbidities, and patient preferences. Recent advances in prevention, including early identification of at-risk individuals and interventions targeting loneliness and functional impairment, are also addressed. Finally, the presentation underscores the need for integrated, interdisciplinary care approaches to improve outcomes in this vulnerable population. This contribution aims to bridge current evidence with clinical practice and stimulate discussion on optimizing care for older adults with depression.

Intercultural treatment competence in neuropsychiatric care of aging migrants in Germany: clinical experience from a multidisciplinary center

Dr. Elif Duygu Cindik-Herbrüggen Neuro-Psychiatric Center Riem-Munich

Germany has become an increasingly diverse immigration society, with nearly one third of the population having a migration background. As migrant populations age, new medical, ethical and social challenges emerge within the healthcare system, particularly in psychiatric and neurological care. Language barriers, culturally shaped symptom perception, stigma related to mental illness and structural barriers to healthcare access often lead to delayed diagnoses, reduced utilization of psychotherapeutic services and an increased burden of disease. Based on clinical experience from a neuropsychiatric outpatient center in Munich, this presentation addresses common challenges encountered in the care of migrant patients. These include culturally shaped illness narratives, complex family dynamics, ethical dilemmas in patient treatment and family involvement, treatment adherence during religious practices and communication barriers in diagnostic and therapeutic processes. Case examples illustrate how culturally sensitive communication, interdisciplinary collaboration and migration-sensitive anamnesis can improve therapeutic outcomes. Intercultural treatment competence is presented as a key component of modern patient-centered healthcare. However, individual physician skills alone are not sufficient. Structural support within healthcare systems is required to ensure equitable access and high-quality care for aging migrant populations. Strengthening intercultural competencies and addressing ethical challenges in intercultural clinical practice are essential steps toward reducing health disparities and improving mental health care in increasingly diverse societies.

An Overlooked Reality: Suicide in Old Age – An Ethical Perspective through the Window of Turkey

Prof. Dr. Arın Namal Istanbul University, Istanbul Faculty of Medicine, Department of Medical History and Ethics

Human life unfolds through different stages, and the right to live through these stages until their natural conclusion is fundamental. Suicide represents the abrupt termination of this life course. When an older individual, confronted with unresolved problems, consciously ends their life, it raises an important ethical question: Why does a person who has reached the final stage of life choose to end their existence? With the proportion of individuals aged 65 and over reaching 11% in 2025, Turkey has entered the category of aging societies. Official national statistics indicate that suicide rates among older adults are increasing more rapidly than the growth of this population group. This trend suggests significant deficiencies in social, medical, and psychiatric support for older individuals. Suicide in old age is ethically as significant as suicide at any other stage of life. Understanding its causes and developing effective preventive strategies are both individual and societal responsibilities. From a medical ethics perspective, addressing suicide among older adults requires a critical examination grounded in respect for human dignity and the right to life. Strengthening mental health services, improving care provision, and enhancing quality of life in old age are essential steps to reducing suicide risk.

Intercultural Perspectives and Ethics in the Care of Dementia Patients

Res. Asst. Ayşenur Daldaban Berberoğlu Istanbul University, Istanbul Faculty of Medicine Department of History of Medicine and Ethics

Dementia is a neurodegenerative disease, yet it also represents a multidimensional condition that affects an individual's identity, autonomy, and social relationships. The rapid increase in the global prevalence of dementia necessitates addressing care processes not only from medical but also from ethical and cultural perspectives. This study aims to examine the influence of intercultural perspectives in the care of dementia patients and their ethical implications through a literature-based review. Existing research demonstrates that cultural background significantly influences perceptions of the disease, the distribution of caregiving responsibilities within families, help-seeking behaviors regarding institutional services, and end-of-life decision-making processes. Particularly in some migrant and minority communities, care is often perceived as a family-centered moral obligation. While this perception fosters strong solidarity networks, it simultaneously exposes caregivers to invisible and often unrecognized burdens. Language barriers, the lack of culturally sensitive services, and limited health literacy further raise ethical concerns related to justice, equity, and accessibility. As a result of the literature review conducted, it emerges that an intercultural perspective constitutes a framework that strengthens dignity, relational autonomy, and value-based decision-making processes in dementia care.

What should be the ethical implications of old age in the process of determining medical indications in the elderly?

Prof. Dr. Ilhan İlkılıç Istanbul University, Istanbul Faculty of Medicine
Department of History of Medicine and Ethics

Determining the medical indication for a patient requires not only medical data but also other factors. These includes normative terms value such as system of the patients, quality of life and patient's age. There is general agreement that these concepts should be taken into account in medical decision-making processes. However, there is no agreement on how this consideration should be implemented. Determining medical indications, particularly in the elderly, involves medical difficulties as well as ethical issues. Taking into account the biological consequences of ageing in medical decision-making processes is ethically legitimate. A particular medical intervention may be medically necessary for a young patient, but may not be considered medically necessary for an elderly person with the same diagnosis. If care is not taken in such decisions, the elderly can very easily become victims of discrimination. Therefore, applying the above rule without discriminating against the elderly is quite difficult and raises ethical issues. In our presentation, this situation will be analysed from an ethical perspective and discussed in the context of intensive care and medical futility. Based on the results of our analysis we argue, that the concepts of “medical subjectivity” and “value subjectivity” should be used in medical decisions in intensive care units. When this concept is applied, old age will not be a categorical classification in ethical terms when making decisions about the elderly in intensive care units, but will have a hypothetical function.

Aging, Intensive Care and the Ethics of End-of-Life Care in Türkiye

Asst. Prof. Dr. Esra Aksoy Amasya University Faculty of Medicine, Department of Medical History and Ethics

Population aging has important consequences for end-of-life care. In Türkiye, elderly patients frequently spend the last phase of their lives in intensive care units (ICUs). However, intensive care is mainly designed for acute and potentially reversible conditions. In many cases, frail and care-dependent elderly patients remain in the ICU without clearly defined therapeutic goals. This study aims to provide an ethical analysis of end-of-life care for elderly patients in Türkiye. The focus is on medical futility, distributive justice, and the lack of systematic care planning. Based on empirical observations from intensive care settings and available national data, it is argued that the prolonged presence of elderly patients in ICUs is not only a clinical issue but a structural one. Limited long-term care facilities, insufficient palliative care services, and the absence of advance care planning contribute to this situation. When treatment goals remain unclear in elderly patients with limited prognosis, life-prolonging interventions may lose their medical and ethical justification. At the same time, allocating intensive care resources to long-term care needs raises concerns about fairness. Addressing this problem requires strengthening palliative care, developing long-term care infrastructure, and establishing systematic end-of-life planning mechanisms for elderly patients.

Haymatloz 2.0 – The Aging Pioneers

Assoc. Prof. Dr. Ozan Eren Dpt. of Neurology, Munich Clinic Bogenhausen

For decades, the term "Haymatloz" was synonymous with German-Jewish academics finding refuge in the young Turkish Republic after 1933. Pioneering figures such as Prof. Dr. Erich Frank did not only find a sanctuary but became active architects of a modern Turkish medical system. Today, a different group is experiencing a similar sense of displacement: the first generation of Turkish "Gastarbeiter" (guest workers), who arrived in Germany during the 1960s and 1970s. Having spent their lives working to build a future for themselves and contributing to the prosperity of their new "Homeland," they now face the complex challenges of old age in a “foreign” environment. This presentation explores the social and medical reality of these pioneers, who often find themselves caught between two worlds, neither fully Turkish nor fully German, and frequently perceived as “Guests” or "Almancıs". We will examine the contrast between their arrival as a healthy workforce and the disproportionate health burdens they face today. To bridge theory and practice, the session concludes with vivid, real-world clinical examples that illustrate the unique biographical and cultural needs of this "Haymatloz 2.0" generation.

The Existential Ground of Palliative Care: A Discussion on Faith, Vulnerability, and the Limits of Suffering

Dr. Hatice İpek Keskin Social Sciences University of Ankara Department of Philosophy

This paper discusses the legitimacy of palliative care through the concepts of suffering and vulnerability. Suffering is only legitimate as long as it is protective or developmental. Beyond this threshold, persistent suffering loses its meaning and transforms into torment. At this stage, replacing maximal intervention with a palliative approach aligning with the patient's weariness of life and respecting their right to withdraw in peace becomes an ethical necessity. Recognizing medical treatment as a religious necessity against fatalist passivity was significant. Nevertheless, it should not be misinterpreted as a mandate for maximal intervention since modern medicine has evolved toward a palliative dimension that prioritizes managing suffering especially in cases of medical futility. In such instances, persisting with treatment based on religious motivations may constitute the same error of instrumentalizing human life as seen in defensive approaches. While the latter is driven by the avoidance of legal and social sanctions, the former risks objectifying the patient through anticipation of spiritual reward (ajr) or atonement (kaffarah). True virtue is patience with the inevitable, not suffering per se. Insisting on maximal intervention aligns with radical transhumanism's reductionist view of mortality. Ethics requires compassionate accompaniment to existential fatigue, not rigid adherence to abstract principles.

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30 April 2026 Session II- Parallel Session B
13.00 – 15.40 Istanbul University Rectorate Building D2 Hall

Advance Care Planning – a concept for strengthening the autonomy of patients who are incapable to give consent

Dr. med. Kornelia Götze Medical Faculty and University Hospital Düsseldorf, Heinrich Heine University Düsseldorf

Advance care planning (ACP) has been promoted internationally since the 1990s as a concept for strengthening self-determination of patients who are incapable to consent. The aim is to reduce unwanted under-/over-treatments so that serious effects unwanted by patients decrease. Furthermore resources can be allocated more sensibly. ACP is particularly relevant when treatments are burdensome and/or offer little chance of good quality-of-life. This is especially important for persons whos will to live has diminished which is often seen in frail elderly or chronically ill persons. In 2009, the patients autonomy including advance directives were legally strengthened in Germany. Since 2015, ACP is a service in German nursing homes and integration-assistance-facilities reimbursed by statutory health insurances. Since then, a detailed ACP program has been developed through cooperation between ACP Germany society and various scientists/practioners. The program was evaluated in a cRCT in 44 nursing homes (BEVOR study, Innovation Fund 2019-2023). This new legislation led to the development of many programs, which vary greatly in quality and effectiveness. I will outline the ethical/legal foundations and practice/experience of ACP in Germany, highlight the benefits for patients incapable to consent, and attempt to provide an outlook into the benefits for people from different cultural backgrounds.

From Rooms to Cyberspace: Rethinking Privacy in AI-Supported Eldercare through the Cyberspatial Privacy Framework

Dr. Orhan Önder Marmara University, Faculty of Medicine, Department of History of Medicine and Ethics.

Artificial Intelligence (AI) systems are increasingly embedded in elderly care settings, where voice assistants, wearable monitoring devices, and ambient sensing infrastructures promise safety, efficiency, and companionship. Yet these systems generate continuous flows of behavioral, biometric, and spatial data that blur distinctions between presence, observation, and intervention. Conventional privacy models—centered on informed consent, data ownership, or informational control—struggle to account for hybrid conditions in which monitoring is persistent, relational, and spatially distributed, particularly given asymmetries in autonomy, digital literacy, and dependency characteristic of eldercare contexts. This contribution examines three contrasting configurations: a conversational voice assistant supporting medication adherence, a wearable device tracking physiological and activity data, and an in-room motion-tracking system for fall detection. These cases are not presented as empirical evaluations but as structured analytical probes designed to demonstrate how the cyberspatial privacy framework differentiates privacy exposure across distinct spatial–digital configurations. To this end, the study adopts the cyberspatial privacy framework by Onder & Deniz as its methodological lens, treating privacy as a gradient condition structured by proxemic zones spanning physical and digital layers. Applying this method shows that privacy risks vary qualitatively across technological arrangements rather than merely in data volume or sensitivity. The analysis illustrates how zone-sensitive evaluation can inform ethically robust design and governance of AI-mediated eldercare systems by foregrounding relational vulnerability and care dependency.

Advance Care Planning and AI in Aging Medicine: An Evaluation from the Perspective of Narrative Ethics

Assoc. Prof. Dr. Hasan Erbay Afyonkarahisar Health Sciences University, Faculty of Medicine, Department of History of Medicine and Ethics.

Modern medicine focuses on Advance Care Planning (ACP) to manage end-of-life preferences for the elderly. Today, Artificial Intelligence (AI) has begun to integrate into this process by predicting survival rates and treatment efficacy. However, the "black box" nature and data-driven structure of AI algorithms risk overshadowing the patient's unique life story and values. This study discusses how narrative ethics can serve as an "ethical barricade" in AI-supported advance care planning. Narrative ethics views medical decisions not merely as algorithmic probabilities but as the "construction of meaning" within the patient's biographical integrity. In this study, it will be analyzed how prognostic data provided by AI can be interpreted to support the "narrative identity" of the elderly patient rather than undermining their autonomy. In conclusion, it is argued that a balance between the predictive power of technology and the human-centered depth of narrative ethics will ensure a more just and empathetic advance care planning in aging medicine.

From a Life of Dignity to a Death of Dignity: Advance Directives in Old Age

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Technological advances in modern healthcare systems have made it possible to significantly extend life expectancy compared to previous periods, but they have also raised serious ethical and legal issues regarding patients' end-of-life decisions and autonomy rights. The right to die with dignity and the implementation of advance directives stand out as fundamental tools for protecting individuals' choices and limiting unnecessary medical interventions. Protecting the autonomy of individuals who have lost their cognitive capacity, particularly due to old age, is possible thanks to advance directives. Advance directives enable autonomy to be preserved in situations where cognitive capacity is lost, ensuring that wishes regarding future medical interventions are stated in advance. Advance directives have a protective quality that safeguards the right to a dignified life and

autonomy in a broad perspective, ranging from geriatric palliative care to the right to die with dignity in the elderly patient care process. In this context, this study aims to present assessments regarding end-of-life decisions within a framework for protecting patient autonomy, addressing the ethical and legal dimensions of advance directives in the field of geriatric medicine, which is becoming increasingly important with the growing elderly population.

From Care to Custody: Positive Obligations to Protect the Lives of Dementia Patients in Institutional Settings: The Case of Dodov v. Bulgaria

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Aim: With population aging, the number of older persons living with dementia is rapidly increasing, placing long-term institutional care at the center of healthcare systems. Dementia is not only a medical condition but also a multilayered sphere of vulnerability linked to safety, supervision, and human rights protection. This paper analyses how the right to life and human dignity of older persons with dementia should be safeguarded in institutional settings, through the European Court of Human Rights (ECHR) judgment in Dodov v. Bulgaria.

Methodology: The study employs qualitative legal analysis based on the Court's reasoning, relevant ECHR case law, and interdisciplinary literature on elder rights and care ethics, situated at the intersection of human rights law, medical ethics, and aging medicine.

Findings: The case concerns the disappearance of an Alzheimer's patient from a state nursing home and the lack of an effective investigation. The Court found a violation of Article 2, stressing the State's positive obligation to protect lives under institutional supervision and framing inadequate monitoring as a human rights risk.

Conclusion: Dementia care must be understood not only as clinical service provision but as a human rights responsibility requiring stronger institutional accountability and rights-based care frameworks.

Human Rights Obligations in Aging Medicine

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Practices such as state budgetary savings calculations based on the euthanasia of the elderly[1] exemplify the potential threats to the human rights of aging persons and the need for defining a new dimension for human rights protection in the current state of neoliberalism, weakened welfare state, and demographic transformations of societies. Issues such as lack of access to healthcare due to age discrimination, risk of abuse and neglect, and disregard of cultural sensitivities bring elderly persons to a heightened risk for human rights violations. The subsidiarity of human rights and the obligations to respect, protect, and fulfill require states to be proactive in protecting human rights in the context of aging medicine. The work of the United Nations and other international human rights law bodies on the rights of the elderly are useful resources for a concrete legal analysis, as they also allow for incorporating the relevant cultural and social dimensions. Accordingly, this study aims to address the dynamic legal standards including their potential social impacts with their existing framework and discuss whether they are adequately applied, what is required to improve their application, and whether new standards are needed regarding human rights related to aging medicine.

[1] For a study discussing calculations related to this topic and their impacts, see: Jamil, Uzair; Pearce, Joshua M. “Government Economics of Expanding Canada’s Medical Assistance in Dying to Vulnerable Populations and the Ethical Implications of Allowing the State to Control Death”, OMEGA - Journal of Death and Dying, 2025.

Ethical Aspects of Medical Students' Behavior Towards Elderly Patients

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Introduction: The aim of this study was to determine the clinical approaches of medical students towards elderly patients, to examine the clinical ethical attitudes of prospective physicians towards the rapidly increasing elderly population, and to establish a scientific basis for geriatric ethics practices in the medical education curriculum in light of the data obtained.
Method: Students studying at Düzce University Faculty of Medicine were included in the study. The data of the study were collected through a questionnaire consisting of a total of 23 items, five of which related to demographic characteristics and 18 to the research topics. The questionnaire was conducted online on a voluntary basis
Results: A total of 127 volunteer students aged between 18 and 27 participated in the study. 70.9% of the participants stated that improving the quality of life of an elderly patient, rather than extending their lifespan, is the duty of a physician. Majority (67.7%) of the students did not consider the higher healthcare costs of elderly patients compared to younger patients as a major problem in terms of the sustainability of a healthcare system. The rate of those who did not agree talking to the caregiver instead of directly addressing the patient as a more practical way when examining an elderly patient was 63.8%. Moreover, 77.2% believed that withholding digital health options based on assumptions about elderly patients' inability to use them equates to denying access to modern healthcare services.
Conclusion: In conclusion, we believe that such research will contribute to the establishment of ethical healthcare standards for the increasingly elderly population and to the training of future healthcare professionals.