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Professional Ethics in Slovakia: Outline (Editorial)

Vasil Gluchman

The dynamics of recent processes in the world bring into more pressing concern the need for ethical reflection of the professional sphere in human life, moral problems and dilemmas which are connected with their profession, service, etc. The intensive development of professional ethics in the world can be dated to the 1970s and, even more so, the 1980s. However, in Slovakia the first significant attempts in development of professional ethics occur in the second half of the 1990s. Medicine, among spheres of professional ethics in the world, is the one which is developing most dynamically, next come the economic and business spheres, followed by all other spheres of professional ethics, which are developing to a lesser, but relatively intensive, extent. This is demonstrated by the publication *Professional Codes of Conduct in the United Kingdom*, which includes more than 400 ethics codes of various professions (Gluchman, 1994, p. 150).

However, professional ethics involve a significantly more extensive area of ethical and moral problems of individual professions than are included in the ethical code. There is, for example, research into the professional position in society, its social and moral responsibility, then the relationships between all members in the profession (e.g., relationships among colleagues, superiors or subsidiary members), but mainly to the clients. The next important research area within professional ethics is formulisation of ethical, moral and special professional values including how these values are applied in practice.

The works of M. Bayles (1988), T. Airaksinen (1998), G. Sharswood (2006), G. A. Thurston (2005), etc can be considered to have made the most significant contribution to the theoretical development of professional ethics in the world. They placed the theoretical foundations of research within professional ethics. With reference to professional ethics, it can be stated that the most extensive library is at the disposal of medicine. Here, the most important works of J. F. Childress and T. L. Beauchamp (1979), T. S. Engelhardt (1996) and P. Singer, H. Kuhse (2006) can be mentioned. In relation to business ethics or ethics of management, the most significant works of A. Etzioni, C. Gustafsson (1993) can be stated. Concerning the theme of the ethics of teaching, the works of J. F. Soltis and K. A. Strike (2004), G. Colnerud (1997), E. Campbell (2003), etc. can be mentioned. In the field of ethics of public administration, there are works by R. A. Chapman (1993), H. F. Gortner (1991) and J. A. Rohr (1998).

Traditionally, in Slovakia, the most intensive development within professional ethics is in the sphere of biomedicine (professional ethics of physicians, nurses, etc.). The second sphere, where the important development of professional ethics can be seen, is the area of management (especially in business). Professional ethics in media, journalism and advertisement is rather more considerably developed. Professional ethics within public administration, education, justice, police, etc. is developed to a lesser degree. In Slovakia, issues of professional ethics are very often reduced only to the ethical code.

The project *Improving the Professional Education in Ethics at the Faculty of Arts, University of Prešov* contributed significantly to the theoretical development of professional ethics. This project was realized by the project team at the Department of Ethics, Institute of Philosophy and Ethics, University of Prešov between 2005 and 2008. Eight academic textbooks are the result of this project: *Professional Ethics* (Malankievičová), *The Ethics of Teaching* (Gluchmanová – Gluchman, 2008), *Ethics and Medicine* (Bilasová et al., 2008), *Health Care Ethics* (Nemčeková et al., 2008), *Management Ethics* (Platková et al., 2008), as well as *Bioethics* (Jemelka – Gluchman – Lešková Blahová, 2008), *Environmental Ethics* (Jemelka – Lesňák, 2008)

and *Business Ethics* (Muránska et al., 2008). In 2010, within the international project *Ethical Monitoring of Public Administration in Eastern Slovakia*, another academic textbook *Ethics of Public Administration* was published. The most interesting step within the above mentioned project was the work *Ethics of Public Administration in (Eastern) Slovakia* in 2009 (Gluchman – Kráľová – Kalajtšidis, 2010).

Jiří Kánský contributed to the theoretical development of professional ethics in Slovakia in the first half of the 1990s. He brought the first knowledge about this sphere of ethics to the Slovak ethical community (Kánský, 1994). Similarly, Arnold S. Luknič brought this information to the area of business or management ethics. Later Anna Remišová spread those ideas in many works (Luknič, 1994; Remišová, 2004). Pavel Fobel deals with the organisational ethics of institutions and they explore e.g., ethical and moral aspects of institutional reforms in Slovakia in the 1990s (Fobel, 2002). Ethics of public administration in Slovakia is dealt with by Richard Geffert, who published some articles concerning these issues (Geffert, 2008). Lately, Gana Guitcheva has been interested in this subject (Guitcheva, 2007). Viera Bilasová has brought a stronger contribution to the mentioned issues with her conception of public ethics as the subject of power (Bilasová, 2008). As for the ethics of teaching, its development in Slovakia is connected to the works of Vasil Gluchman (1994), Martin Žilínek (1997) and Ján Vajda (1994), but the most significant contribution to the development of the ethics of teaching are works by Marta Gluchmanová (2008, 2009). Within professional ethics in medicine in Slovakia e.g., the works of Jozef Glasa, Ladislav Šoltés, Mária Nemčeková and the others can be mentioned.

In Slovakia, relatively little attention within ethics is paid to research into various forms of moral problems and dilemmas which occur in different professional spheres in Slovak society. Professional ethics is developed mainly either as a theoretical discipline (indeed, it is very important) or, more or less, it is reduced to the working-out of the ethical code in the mentioned profession. These codes are worked out either by lawyers or members of the profession who have no philosophical and ethical education. It means in the final evaluation, the formation of poor quality documentation, which primarily has to create an “image” for public relations purposes.¹

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¹ The special issue of the Ethics & Bioethics (in Central Europe) is focused on professional ethics in Slovakia as well as in Poland. I hope that it will be useful for the further development of Professional ethics especially in these countries.

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Philosophical Issues in Medical Ethics in the Context of Bioethical Discourse

Viera Bilasová

Abstract

This article focuses on the principles of bioethics and modern medical ethics which have increasingly become subject to ethical discourses and, thus, have acquired their topicality and viability. These ethical connections primarily refer to research in the field of biological sciences, biotechnology and medical research whose results have lead to serious consequences in the context of modern society, since they relate to the essence of human life. Contemporary medicine in particular touches on these issues which, by modern science based on positivism and pragmatism, are claimed to be metaphysical, thus not part of science. The issues refer to the relationship between spirit and matter, life and death, the essence of a human being, the meaning of life, etc. Philosophical and existential issues concerning the life of an individual and the entire society are the characteristic feature of current dynamic processes in all social spheres. They have a principally ethical meaning because they continually confront us with ambitions, interests and our own displacement in the world, in which the loss of order makes us search for alternative ways of life. The differences in theoretical and methodological bases as well as the methods of work applied by exact scientists dealing with the human being (biology, medicine, physics, chemistry, etc.) and ethics are often a source of problems and misunderstandings. Therefore, the calling of scientists, philosophers and ethicists for a mutual dialogue is so urgent.

Keywords: ethics, philosophy, reflection, morality, modern society

The principles of bioethics and modern medical ethics have increasingly become subject to ethical discourses² and, thus, have acquired their topicality and viability. These ethical connections primarily refer to research in the field of biological sciences, biotechnology and medical research whose results have lead to serious consequences in the context of modern society, since they relate to the essence of human life.

Contemporary bioethics³ faces two groups of challenges which, due to the crisis of its own theoretical and methodological bases, it is unable to respond to effectively. The first group is represented by the problems caused by the current level of the development of science, technology, economy and politics, which have changed the quality of human life and life as such. There is a new urgency to open up those issues related to preserving life and the direction of its further evolution, its ethical value, but most of all the responsibility for moral progress and its position in a contemporary world. The second group of challenges includes those issues stimulated by globalization, especially by the ecological crisis, global economic crisis and depletion of the world's sources of raw materials, energy and food with all the consequences for the very essence of human life, its quality and perspectives. Under conditions of globalization, all the traditional and new issues of bioethics are qualitatively given a new dimension.

Contemporary medicine in particular touches on those issues which, by a modern science based on positivism and pragmatism, are claimed to be metaphysical; thus, not part of science. These issues refer to the relationship between spirit and matter, life and death, the essence of a human being, the meaning of life, etc. Philosophical and existential issues concerning the life of

² Discussions and polemics are based on some authors' considerations who critically analyze moral dimensions of many biomedical problems in broader context of social changes and highlight the need and necessity of their philosophical and ethical reflections (see more: Mephram, 2008; Harris, 2001; Paul, Miller, 2002; Athanassoulis, 2005; Schicktanz, 2007; Veatch, 1989; Gert, Culver, Clouser, 2006; etc.)

³ I subscribe to the opinion that general bioethics interacts with common morality which forms a framework on which bioethics is appropriately built. That is why people are able to make sophisticated decisions about moral problems within biomedicine without ever having had a course in ethics or moral theory.

an individual and the entire society are the characteristic feature of current dynamic processes in all social spheres. They have a principally ethical meaning because they continually confront us with ambitions, interests and our own displacement in the world, in which the loss of order makes us search for alternative ways of life. Instead of certainty, a feeling of freedom and liberty appears, perceived by contemporary man as manifestations of arbitrariness and boundless tolerance. At the same time, man as a social being seeks to look for the balance between his/her own individuality and what the surroundings expect of him. In these new conditions, "the art of life" forces him/her to confront his/her own image of the world with reality and its evaluation, it means with a view of others. A life value background is of a principal meaning for emotional and cognitive representations of themes about life and the issues which concern the essence of a human being. To look truth right in the eye is the value capital which becomes the indicator of a proper life and helps escape inadequacy of claims or ambitions in favor of a balanced and equal relationship to all and everything around us. Life, however, is much more complex and the present culture requires a new definition of life which accelerates the achievement of quality, happiness and welfare. A hedonistic morality associated with striving for success and recognition, beauty and attractiveness is a mere substitution of what is missing in inter-human relationships. Life is a constant search in which we make mistakes and have faults, but, at the same time, it is the carrying out of a desire to participate in creating something preserving which has a permanent meaning for the human being.

Thus, philosophical and ethical discourse is given new stimuli and, under the empowering influence of ethics' practical dimension, it takes the new form of applied ethics. The question before us is if it is necessary to speak of new forms of ethical research and reasoning, or it is just a change of form which moves the emphasis from the meaning, which was of a general character, to practical models of behavior and acting. The answer will not be unambiguous. Applied ethics is an independent sphere of research which is both actual and managed by development which can be of a practical and theoretical form and meaning. It cannot do without philosophical and ethical bases and their critical evaluation. They not only enable us to methodologically deal with ethical categories and notions, but they also enable the updating of principles and values which respond to a wider practical context. An adequate ethical theory does not only provide descriptions of moral systems, but it primarily outlines general conditions for effective reasoning about real moral problems without any versatile answers emphasizing moral decision making and its validity in the practice of everyday life.

At the same time, an analysis of new moral issues provides theoretical ethics with feedback. Searching for the correct moral principle is then a matter of a rational analysis and its application to practice, provided that the range of moral arguments, which, subject to moral evaluation procedure, is deepened and broadened. This, in a certain sense, means a shift to normative ethics. Concurrently, we must respect the needs and motives based on which man enters into a situation and which should be efficiently and effectively correlated. New situations which cannot be sufficiently justified by traditional moral attitudes and norms require new evaluations and regulatory acting. And this is the motivation and its inconsistency that could cause problems which come into play in the process of moral argumentation and justification of decisions as well as acting (the difference between a physician's and patient's motivations). A moral dilemma concurrently becomes a real opportunity to enter the private sphere, a human's personal story (e.g. a patient's) and to form a new attitude based on the interrelationship of trust, support and helpfulness. Such decisions have an impact on the quality of life and are often connected with a deviation from traditional standards applicable in the given sphere. At the same time, they are an expression of a moral ethos which is the basis of man's strength when making correct decisions. A decision about what is good is connected with a postulation of a certain concept of good too and its justification.

The involvement of ethics in practical morality and professional spheres is not a simple process and is often accompanied by professionals' rejection or resistance to it. Searching for

moral responses in problematic spheres, which are of a professional nature and a specific character, is also connected with the approaches of moral philosophy which helps develop man's ability to understand normative aspects of a "human" world and facilitates the search for morally relevant ways of reflecting man's responsibility for the world, society and himself/herself. The differences in theoretical and methodological bases as well as the methods of work applied by exact scientists dealing with the human being (biology, medicine, physics, chemistry, etc.) and ethics are often a source of problems and misunderstandings. Therefore, the calling of scientists, philosophers and ethicists for a mutual dialogue is so urgent.

Medical ethics cannot do without philosophical reflections either regarding the context of care for man and his/her health because it raises questions also relating to man's moral obligations. The very formulation of the question, recognition of its nature and critical dimension of approaches opens up space for dialogical and pragmatic morality which balances the basic deontological rules. Concurrently, it is a search for balance and compromise between individual interests, imperatives of science, society and humanistic principles. This is closely connected to the formation and development of ethics of open and approximate responsibility. A correct dialogue is one which touches on issues of human integrity, existential problems and, last but not least, those of conscience. With this in mind, an irreplaceable role is played by medical ethics.

Current urgent discussions on the topics related to man's integrity, genetic research, organs transplantation, commercialization of the body, etc. indicate that the focus of discussion is being increasingly shifted to philosophical and ethical fields. Searching for ethics of a correct level of human interest with the aim of protecting the human being places new challenges before medical ethics which preferably touch on deontological rules. Medical deontology is based on the Hippocratic Oath which has been gradually modified and widened to sufficiently accommodate the progress made in medicine. The fact that scientific and technological progress even shakes the foundations of medical deontology corresponds to the requirement of the development of qualitatively new philosophical and moral foundations of medical deontology itself.

Rapid progress in medical research as well as the social pressure applied to the implementation of its results to practice (even though it concerns human health and human life, which is at the summit of the hierarchy of human values) make a physician's ethical decision making, when solving a particular medical problem, more and more complex and important, especially when it concerns human life, and, ultimately, its quality. In spite of the generally accepted Hippocratic Oath and the validity of international, national or professional codes of ethics, the physician's decision depends on his/her conscience and ethical or philosophical ability of an actual reflection and self-reflection, based on which a physician often makes decisions under time constraints. Ultimately, the physician takes personal responsibility for his/her decisions towards himself/herself, patients and their families, the hospital and the professional medical community as well as the entire society.

Traditional values and principles are reflected by medical ethics in the intentions of humanism and anthropocentrism. It also concerns the questioning and reformulation of only anthropological paradigms. No exclusive philosophical postulates are applied to medical ethics. A particular person, his/her life and health are above what is philosophically and ethically a priori. Formulated questions, together with understanding their meaning, provide a better chance to understand connections and to find the right arguments which may facilitate important decisions in a life and about a life as well. If we are not able to or we do not want to express a definite and finally valid moral judgment, we have to try to eliminate the imbalance and inconsistency that are present in moral reasoning and evaluation.

There are many ways of reasoning about life, its meaning and sense, as well as about the essence of death as an inherent part of human existence. No extreme that would exaggerate man's self-preservation effort or the raising of pleasures to the meaning of life, and even the sacrifice and substitution of a proper life for its preservation at any cost, is an unequivocal answer or solution.

Disease⁴ is a specific phenomenon which enters a human life in an uncompromising and often irreversible way. It is a severe intervention in man's self-understanding which affects his/her integrity, freedom, dignity and self-respect. The process of falling ill can be called the process of a crisis in terms of a disruption in the balance of forces which an organism disposes of. From the beginning, among man's defense mechanisms, there is his/her awareness of the fact that illness is a part of himself/herself, but his/her possibilities to affect it are very limited. A particular consideration of the situation usually requires to notice the experience and any changes which a disease is accompanied by. Its intensity in the form of contradictory tendencies of internal and external forces (dispositions of the body, treatment and recovery potentiality, social and psychical background, and others) make decision making complicated, especially that of a physician holding a certain system of acceptable and unacceptable solutions which implicitly contain moral dimensions in themselves. One dimension is linked to the ethos of the physician and his professional responsibility; another is based on the human relation to a patient⁵, which corresponds to his/her own conscience. Help as a selfless relationship has a tradition in our civilization as one of the supreme values and, at the same time, as a norm which is required, supposed and naturally expected in (humanized social) culture. At the same time, the selection of the method and measures taken to provide the remedy are subjected to moral requirements that are aimed at improving health. Transformation of ethical reasons and moral norms in a particular situation is a part of medical ethics.

But who, today, is responsible for sufficient and convincing answers to the philosophical and ethical questions which contemporary medicine faces so that they do not hinder its development, so that they meet the expectations of sick people without endangering the physical, spiritual and moral development of man and mankind? This primarily refers to the following questions: What is the relationship between the spiritual and the physical in man? Is man the work of God or that of natural evolution? Can man be a creator of his/her own body? Is the human body the object or the means when fulfilling the meaning of human life? What is the relationship between life and death?

It seems that the present time eliminates the need for integrated philosophy or ethics, science in general and medicine in particular. Their further development is not possible without negative consequences for humans and the human race if there are no open and responsible philosophical and ethical discussions and efforts to achieve consensus on the key issues that modern science, particularly medicine, faces. Therefore, the fundamental postulates of the discourse must be openness, professionalism, pluralism, reasonableness and responsibility along with its moral basis.

At the current stage of the development of medicine, Descartes' statement that there is more about the human body we do not know than we really do has ceased to be valid. On the contrary, the mysteries of the human body gradually vanish; thus, any reason for the ethical neutrality of medical issues or their metaphysical obfuscation is lost. Any serious intervention in human corporeality, either genetic manipulation, transplantation of human organs or surgical intervention changing man's appearance, affects his/her integrity and has clear psychological, and also ethical and legal consequences.

⁴ A disease is usually defined from the medical point of view and is based on certain clinical data. Its entry into a person's life cannot, however, be seen only in terms of facts, but also as a patient's experience with the disease and its treatment. Contemporary medicine nowadays helps us define and understand a disease within a broader complex of human values. Many theories and ideas help reveal certain philosophical or anthropological dimensions which "define a disease in the network of epistemological, social and metaphysical claims, which vary between cultures, and the disease is manifested in individuals in a given culture with variables that are difficult to predict or quantify precisely" (Tauber, 2008, p. 56).

⁵ Along with the author, medicine can be considered a chance "which is able to address the world, to captivate it through approaches showing the endless effort for a discreet relationship to a sick person and that human helpfulness and understanding are the force that helps disappointed people, who do not believe in solidarity, get out of not only physical pain but also mental suffering" (Kořenek, 2004, p. 16).

Contemporary medicine has touched on the boundary that separates the physical integrity of a human being from the mental and social one. Thus, the question is whether we have the moral right to make such changes or interventions in the human body which would necessarily change its psyche and its social relations⁶. This issue involves serious ethical consequences. Who is responsible for the change of human individuality and its identity? Who is, in this case, the ethical object and who has become the ethical subject of these changes?

But where to find philosophical inspiration against mechanism, rationalism and scientism which, on the one hand, put power into the hands of man so that through science and technology he/she could rule the world and himself/herself, but, on the other hand, they force him/her to receive commands and bans by which he/she must protect himself/herself from the self-destructive power of science and technology? Hedonism is becoming the moral response by contemporary man to the crisis of rationalistic ethics and its existentialist criticism. Hedonism is inherently an ambivalent mixture of pragmatism, utilitarianism, relativism, and nihilism. It prefers material to spiritual values, individual to social, personal freedom to social responsibility, temporary to transcendental, pleasure to renunciation. It rejects ethical progress, transcendentalism and ethos.

Contemporary hedonism is also a response to the development of medicine which offers such values as health, physical beauty, life or death as consumer values without undergoing ethical reflection and being incorporated into the humanistic ethical system. Hedonism in medical ethics without moral sensibility, responsibility and ethos implies serious ethical consequences. In ethical issues concerning abortion, euthanasia, organ transplants, "surrogate motherhood", and especially genetic manipulation, one decides based on the principles, values and standards of hedonism, i.e. in an egoistic, utilitarian and hedonistic way.

Significant to this decision making is the concept of life itself. Hedonism approaches a human life as a biological one "here and now", which thanks to the technological possibilities of medicine, therapies, hygiene, dietetics, fitness, (...) can be improved, made more pleasant and prolonged. Thus, perceived life becomes the highest value of the new hedonistic ethics, which medicine, science, culture, production and trade are adapted to. The cult of the human body begins to change the moral face of our millennium with all its positive and negative consequences.

Human desires for health, physical beauty and eternal blissful life are natural and as old as man himself. These desires, however, have never been as strong, and, mainly due to scientific, technological and economic conditions, as available and feasible as at present. And it is their practical implementation through medical technology and equipment, which shows the perversity of the desires which, in the past, were more often reflected in myths and art than in practice. I agree with the Polish author Jerzy Kopania that body attractiveness becomes the last guarantee of one's own value and a human's appearance is no longer a matter of nature but it becomes the work of medicine (Kopania, 2002, p. 172). The ethical value of a human being, who, under pressure from the labor market, emptied his/her face and, since he adopted a generalized fashion design, his/her uniqueness is in fact questioned.

The biological uniqueness of man cannot be an ethically neutral problem. Between social and biological uniqueness there is the relationship, which requires particular attention⁷. In connection with the transplantation of human organs and surgical changes in man's appearance, questions

⁶ One of topical issues under discussion is the question of the right to dispose of human body. There are two tendencies in the approach to its solution: One tendency emphasizes the increasing need for human organs, while the other one addresses the issues of justice in dividing and distribution. So far, there is no theory of rights to dispose one's own body.

⁷ Discussions that take place under the name "Self-Ownership" are based on the assumption that man is the owner of his/her person and body. The question remains open whether and to what extent a proprietary relationship between the body and the person included in the thesis "Self-Ownership" may help clarify the scientific-ethical problems (see Hermann, 2003, pp. 62-63).

arise about the boundaries behind which the change of personality occurs and about the ethical as well as legal consequences resulting from it. The responsibility for the ethical and legal effects and consequences resulting from the utilization of medical technology is primarily taken by a professional community, which is expected to address the fundamental philosophical and ethical issues of this practice.

Perhaps, ethical issues relating to a genetic reproduction can be considered most crucial in medical ethics. The Basic Charter on Human Rights of the European Union and most developed democratic countries of the world forbid eugenics and human cloning, or, at least, severely restrict it. In spite of that, research in this area has greatly advanced and strong pressure is being exerted on its partial application in clinical practice by scientists, physicians, patients and a business sector benefitting from medicine. Programmed changes in humans are inconsistent with a democratic understanding of human rights and freedoms; they are accepted neither by public ethics, moral tradition, nor ethics of politics in developed democracies. The question is put forward whether today's generation has the right to decide on what future generations will look like, how they will feel and live. This also illustrates the fact that current and future eugenics and genetics are incompatible with current legal and ethical systems.

Physical and mental health is a prerequisite for a full human life. It is an integral part of the values of democratic society. Only healthy people can live full lives and that means they have the freedom to realize their intentions and fully satisfy their material and spiritual needs. This, however, does not mean that an ill or otherwise medically handicapped person in a democratic society has no moral value, that he/she cannot be socially successful and beneficial, honest, fair and responsible. Democratic society, along with the health system, legislation and ethics must create all the conditions to eliminate or, at least, alleviate diseases and their consequences so that the ethical value of an ill or a medically handicapped person can be preserved.

Neither the elimination of discrimination of ill and medically handicapped persons, nor positive discrimination, providing them with certain social benefits, will guarantee them freedom and equality as equality of opportunities for all. This equality and freedom can only be ensured by the elimination of diseases and health handicaps. The key to this breakthrough with the application of the ethical ideals of democracy, which is freedom, equality, prosperity and happiness for all, is medicine with its scientific and technological potential.

The basic principle of medical ethics, when defining health as an ethical value in the value hierarchy of a democratic society, is the postulate that human health is not realized at the expense of health and lives of other people and that it is not contrary to authentic human freedom, equality and happiness of the individual and the entire society. Medical ethics, on the one hand, should contribute to the correct course of theoretical and applied research because human health is a prerequisite for authentic human freedom and a full life. On the other hand, it must prevent man from losing his/her ethical subjectivity, thus becoming the object of cruel ethical, political and ideological project realization.

Therefore, among the basic postulates of medical ethics, there is the preservation and development of a human personality and its uniqueness. It seems that none of the ethical issues facing contemporary medicine will be solved purely by exact methods and medical procedures. The issues concerned are related to the rights of human subjectivity, human nature and human integrity. These issues are in the intersection of interests and research of exact sciences, philosophy, ethics, politics and religion. Their solution can only be searched for in some form of consensus or synthesis. The ethical problems of the human subject and human subjectivity are thus solvable only if it is respected in both medicine and medical ethics. As a result, any attempt to eliminate it could lead to the elimination of ethics itself as well as the humanistic message of medicine.

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Professional ethics in Polish Medicine

Stefan Konstanczak – Bogna Choinska

Abstract

Justifying the existence of professional ethics in medicine is usually connected with the traditions of a profession and with a humanistic dimension of these ethics, pointing at the same time to their culture-forming character. With such an attitude, professional ethics is treated as a part of all mankind's output, and its teaching turns out to be an important element of preparation for taking part in culture. Taking into account the cultural meaning of professional ethics, one should notice that all discussions about the character of relations of medicine and ethics exceed the very health care system. The dilemma outlined in the article deals with the problem whether the existence of medical ethics requires external regulations or is this also a creation of the very representatives of medicine and only they can formulate it. If the latter is to be assumed, ethics in medicine would have to be independent of other detailed ethics and it would not need to be included in any other more general theory. In the first solution, medical ethics is becoming a part of general ethics and, therefore, it would be justified to include it in a more general theory – bioethics. The authors indicate that professional ethics does not limit freedom of the staff but gives a special opportunity to use it. Records constituting its contents are mostly standardized by a professional group which sets criteria of recruitment on its own and general duties resting on their members.

Keywords: ethics of medicine – bioethics – moral values – ethical codes – education – professional responsibility

Introduction

Representatives of professions boasting of having their own professional ethics do not question their existence in general. Its justification is usually looked for in traditions of the profession and, moreover, the humanistic sense and even culture-forming character of these ethics are shown. What is important, with such an attitude, is that professional ethics is treated as a part of all mankind's output, and its teaching turns out to be an important element of preparation for taking part in culture. However, it is thought-provoking that in these discussions there are nearly no arguments concerning the usefulness of such ethics influencing decisions directly bound with performing a profession.

The relationship between ethics and medicine

Taking into account the cultural meaning of professional ethics, one should notice that all discussions on the character of the relationship between medicine and ethics exceed the very health care system. As an example, the American magazine *Journal of Medicine and Philosophy: A Forum for Bioethics and Philosophy of Medicine* dedicated one of its issues in 2001 to a discussion about sources of ethical reflection in medicine. Among the participants of this exchange of thoughts, an opinion predominated that sources of ethics in medicine must have an external character because medical art is a part of culture and realizes service tasks in favour of the society in which it is performed. Therefore, there must exist an external reason deriving from social environment which decides about the fact that some defined values are connected with medicine and which later play a crucial role in it. Many outstanding representatives in the field of philosophy of medicine took part in this discussion, including Tom L. Beauchamp, the co-author of the book known in Poland as "Rules of medical ethics" (Beauchamp – Childress, 2006).

Therefore, an outlined dilemma dealt with the problem whether the existence of medical ethics requires external regulations or is this also a creation of the very representatives of medicine and only they can formulate it. If we assumed the second solution, ethics in medicine would have to be independent of other detailed ethics and it would not have to be included in any other more general theory. In the first solution medical ethics is becoming a part of general ethics and therefore it would be justified to include it in a more general theory – bioethics.

The participants in the discussion also tried to decide whether medical ethics requires some external justification of its existence. John D. Arras of Virginia University, in his speech, made an attempt at generalizing attitudes appearing in the course of discussion. Considering the matter from the point of view of the possibility of the existence in medical professions of so called internal morality (medical internalism), [he] distinguished its four variants. The first one was called essentialism because it assumes that fundamental standards of medical ethics can be directly derived from the idea of medicine and point of its performing. He included Edmund D. Pellegrino, co-author of the book „*Virtues in Medical Practice*” (Pellegrino – Thomasma, 1993) into representatives of this variant. The second variant constitutes the concept of “necessary practical conditions” in which moral standards are derived from conditions of performing the profession of a doctor. The third variant is “historical professionalism”, according to which both standards of performing this profession as well as standards of ethics might be settled exclusively by doctors for doctors. The last variant Arras called “internalism of evolution perspective” because, in accordance with it, professional standards in the field of medicine, with time, are subject to progressive evolution in interactions with outer standards of morality. Other participants of symposium were included among followers of this attitude: Franklin G. Miller and Howard Brody (Miller – Brody, 2001). According to Arras, in these variants, the internal estimation of medicine for making attempts to solve the biggest dilemmas of modern bioethics, like curing HIV carriers, approval or disapproval of assisted suicide, etc. (Arras, 2001, p. 645) is not used. At the same time, he was of the opinion that medical ethics alone cannot be a sensible option to solving modern dilemmas afflicting humanity. This kind of hope is already given by bioethics which is a part of the culture in which it is formulated.

Obviously, some competitive approaches also exist which appeal to liberalism thereby assuming the functioning of the relationship between medical staff and patients following the example of market regulations. Depending on which political ideology is in power at a given moment, we, therefore, have contradictory attempts of reforming the medical service in a pro-social or pro-market direction. Neither science nor politics has enough data yet to unequivocally point at the rightness and rationality of the choice of these outlined options. It seems, however, that considering the problem from the point of view of ethics, more rights speak in favour of the pro-social solution. Therefore, the attitude of John Arras seems to be enough justification for including all issues, which until now have been considered by particular medical professions, into the area of bioethical considerations.

In the traditional division of bioethics, offered by Daniel Callahan, cultural bioethics is distinguished – the task of which is to tackle known and newly born bioethical problems in social, historical and culture contexts. In this measure, it also constitutes the object of interest of study of science, sociology, anthropology and history. This state of affairs directly results from the system of organizing our society which is often called “the culture of risk”. For risk is a consequence of our natural tendencies which results in the fact that culture constantly threatens itself (Sennet, 2010, p. 8). At the same time, there must exist in it some criteria defining limits of acceptable risk. Therefore, in every culture, subtle rules of tolerated treatment of man by man have been elaborated. They are obeyed by everybody but for some groups consent and prohibition are specifically defined because it is not indifferent to anybody how representatives of a given group treat others. Because everybody, without exception, is or may become a patient, it is understandable that society is trying to eliminate unwanted risk connected with compulsory contact with representatives of the medical service. Doctors, nurses or pharmacists are included in the list of potential patients and, thus, one may assume that they, as people who are most aware of the range of risk, care, above all, about the fact that records of ethical codes would protect the patient. Even if it may seem that some records protect e.g. only doctors, it is always the patient who will be the final beneficiary.

Pragmatic meaning of professional ethics

In the case of professional ethics, it is all about the practical aspect, for it is to help to solve not typical situations which happen during work which cannot be predicted and decisions which, once taken, influence health or one's life, be it a patient's or a co-workers'. Education in the scope of ethics of one's own profession is therefore also a kind of necessity to diminish the risk of committing possible mistakes.

When I was teaching classes of nursing ethics for the first time, they took place on two levels. The first level, let us call it theoretical, was to introduce students to problems of philosophy in general, specially taking into account ethical theory. The second level was conducted by experienced nurses who were conveying records of the nursing code enriched with their own experience at work. From the perspective of many years of didactic experience, I am willing to acknowledge that such a model of education in the scope of nursing ethics was probably the best and certainly the most sensible. A disadvantage of such two-level education was the separation of theoretical and practical classes. The first ones were mostly conducted by philosophers and the second ones by representatives of medicine, and they were connected by no more than common work in this institution. In this way, theory was separated from practice. In spite of this, this model of students' education seems to me very sensible for many reasons because during classes on the history of ethics students were introduced to different ways of estimating health and life and solving the most important problems which a human can face in his/her life. These propositions of estimation and justification of making decisions in matters of health and life in the overwhelming majority maintain relevance today. The sense of completing such an education amounted to offering possibilities to choose such options which would not be contradictory to an individual view of life and the hierarchy of student's values. It is not about any indoctrination because higher education, as assumed, does not change the system of a student's values in a direction desired by the lecturer or school. For, in philosophy, it is assumed in advance that there is no timeless and unchangeable solution, which should only be mechanically introduced in life to be able to act well. It is the student alone who is to choose the foundation to which he/she will refer in doubtful and extreme situations. It might be the system of ethics elaborated by John Paul II or John Stewart Mill or somebody else. None of ethical systems established in the philosophical tradition recommends taking up activities which are morally wrong or contradictory to common sense. Everybody, though, points at the source to justify one's behavior – at first, one needs to be honest to oneself to be useful to others.

The essence of the first stage of ethical education amounts to the shaping of a motivating system and abilities to independently decide in difficult situations. In this way, representatives of every medical system strengthen, internally, dispositions to decide about other people's health and life and, what is more important, they are not contradictory to the system of humane values, common sense and science. It allows us to reach indispensable certainty and to trust oneself, which is necessary to move incentives constituting the foundation to make a decision to one's place of work. To reach this, it is indispensable to contact a real environment, in which decisions of moral meaning are made. The second level of ethical education is thus connected with performing professional duties and comprises of proper professional ethics. In my opinion, without coming through this first generally philosophical stage, education of followers of medical professions is imperfect and in the future it results in cases of offending the rules of social cohabitation by representatives of medical professions, and, worse still, avoids making necessary decisions in extreme and unusual situations.

The growing specialization of medical professions also causes the fact that unified medical ethics does not exist, common to representatives of all professions. To me, the moment in which different medical specializations have been extracted from systems of education only sanctions this state of affairs. Yet, no one will say that a pharmacist is not a representative of the medical profession, the same refers to a nurse or dentist. It would be of no sense to expect a dentist to be guided by the same reasons in his/her decisions as, for example, a surgeon oncologist. Therefore,

one should admit that every medical specialization of which representatives “serve” patients should have their separate professional ethics and its basis should be taught during specialization. At this level, it should take place via studying medical cases which happened or are happening at the moment within the frames of a given specialization and which are very often quoted in separate publications or handbooks on medical ethics (see Szewczyk, 2009, pp. 151-415; Kaczynska, 1996; Beauchamp – Childress, 2006, pp. 528-542). It is really important to realize what rights representatives of medicine, law and philosophy are guided by when deciding in matters of life and death of concrete people. Issuing general judgments, not directed at a specific man, is not difficult, everyone can do it. There is a totally different situation when one has to decide in the matter of somebody who can be easily localized and recognized and, what is more important, to bear personal responsibility for one’s decision in front of the whole world. It seems to me that representatives of medical professions in Poland are not prepared enough for this, which is proved by their evasion from making even prosaic and obvious decisions as, for example, in the case of ante-natal examinations.

Is professional ethics indispensable for medical professions?

It is a justified conviction that having one’s own professional ethics is a social distinction of a given professional group. For society is vitally interested, first of all, in these professional groups which protect those values constituting a given culture. It has also been assumed in ethics that this is an indicator of the social prestige of a given profession. Now, it is considered indispensable to establish codes of professional ethics if representatives of a given profession deal with values particularly appreciated socially, such as health and life (doctor’s ethics), freedom (barrister’s and judge’s ethics), and shaping of personality (teacher’s ethics) on a daily basis.

Moreover, one points at the need of ethical codes in professional groups, “of which activity has gained more social meaning (e.g. ethics of the scholar) or in which the question of moral qualifications is at least as important as the matter of professional qualifications” (Jedynak, 1990, p. 72).

However, there are a lot of postulates and expectations put forward in relation to medical professions. Medical representative must thus present not only high professional but also social and moral qualifications, therefore, as a rule, there are no opinions negating the need of developing professional ethics in medical specialities. In these professions, one can notice the need for human work of a particularly special ability to foresee both the results of one’s own actions as well as the behavior of a patient and to get on well with other people. It results, straightforwardly, from the special character of the work of representatives of medical professions, and especially: “[the] irreversibility of consequences of doctors’ decisions and doctors’ actions, [the] necessity of entrusting secrets to the doctor, discussing [the] most personal and intimate matters, [the] necessity of being subject to unpleasant and dangerous treatments and allowing similar treatments to be performed, social authorization to “decide about human life, along with the right to inflict pain (surgery) and restriction of personal freedom (infectious and mental illnesses)” (Kielanowski, 1970, pp. 174-175).

These conditions show distinctly how wide a range of life practice must be embraced by regulations of medical ethics. No wonder there is always dispute over the scope of such regulations. On the one hand, we deal with willingness to regulate, with the help of expanded ethical codes, all possible moral dilemmas which one can meet while working in institutions of health and, on the other hand, with the conviction that such a well-educated social group as representatives of medicine does not need external suggestions and knows what to do in such situations. Thus, there is no certainty if it is not enough to refer in the codes only to the conscience of representatives of medical professions, restricting oneself exclusively to their appellative message. Then, one can confine oneself to showing the virtues which should be characteristic to every representative of medicine. For example, according to T. L. Beauchamp

and J. F. Childress, the total message of doctor's ethics might be restricted to shaping of merely four virtues: sympathy – that is concern about the other's good and the ability to empathize in the position of others (patient's), deliberation – that is constant and penetrating insight into a situation, understanding and sound judgment which lie at the basis of making decisions. "Deliberation in itself consists of the ability to judge and decide with the exception of personal preference, extravagance and fears", the ability to return confidence – this is a virtue which is going through a real crisis nowadays. "We can find the reasons for the collapse in trust in the loss of close contact between doctors and patients, the ever increasing specialization of the health service, higher fees for medical service, conflicts of interests when competing for patients, investments by doctors in medical centers, the increase of large impersonal and bureaucratic institutions of health care", integrity – that is in its wider meaning "healthy, consolidated, responsible and integrated moral character and in a narrow meaning – "loyalty to declared norms" (Beauchamp – Childress, 2006, p. 493).

Perhaps, the creation of ethical codes and wider professional ethics is of no sense if one can be limited to awakening conscience and grounding such virtues in it. However, the traditions of many centuries speak against such an attitude – traditions according to which the best way to keep a high level of morale among representatives of medical professions is to obey and adjust codes to the ever changing requirements of life. For it is obvious that someone deprived of basic sympathy should not perform any of these professions.

Control function of professional ethics

Many people think that everybody who has graduated from university is a man who can direct his/her own life independently and does not need any external regulators of their own behavior. However, common ignorance of industrial safety rules at the workplace or the set rules for crisis situations tell us that this not true. And nobody is able to foresee all the possible events in one's life and, therefore, is not prepared in advance for unexpected threats. The regulative function of ethics sometimes seems to be useless because it is quite commonly thought that we do not need to read learned ethical treatises to know how to act towards our own children, patients, or co-workers. In the life of every man, however, there are situations where conventional rules of behavior do not give any clue as to the choice of the proper or best way to behave. Such situations are dealt with in emergency medicine every day, where human life has to be assessed "ad hoc". Then it turns out that it was worth studying ethical dilemmas so that by modeling oneself on these solutions one can solve their own dilemma. No one wants to make a mistake which will shorten or take a patient's life. An average man does not deal with such situations in his/her life at all, and representatives of medicine sometimes deal with them every day. But even a multitude of unusual events does not give man the ability to manage in every situation because medical staff, given their specialized training, deal with such events daily. It can even occur, for example, that the simple procedure of giving an injection, once learned in the past in a medical school, gets forgotten and an ordinary syringe may become the most dangerous tool.

At the moment when performing a given profession starts to be subject to not only requirements concerning qualifications but also regulations of moral character, a problem appears in codifying it. The term "ethical code" means "non-contradictive system of norms regulating a moral sphere of social life and solving problems of the individual resulting from her/his attitude to a social group, to another man, to oneself and, in the case of religious and ethical codes (e.g. the Decalogue), first of all to God" (Jedynak, 1990, p. 120).

For a long time, among ethicists there has been a dispute over the need for the existence of professional ethics codes. The followers of ethics of rules consider codifying moral norms as indispensable, whereas followers of situational ethics negate the need for the functioning of these codes, regarding conscience as the only authority when solving moral dilemmas. In the area of situational ethics, deliberations on ethical codes are considered unjustified. Opting for the ethics

of rules or indirect solutions, one regards the existence of ethical codes as useful and even socially indispensable.

Thus, one can reasonably assume that professional ethics does not limit working freedom but it gives a special opportunity to use it. Records constituting its contents are mostly standardized by a professional group which sets criteria of recruitment on its own and general duties resting on their members. Also, only within the framework of a group, decisions about changes introduced into such ethics are taken. It is true that freedom is difficult because one needs to know how to use it. It is not a coincidence, however, that only representatives of medical professions, requiring high qualifications and imposing special requirements in the area of professional improvement, may make use of it. Undoubtedly, such requirements are met by all of the health service, in which taking a decision requires not only substantial qualifications but also, and maybe most importantly, defined personality predispositions.

Conclusion

Out of these considerations, premises result enforcing formalization of moral requirements imposed on representatives of some socially important professions. However, the duty of compiling such requirements in the shape of ethical code does not result from them. Neither theory of morality nor social practice imposes such duty. However, in the case of “distinguished” professions there is a social expectation for such codes. It mostly results from historical premises and the willingness to eliminate degenerations present in a given professional group and which are most painfully felt by society. *Nihil volitum nisi praecognitum* – we can only want things which we know. The more I know the more and better I can choose (Szostek, 1996, pp. 22-23). Therefore, there is no doubt that some norms and rules of ethical character obligatory in a given profession have to be passed on to students of the medical art. Contrary to appearances, the field of room for manoeuvre is very small here: for we either decide for verbal transmission of the contents or for reading of a written code. In the first case, a student introduced to the secrets of the profession is doomed to good memory or the good will of the one whose honor it is to familiarize him/her with the ethics of a given profession. However, in the other case, one can always come back to the reading and doubts can be clarified at any time even with more experienced co-workers.

On the one hand, we have ready solutions, in the shape of a code passed on verbally or in a written version from generation to generation, and, on the other hand, we have a vision of a free man, not confined to any orders and bans dictated in advance, who, by his/her nature, aims at the good. Such a man needs no codes. Both of these variants have a long tradition in ethical thought. Both of them also have its followers as well as staunch opponents.

Codes of ethics, as followers of postmodernism want, is an anachronism of the post modernist epoch, where everything is normalized, totalized. “Great narrations” also included formalized morality. Today, as they say, codes of ethics do not match social needs. However, all the same, codes still exist and there is even a visible tendency to widen the number of areas of life normalized by them.

By virtue of a quite common agreement regarding the functioning of professional ethics formulated in the shape of a code, a solution is usually adopted assuming that the rules of professional ethics are just taught during the teaching of a profession. So, the student gets the knowledge of basic moral requirements which will already be placed in front of him during future work at school or university. This situation causes representatives of medical professions to not have a comfortable “way out” which would allow them to also avoid moral responsibility for the effects of their actions. Therefore, careful studying of the contents included in their own codes of professional ethics and following discussions about moral dilemmas in medicine is just inscribed in the rules governing performance of the profession. One cannot renounce such responsibility; it is just a part of the social role fulfilled by representatives of the health service.

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The doctor's intellectual self-education and "ethics of development"

Grzegorz Grzybek

Abstract

Fulfilling the doctor's duties properly requires intellectual self-education in which ethics as a branch of knowledge related to wisdom should act as a guide.

Keywords: doctor's intellectual self-education, development ethics

Introduction

The aim of the present article is to demonstrate the role of the doctor's intellectual self-education in his/her professional work. The analysis will be carried out with the use of the system of notions of "ethics of development" (Grzybek, 2010).

The specificity of the doctor's work in the assumptions of "ethics of development"

The doctor's ethos contains significant moral rules thanks to which the medical profession enjoys a special prestige and the doctor is a person of public trust (Woleński, Hartman, 2008, p. 325). The doctor's ethos refers to a comprehensively understood interaction between the doctor and the patient, where the doctor's task is to care for constitutive, individual and socially protected good of the patient which is his health and life (Nowak, Cern, p. 128). One can understand the doctor's ethics more broadly, distinguishing in it relations not only between the doctor and the patient but also between the doctor and the patient's family, the doctor and the state or the pharmaceutical company (Słomski, 2007, p. 119). Considering the basic doctor-patient relation, one may focus the ethical attention on the doctor's duties and his/her responsibility or on the rights accruing to the patient (Czarnecki, 2008, p. 70).

Duties encompassed by medical ethics may also be presented in a broader perspective. Namely, their primary scope of rules concerns what is universal; for example, truthfulness and justice. Another concerns obligations of given professional groups; here, the medical service towards the community. The proper dimension of ethical responsibilities concerns the individual commitments of the doctor towards the patient. Such perception of medical ethics is based on universal ethical principles. However, this is conditioned first of all by medical ethics denying from the professional group a determining voice in questions of the doctor's ethos and furthermore refuting the conviction that the awareness of ethical responsibilities of a given professional group is higher among its representatives (doctors) than, e.g. among those who benefit from their service – in this case, patients (Veatch, 2006, pp. 305-322).

These introductory terminological specifications must now be applied to the basic assumptions of the ethics of development, showing "the normative dimension of human development, in which the basic assumptions are the theses of the moral nature of the human being and the ethical personality" (Grzybek, 2010, p. 12).⁸

⁸ Individual ethical theories have their own base assumptions. For example, in "Ethics of social consequences", base assumptions are grounded in humanist involvement in affirming humanity, human dignity and moral rights of the human being. These values are to serve the goal of bringing about positive social consequences (Gluchman, 2008).

The nature of intellectual self-education

The task of intellectual self-education is the first and most basic task in the development of the employee's personality. Its uniqueness is the result of the indispensability of intellectual development in professional activity.

Intellectual self-education is a notion close to so-called self-teaching. The essence of self-teaching is the subject's own intellectual development, whose shape is determined by the subject itself. Self-teaching focuses on increasing knowledge as well as acquiring skills necessary for this increase (Panasiuk, 2009a, p. 267). One may notice at this point a rather subtle but significant difference between intellectual self-education and self-teaching. Self-teaching is a term used in didactics, emphasising the awareness of the subject in the process of his/her own education. This term stresses the material aspect of knowledge acquisition. Intellectual self-education is about "mental fitness", understood as the individual's ability to discover and understand reality. It is a mental skill and, therefore, one should speak about a formal aspect of the development (Panasiuk, 2009b, p. 291). Differences between intellectual self-education and self-teaching are not sharp. However, the didactic orientation of self-teaching puts stress on gaining knowledge, while intellectual self-education is obtaining wisdom thanks to deepened reflection on the knowledge and experience gained.

In analysing the doctor's intellectual self-education, it is crucial to make two assumptions: intellectual formation, increasing one's ability to reflect is a source of the human being's lasting satisfaction; it is the activity that the human being wants for his own benefit and one which can give him most joy; and life wisdom as a result of intellectual self-education involves discovering the meaning of one's existence (Grzybek, 2010, p. 100).

Considering that the former assumption determines the latter one in some sense, one should begin with devoting some attention to the notion of the meaning of life. Demonstrating the sense of the phrase: "the meaning of life" – one needs to accept a certain complex of integrated actions, of an individual's rational functioning. The actions themselves, however, are not the point; sometimes one must rather speak of abandoning them. The meaning of life is perceived within a certain process of activity which is guided by the goal which the subject adopts. The goals giving meaning to human existence are not only ideas but – due to emotional involvement – may include an individual's own ideals (Nieznański, 2000, pp. 11-12). It is precisely the meaning of one's being that one discovers in fulfilling one's potentialities. These, in turn, may be developed by realising different kinds of values (Darowski, 2008, p. 115). The goal must be selected rationally. First of all, it must take into consideration the needs resulting from the human condition, starting with the most basic ones and going all the way up to those allowing for self-fulfilment. In aiming to achieve our goals we should take into consideration our possibilities. Longing for what lies outside our possibilities will not give us a sense of satisfaction. Satisfaction is related to the problem of happiness (Nieznański, 2000, pp. 12-14).

The meaning of life may be considered from two basic perspectives: the immanent and the transcendental. The immanent perspective is contained in self-cognition. One may ask whether it is possible to search for happiness outside of understanding and experiencing oneself. On the other hand, it is stepping outside, meaning not only acts of consciousness but external actions as well – this leads to fulfilment. Therefore, the transcendental perspective stresses the meaning of life in relation to what is external to us, what can enrich us with its content (Krokos, 2000, pp. 65-69).

Searching for the meaning of life requires prudence, i.e. the ability to recognise what is good and to choose appropriate means to achieve the good. Prudence as one of the so-called major virtues enables one to utilise suitable means to reach the chosen goal. Since this striving involves effort, prudence requires the engaging of will. Prudential cognition is not easy because it is directed at the concretum. We may have a general idea of what the appropriate course of action is but specific accomplishment of the assumed goal may, at times, exceed our abilities. Maturity, however, requires prudent action. We may include among traditional elements of prudence:

memory, the ability to represent reality properly, the ability to act on advice, the ability to make guesses, common sense reasoning, the predictability of the consequences of actions, flexibility in combining means in relation to the ever present certain amount of unpredictability and finally foresight (Jaroszyński, 2002, pp. 51-59).

Discovering the meaning of life may be likened to an “awakening” in the sense that the term is used by Anthony de Mello, which means for him giving one's life a full meaning, breaking internal illusions. Only by breaking those can one look at oneself with a gaze unmarred by fear and expectation. Our expectations towards others, as an unwanted result of socialisation, are what limit us in experiencing happiness and love. One is not supposed to want others in order to be free and love freely. Achieving this requires deepened self-reflection. Life wisdom and freedom begin in the mind. The state of balance is achieved by devoting oneself to activities which are able to preoccupy us. Doing work for its own sake rather than for an external effect allows precisely for this (De Mello, 1996, pp. 183-186).

To put our ideas on “the ethics of development” in order, one should point to the ethical aspects of intellectual self-education. Intellectual self-education is not the result of the imperative: “treat people, this is your duty” but from the doctor's reflection on what serves development. This is related to a difference between morality and ethics. If morality concerns our duties recognised thanks to our conscience and has a categorical character, ethics appears only at the moment of our reflecting on these duties. Ethics allows doubting the rightness of a given imperative, while morality does not. Fair actions make one become better, not reflection on what is good and what is wrong. Why then do we need ethical reflection? Here, the problem of “wisdom” comes to mind. Wisdom imperatives are similar to moral dictates but are not what binds us directly in our conscience. The imperative “act so that you will live long and be happy” – does not concern the judgements of our conscience. From this basic wisdom imperative one may infer more detailed ones, which will be conditional. Their applicability will depend on what leads us towards our understanding of happiness. This idea shows that wisdom is related to a methodology of good, happy life. This means that the method of wisdom is of experimental character (Bocheński, 1995, pp. 37-45).

Pointing to the ethical dimension of intellectual self-education, we may assume that: morality is based on imperatives (prohibitions), which create commitment in our conscience; wisdom is based on conditional judgements and imperatives showing us what to do to achieve the assumed effect – with the exception of the basic imperative linked with our long life and happiness; ethics does not provide imperatives but judgements which are the result of our duties and ways of achieving happiness (Grzybek, 2010, p. 104).

It appears that human life enforces compromises between morality and wisdom but “ethics as a branch of knowledge related to wisdom is an aid in the difficult task of defending life and happiness while fulfilling moral dictates. Intellectual self-education appears to be a wisdom-related task and it should be counted as belonging to the essence of ethical actions (rather than moral ones)” (Grzybek, 2010, pp. 104-105).

Conclusions

Deepened reflection plays a key role in the development of cognitive abilities. It also brings out the human being's specific abilities in a basic way. Fulfilling the doctor's duties properly requires intellectual self-education in which ethics as a branch of knowledge related to wisdom should act as a guide.

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An analysis of ethical codes in the health care profession in Slovakia (professions of physicians, nurses and midwives)

Katarína Komenská

Abstract

The paper analyzes ethical codes in the health care profession in Slovakia while considering the four principle approach in medical ethics formulated by Beauchamp and Childress. For these purposes, the individual principles of this theory are identified and presented in light of performance in the health care profession. The second part introduces the main legal documents which represent the professional codes of ethics for physicians, nurses and midwives in Slovakia. In those, I have tried to identify the presence of basic principles of medical ethics and the way they are formulated in the Slovak health care system. The aim is to show the capabilities of professional health care ethics in Slovakia to react to current trends of medical ethics and models within the health care system.

Keywords: health care system – respect for autonomy – beneficence – nonmaleficence – justice

Introduction

The aim of this article is to analyze the contemporary state of Slovak professional codes in the health care system while special attention is paid to the professions of physicians (dental physicians), nurses and midwives. The paper can be divided into several parts. Firstly, the main goal of the health care system is presented to show the intrinsic moral obligation of these professions in the lives of individuals and the whole society.

The second part of the article introduces the basic ideas of the theory of ethical principles in medical ethics which is thereafter used to analyze professional codes of ethics for physicians, nurses and midwives in Slovakia. For this purpose, I have chosen the four principle approach of Beauchamp and Childress, which is widely accepted and reflected in bioethical discourses.

Finally, an analysis of ethical codes of a particular profession within the health care system in Slovakia is presented. I have tried to show not only the positive features of these codes (the tendency to follow modern trends of medical ethics to create a model of health care which fully respects the autonomy of the patient) but their weaknesses, too. Poor explanation of the existence of ethical codes and their function or delimiting of the codes exclusively through legislation can be mentioned as examples.

Aims of the health care system

The health care system of the Slovak Republic has its main goals defined by law. Primary importance is put on the prolongation of a person's life, increasing his/her quality of life and the healthy development of future generations (Act No. 576/2004). The main value of the health care system can then be understood as the value of life and health of individuals and the whole society and its protection. Other goals of health care are to eliminate and decrease the consequences of illness and prevention. Even in such a definition of health care system goals, which I consider purely legislative, the main moral values which ought to be fulfilled in the health care professions can be identified.

Daniela Kovaľová, who tries to qualify the moral level of the goals of the health care system and move the discussion a little bit further from the legislative understanding of health care, defines the main aims of health care similarly. The primary goal, the good of the health care system is to guarantee the health of people. The aim of health care is to prevent (if possible) the loss of health, to restore lost health (if there is a reasonable possibility to treat the illness) or, in many cases, to stop the progressive development of an illness. In the area of palliative care, the

goal of health care professionals is to alleviate pain and suffering of a dying person (Kovaľová, 2004, p. 54).

In these two different evaluations of the health care system aims, one can see that medical services is another area in which the two dimensions of life in society (moral and legal) are closely interrelated. The ethical aspects of the health care system and its professions are widely understood and respected. In spite of what the current tendency of health care (not only in Slovakia) evokes, health care cannot be specified fully in the matters of the market; it is not a market-type organization. The tasks and activities of medicine and nursing are connected with the lives of individuals and the whole society and, therefore, they have to reflect the moral values and principles of society and their professions. These are nowadays mostly deliberated in professional codes of ethics and formulated through the principles of medical ethics.⁹

Principles of medical ethics

In the last few decades, experts in the fields of medicine, philosophy and ethics have tried to introduce and formulate the main moral principles which would fully cover the goals and aims of medicine and its professions. Even though the discussion on ethical principles of medicine actively started only recently, in the 1970s, ethical principles had always been carried out in health care professions (Beauchamp, 2007, p. 3). They had just not been necessarily considered to be theoretically and systematically reflected.

There are several theories on moral principles of medical ethics. They differ in formulations of particular principles, their hierarchy, amount and concreteness. From theories built upon one universal principle of medicine (e.g. the Hippocratic Oath) to multi-principles theories,¹⁰ there are many ways how medicine can be understood from the point of view of ethics (Veatch, 2007, pp. 45 – 49). Their authors want to highlight the specifics of health care professions and the new challenges which medicine and its practice inevitably have to face every day. However, James F. Childress claims that whatever way the principles “are labeled, principles of biomedical ethics represent [...] sorts of general moral considerations” (Childress, 1997, p. 33) and therefore must represent the main aims of medicine, of the health care system.

One of the most significant theories of medical ethics principles is the theory formulated by T. E. Beauchamp and J. F. Childress, who identify four basic principles of medical ethics, namely respect for autonomy, beneficence, nonmaleficence, and justice. Besides these basic principles, the authors recognize several derivate principles such as veracity, fidelity, privacy, and confidentiality (Childress, 1997, p. 33). These principles create the normative basis of health care professions but cannot be apprehended as absolute principles. They are rather *prima facie* which ought to be considered and evaluated in the decision making process of moral agent in a concrete situation (Childress, 1997, p. 36). They correctly understand the importance of a situational approach in medical ethics and in the practice of health care professions. In this way, the task of moral education of health care professionals might be highlighted.

⁹ In considering the medical ethics in this article, I refer to that part of medical ethics which focuses on the primary health care. I understand that these terms are not synonymous and medical ethics embraces a wider area of interest than nursing and the patient – health care professional relationship, but for the purposes of this article I believe these terms can be sufficiently replaceable.

¹⁰ The other theories can be mentioned: e.g. the Veatch’s theory of seven (nine) principles built upon principles of beneficence, nonmaleficence (utility of medicine), justice, avoiding killing, fidelity, veracity, and autonomy. Later, he introduced another two *prima facie* of medical ethics, namely gratitude and reparation (Veatch, 2007, pp. 45 – 50). Baruch Brody presents the five appeals of health care which are constantly in moral conflicts; i.e. respect for person, consequences of action, patient’s rights, effectiveness and justice in health care and virtue (Veatch, 2007, pp. 46 – 47). Another interesting theory is the theory of ten principles of Bernard Gert, a Ten-Rules Approach, which identifies concrete norms and rules of health care professions (do not deprive of freedom, do not deceive, do not kill, obey the law, do not cheat, do your duty, do not cause pain, do not disable, do not deprive of pleasure, lessening the harm) (Veatch, 2007, pp. 48 – 49).

If I were to identify and accurately conceive the moral principles in professional codes of health care professionals in Slovakia, I would need to understand their concepts. Therefore, if I do so through the four principle approach of Beauchamp and Childress, I think it is appropriate to define the principles as: respect for autonomy, beneficence, nonmaleficence, and justice.

Autonomy, or rather respect and reverence for the autonomy of the patient, is one of the most important principles of medical ethics. The shift in the formulation of this principle (from the principle of autonomy towards the principle of respect for autonomy) only occurred later, in the third edition of the famous work *Principles of Biomedical Ethics* by Beauchamp and Childress. They realized that the autonomy of a person – the patient – does not guarantee actual respect from the point of view of others, in this case from health care professionals (Veatch, 2007, p. 46). In other words, to consider someone as an autonomous being does not mean that this autonomy would be respected in the decision making process of the others. The patient, who is believed to be an autonomous human being, and his/her opinions and standpoints might happen not to be included and reflected in the decision making process of health care professionals and their considerations of the patient's treatment.

Such a narrow delimitation of the respect for the patient's autonomy requires that all the patient's wishes are fully respected and encouraged in the medical decision-making process (Porter – Rai, 2009, p. 2). In practice, this moral principle can be reflected in cases of informed consent, offering the patient all the necessary information, respecting the patient's choice in the way of treatment, etc.

Principles of beneficence and nonmaleficence are in many ways understood as primary obligations of health care professionals. They reflect the tasks of medicine and health care, and are strongly rooted in the tradition of the *Hippocratic Oath* and the main goals of these professions (towards the individuals and society as such).

The initial obligation, and according to Beauchamp, “the most quoted principles in the history of codes of health care ethics” (Beauchamp, 2007, p. 4), is *above all, do not harm*. The importance of this principle is significant not only in medical ethics but is manifested in many basic rules of common, everyday morality; e.g. do not kill, do not cheat, do not cause harm, etc. (Beauchamp, 2007, p. 5).

While evaluating an action according to this principle, Beauchamp and Childress are of the opinion that the action needs to be aimed and intentional. Practicing health care is very often connected with the pain and suffering of patients which cannot be avoided (e.g. amputating a limb to save the life of a patient, or the death of a patient during surgery which was not caused through the fault of professionals). Therefore, actions violating the principle of nonmaleficence are only those actions which intentionally deny helping others, such as denying primary emergency care and treatment of a patient. Knowingly causing pain is another aspect of violation of the principle of nonmaleficence which can be seen in cases of abusing a patient, or using the patient for the purposes of research without asking for his/her consent and giving him/her truthful information, etc.

The extension of this principle is the principle of beneficence which in its most general and broadest sense means “all forms of action intended to benefit other persons” (Beauchamp, 2007, p. 5). Such an action can be considered a virtue. In health care ethics, there cannot be any other more important obligation than that of beneficence. The limit of what is the use and benefit in offering health care is very wide. From basics such as eliminating pain and illness and restoring health, other aspects of benefits can be identified; access to new information, consulting and advising the patient to find appropriate financial help in his/her situation, or offering access to new research methods or adequate health care (Beauchamp, 2007, p. 5).

The last of these four principles of medical ethics is the principle of justice. It implies “impartial and fair access to medical treatment and resource distribution” (Porter – Rai, 2009, p. 4). According to Koval'ová, when acting in accordance with this principle, several criteria must be considered; criteria of equality, needs, satisfying reasonable needs, basic (living) needs and

merits (Kováčová, 2004, pp. 57 – 59). Any of these criteria has an absolute meaning or importance. Similarly to all the other principles, their consideration depends on the situation in which the health care professional finds him/herself.

Even if it were possible to criticize the four principle approach as too simplistic a model of medical ethics, from my point of view it offers a wide framework in which we can identify, reflect and analyze ethical dilemmas within health care. It is then possible to find a more concrete comprehension and definition of these principles into specific norms and rules of health care in ethical codes of particular professions.

Reflection on ethical principles in professional codes of physicians, nurses and midwives in Slovakia

An ethical code is a sum of ethical norms, principles and rules which are generally accepted as regulators of the moral agent's action. The professional code is then an ethical code of a particular profession. It might not be able to offer an answer for every single moral conflict, but its principles can be used as guidance for professionals in moral conflicts which appear while performing their profession. A professional ethical code reflects the values, principles and moral goals of the profession within which it is created (Platková Olejarová, 2010, pp. 377 – 379).

One of the oldest and the most well-known professional codes in medicine is the Hippocratic Oath,¹¹ which, at the time of its origin, summarized the moral principles, standards and limits of the profession of physicians. Even now, it is considered one of the elemental documents of medical ethics and is an inspirational source for the discussion on contemporary professional codes (not only for physicians).¹² The Hippocratic Oath defines several moral obligations connected with the profession of a physician. Except for the main task of a physician to protect life and the duty to help and not harm the ill (principles of beneficence and nonmaleficence), a form of the principle of respect for autonomy is presented too, in the principle of respect for one's privacy.

Despite the fact that the *Hippocratic Oath* is able to reflect the modern ethical principles of medical ethics, it focuses mostly on one particular understanding of medicine; medicine as a form of art and a physician's virtue. Medicine and the profession of a physician is a science and, together with teachers who communicate knowledge, deserves the highest respect and reverence by physicians. The superior position of this profession has to be highlighted in the practicing of it. The contemporary situation in which health care finds itself considers this attitude as irrelevant and not topical.

There are several critical views on the Hippocratic Oath and its inability to adequately reflect the situation in the field of professional medical ethics but, in my opinion, the superior definition and position of medicine and health care is the most obvious weakness of the Hippocratic Oath. Nevertheless, it is important to accept the impact of the Hippocratic Oath as it clearly links the practicing of medicine and health care with the moral values and goals which are obligatory for them.

The current delimitation of the physician's oath is formulated in the last version of the *Declaration of Geneva*¹³ adopted in 2006. It defines the medical profession as a service of humanity which signifies the shift from exclusive serving medicine and its science towards service to patients, society, and the whole of humanity. Respect for human life, a patient's

¹¹ The full text of the Hippocratic Oath is published online: <http://nktiuro.tripod.com/hippocra.htm> [Accessed 30 October, 2011].

¹² In one of my previous papers I claimed that the principles which were represented in the Hippocratic Oath and adopted by physicians have been expanded and applied in all the other professions connected with health care and professions whose basic aim was to promote health and to increase the quality of life of individuals and society. Therefore, it could be said that the Hippocratic Oath is not only the first professional code of physicians but for the whole of medicine and health care.

¹³ The full version of the *Declaration of Geneva* is published online: <http://www.wma.net/en/30publications/10policies/g1/> [Accessed 30 October, 2011].

secrets, and their human rights and civil liberties indicate the change which medical ethics has undergone. It is an important shift in understanding medicine and its goals. The traditional view inherited for generations by the Hippocratic Oath and its tradition which understood medicine as an art that must be prevailed and developed has shifted towards the patient-autonomy model of medicine. This places the main emphasis on a patient and s/he is in the center of attention of health care professionals. This has been reflected by Beauchamp and Childress. The principle of autonomy (respect for autonomy) and principles of beneficence and nonmaleficence can be seen as patient-oriented and aimed at the good and benefit of the patient (Porter – Rai, 2009, p. 5).

Health care must, therefore, as a priority, be a duty towards the patient. This shift has been reflected in theories of the ethical principles of medical ethics, e.g. by Beauchamp's and Childress' approach, or by the theories of Veatch, Gert, or Brody that specify the importance of respect towards others, their rights, autonomy, and dignity. Only by meeting these goals is the physician (and other health care professionals) able to perform his/her professions with the respect, dignity, and professionalism it deserves.

In Slovakia, professional ethical codes of health care professions are defined by laws.¹⁴ This exemplifies how the importance of the moral goals of these professions is highly evaluated in Slovakia. Nevertheless, it also suggests that the level of moral reasoning in the professions of physicians, nurses and midwives is strictly bound to legislative documents and does not absorb the necessity of moral education of individuals working in health care.

This I consider as a deficiency of professional ethics in Slovakia. I think that health care and its services are intrinsically linked with the moral values and principles which moral agents ought to fulfill while performing these professions. Therefore, they cannot be strictly delimited by law or other rules. Their duty to serve individuals, society, and humanity ought to be an internalized moral obligation of their professions which is voluntarily performed and reflected in every action of moral agents – health care professionals. Only then is the moral agent able to carry the responsibility for his/her actions (not only legally but morally, too) and their consequences. Similarly, Beauchamp and Childress consider the moral obligation of health care professionals, when they claim that the obligation of common morality, the general requirement to protect human life and support it (the principles of nonmaleficence and beneficence) must be adopted and further developed and enhanced in health care professions (Beauchamp, 2007, pp. 8-9).

A closer look at the professional ethical code of health care professionals¹⁵ and the professional ethical code of physicians and dental physicians¹⁶ described in Slovak legislation shows that they are almost identical codes of conduct. Besides the general obligation of health care professions, they regulate several other levels in which the moral relationships and conflicts of these professions can be identified; e.g. the relationship of the health care professional towards his/her profession and actions within it, towards patients, and finally, towards other health care professionals.

In the initial part of the ethical code for health care professionals, the duty of health care professions is presented, which implies to perform it "conscientiously, bravely, with a deep human relationship towards other human beings, according to the law and to the available medical and biomedical knowledge, with consideration of the technical and material resources of the health care institution in which health care is practiced (Act No. 578/2004). Here, the basic tendencies of the Slovak health care system and their moral evaluation are visible.

Firstly, the brave and conscientious performing of the health care profession is more specifically defined in the general conditions of health care professions (physicians and dental physicians respectively). It is necessary to understand these professionals as moral agents; i.e. independent, responsible, and reliable agents who are able to perceive the role and aims of their professions.

¹⁴ Act No.578/2004., Act No. 311/2002, Act No. 219/2002

¹⁵ Appendix 4 of the Act No. 578/2004

¹⁶ Appendix of the Act No. 219/2002

At the same time, the relationship of a health care professional towards other human beings and towards the whole of humanity is highlighted. Through reverence for human life and its dignity, the principle of respect for the patient's autonomy, which Beauchamp and Childress regard to be a guiding principle of health care systems nowadays, can be reflected in the Slovak health care system, too. The general conditions of health care professionals (physicians and dental physicians) refer to the duty of health care professionals to support the patient's right to his/her free choice, to respect the patient's wishes, protect medical documentation and records, the principle of confidentiality and to respect the dignity of the patient.

The last part of the definition of the duty of health care professionals is to perform their professions according to the available knowledge while taking into account technical and material resources. Even if it does not show implicitly but rather indirectly, these obligations (such as professional competence, ongoing education, knowing one's own limits, etc.) can be understood as norms spreading from the principles of beneficence and nonmaleficence. They help professionals meet the objectives of health care professions to preserve life, to promote and restore health, and (or) to prevent diseases, relieve pain and suffering, and many others.

The principle of justice, which is the fourth of the four principle approach to medical ethics, has a marginal position in the ethical codes of health care professionals in Slovakia. Despite that, it is considered an obligation of health care professionals to treat patients and colleagues fairly and with respect and as a duty to provide and distribute medical treatment and medication in an effective way. These are situations in which moral conflicts can arise and in which the principle of justice has to be implemented.

The professional ethical code for nurses and the professional ethical code for midwives¹⁷ are formulated differently from the professional code for health care professionals in Slovakia. It is influenced significantly by the *International code of ethics for nurses* adopted by the International Council of Nurses.¹⁸ This code of ethics integrates more successfully the ethical principles of health care to its practicing. Unlike the professional ethical code for physicians (dental physicians), it explains the fundamental role of professional codes; i.e. the moral obligation to commit moral values and fulfill the goals expressed and formulated in the code in performing their professions.

An important feature of this professional code of ethics is its clear definition of moral values, which this profession necessarily integrates. It reflects the same principles as other professional codes of medical ethics; namely the principle of autonomy (respect for it), avoiding causing harm and suffering (nonmaleficence), the principle of beneficence, and the principle of justice towards others. At the same time, it shows other principles that deserve our attention, e.g. the principle of consequences and its consideration while making decisions, but because of its complexity there is no space to analyze them in this article.

Based on this brief analysis of professional ethics in Slovakia, the trend to follow the patient-orientated model of the health care system is evident. This is widely supported by the politics and management of particular health care institutions that focus on respect of the patient's autonomy and his/her individual value. They formulate their visions in documents on policy of quality and environment in which they often react to the need for open communication, friendly and responsible approach to the patient (Košice – Šaca Hospital, the 1st private hospital in Slovakia), the duty to follow the Charter of Patient's Rights (University Hospital in Bratislava, Faculty Hospital in Prešov), or the guarantee of patient's, employee's, and partner's satisfaction (Louis Pasteur Faculty Hospital in Košice). The efforts of health care institutions in Slovakia to involve moral values and their fulfillment into their main objectives and statuses signal a positive trend in the development of professional ethics in Slovakia. I see a significant shift in Slovak professional ethics, which, although it may not reflect the specifics and differences of particular professions,

¹⁷ Appendix 1 and 2 of the Act No. 311/2002

¹⁸ The full version of the *International code of ethics of nurses* is published online: <http://www.icn.ch/about-icn/code-of-ethics-for-nurses/> [Accessed 30 October, 2011].

realizes the importance of establishing common moral values of the institution and all its members. The health care system has to be understood as a system which interconnects different professions, creates complex relationships, and follows one main goal and this is, from my point of view, successfully reflected in the institutional documents mentioned above.

Conclusion

In this paper, my task was to introduce the theoretical basis for the analysis of ethical codes in health care in Slovakia. Firstly, the main goal of the health care system was delimited, which signifies the existence of moral obligation among health care professionals coming from this goal. The second part of the paper is dedicated to the presentation of Beauchamp's and Childress' theory of four basic principles of medical ethics, which are thereafter reflected upon in the context of professional codes of ethics for physicians (dental physicians), nurses and midwives as defined in Slovak legislation.

In conclusion, it could be said that despite the very short history of professional ethics in Slovakia, the health care system and its principles are a current, lively and appropriate reflection of the main goals and aims of health care system. Even though there is only a legislative formulation of ethical codes for health care professionals, physicians (dental physicians), nurses and midwives, it meets the standards of medical ethics and its basic principles of respect for autonomy, beneficence, nonmaleficence, and justice.

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The status and perspective of professional ethics in Slovakia - ethics of social work in health care

Beáta Balogová, Lenka Kvašňáková

Abstract

The paper reflects the situation and possible visions for the development of social work ethics in health care in Slovakia in the context of its current position in specific health care institutions within the confines of declared legal norms. It emphasizes examples of good philosophical and methodological practice from abroad, the activities of the professional NASW association, as well as empirical experience of social workers with reference to visualizing possible implantation of social workers into the health care system, especially within managed care systems in Slovakia.

Keywords: professional ethics - social work ethics in health care – bio-psycho-social model.

Distinct or mutual relationships in applied ethics

The intention of project preparation for support research and development was the answer to the question: what is the status and potential perspective of professional ethics in Slovakia? The theoretical and methodological basis is mainly represented through works by important academics and professionals (for example Compton, Galaway, 1994; Shulman, 1999; Loewenberg, Dolgoff, Harrington, 2000; Rock, 2002; Reamer, 2002; Sheafor, Horejsi, 2003; Banks, Gallagher, 2009).

In our case, we go further by indicating the development of social work ethics in health care from its clear distinction from medical, nursing ethics or bioethics, which “we usually identify as the same” (Jemelka, 2008, p. 9). We realize the different intersections of applied ethics. In bioethics, real life is considered as a key category, not only in its anthropological sense, but we can obviously also consider, in an axiological dimension, the possibilities of associating life and good – life as the highest value – and we may broadly comprehend bioethics as an area of so-called environmental ethics and its reflection on the moral aspects of man's relationship toward non-human living entities. “A special problem area is created by questions regarding life, death, physical beauty, suffering, pain or human health” (Bilasová, 2008, p. 8). The admittance of ethics into the area of medicine creates a space for the development of medical ethics, which the author, in common with other views, defines as a trinity; a real self-reflection of medicine as determining judgment of ethical problems in medicine and finally as reflecting judgment in this area. In nursing ethics, the concept of man is found in its basic epistemological starting points and the predispositions of its nursing conceptual models and theories, where a man, in sickness and in health, is in interaction with the environment (natural, cultural, social) is its subject (Nemčková, 2008, p. 40). In this context, the consideration of finding a suitable approach to another person within the context of bioethics, medicine, nursing and social work shall take a specific form, and it includes questions of moral character, moral problem solving, dilemmas, transforming ethical principles and norms from theory to concrete life situations. This, on the other hand, requires a thorough knowledge of their nature and recognition in broader social contexts. It is associated with realizing the difficulty of thinking and finding answers which implicitly contain a reflective approach, leading towards plurality of attitudes as well as approaches towards moral problems nowadays (Bilasová, 2008, p. 45). These, however, must also meet certain methodological requirements for cognitive standards (clarity, accuracy, non-contradiction, impartiality, consistency, informing, etc.) and, at the same time, respect moral pragmatics (practical

conversion of normative approaches, motivation, sanctioning and institutional grounding of ethical rules, etc.), and here these sciences might get inspiration from one another.

Social work and its professional ethics

Herein the partial question arises: what questions are solved by ethics of social work in health care and in public administration? Where does the vision of such a social worker manifest itself? What ethical and moral problems of the profession, in relation to clients and caring professionals in the team, are within the scope of their work? Despite some disadvantages, social work in Slovakia is at competent enough level to solve the ethical and moral problems of its clients. The first disadvantage for social work is that social work is of a self-regulatory discipline. Although, during the First Republic, in the war and the inter war period, social work had a firm place among social sciences, after 1989 this position has returned. Another drawback is that its position is seen as particularly specific: in the main role of statutory obligations; in the role of managing tension control and care; in a difficult dilemma to be “involved (caught) in the middle of”; in the need to do socially “dirty work”; in the supremacy (dominion) of obligations against social justice. Then, social work is a challenging, demanding profession and although it is the subject of frequent criticism, even belittlement, there is a significant group of performers – “the fighters”, who are determined to contribute as much as possible to the state of public welfare and social justice, which is reflected in its expansion, both vertically and horizontally (Thompson, 1999, p. 162). Therefore, it is generally accepted that the objective of social work is to “do good”, to react to problems and unfulfilled needs and to improve the situation of those who need it. If we think in terms of success or failure, then it is easy to express using a simple question: was our intervention successful or, while improving the situation, did it fail? But, the question that social work intervention can also aggravate the situation is omitted. Of course, it is clear to us that intervention is capable of changing people's lives positively, but it can also be dangerous and harm the client. The social worker has enormous power and this power can lead to successful or unsuccessful conclusions. A lack of success may be much more than failure. Therefore, social work needs other sciences, in our case, professional ethics so that within its intervention it could take into consideration the needs of the individual, correspondent to the ethical and moral demands of society.

With regard to this social order and multidisciplinary nature, it is not only the social functioning of clients in the social field, but also reflexive management of difficult life situations within the client's natural environment, where ethics (and, especially, professional ethics) with its prevention is irreplaceable, which are, at present, considered the subject of social work. If we think about professional ethics of social work we can say that ethics is a reflection of the moral behavior and actions of individuals with regard to their personality or the conditions in which they are situated (Fischer, 2008, p. 42). In social work, it is possible to expand this context to three areas: the client as a user of social services; the social environment and circumstances of supply and demand of social services; the personality of the social worker as an executor of social service. The requirement to know the client, the definition and compliance of scope of assistance and its “solidarity and pastoral” dimension are the main features of social work. There, it is not only about abstract ethical reasoning of what is “moral”, but about the actual intervention, which may have far-reaching, sometimes negative consequences. Thus, in his/her professional performance, the social worker often wonders about the correctness or incorrectness of his/her particular actions. We can no longer make ends meet according to Kant's approach of “practical reason”, which may as well be the starting point. The social worker should be equipped with professional competences to be able to cope with life situations involving difficult clients through the ethical and moral spectrum, and this is a challenge for the direction of research, being focused on mapping the existing state of ethical and moral issues in the ethics of social work in health care in Slovak society, and on then attempting to create a “catalog” of moral problems of these professions in Slovakia at the beginning of the second decade of the 21st century.

Notes on ethical research in the social sphere

The current dynamics of social development, the development of science and technology put increased demands on understanding the world and man's place in it. A specific group of problems facing contemporary man and society are issues touching on the moral evaluation of social behavior. The humanistic basis of morality - being for others - becomes not only a practical, but also a theoretical problem, which affects social processes in various forms because the predominant ways of personalization accompany socialization and offer new values and these are associated with neglecting traditional values, or their transformation. These are theoretical questions (philosophical, ethical, and methodological), they have their relevance in a concrete life and are also bound to its meaning. In particular stages of personality development and integration into social processes problematic situations occur that are accompanied by feelings of emptiness and a wasted life as a chance for self-fulfillment of one's unique abilities and talents. It shows that all of those who lived without self-reflection, who didn't seek sense to their life or didn't find it, are getting into serious life difficulties. Sociologists confirm that it is not only people of old age. People, who have not examined their lives, succumb to an everyday life lacking freedom, love and happiness. They look for an alternate meaning to life in old age to escape from boredom and despair. Also people, who, in order to pursue their own selfish freedom as well as love and happiness as a means to their apocryphal meaning of life, have abused other people also have the same feelings. People who have lived an unauthentic life, in old age feel the loneliness, helplessness and absurdity of the inevitable end. Likewise, a hedonistic meaning to life is revealed in all its absurdity when facing the impending end of physical life. Questions of the meaning of life and right actions are bound to reflections on the moral dimension of social coexistence, which is often reduced to only the need for and forms of ethical approaches in social work. It takes a specific shape in institutionalized form – in the code of ethics for social workers. It creates an analysis of values in social reality (that is not what the world is, but how it may serve man). This human mode of existence is linked to the hierarchy of social reality through the prism of its evaluation; it is a search for importance of social action rather than describing the causes that led to it. This hierarchical reflection also includes self-reflection (to help reveal the value, the sense of its application, its personal, societal importance) – through diagnosis, it is a real opportunity to enter into the private sphere (the story of man) and to help solve his/her dilemmas; the problem of creating (and re-creating) the identity of man associated with understanding oneself and others, seeking connections as to how this link turns into interaction. The analysis of moral contradictions and their normative validity (evaluation principles and judgments) in relation to social norms is often concerned. It is also related to the analysis of standards (social, moral) which have a(n) (in)direct impact on the quality of life (every outcome is also an expression of a specific moral ethos), which binds with the strength and ability of man to reach the right decision).

Social work in health care in Slovakia today

Concerning the development of social work, we also accentuate the creation of partial areas such as integrated and clinical social work, where dependent clients are the subject, for whom social services in health care facilities or health care services in social care facilities in accordance with *Act no. 578/2004 on health care providers; Act. 448/2008 on social services; Act. 447/2008 on financial contributions to compensate severe disability*, is provided.

Social workers in health care work in specialized faculties, universities, or municipal general hospitals in children's departments, in geriatric clinics, or geriatric wards. They work with children and seniors (only these clients have needed the presence of social workers in health care), those who are diagnosed with acute diseases, complicated cases that require daily medical attention and nursing care, and their task is to provide social services for clients and their families. Hospice care facilities, which are based on the concept of long-term care, but they are

under the control of self-governing regions, constitute a special group; therefore, it is a social service at regional level.

We ask why there are only such representations of social workers in health care, despite such clients as children in need of a solution in the context of social and legal protection and guardianship associated with CAN syndrome, placement of children in foster care, loss of home issues, solving crisis housing and so on. The elderly are often clients who, taking into consideration Alzheimer's and Parkinson's disease, multiple sclerosis, schizophrenia and dementia, are deprived of legal capacity, when we solve the issues of human dignity, freedom, truth, etc. The dispute over the existence of traditional values and principles that are focused on the past or present in other advanced democracies is another argument for support.

Experiences from abroad

Social work in health care (future vision for our health care?) abroad (examples mainly from the practice in English-speaking countries) is practiced within the system of managed care by a social worker, where social workers have an important role in the health care system. In foreign practice, there is long-standing experience with social workers in health care facilities, which is proved by the apparent shift from the bio-medical model to the bio-psycho-social model in health care (Rock, 2002). The bio-medical model which was mostly prevalent in the 20th century was characterized by the dominant model of disease; also disease seen as a deviation from the norm of measurable biological (somatic) variables; no room for social, psychological and behavioral dimensions of illness; the requirement so that the variation could be explained on the basis of disturbed somatic (biochemical and neurophysiologic) processes; reductionism by which complex phenomena are constructed from a single basic principle; and by dualism of mind/body, separation of mental from the somatic.

Contrary to this, the bio-psycho-social model tries to integrate the vision of the patient as a person-in-situation, as opposed to the less popular concept of the human in the environment (person-environment fit model). This model recognizes that biological factors are necessary but not sufficient for understanding man in his/her social world. In the context of managed care, the bio-psycho-social approach may become the most important for improving the quality of patient care and in reducing the cost of care, which is often the strategy of economic systems. Social workers in this case are in an excellent position to lead in the implementation of the bio-psycho-social vision (Engel, 1992, in: Rock, 2002), therefore they occupy a dominant position (as opposed to social workers in Slovakia who, although they are in social work positions, are called social nurses). Accentuating the requirement that social workers are the guardians of social justice, then social justice and ethical perspectives must always be in place when examining the many controversies that are on the increase in managed care and it is a challenge for our research.

Looking back into the past, we learn that Ida Cannon was the first social worker in a health care facility and she was employed at Massachusetts General Hospital by its director Dr. Richard Caboto in 1908. Together they created a vision of an agenda for social workers in health care facilities which at that time included : understanding the patient and his/her environment, especially the importance of the family and the community, including community resources in compliance with medical treatment plans, discharge planning and subsequent monitoring; research, especially into community needs. If we compared this agenda to today's situation, it is evident that this agenda is relevant even today, despite the many changes in healthcare over the past 100 years.

The social worker in health care – hospice care

Social workers in hospice conditions today have a different position in Slovakia. He/she is a member of the hospice team which doesn't have a hierarchical organization and his/her presence in the team is irreplaceable by other caring professionals. In the multidisciplinary team at the hospice there are representatives of those particular professions whose knowledge of the client –

patient's needs and life circumstances is irreplaceable. A discussion and comparison of need perceptions should lead to the reconstruction of the circumstances of the client and his/her family. The whole family is involved. The social worker, in most cases, works with a functional family system, which is coping with a difficult life situation. The primary role of the social worker is to evaluate the situation of the dying and their family in terms of social aspects and to work out an individual plan of help in accordance with the patient's needs and desires. The next step is to identify the sources of social support within the client's social environment. The social worker is the mediator between the family and professionals who come into contact with the client. Looking at it from the perspective of professional ethics and the code of ethics, social workers in hospices should respect: human rights and human dignity - respect differences, the right of each client to self-realization, the right to social justice, the right to respect, the right to apply free will, the right to confidentiality; respect for the rights of clients to access information about themselves, respecting and promoting the rights of participation and the strengthening and empowerment of clients.

Challenges for professional associations of ethics in social work – also in health care

In relation to care in hospices, social workers were involved in the clarification of, among others, the legal and ethical issues, as well as political decisions concerning the conditions under which life may be ended. In the year 1993, the NASW Delegate Assembly approved a new policy statement on 'Client Self-determination in End-of-Life Decisions'. This was the first time that NASW had issued a policy statement to guide social workers. The statement contained important ideas: the social work profession strives to enhance the quality of life; to encourage the exploration of life options; and to advocate access to options, including providing all information to make appropriate choices. Social workers have an important role in helping individuals identify the end-of-life options available to them. So, competent individuals should have the opportunity to make their own choice but only after being informed of all options and consequences. The choice should be made without pressure. Social workers should not support any particular means to end one's life but should be open to full discussion of the issues and care options. They also should be free to participate or not participate in assisted-suicide matters or other discussions concerning end-of-life decisions depending on their own beliefs, attitudes, and value systems. It is inappropriate for social workers to deliver, supply, or personally participate in the commission of an act of assisted suicide when acting in their professional role. The involvement of social workers in assisted suicide cases should not depend on race or ethnicity, religion, age, gender, economic factors, sexual orientation, or disability (Loewenberg, Dolgoff, Harrington, 2000, pp. 219-220).

We can conclude that despite the fact that NASW's statement is based on the principle of self-determination there are many doubts whether meaningful self-determination and voluntary consent prevail in situations in which a person wishes to harm him/herself or commit suicide. This statement raises many questions which include: Whose quality of life is supported by assisted suicide? Who is competent in such situations? Who decides about competence? What should one do if there are conflicts among those involved – some want to maintain life at all costs, others support the client's decision?

The principles of autonomy and freedom as well as quality of life are listed below as the principle of protection of life. Was NASW correct in approving such a policy? Or should it have opened a discussion to a more extensive exploration of the issues, including ethical questions? What shall we do in Slovakia today?

In conclusion, one can state that the development of science and technology brings more and more human power when deciding about oneself as well as about other members of the earth's biotic community where ethics should show the way for medicine, nursing and social work, together, to provide our dependent clients with that which is bioethical, while respecting their integrity and autonomy.

In the future, we are going to focus on linking theoretical and applied research with potential conclusions for change within the sphere of formation of social relations in which ethics and morality have an essential and regulatory function.

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Professional Ethics of Politicians in Slovakia

Vasil Gluchman

Abstract

Author applies four models of professional ethics of politicians (Aristotle's virtuous citizen, Machiavelli's prince, Erasmus' man of values and Weber's responsible politician) to politics and politicians in Slovakia since the first half of the 20th century to the present. According to author, there is possible to identify Milan Hodža with Weber's model, Alexander Dubček with Aristotle's one, Vladimír Mečiar and Robert Fico are identified with Machiavelli's model and Iveta Radičová with Erasmus' model of professional ethics of politician in Slovakia.

Keywords: ethics – politics – Slovakia – Hodža – Dubček – Mečiar – Fico – Radičová

Introduction

In the history of philosophy and ethics, there are a number of models of professional ethics of politician. Ancient times were dominated by Plato's philosopher or wise man and Aristotle's virtuous citizen – polis. To give an example of Modern Age political ethics, Machiavelli encourages his prince to be both a lion and a fox, i.e. strong and courageous, but also smart, even sly. Another model was created by Erasmus of Rotterdam who, on the contrary, perceived the prince (or, to use a more modern term, politician) as a man of values striving for public good and welfare, who prefers peace and justice to anything else.

Another model of 20th century political ethics can be found in Max Weber who emphasised responsibility, together with honesty, as the most significant moral values of a politician. Thomas Garrigue Masaryk personified political ethics of quite a similar character by emphasising the necessity of a moral dimension in politics. In his opinion, morality should be above both politics and economics; a politician should be, above all, a representative of a "truthful life". Václav Havel is a direct continuation of Masaryk's thinking with his model of political ethics, preserving Masaryk's idea of a "truthful life" and ideal of humanity, together with responsibility, as presented by Levinas, representing the ideal of Czechoslovak and Czech "non-political" politics after 1989.

How can Slovak politicians after 1989 be characterised? What is the Slovak model of professional ethics of a politician? Are they philosophers, or wise men, virtuous citizens, lions or foxes, people with values or responsible honest politicians representing a truthful life and ideals of humanity? It seems that the lion and the fox are the most frequent types among Slovak politicians, there are fewer people with values, or virtuous citizens, and yet fewer truthful ones or those following the ideal of humanity. There are probably no, or at least very few, philosophers or wise men.

Milan Hodža – Weberian Politician

How have Slovak politicians in the 20th and 21st centuries acted? Milan Hodža (1878-1944) can probably be considered the most significant politician of the first half of the 20th century. He held multiple ministerial posts in the Czechoslovak government and was Prime Minister between 1935 and 1938. Contemporary sources, as well as historians, considered him a politician with pragmatic affiliation in order to achieve goals connected to the Agrarian party which he represented in the course of his political life in the then Czechoslovakia, as well as with regard to national issues, i.e. those regarding organising Czecho-Slovak relations (NYT, 1944. p. 31).

Should we think about which model of professional ethics of a politician he would represent, he was most probably a politician of responsibility, i.e. of the Weberian type? Weber stipulated

that a politician have three crucial characteristics: enthusiasm, responsibility and a sense of judgement. In his opinion, he who will not take responsibility for his own actions cannot become a politician. He also needs to be a good judge and maintain a distance from things and people. Weber argued that politics should be pursued with one's head and not other parts of the body or soul. Weber, however, in contrast to Erasmus of Rotterdam, was of the opinion that a politician must fight evil with violence; otherwise, he is responsible for evil gaining prevalence (Weber, 2008, p. 197). At the same time, he claimed that a politician must be aware of the ethical paradoxes of this profession and the responsibility for potential consequences that might arise under pressure. He also considers it vital that a politician be aware that ethics of persuasion and ethics of responsibility are not in opposition, but complement each other, and interact to form a true man who can be a politician (Weber, 2008, pp. 204-206).

If, according to Weber, enthusiasm is one of the essential qualities in a politician, then Milan Hodža, surely, met this requirement. In the whole course of his professional political life, he fought, with enthusiasm, to pursue political ideals that he believed in, whether in the course of his political activities in the Austro-Hungarian Empire, when, as a member of the Upper-Hungarian parliament, he eagerly and heartily defended not only cultural and language rights of the Slovak nation, or by fighting for its economic rights, by which he, by far, went beyond the boundaries of contemporary Slovak national politics as represented by the conservative wing of the Slovak National Party lead by Svetozár Hurbán Vajanský.

Weber also required that politicians be reliable. This, surely, was one of those features in Milan Hodža's personal as well as professional "armour". It could, for instance, be seen in his approach to the solution of the Slovak issue; he realised the position of Slovakia within Czechoslovakia was not ideal, but, on the other hand, his sense of responsibility reminded him it was the only appropriate and possible solution for the Slovak nation, given the circumstances in place for the 20 years of the existence of Czechoslovakia until its de facto break-up after the Munich agreement was signed in 1938. His political responsibility was also manifested through his abdication from the position of Prime Minister, following the signing of the Munich agreement, and his departure for exile, where he, eventually, also came into conflict with Czech political representatives in London, as he was not convinced that Czechoslovakia would be able to exist on the same bases as it had for the past 20 years once the war was over. He realised that the future of small nations in Central Europe would only be possible in some kind of confederation, which would provide more significant political as well as military force capable of resisting the influence of superpowers (NYT, 1938, p. 16).

Weber's third requirement for the qualities of a politician, i.e. a sense of judgement and maintaining a distance from things and people is also upheld. After the Munich agreement had been signed, Hodža realised that further international development as well as the development of Czechoslovakia seriously endangered the democratic political situation in the country and in the world; therefore, he decided to leave for exile and, there, continue in his political activities aimed at reviving Czechoslovakia, although, in the new organisational scheme, that would, in the future, create a barrier against defeatist policy which would sacrifice a small country in the centre of Europe in the interest of power games of the world superpowers. Sadly, he did not live to see the end of World War Two and the revival of Czechoslovakia in 1945, when a new era of our political development began (NYT, 1944, p. 31). On the other hand, it might have been for the best that he did not live to see political developments after 1948, since, as an avowed democrat and objector to socialism and communist policy, he would surely have been among those undesirable to the new rising political power and would have to, most likely, emigrate again if he were to save himself from persecution.

Alexander Dubček – Aristotelian Politician

Alexander Dubček (1921-1992) was, undoubtedly, the most significant Slovak politician of the second half of the 20th century. He, in spite of being a long-term official of the Czechoslovak Communist Party, was recognised world-wide and was a symbol of the efforts to change the political situation in the then Czechoslovakia and was one of the most significant representatives of the so-called Prague Spring (Skilling, 1968, pp. 456-462; 1997-1998, p. 81; Schwartz, 1968, pp. 966-983). With regard to Milan Hodža, I stated above that he was a politician who met the criteria as defined by Max Weber's model of a responsible politician. Alexander Dubček was a representative of Aristotle's model of professional ethics of a politician, i.e. a virtuous citizen. Aristotle claimed that the state should be led by such citizens who stand out not in power, wealth or popularity, but in virtue, which should be a requirement for achieving positions of office (Aristotle, 2004, pp. 113, 139). "A city can be virtuous only when the citizens who have a share in the government are virtuous, and in our state all the citizens share in the government; let us then inquire how a man becomes virtuous. For even if we could suppose the citizen body to be virtuous, without each of them being so, yet the latter would be better, for in the virtue of each the virtue of all is involved. A virtuous state is based on virtuous citizens who take part in governing the state; and, supposedly, all citizens should take part" (Aristotle, 2004, p. 157).

In spite of Alexander Dubček's faults and drawbacks, it seems it can be stated that he was, first of all, a politician who truly struggled for the common good and welfare of the country and its nations. He mainly strived to cure the misshapen image of ideal society that he believed in and that he also fought for in the Slovak National Uprising (1944). He believed in and worked for a reform of society, for the removal of the cult of personality which, in a very unfortunate way, affected the then Czechoslovakia; he strived for a solution to Czecho-Slovak relations in the form of a federation, which might, in a way, be considered a continuation of Hodža's idea of a confederative organisation of countries and nations in Central Europe (McCormick, 1938, p. 14). He, however, mainly made an effort to reform socialism, as he realised that socialism of the Soviet type, which was created and existed in Czechoslovakia in the 1950s and 1960s, is not a form of social and political organisation fulfilling the ideas and desires of its nations for democracy, social justice and welfare which they were promised. Many described him as a fair and honest person as well as a politician. They considered him to be almost noble, a man who brought people together towards tolerance, human solidarity and cooperation. He was not a self-interested cold-hearted manipulator, or a tricky strategist. He refused smugness, political racketeering and conscious lies; he could not be described as a cynic (Paul, 1971, p. 178; Uher, 1999, pp. 78-79; Valenta, 1984, p. 137). All the above characteristics of Alexander Dubček fulfil the criteria defined by Aristotle with regard to the model of professional ethics of a politician as a virtuous citizen. This does not, however, mean that a virtuous citizen does not have the right to make mistakes and this is also true about Alexander Dubček. His biographer, Ján Uher, wrote that while Dubček made mistakes; he, however, was able to admit to them and make things right. He, thus, gained the trust of his fellow citizens. He also made some serious mistakes in 1968 and 1969 (Svec, 1988, pp. 997-999; Valenta, 1979, p. 73), which, in a way, Václav Havel reflected upon in his famous letter to Alexander Dubček dated August 9th, 1969. Havel, then, described Dubček's situation as a moral dilemma of a politician choosing from three alternative solutions to his situation, or, political and social position.

According to Havel, Dubček's first alternative lay in "full" self-criticism of the development of Czechoslovakia in the 1960s and, especially, in 1968, since he took charge. Another alternative was to keep quiet, and the third to keep the personal and moral integrity of a citizen and politician, who would defend all steps taken in the interest of the democratisation process in society and "regeneration" of socialism. Havel realised that this was the most difficult position, but considered it as the only correct one that Dubček could present in 1969, if he did not want to disown himself and the whole democratisation and revival process, which he led in 1968. He,

therefore, asked Dubček not to succumb to the pressure of the then political power. He predominantly justified it by the high moral standing in which he was held in the public eye and that he would strengthen it even further, would he continue with the attitudes from 1968. According to Havel, people would realise that there are politicians who preserved ideals and have backbone. He would affirm that he was one of those politicians who could be trusted and all those values he had been fighting for were also trustworthy, the defeat they had suffered notwithstanding. He predicted that, although the then political power would push him aside, he would still live on as a moral authority and hope for all honest citizens of our country (Havel, 1991, pp. 36-49).

It seems that Václav Havel truly understood and described the essence of the moral dilemma Alexander Dubček faced as a citizen and politician, as well as the consequences of his potential decisions when tackling his personal moral and political dilemma. Developments after 1968 proved that Alexander Dubček was, indeed, a virtuous citizen and politician who, in the spirit of adherence to his ideals and the work he had done for the citizens, common welfare and good, sacrificed his potential political career and endured in his beliefs; he did not succumb to the pressure, or, possibly, temptation of those who violently repressed the whole process of democratisation of socialism and its representatives, and would love to use that, in the end, to disown and besmirch him. He kept a high level of personal and moral integrity, which meets the criteria of professional ethics of a politician (Valenta, 1984, p. 137). By this, he became a true example for many Western European as well as world politicians and a symbol of the democratisation process in Central Europe, for which he was, in many countries, awarded highest state honours and honorary doctorates by prestigious Western universities, e.g. the oldest European university in Bologna, which awarded him an Honorary Doctorate in 1988.

Slovak Politics and Politicians after 1989

Machiavellian Politicians – Vladimír Mečiar and Robert Fico

After 1989, the change in political climate ushered in a great number of new Slovak politicians; the question, however, is how many of them went beyond the boundaries of their election period in which they were active and made a significant mark in the most recent history of Slovakia. It seems that, from the 1990s, one and only one Slovak politician can be mentioned who most significantly influenced the political course of events on the Slovak political scene and also, considerably, the faith of Slovaks as such. This person is Vladimír Mečiar. The question is which model of professional ethics of a politician Vladimír Mečiar represents. While I identified the Weberian type of politician with Milan Hodža, Aristotelian with Alexander Dubček, it is impossible to identify Vladimír Mečiar with any of the given characteristics, or, models of professional ethics of a politician.

The Slovak political commentator and analyst Marián Leško wrote of the period of the 1990s that “whoever wishes to learn to be tender-hearted has no place in politics. He, who wants to succeed in it, must fight his way through to where power is granted. You can tell a real battler in this area by his instinct for power. A politician without willpower does not have good enough personal qualifications for this profession. He who chose this profession voluntarily, “must” sometimes do what a decent person in his civic profession need not do – leave his former friends and allies, flexibly change his opinions, consciously suppress his better self for the sake of an increase in popularity. If we were to apply strict moral criteria to politicians, there would be very few who would meet them – at least not those truly successful politicians. Even if their deeds are not exactly virtuous, there are extenuating circumstances: they were forced to do so by the very nature of their profession. Nevertheless, not all deeds that politicians do can be excused by a general reference to the fact that they owed it to power. There are some boundaries the crossing of which cannot be excused. It also goes for politicians that power should be the means of their

efforts and not the ends. Those who long for it for its own sake are merely people of power – the worst among politicians” (Leško, 1996, p. 235).

What can be said about Vladimír Mečiar (1942) as a politician? He certainly enjoyed rapid political ascent, when in 1990 he became the Home Secretary, and in the course of less than two years became Prime Minister and held the position for six years, with a short break in 1994. Some consider him the founder of autonomous Slovakia, defender of national-state interests of Slovakia towards Czechs and Hungarians, or, possibly, the whole of Western Europe and the USA, the creator of the Slovak private investment sector, etc. (Haughton 2001, p. 752). Others consider him a politician who kindled political controversies and conflicts, used Czechs and Hungarians to frighten the Slovak public, was an obstruction to Slovakia’s integration efforts with Western military and political structures (Brubaker, Feischmidt, 2002, p. 735; Stokes, 1994, p. 96); the one who started the greatest usurping of state property in the modern history of Slovakia, when, as part of privatisation (after the cancellation of the second wave of bond privatisation) he enabled some people, especially those close to his political party, to acquire a lot of state property cheaply, which was, often in a short period of time, sold on to foreign buyers and, in this way, gained vast amounts of property, in doing so, due to the privatisation, deprived the state of it (Rosenberg, 1993, pp. 74-75).

In the course of his term of office, he himself, and, possibly his closest relatives, gained property the acquisition of which he has not been able to clearly explain to this day. Not to mention the fact that both the government and he himself were suspicious of the abduction of a Slovak citizen abroad, of obstructing the investigation, of declaring amnesty, by which he averted the investigation or the pursuit of the suspects, as well as of the death of one of the witnesses who was willing to give evidence. Similarly, democracy in Slovakia in the given period, was of a highly controversial form – “democracy of the Carpathian type”, where it was possible to, in the course of one long parliamentary night, break all democratic parliamentary rules, to assume all executive and legislative power, to make the opposition into a dummy without any recourse to check the authorities and to influence the course of political life in Slovakia. Every political opponent, almost automatically became an enemy, with Mečiar being the only legitimate and valid representative of Slovak political interests (Baer, 2001, pp. 97-116; Baylis, 1996, pp. 297-298; Bermeo, 1994, pp. 170-171; Carothers, 1997, p. 88; Etzioni, 1992-1993, p. 26; Haughton, 2002, pp. 1319-1338; 2003, pp. 269-277; Pridham, 2002, p. 209).

Marián Leško called this style of politics “pathology of power”. In his words, “Vladimír Mečiar is a politician with no scruples: He does not feel tied by elementary respect towards the truth, by his own word, by the democratic rules of the political game, thanks to which he could aspire to executive power and be so successful; he does not feel tied by duties of a public agent who, with limited mandate, manages public matters on behalf of the state and its citizens” (Leško, 1996, pp. 237-238). In 1998, he lost his position in spite of his party having won the election, as he did not acquire enough seats to form a government. It can be stated that this was the beginning of the political recession of Vladimír Mečiar and his political style, as this could only succeed if all branches of power in a country were at his disposal, i.e. executive, legislative and judicial (Pridham, 1999, p. 1226). Without these, his influence and importance in politics are lost, which was also confirmed in the elections of 2006. His party helped form the government, he, however, did not have the most powerful ministries at his disposal, such as defence, the home office (including the police and Slovak Information Service), he at least tried to influence the judiciary, where he often obfuscated, by means of the Ministry of Justice which was under a direct political influence of Movement for Democratic Slovakia (HZDS). It seems that, like before, in an effort to start great political power games in order to strengthen his own political position, he, again, did more harm than good; luckily, however, in one and only one department of the state government. In the end, this turned out counterproductive, as one department among many state institutions was not enough to succeed in changing something significant with regard to Vladimír Mečiar’s

departure for political retirement, which was, on the one hand, an outcome of his very own policies and the policies of HZDS, and, on the other, the policies of their former coalition partner who deprived them of almost all political capital and significantly strengthened their position on the Slovak political scene, at Vladimír Mečiar's expense and that of his party.

However, which model of professional ethics of a politician Vladimír Mečiar represents, or represented. It seems that he, more or less, meets the criteria for achieving and pursuing political power defined by Niccoló Machiavelli in his work *The Prince*. According to Machiavelli, if the need arises to acquire or maintain power, a prince (in this case a politician) can use all available means, including atrocities. He is to get rid of his enemies, and punish offences in a way that prevents further revenge (Machiavelli, 2005, pp. 10; 20; 27; 29-30; 34, etc.). Machiavelli's prince is one who uses virtue in order to give the impression of his kindness, or if he finds it suitable to achieve his own goals. A prince should be both a fox and a lion, and, when necessary, break a promise before others can break it (Machiavelli, 2005, pp. 54; 60-61; 67, etc.). Similarly, he also stated that "...there is no secure means of holding on to cities except by destroying them. Anyone who becomes master of a city accustomed to living in liberty and does not destroy it may expect to be destroyed by it, because such a city always has as a refuge in any rebellion the name of liberty and its ancient institutions, neither of which is ever forgotten either because of the passing of time or because of the bestowal of benefits" (Machiavelli, 2005, p. 19). Machiavelli promoted the interest of a whole, common good, over everything else; he also subjected to it means for its acquisition, individual virtues were not required when meeting the ends. It is, however, highly questionable whether we can, in the case of Vladimír Mečiar, agree that he also met this positive requirement, i.e. superiority of common good and welfare over individual goals and interests, in the same way as we can accept the opinion that his political style, to a certain extent, especially in negative aspects, carried features of rude and vulgar Machiavellism of the end of the 20th century, although slightly altered by "the Carpathian type of democracy".

As far as the politics of present-day politicians is concerned, the significant contemporary Italian philosopher Giorgio Agamben, in his work *Means without End*, wrote about current politics that it is becoming a devastating experiment disintegrating and emptying traditions, beliefs, ideologies and religions on the whole planet (Agamben, 2000, p. 84). I am not sure whether Agamben means international politics or domestic politics as such, but I find his description quite accurate, although it is questionable whether it actually is so much of a new phenomenon. What I think is that this phenomenon has just gained new features in the present-day era of globalisation. In his opinion, politics is becoming a media circus, possibly in the style of a reality show, not concerned with any true ideas, values, or principles, but rather with the effort to entertain the audience, to present oneself in such a light as they desire, promise what they wish for and, mainly, win. Making faces and pretence is a matter of politics (Agamben, 2000, p. 93). This follows his previous idea that politics is a media game, fun. Thus, the need to make faces and pretend is ideally suited here. He compared politicians to actors: if actors look into the camera, it means they indicate they are pretending something and the more obvious the faking, paradoxically, the more real they look. At present, the same techniques have spread to politics and advertising. And just because the face is where the truth is to be found, it is also the place where something that is not authentic is pretended (Agamben, 2000, p. 95). An interesting paradox arises: the more we show we are pretending, the more real we are. The question is to what extent this is actually true on a personal, social, or, political level. Many in real life, and, possibly, even more in art or politics, keep pretending long enough for themselves to believe it is their true face.

When defining present-day politics, Agamben came to the cognition that character is also manifested by man's reticence in keeping his word. For present-day man, and especially today's politician, everything falls between authentic and unauthentic, true and false, possible and impossible. Every phenomenon becomes unauthentic and unnatural and challenges him to stake a

claim to the truth. However, the truth as such is not something one can claim (Agamben, 2000, p. 97). This is another point depicting the emptiness of politics, political slogans and politicians. It concerns the effort to claim the truth rather than look for it and act in accordance with it. With regard to this it can be added that, under the influence of these phenomena, politics is unified and, possibly, trivialised and, via politics, possibly so are values. Or are they just transformed? According to him, present-day politics is not an effort for some higher objective, but only exists in language as a mere media, being in the medium as an inevitable state of man. Politics is showing off mediation, drawing attention to media as such.

The above characteristics also relate, to a certain extent, to Slovak politics and Slovak politicians at the beginning of the 21st century. If we are to pay attention to Robert Fico (1964) as the Prime Minister of the Slovak government between 2006 and 2010, we have to state that, on the one hand, his behaviour and actions might be the remnants of his youth, when he was a member of the Communist Party and every opponent, every diverse opinion was perceived, at best, as a dangerous deviation, at worst, as a class enemy. On the other hand, it seems he acquired a lot from Mečiar's practises that he initially criticised (Hloušek, Kopeček, 2008, p. 539). One of the greatest critics of Vladimír Mečiar, he became his political ally. Fico, in an effort to minimise Mečiar's influence on his power capacity, adopted many of his practices in order to convince all who were originally Mečiar's supporters he was the new political leader in Slovakia; Mečiar's successor (Haughton, Rybář, 2008, pp. 232-255). The outcome of the 2010 parliamentary elections proved he succeeded. Likewise, this can be stated in relation to his former political ally, the chair of the Slovak National Party, Ján Slota. This happened thanks to the fact he [Fico] took over their political agenda as well as the vocabulary they used to address their voters. Instead of using his experience of the 1992-1998 period to draw a conclusion on the unacceptable nature of this kind of politics for Slovakia and its citizens, as it was what brought Slovakia to the brink of isolation, Fico, for the sake of sustenance and expansion of power, decided to continue in this vein, albeit in a more sophisticated way (Hloušek, Kopeček, 2008, p. 552). Similarly to Mečiar, Fico also threatened the opposition with prosecution, used information provided by the secret service to accuse the opposition, he fought and threatened media and journalists with law-suits; in the course of his rule, the parliament passed a new press law which enabled politicians to, by means of law-suits, claim huge sums of money from newspapers for alleged slander. Indecent vulgar vocabulary when referring to journalists and media as such became typical of Fico (Balogová, Terenzani-Stanková, 2010, p. 3).

In general it can be stated that, in the course of Fico, Mečiar and Slota's rules (2006-2010), the culture and ethics of the Slovak political scene hit rock bottom. The ambience in society conformed to it, as, thanks to media, the political elite have a significant influence on the perception of morality by society and its citizens. Fico, at the very beginning of his term of office as the Slovak Prime Minister, claimed that should a minister behave or act unethically, he will be removed before his feet touch the ground. The reality was, however, completely different, as in Fico's government, there were too many controversies when the Prime Minister himself, instead of dealing with them in accordance with his original statement, pleaded their case whenever he could or, simply refused to acknowledge them. While at the beginning of his premiership, ethics and morality were, at least verbally, at the forefront of his reasoning and when assessing the behaviour and actions of politicians, while at the end, they completely faded or only appeared when he assessed the behaviour and actions of his political opponents or rivals. With regard to the political ethics of Robert Fico and his government, it can be claimed that Agamben's thesis was confirmed and politics was discharged, as it completely, or almost so, lacked the ethical and moral values which should define a politician. What remained were an interest in and a struggle for power that he strived to acquire through his politics and which he, in many ways, publicly proclaimed in the course of the four years of his rule.

Miroslav Kusý characterised Fico (just like Mečiar) as a confrontational politician who does not debate but quarrels, and, in a discussion, cannot use arguments rationally, listen to the opinion of his opponent or partner debater. When referring to his opponent, he uses invectives, insults, unfair assaults, and makes him into an enemy who must be crushed and humiliated in the public eye. He mocks his opponent, dismisses his arguments *a priori*, uses an aggressive tone of speech, defames him, etc. (Kusý, 2010a, p. 31; 2010b, p. 19). I must agree with Kusý that it is a very bad example of political culture in Slovakia and also a direction, or model, for the public of what is “in” at present, how to be vulgar, hypocritical, sly, etc. in order to achieve one’s objective. It does not only speak of the culture of a politician but also his ethics and morality. It seems that many Slovak politicians (including Robert Fico) have not yet matured morally and, possibly, as a person, for high-level politics and the positions that they hold, as this is how many common citizens (including the lowest social classes) act. Instead of cultivating social morality through political ethics in order to improve it and show the model of what should be done (how one should behave) and what is right, they devalue it and scrape the bottom of the Slovak political barrel.

Ethics in general is based on what should be (i.e. certain requirements with regard to behaviour and actions of an individual). If we want to think about political ethics, we should formulate such ideas and thoughts of behaviour and actions of politicians that are worthy of the 21st century.¹⁹ There are, surely, at least two politicians representing the Machiavellian, or neo-Machiavellian, model of professional ethics of a politician in the top echelons of politics in Slovakia after 1989, already mentioned above. Are there, though, some other types of professional ethics of a politician on the Slovak political scene or are politicians who represent moral values, morality, character, politeness, culture, ideas and other similar features out-of-date; are they a historic anachronism?

The result of the 2010 parliamentary election in Slovakia brought about a new situation, new distribution of power and, possibly, also hope for an improvement in the culture of politics and the start of a new model of professional political ethics on the Slovak political scene (Balogová, Stanková, 2010, pp. 1, 3). We will, however, have to wait and see how the post-election situation will develop further. One thing is sure. The time for change has arrived, not only in the two highest constitutional offices, but mainly in the manner of doing politics, in the communication between political rivals, media and the public in general. The time has arrived for new political ethics, which should now dominate in the media. There has been enough insults, invectives, humiliation and mocking, enough arguing. All politicians claim they have citizens’ interests at heart (at least before elections, no matter what kind), that they care about public matters, the common good and welfare (at least verbally). Let them join forces in this effort, let the government lead by the Prime Minister rule in this spirit, let them solve the issues and problems Slovakia is facing in the fourth year of the financial and economic recession, let them solve matters of the further social, economic, cultural and political directions of the country (including international politics), let the opposition be a constructive opponent who will not only care for the defence of their own rights that they have not been able to acquire but supervise the executive and legislative power in order to prevent it from sliding off the beaten track, which is common welfare and good. May it, however, happen in a cultivated way, which could be an example for the other citizens of Slovakia of how to solve problems on various levels of society and its functioning. May politicians be the true elite that are an example for the whole society and

¹⁹ It seems that, in spite of the fact that almost 600 years have passed since Machiavelli’s work was published, he still has followers and copyists, although in a slightly different form, as the means Machiavelli wrote about in 1513 would be a historic anachronism. Machiavelli, or Machiavellism, is really popular even in present-day Slovakia, which is also proved by the fact that, in the past 50 years, five editions of Machiavelli’s *The Prince* have been published, while *The Education of a Christian Prince* by Erasmus of Rotterdam, which was originally published close to that by Machiavelli, was, in Slovakia, published for the very first time in 2009.

may political ethics aid the achieving of this goal. There is not much they need in order to find their way in political ethics. As the main idea, a simple rule will suffice which has, in various forms, been used for a long time in the history of mankind and is known as the Golden rule of morality. The positive wording of the rule is as follows: Do unto others as you would be done! The negative formulation is following: Do not do unto others as you would not be done!

New Way of Politics in Slovakia – Iveta Radičová!???

I do realise that this is only a small step in terms of political ethics. However, I only consider it the bare minimum for orientation in reasoning, or solving, certain problems regarding morality. There are also more sophisticated models of professional ethics of politician which could be applied to the contemporary situation in Slovakia. This mainly concerns the model of professional ethics of a politician represented by the Prime Minister Iveta Radičová (1956). It lies in a non-confrontational way of communication, comportment, behaviour, and doing politics in general. Journalists call her the “pure lady”, as there are no scandals attached to her nor does she have any skeletons in the closet (Tódová, 2010, p. 4). Journalists disliked her non-confrontational style in both her campaigns (presidential and parliamentary); they might have got the impression she was losing voters by not mentioning the corruption scandals, or the mistakes her opponents made in their political careers, that she smiled all the time and favoured good manners in politics. It seems that journalists dislike both; the vulgar vocabulary used by Robert Fico when referring to them; but also the good manners and cultivated way of academic discussion, or disputation, as they are worried the audience would get bored and lose interest. According to viewing figures, much more attention is paid to Fico, Mečiar and Slota’s extremist claims than a cultivated style of presenting ideas and opinions containing much more depth and impact on the life of society; however, to comprehend them and identify with them also requires a higher intellectual effort from the audience, as it is when presented by Radičová.

Nevertheless, it seems that most Slovak voters who took part in the 2010 parliamentary elections voted for decency, politeness, peaceful discussion and reasoning rather than for those politicians who represent vulgarity, force, aggression and populism on our political scene and in society in general. Iveta Radičová seems to represent great potential for a so-far undiscovered model of professional ethics of a politician in Slovakia which could be found in the ideas of Erasmus of Rotterdam on a prince (or, to use a more modern term, politician) as a good person. According to Erasmus, leadership should be entrusted to such a prince who, by his ability to rule surpasses others, i.e. in their wisdom, fairness, self-control, intuition and striving for the common good. It is necessary to mainly strive for the common good and suppress private interests (Erasmus, 1997, p. 5). Erasmus also reminded the prince he will be better than others only if he is less corrupt, lustful, arrogant, irritable and acts less irrationally (Erasmus, 1997, pp. 14-16).

Radičová showed the Slovak political scene, political ethics and ethics of Slovak politicians what they had not yet experienced. For a petty slip she made on the occasion of a parliamentary vote, she resigned in order to show those who criticised her but were not brave enough to give up their seat in the parliament (in spite of having committed much more serious mistakes and lapses than her, such as forging signatures on the attendance sheet, unexcused absence from most parliamentary assemblies, vulgar behaviour in non-parliamentary area, etc.) what her professional ethics of a politician is, that her words are in keeping with her deeds. I called it a petty slip, as it was not purposeful, it did not significantly influence the result of the law-making vote and, as a matter of fact, Iveta Radičová acted on behalf of a member of parliament present in the assembly hall who did not have a ballot ticket on her (Nicholson, 2009, p. 5; Terenzani-Stanková, 2009, p. 1). All her critics, be they in the parliament or media, took the stand which is, predominantly, presented by deontological ethics, which finds the one and only guarantee in keeping the duties embodied in rules and norms. According to Kant, any action that, in spite of the best intentions and the best outcome and consequences possible, was not in accordance with strictly specified

moral rules and norms cannot be moral. Almost all coalition politicians, many opposition politicians and journalists acted in a similar way. This successfully fanned the flames of this debate, kept it alive and posed such moral requirements, or demands, on Iveta Radičová as if not from this world. As an example, Peter Schutz's remark can be stated who accused Radičová of taking two days to decide on her resignation from her parliamentary seat. In his opinion, she should have done so the instant she realised what had happened (Schutz, 2009, p. 28).

It seems that with the dawn of Iveta Radičová, we can witness the Slovak Prime Minister's seat filled with not only new political culture but also with a new model of political ethics being enforced (albeit slowly and with difficulty) so different from the others we could witness for the past 20 years on the Slovak political scene. The result of the 2010 parliamentary elections, as well as the 2009 presidential elections means hope that this model of political ethics is desired by the majority of Slovak public. Let us hope it will not be left at unfulfilled expectations. The developments of the second half 2011 have shown that the change in political ethics in Slovakia is a very difficult and challenging process; however, there is still hope that something will change for the better in the existing practices and models of behaviour in Slovak politicians.

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Ethical and moral aspects of public (self-) administration in Eastern Slovakia

Vasil Gluchman – Ján Kalajtzidis

Abstract

In the article, we analyse ethical and moral issues of public administration in region of Eastern Slovakia through some cases of the last years. We focused on self-governing regions, namely the Košice and Prešov self-governing regions. We identified two fundamental situations where failures on the side of public administrators occur: selection processes for vacant positions, be it directly in public administration or institutions that fall under its domain, and public procurement with regard to the acquisition of goods and services. The year 2009 was the year of elections to self-governing regions which is why a great number of negative cases dealt with the election campaign. Further, we stated that negative cases dealt with failures of bodies of self-governing regions from both the legal (breaking the law) and moral viewpoint. By claiming that public administrators failed morally, we meant breaking moral norms and rules. Contradictions, which were identified (from the ethical viewpoint), predominantly result from the conflict between public and private interests. In many cases, private interests of public administrators are preferred at the expense of public interests. And it is exactly this preference (a conflict of interests) that is sensitively perceived by the public.

Key words: ethics, morality, moral agent, public administration, Eastern Slovakia

Introduction

Our aim is not only to describe the existing state; we also presume that the outcome of this project and the findings of individual surveys will contribute to an improvement in the functioning of public administration, create preconditions for a better functioning of public administration institutions and improve the relationship towards the public and citizens as such, as well as citizens towards the public administrators and representatives of public administration.

The purpose of the article is to provide the research community with an analysis of functioning of regional public administration from the ethical viewpoint and to define the problems and challenges which public administration, especially its public administrators together with their clients, as moral agents, face. The presented analysis predominantly deals with the branch of public administration – self-administration. The main instrument of analysis is a research of the regional periodical *Korzár*, as it can best reflect aspects of the functioning of public administration on the regional level.

Ethical Background of Public Administration

Liza Ireni Saban holds that it is an enormous increase of governmental activities and its objectives in the modern state. This development puts power and authority in the hands of public officials, it means increasing opportunities for abuse of power and authority, as well as incidents of unethical activities (Saban, 2010, pp. 2-3). Similarly it is true that administrative systems at all are confronted with a number of different values and ethical dilemmas concerning the shape, conduct and orientation of public services (Makrydemetres, 2002, p. 251). We accept an opinion that what citizens want from ethics, however, is not only the reduction of corruption but above all qualities enabling public administrators to govern well in the difficult circumstances of everyday public services (Maletz & Herbel, 2000, p. 38). It is wanted that public administrators can assess the public interest using three standards: the constitutional commons, policies congruent with democratic values, and ethical leadership. According to King, Chilton & Roberts, it is necessary

to combine the constitutional, political, and economic as well as a range of value considerations based on ethical and moral perspectives (King, Chilton & Roberts, 2010, p. 972).

In this context it is a very important to see the public administrator as a moral agent, placed in the unenviable position of serving different constituents, forced to evaluate different moral behaviors. This feature of contemporary life within bureaucracies is unlikely to be solved through reliance on the virtues of the market (Quill, 2009, p. 223). Accordingly, Ari Salminen holds in context with Finnish experience that *New Public Management* values include the quality of the action, performance measurement and goal achievement. According to him, it emphasizes values as possible guiding principles instead of rules and directives. In addition to these, he affirms also to the core principles in public service: ethics integrity and honesty, respect for human dignity, the rule of law and due process and defense of civil rights (Salminen, 2006, p. 183).

Then, we agree with James S. Bowman emphasizing the cultivation of virtues, integrity, and character. According to him, a positive, idealistic ethics enables responsible conduct; the public servant is not seen as a bureaucratic functionary, but rather as a moral agent who is a capable to pursuit of the larger social good. He thinks that in the 21st century, it is clear that 'ethics' will continue to be one of the principle public policy issues of contemporary times (Bowman, 2000, pp. 674-675). Salminen accordingly affirms that ethical principles have no meaning without the strength of character to put them into practice and behave according to accepted moral values (Salminen, 2006, pp. 181-182).²⁰

Very often the ethical code is understood like the interpretative frameworks to clarify decision-making dilemmas (Bowman, 2000, p. 680). Jeremy F. Plant, Odd J. Stalebrink, and Triparna Vasavada think that code of ethics can help individuals to be aware of the ethical issues involved in governance activities (Plant, Stalebrink & Vasavada, 2010, p. 729). Liza Ireni Saban affirms that public administration without public administration ethics is only an instrument of its political master (Saban, 2010, p. 2). However, we agree with Makrydemetres that ethical standards often enter rather as constraints into consideration than legitimate objectives in public administration. According to him, they tend to be overlooked or even ignored in the actual decision-making process; and public administration (including its management) becomes very often divorced from ethics and morals (Makrydemetres, 2002, p. 263).

Public Administrator as a Moral Agent

Following the views of Quill and Bowman concerning the understanding a public administrator as a moral agent, we would like to start with a concept of moral agent which could be useful for the further analyses if ethical and moral issues in public administration in Eastern Slovakia.

We understand a moral agent as a subject of morality that meets certain required criteria. Among these are: the ability to recognise and comprehend the moral status of society and the ability to pursue conscious and voluntary actions for which he/she can bear moral responsibility (Gluchman, 2003, pp. 52-57). When we talk about moral agents, we do not refer to all human beings that are part of society, but only those who fulfil the requirements for the assignment of such a status. Then, it means that not every human being (individual) is understood as a moral agent – as not every individual meets the criteria that are necessary for his/her recognition as a moral agent. Cognitive-mental skills are a criterion that ethics of social consequences raises as a precondition for identifying an individual as a moral agent. In other words, a prerequisite for recognising an individual as a moral agent is closely related to his/her cognitive abilities and skills. An individual who is qualified as a moral agent must be able to recognise and comprehend

²⁰ However, according to Michel S. de Vries, the inclination to behave ethically is not to be seen as an individual trait but rather as a social or cultural trait, in which learning and imitating behavior are crucial. There might also be a kind of social pressure (Vries, 2002, p. 327).

the moral status of society.²¹ The concept *moral agent* does not denote the moral value of an agent in the sense *right – wrong* (moral – immoral) but only refers to his/her ability to be an agent of morality. In ethics of social consequences, only such a human being is a moral agent that has mental abilities allowing him/her to comprehend moral values, norms, rules, principles, on the basis of which society functions, to make a decision based on them and, later, bear moral responsibility for his/her decision. A human being who does not fulfil these requirements (e.g. a mentally disabled individual) is not a moral agent. He/she is, however, considered an object of morality, which presupposes that other people will treat him/her with respect and appreciation that befits a human being.

Then, we can conclude that public administrator as moral agent means that he/she is able to understand moral values, norms, and rules of the society, to act in accordance with them and take individual responsibility for his/her decisions at all, in his/her private as well as professional life. To stress ethical and moral aspects of public administration at all as well as public administrator is a very important for the further reasoning on public administration in Eastern Slovakia (and Slovakia at all).

Moral Problems of Public Administration in Eastern Slovakia

Articles in Slovak regional press discussing public administration tend to describe predominantly failures on the side of those competent towards the public. In other words, they describe failures of the public administrators, while citizens, the community, i.e. their potential clients, are considered the harmed ones. The other category comprises such cases which provide information about events within regions.

We carried out two quantitative analyses of articles published in Eastern Slovak daily newspaper *Korzar* in 2008 and 2009. In the first part, we focused on articles dealing with the self-governing regions, in the latter one we concentrated on articles about activities of self-administrative bodies. Out of a hundred articles discussing the self-governing region, only 20% were critical and 80% could be labelled informative.²² On the other hand, out of those articles that focused on activities of self-governing regions (as well as their employees), as many as 52% of articles were negative and only 48% of them could be considered informative. It means that there are more critical articles on activities of self-governing regions than critical ones concerning the self-governing region.

When analysing the negative cases, we found out that, on the one hand, failure to adhere to the law was concerned; however, in many cases, although the law was not broken, a major malfunction occurred. Among such failures, excluding legal consequences are irresponsible or non-transparent actions, i.e. such actions which are in contradiction to the general perception of justice. This mainly concerns such conflicts which, by their nature, violate the trust of the public towards public administrators and undermine the positive reputation of public administration at all. Such actions that are considered failures in spite of being neither prohibited nor allowed by law are often included in a code of ethics elaborated for employees of public administration. A majority of critical articles dealt with two main problems, where failures of public administrators occurred. The following can be stated: selection processes for vacant positions, be it directly within public administration or to institutions that fall under its domain and they have a great potential for negative moral emotions (affects). As an example of negative cases (failures) within

²¹ As an example of an individual who is not considered a moral agent, we can state a mentally disabled human being whose cognitive skills do not enable him/her to understand the surrounding world (to understand the moral status in society), which makes him/her unable to make conscious and voluntary decisions and, consequently, bear moral responsibility for them.

²² Articles which are not of an overall evaluative character. They take a descriptive approach, i.e. they recount various situations, actions or events. They do not assess actions as *right – wrong*, or *moral – immoral*.

selection process to institutions established by public administration, the following can be mentioned: appointing Miroslav Marušin the leader of Poddukelský Artistic Folk Group (PULS), or the controversial selection process for the position of Headmaster at the Primary School in Holumnica (Frank, July 1, 2008; Ondráš, January 22, 2008).²³ Accordingly Guy B. Adams and Danny L. Balfour think that such cases may devolve to the point of ineffectiveness and lose the public's trust, as both a service provider and as a significant institution in society. They affirm that the public organizations are attractive and rewarding for managers who use their offices for selfish purposes and/or to undermine democratic and constitutional governance (Adams & Balfour, 2010, p. 621).

One of the most frequently discussed topics dealing with the issue of public procurement, which appeared in 2009 concerned the hundred-million Euro tender for the provision of complex services in waste management for the town of Prešov.²⁴ The town of Prešov announced a public tender for complex waste disposal, which was objected to by the business Prešov Technical Services owned by the town itself. There were also objections to the tender formulation on the side of town representatives, who considered the announcement of the tender a *de facto* hidden privatisation of the town's stock corporation. Based on the presented objections, the Bureau for Public Procurement of the Slovak Republic annulled the tender (Frank, December 3, 2009a; Frank, December 3, 2009b). A similar problem was noted concerning public procurement for the management of parking spaces in Prešov, which was won by Vincii Park Slovakia, Ltd., Bratislava, which set charges for parking in Prešov higher than in Slovak capital Bratislava and the town of Prešov does not receive any rent as agreed in the contract, as it has been impossible to meet the agreed sum for parking in Prešov (Frank, March 7, 2009; TASR, April 15, 2009). Management of the town of Prešov was also mentioned in another case, where it concerns of the debt and over-employment of self-administration of the town of Prešov and its superior organisations, despite the financial and economic crisis that has struck the global economy as well as the budgets of Slovak towns and villages (Frank, April 30, 2009). According to Ali Farazmand, privatization cause a global corruption and accountability problems; they promote potentials for corruption, secrecy, conflict of interests, unethical conducts and lack of accountability (Farazmand 2002, p. 133).

The management of the town of Bardejov could, similarly, be questioned, where the town representatives in December 2008 approved the officials' right for an advance payment from the bonus, which equalled 50 per cent of their salary. The paradoxical fact, however, is that this was an advance payment from the bonus for work that was supposed to be accomplished in the following year, i.e. 2009, and it also mainly concerned such officials who, apart from their positions in the self-administration, also work as, e.g., MPs, and an assessing doctor for a health insurance company, etc. (Petejová Meššová, January 12, 2009).

Similar approaches and problems concerning negative moral emotions (affects) can also be found in the functioning of the autonomy of the town of Košice. Peter Konček, in his article on the issue of the economy of the town of Košice, writes that it is the "European capital of incompetence, corruption, bribery and cronyism 2010". He states that the town has been ruled by a hard-working political group for a long period of time; however, all that is known from the functioning of its self-administration is cases of bribery by former representatives of SDKÚ (SDKÚ – Slovak Democratic and Christian Union; Čušo and Lumtzer), cases regarding public transport in town, such as the contract with a debt collector who earned 50 million Slovak crowns (1.66 million of euros) for an unrealised and annulled contract. Another chapter regarding activities of the Košice self-administration is formed, according to the author, by non-transparent tenders and the election campaign of František Knapík, the former Mayor of Košice, realised by

²³ Self-governing regions are also founders of secondary schools and educational, health care and cultural facilities.

²⁴ Nine articles covering this topic appeared in the daily *Korzar* in the period between October 1, 2009 and December 3, 2009.

the winner of the abovementioned tender. Another problematic area of the functioning of Košice self-administration is the large increase in the number of employees, where, in the latest election period, the number raised from approximately 230 to 420 (Konček, April 16, 2009). Farazmand holds that if accountability and ethical behavior are lost at the highest level, then little can be expected at the lower organizational levels. Corruption in its diverse forms has provided a major impetus for reform and establishing institutional and others means of accountability and ethical conduct in administration (Farazmand, 2002, pp. 138-139).

Another case is about the inspection into public procurement, carried out at the Municipal Office in Rožňava. In spite of the fact that the main inspector of the town of Rožňava did not find any mistakes (i.e. breaking the law), some procurements raise doubts, especially those where tenders have been won by the same people or companies. According to Ondrej Boláček, an independent member of the town's representation, who "...suggested minimum ethical reasons according to which a person should regard tenders like these not as a town representative, but a private person" (Krausová, February 28, 2009, p. 1).

The year 2009 was election year for the head and members of self-governing regions. Articles in press, therefore, also dealt in more detail with this area, which, due to a broad range of competencies of self-governing regions, is considered important. Apart from common articles of an informative nature providing the place and time of the elections, electoral wards or describing the competencies of the self-governing region, there was also a significant number of, from our point of view, more interesting ones. These were articles discussing the election campaign and the ways (be they correct or incorrect), by which the candidates tried to attract voters. Such articles as: "Prešov is boiling, the campaign is hot" or "The car showing the slogan 'We are voting a counsellor not a baron' confiscated by the police" are an example of those which dealt with the ways of presenting the candidates. The following billboards were discussed within the election campaign: "Starý župan do koša?" ("Shall we bin the old counsellor?")²⁵ or those encouraging the candidate Hagyar to return to his own children (Frank, November 10, 2009; Frank & Jesenský, November 26, 2009). Another group is formed by articles which pointed out negative aspects of the election campaign. They focused on dishonest actions of the candidates (or their mediators), especially on buying votes and negative moral emotions (affects) following these actions.

Incentives regarding a suspicion of transporting voters and buying their votes were examined by the Prešov regional election committee in such villages as Ostrovany or Jarovnice, etc. This mainly regarded socially disadvantaged voters handing in ballot sheets filled-in in advance. Later findings about the unusually high turn-out in some suspicious electoral wards supported contemplations on dishonest actions (Timková, November 14, 2009; Frank, November 18, 2009). A similar problem discrediting the election results that not only the Prešov but also Košice self-governing region had to face concerned bringing out unused ballot sheets from polling stations. One of the voters brought the matter to the attention of the superior regional voting committee (Timková, November 15, 2009; Jesenský, November 15, 2009).

In general it can be stated that regional daily newspapers deal with public administration to a significant extent. The information they provide their readers with focuses on self-government. Lately, self-governments have encountered a number of changes. Since 1998, when the regions in question were formed, self-governments were given a lot of competencies influencing the quality of public life. That is why the press (as well as all information channels) has, in the recent years, focused on this branch of public administration and very carefully concerns for ethical and moral aspects of functioning the public administration (including starting affects among community, very often negative affects).

²⁵ The Slovak word "župan" stands for both counsellor and bathrobe.

Ethical Analysis of Public Administration in Eastern Slovakia

The aim of this part of the article is a more thorough ethical analysis as an effort to explain the problems – actions criticised when related to public administration. Public administration can be characterised as the management of public matters in the public interest. This concerns activities pursued by the bodies of state administration, self-administration and public-legal institutions in fulfilling public objectives. The pursuit of such activities is, in a democratic state, regulated by law and mediated by employees of public administration (Chapman, 1993a; 1993b; 1993c; Gortner, 1991; Kernaghan, 1993; Morgan, 2000; Rohr, 1998; Waldo, 2000). In the previous part, we identified that a great majority of critical case and articles in press deals with failures of those responsible when performing tasks they were put in charge of. This mainly concerns the description of such actions that are not in the public interest and negative moral emotions following these actions. On the one hand, this refers to failures in upholding the law, on the other hand, though, this often concerns such failures that do not break the law but are still considered serious. Our task is to clarify why the public criticise such actions which are not illegal and what exactly the criticism is aimed at. These are actions that do not have legal consequences; however, they still provoke criticism, negative moral emotions and are labelled as non-transparent, irresponsible or against common sense. In press, non-ethical actions are mentioned or actions that are contradictory to ethics or morality.²⁶

Public administrators, i.e. pursuers of tasks of public administration can, on the one hand, be marked as agents whose actions are controlled by law – legal agents.²⁷ On the other hand, we mentioned before, that they are considered moral agents, and, thus, their actions are regulated by morality. The actions of public administrators which are criticised (in spite of not being illegal) are generally actions contradictory to morality.²⁸ The criticism from the public is, in these cases, aimed at breaking accepted norms and rules regulating behaviour of people in society, including those that have not been institutionalised, i.e. enacted.

The breaking of these ideals or ideas embodied in moral norms and rules on the side of public administrators leads to criticism and negative moral emotions (affects) on the side of the public. This is because the public perceives of public administrators not only as legal subjects controlled by the law but also as moral agents whose behaviour is regulated by morality. Let us recall the statement made by member of the representation of Rožňava who “... pointed out the minimum ethical reasons according to which, a person should regard tenders like this (public procurement – authors’ note) not as a member of town representation but as a private person” (Krausová, February 28, 2009, p. 1). Moral norms are broken and start negative moral emotions (affects) when public and private interests collide. It is not only citizens who are aware of this issue but also representatives of public administration themselves. As an example the statement made by the former Prime Minister of the Slovak Republic (Robert Fico) can be mentioned referring to the case of the removal of the Minister for the Environment. “Subsidies were provided in accordance with the law; however, in contradiction to ethical rules... If private interests are concerned, there is space for non-ethical actions” (SITA, July 23, 2008, p. 7).

²⁶ In press, the terms ethics and morality are commonly used as synonyms.

²⁷ Rights and responsibilities of public administration employees, as legal subjects, are explicitly expressed in the Slovak laws regulating their actions, such as Act No. 312/2001 Coll. on state service, Act No. 313/2001 Coll. on civil service or Law No. 302/2001 on the autonomy of self-governing regions.

²⁸ We understood morality as a current state of moral consciousness and moral relationships which rule in the given social community and the whole society. Moral ideas, objectives or ideals of a social community and, in fact, the whole society, which express a certain moral perspective, are also part of morality (Gluchman, 2003, p. 26). A more precise definition reads: morality is a certain minimum consensus of moral ideas and ideals of the majority of its members; they are embodied in moral norms or rules valid in society and they relate to all its members and oblige them to act in accordance with them (Gluchman, 2003, p. 31).

Another example of a clash of private and public interests is a case from a Košice district. The mayor of this suburb employed his wife, which is in direct contradiction to the law which prohibits relatives to be in direct superior or subordinate positions when pursuing activities in the public interest. To avoid the law (and, in this way to uphold it), the mayor appointed a manager of the municipal office who would be the boss of his wife in labour-oriented and organisational matters. The problem was commented on by Michal K., a member of the district representation: "By appointing a manager... he completely unmasked the fact that it concerned a private interest and not interests of the suburb." This district does not need a manager, there is no one to manage; the municipal office employs two people (Rokyta, December 8, 2009, p. 2).

Conclusion

In the article, we analysed some cases starting negative moral emotions (affects) concerning public administration in region of Eastern Slovakia in 2008 and 2009. We focused on public administration, especially on self-governing regions, namely the Košice and Prešov self-governing regions. We identified two fundamental situations where failures on the side of public administration employees occur. These are: selection processes for vacant positions, be it directly in public administration or institutions that fall under its domain, and public procurement with regard to the acquisition of goods and services. The year 2009 was the year of elections to self-governing regions which is why a great number of negative contributions dealt with the election campaign. By claiming that public administrators failed morally, we meant breaking norms and rules which regulate the behaviour of people in the society where they live and they bring negative moral emotions. A great number of critical articles do not only discuss breaking the law but also a plethora of actions where ethical or moral failures occurred. People (citizens as well as employees of public administration) as moral agents feel wronged if actions which are in contradiction to morality are performed. Contradictions, which were identified (from the ethical viewpoint), predominantly result from the conflict between public and private interests. In many cases, private interests of public administrators are preferred at the expense of public interests. And it is exactly this preference (a conflict of interests) that is sensitively perceived by the public, which was also reflected in the high number of critical articles.

We hope that our analyses could aid first of all, as a reflection of the status quo, which could help to mirror public administration, its employees and representatives by realising how the public, who they aspire to serve every four years, perceives them. By means of the results of press monitoring as well as sociological surveys they can get an idea of what positives, but also problems and drawbacks the public can see in their work. The service to the public and public welfare of citizens is the very goal why public administration exists and this cannot be forgotten by public administrators.

To fulfil this aim, codes of ethics should be of aid, provided that they do not become merely a formal, or, "image" matter of individual bureaus. The problem, however, very often lies in the fact that public administrators and, especially, public representatives in Eastern Slovakia are not sufficiently prepared to utilize possibilities offered by the code of ethics in the process of the managing and functioning of public administration. In contrast to Western democratic countries, this "soft" tool of managing public administration is more or less only marginal in the scope of interests of management of public administration and its potential is not sufficiently used in order to improve the organisational structure of public administration bodies and their perception by the public. This, however, also requires prepared professionals in this area able to elaborate a code of ethics adequate for the bureau in question and "made to measure" for the particular conditions. Moreover, employees and representatives of public administration must be familiar with it and be able to easily locate the information necessary. Ethical code really can be a very useful tool of public administration (Bowman, 2000; Plant, Stalebrink & Vasavada, 2010; Saban, 2010).

There must also be ethical mechanisms present for solving ethical and moral dilemmas resulting from activities of public administration bureaus. In all workplaces, smaller or greater interpersonal collisions or conflicts necessarily occur and these, in most cases, have or might have an ethical and moral dimension. This is especially valid in contact with employees and representatives of public administration with citizens when fulfilling their rightful or presumptive rights, needs and interests. It is, though, interesting that, in a vast majority of cases, public administration employees, in the surveys or interviews carried out claimed that they had not encountered an ethical or moral problem or dilemma. Does it, more or less, show their ignorance of the area, indifference, carelessness or the presence of burn out syndrome? This is a difficult question to answer. We can repeat Makrydemetres' view that public administration (including its management) becomes very often divorced from ethics and morals (Makrydemetres, 2002, p. 263).

On the other hand, it is also necessary for the public in Eastern Slovakia to better realise the ethical and moral dimension of the functioning of public administration. This, thus, also means to perceive the behaviour and actions of employees and representatives of public administration in the region through the "lenses" of ethical and moral criteria, be it from the viewpoint of morality or specifically in the context of professional ethics and ethics of public administration. This means that citizens, as clients of public administration, should be able to realise the ethical and moral dimension of their requirements in the context of public welfare and how they should, or can, be fulfilled by public administration bureaus, or their employees and representatives. One should also keep in mind the fact that, in this context, employees and representatives of public administration are also moral agents who too are entitled to appropriate expressions of humanity, appreciation, tolerance, and respect towards their human dignity and moral right to life (in this case it may be right to dignified life) from clients, i.e. citizens and the public in general. The fact that employees and representatives of public administration should help in the achievement of public welfare does not mean that their position is one of a "servant" or a "maid" in the relationship towards citizens, and that they can be treated inappropriately, in an arrogant or vulgar way, etc.

A major role in the process of "educating" employees and representatives of public administration on the one hand and citizens, i.e. clients of public administration bureaus in Eastern Slovakia, on the other, might predominantly be played by media who not only inform about negative but also positive examples of behaviour and actions of employees of public services and also citizens looking for the solution to their problems related to their individual or professional life in society.

We truly believe that it will be the results presented in the article that will serve not only to research community, but especially to public administration (not only in Eastern Slovakia), its employees and representatives, as well as citizens and also media dealing with the area in question. The main point is to stimulate discussion on ethical and moral issues and problems with regard to the functioning of public administration in Eastern Slovakia (and transforming regions and countries at all) in order to search for systemic solutions, to present such examples where ethical and moral approaches were included in the behaviour and actions of bureaus of public administration which was really of help when solving, sometimes very sensitive and difficult, problems in the relationship between citizens and bureaus. At the same time, it is necessary to point out all negative examples which have the potential to uncover also hidden drawbacks in the functioning of this sphere of our public and political life. Within both parties, that is in bureaus and among citizens, we need people who are aware of their rights and obligations and who do not consider the other party an enemy but a partner or a colleague in searching for a solution to a particular problem with regard to an individual or society. In accordance with Terry L. Cooper we would like to ask for "building ethical community" in Eastern Slovakia (and not merely in Eastern part of Slovakia, but in Slovakia at all) with *focus on*

the interdependent areas of our lives, making ethical deliberation central to our conversation; public officials, who must rethink their roles, create arenas for the interdependent areas of life in modern society and policy problems related to them; all parties which have to recognize that the process of building an ethical community in today's world is fraught with conflict that cannot be avoided, but desperately needs to be engaged, that building ethical community is long-term engagement, and social science needs to revise its own self-understanding and role in the building of ethical community (Cooper, 2011, pp. 17-19).

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Humanity in the Professional Ethics of Teacher

Marta Gluchmanová

Abstract

The principle of humanity is, surely, one of the most significant moral principle regulating the influence of a teacher as a mature moral agent, since teachers, by means of their work, contribute to shaping the humanity and human dignity of students. The principle and value of humanity can, first of all, be applied to the relationship of the teacher towards students. Teachers should, by their humane approach, contribute to removing moral barriers, fear in children and youths, and accept them as morally equal partners. The author of paper deals with the forms of humanity within the teaching profession on the basis of the ethics of social consequences, which is a version of non-utilitarian consequentialism. This ethical conception is based on the principle and value of consequences resulting from decisions and actions as well as opinions and attitudes of a moral agent. The core of the value structure is mainly composed by the values of humanity, human dignity and moral rights of man, because a moral way of life helps the development of human life, it protects and supports it. At present, contemplations on these issues have been revived, thanks to, in part, discussions on ethics and morality regarding various professional aspects of human life.

Keywords: professional ethics, humanity, ethics of social consequences, teacher, student;

Introduction

Many deal with moral issues occurring in individual professions and look for ways to solve them. With regard to these activities, there is an effort to integrate moral reasoning in people's professional lives in order to achieve happiness and contentment, or to minimise negative consequences. This also applies to the teaching profession, mainly because it is judged and assessed by many people. This is understandable, as teachers take part in students' lives, lives of their parents and, often, other relatives as well as, naturally, society. In comparison to other professions, teaching is, however, typical of being assessed by anyone, and often even unauthorised people, who do not consider the teacher's moral characteristics and the demanding nature of this profession (Bruhn – Zajac – Al-Kazemi – Prescott – Loren, 2002, p. 479; Campbell, 2008, p. 358). If teaching is to be compared to other professions, it is obvious that the number of educational and moral decisions is considerably higher than it might seem to those uninvolved. Teaching could, in many situations, be compared to acting, which, at points, requires a higher level of performance than many other professions (Campbell, 2008, p. 357; Carr, 2000, p. 8; O' Brien, 2010, p. 109).

At present, many criticise teachers for not being able to solve such modern problems in their students that are often brought about by economic and social causes as well as political decisions. Despite the awareness of very serious consequences, teachers, however, feel that the public, government and, often, even chief governing bodies in education are careless and indifferent to their problems. In the context of the position of teachers in society, we appeal to school policies, which frequently presume the fulfilment of tasks in the department, merely based on the consciousness and enthusiasm of most teachers (Fitzmaurice, 2010, p. 46; O' Brien, 2010, p. 114).

I suppose that many place maximalist demands on the teaching profession. I incline to the opinion that, as there is no morally perfect person, also considering his/her profession, teachers also cannot be expected to perform at their best at all times and under any circumstances or to be models of unmistakable behaviour and actions for everybody else. Teachers are also only people, they have the right to make mistakes from which, they can possibly learn in the future. It seems we are forgetting that formulating perfectionist moral requirements and demands can be counterproductive. This also applies to the teaching profession. Formulating such moral demands and the actual possibility of their realisation are two different things. The teacher lives in a

society, in which not even representatives of the political, cultural or intellectual elite behave in accordance with such requirements or are models for those who they should lead and who they represent. It is, therefore, absurd to place maximalist moral demands and requirements on teachers, if such high ethical and moral criteria do not apply to most members of society; especially, if society does not appreciate it.

With regard to ethical and moral aspects of teaching, the issue comes forward of how the personality of a teacher should be understood. It is necessary to state that none of us was born with abilities for the job he/she does or would like to do in the future. This also applies to the teacher's personality and the teaching profession. I am of the opinion that nobody, with regard to their job, is perfect. It would, thus, be incorrect, amoral and, in the end, also unethical for society, superior bodies in education, or even students or parents, to expect any teacher to fulfil the requirements of the perfect teacher. It is possible to come more or less close to the ideal; this, however, depends on possibilities and abilities of every individual in this profession. Teachers' personalities are also manifested in their ability to see "inside their students", to empathise with them, understand their mental processes and to utilise these abilities when solving many educational and moral issues, which is a part of their everyday work (Bergem, 1990, p. 93; Carr, 2004, p. 74; Ellis – Shute, 2007, p. 649; Fallona, 2000, p. 693). It is extremely important to recognise why a student acts in a certain way, what kind of consequences his/her behaviour and actions could have, etc. In pedagogical and psychological literature, we can often come across enumerations of characteristics which teachers should dispose of; however, it is a lot harder to find sufficiently justified ethical analyses of what to do if the solving of moral conflicts has become complicated (Tirri, 1999, p. 39). There is a lack of thorough ethical analyses and possibilities for solutions to negative behaviour and actions, be it on the part of students or teachers, and consequences which might result from it are not highlighted.

The existing ethical approaches are often one-sided and based on deontological ethical approaches, which aim to reduce the whole area of ethics of teaching to the acceptance and keeping of the teachers' code of ethics (Campbell 2008: pp. 366). The area of a teacher's professional morality then changes to contemplations regarding acting in accordance with moral principles, rules and norms in the code of ethics (Burant – Chubbuck – Whipp, 2007, p. 408; Gordon – Sork, 2001, p. 203; Fitzmaurice, 2008, p. 343) instead of analyses of the whole breadth of teacher's morality.

The area of interpersonal relationships naturally includes a number of questions and problems, including those of moral nature. In teaching, these relationships have an exceptional influence on emotional, social and moral spheres of life of all involved individuals (Clarkeburn, 2002, p. 439). In the process of building well-functioning human relationships (including in the professional area), the effort for high-quality communication, cooperation, creative and productive solutions to ethical and moral problems, forming approaches and moral values (towards oneself, other people, nature and education) should be dominant. The issues of good and evil, right and wrong, moral and immoral are a natural part of human life (Aurin – Maurer, 1993, p. 293; Campbell, 2008, p. 357; Willemse – Lunenberg – Korthagen, 2008, p. 464). In the past, ethics of teaching was not often considered an autonomous discipline; moral requirements of the teaching profession were rather a part of teaching psychology, or pedagogy, although in an almost imperative form. One of the main requirements, in order to successfully solve ethical and moral problems in the teaching profession, is the fact that, within ethics of teaching, appropriate attention is paid to the teacher as a mature moral agent,²⁹ with his/her rights and duties, who should be encouraged to be a

²⁹ By moral agent, I understand every human being who is able to identify and comprehend the existing moral status of society and is capable of conscious and voluntary activities, for which he/she can bear moral responsibility. On the other hand, an object of morality, i.e. all human beings are objects of moral pursuit and, to a certain extent, also animals, animate and inanimate nature, even ... the whole universe could potentially be the object of our moral interest and actions (Gluchman, 2003, pp. 29-30). In reference to the typology of moral agents it could also be stated

confident moral being responsibly fulfilling his/her professional tasks or mission; however, on the other hand, also fully responsible for his/her own behaviour and actions in relation to all those who participate in the educational process in any way.

Humanity in the teaching profession

Principles of humanity and human dignity are, surely, among the most significant moral principles regulating the influence of a teacher as a mature moral agent, since teachers, by means of their work, contribute to shaping the humanity of students.

An active and passive form of humanity pursuit can be defined. At the same time, with regard to the active form of humanity pursuit, a positive and negative form can be defined, while the positive formulation stands for direct help to a stranger in need, for the realisation of positive intentions or aims. The negative formulation stands for preventing people from pursuing harmful aims or intentions which could affect a stranger (Gluchman, 2008a, pp. 48-49). If these thoughts are to be applied to ethics of teaching, or the teaching profession itself, it can be presumed that the moral agent, or teacher, is the one pursuing the active as well as passive form of humanity. In common school-related situations, teachers are, on an almost daily basis, exposed to the need for active reasoning, acting and behaving for the benefit of their students, or colleagues and other pedagogical employees, be it in lessons or within extra-curricular activities (Dworkin, 1981, p. 25; Joseph – Efron, 1993, p. 213; Rayburn, 2004, p. 357). Actual education, which is the main concern of the teacher's work, is the cultivation of spirit and mind in children and youths, which can, to the greatest possible extent, be considered a manifestation of a pro-active effect; the teacher's humanity. Teachers, moreover, by their decisions, directly participate in solving a number of dilemmas (Campbell, 2008, p. 369; Colnerud, 1997, p. 628; Fitzmaurice, 2010, p. 46; Johnson, 2008, p. 429; Husu – Tirri, 2003, p. 347; Tirri, 1999, p. 32), which are common in the teaching profession; they offer help to their students, they provide (direct or indirect) guidance in moral reasoning, decision making and acting.

In the teacher's work, a significant role is played by moral feelings, especially when those individuals are concerned who lack emotional upbringing in the family and who, in many cases, find it with their teachers. The teacher gradually moves from the passive humanity pursuit to its active form by participating in the solving of, often, an unenviable situation, sympathises with the student in question, helps in his/her overcoming pitfalls in personal as well as school life. Teachers should be able to empathise with the thoughts and actions of their students and, by an empathetic approach, partly influence such behaviour and actions (Carr, 2000, p. 17). Only a teacher who shows understanding or humanity can affect the emotional aspect and, through his/her optimism and sense of humour, can inspire the students and, in this way, have a beneficial effect on the students' personalities as such. Although some might not be aware of it, the ability to express emotions explicitly is among highly important pedagogical means (Aurin – Maurer, 1993, p. 293; Bruhn – Zajac – Al-Kazemi – Prescott – Loren, 2002, p. 469).

The active and passive form of humanity pursuit, as well as positive or negative formulation within its active form, can be enforced by moral agents in their actions and behaviour not only within the relationship teacher – student, but equally in the relationships between colleagues, teachers and their superiors, teachers and parents, and so on (Aurin – Maurer, 1993, p. 279; Hardy, 2002, p. 398). At present, in times of transformation in education (in Slovakia), humanity in interacting with students, between students, within teaching staff, as well as in education in general is highlighted. Therefore, there is a focus on the personality of the educated person as a human individual with the right to make his/her own decisions and for self-development. Moral equality and humanity should be norms in relationships between educators and those educated. In humane schools, an emphasis is placed on the cultivation of man, mutual relationships as well as

that children and adolescents, depending on the level of their moral development, are potential moral agents, or, possibly, only part-bearers of moral responsibility, respect, etc. (Gluchman, 2008a, p. 82).

the global ambience (Joseph – Efron, 1993, p. 213; Lovat – Clement, 2008, p. 2). If behaviour and actions of all moral agents (including potential moral agents, i.e. students) in schools as well as non-school institutions is realised in accordance with such criteria, this should lead to the support and protection of children's lives and, at the same time, produce positive social consequences.

As I have already suggested, the principle and value of humanity can, first of all, be applied to the relationship of the teacher towards students.³⁰ Teachers should, by their humane approach, contribute to removing moral barriers, fear in children and youths, and accept them as morally equal partners. Success can only be achieved if students are convinced that the teacher is interested in them, wants to talk to them, help them with their personal worries and problems, and if they also, in an informal way, discuss topical or global problems of mankind, etc. (Fitzmaurice, 2010, p. 45). Those teachers whose constant shouting proves that they are unable to manage their students appear, to their students, rather pathetic. Teachers must remember that each of their smiles or frowns is a means of educating. They, therefore, act for their students' benefit. In this way, with regard to the active form of humanity, its positive form occurs, when teachers, through their actions and behaviour, help those moral agents (including potential ones) participating in the educational process to overcome obstacles on the way to the realisation of positive goals (Aurin – Maurer, 1993, p. 293; Kidron – Fleischman, 2006, p. 90). This, for instance, concerns a successful completion of studies, fulfilment of study duties in the course of a school or academic year, helping others, or satisfaction from an achieved goal. Helping students in education, in the development of their abilities and skills and personal maturity (including moral maturity) is the most prominent manifestation of humanity within the teaching profession as moral additional value or moral surplus value,³¹ i.e. helping unknown people (in the context of contemplations with regard to ethics of social consequences).

I would also like to emphasise the broad consensus between school teachers with regard to humane, empathetic and willing steps, especially aimed at the support of students from disadvantaged families. This means that attention needs to be paid to weaker students and those who came from rather poor backgrounds, and that social environment and possibilities resulting from this also need to be considered. By humanity, empathy and willingness I primarily mean the human impact of the teacher on students while maintaining regard for the welfare of all individuals participating in the educational process.

All in all it could be stated that the teacher and the school or out-of-school environment contributes to humanity and cares for the protection of students, which means that school (despite its problems and shortcomings) is a “workshop“ for humanity where, apart from cognitive abilities, intellectual, personal and moral potentials of children and youths are developed. This means that it is school (especially thanks to teachers, their work and educational impact) where mostly positive social consequences for the benefit of the development of students (that is, from the viewpoint of ethics of social consequences, strangers) as well as for the benefit of the whole society are produced. A significant dimension of humanity in the teaching profession is also connected to the fact that teachers play a highly important role (together with the parents and family) in the forming of children or youths and their growth from potential to full moral agents,

³⁰ When applying individual principles with regard to ethics of social consequences to the area of teaching ethics, I base this on the formulation of the contents of professional ethics, where, first of all, the focus is placed on the relationship of employees towards their clients, then towards their colleagues, superiors, profession and society (Bayles, 1988; Gluchman, 2008b, pp. 128-130; Goldman, 1980).

³¹ The term “moral surplus value” expresses a higher moral value of a particular way of behaviour or actions in opposition to common everyday behaviour and actions of an individual. A similar concept can be found in Immanuel Kant (1724-1804) with regard to the difference between hypothetical and categorical imperative, in John Stuart Mill (1806-1873) in the qualitatively diverse forms of pleasantness or in George Edward Moore (1873-1958) in joining several kinds of good where, according to him, an additional value or additional good arises.

which is also connected to a young person's ability to recognise moral requirements of society, reason, make decisions and act in their context, as well as to be responsible for them.

The enforcement of the above principle of humanity also in the relationship of the teacher towards students should not be of lesser importance, as the teacher represents a parent in the school environment. Their mutual cooperation should be based on humane and correct relationships, as both the teacher and the parent should be concerned with, by means of joint discussions and strategies of education, achieving overall success in the studies and education of the student/child, which should lay in his/her progress, or life protection and support. This should be something that concerns both the teacher and the parent (Carr, 2000, p. 23; Kidron – Fleischman, 2006, p. 91) and it could also be expressed as an effort to achieve a prevalence of positive over negative social consequences.

Applying the principle and value of humanity is not irrelevant in mutual relationships within teaching staff, or in the relationship of teachers towards their superiors (and vice versa). The actions of moral agents (teachers) are humane if mutual harm, causing pain or suffering, suppression, abuse and endangering rights and freedom are eliminated. This is not only valid in relationships between teachers, but also with regard to the relationship of the school management towards teachers and other pedagogical employees. I assume that, with regard to the quality of the teaching staff, a lot more work needs to be done to improve interpersonal relationships among teachers, as well as the relationship of superiors towards their employees, so that it was obvious that it is truly all moral agents participating in the educational process who are concerned with the protection and mutual support, development and cultivation of their lives. Superiors should make an effort to make their actions and behaviour an expression of the care for their employees and, thus, bring positive social consequences for the school institution (Aurin – Maurer, 1993, p. 293; Fitzmaurice, 2010, p. 49) as a whole (greater loyalty, better work morale, an increase in quality of the achieved work results), for teachers as well as other pedagogical employees (better relationships especially within teaching staff, an increase in trust towards the school leadership, less gossip among colleagues, which can influence people by bad intentions, better performance at work, etc.). In this way, the principle and value of humanity will acquire a concrete form and become an integral part of work and functioning within teaching staff, as well as with regard to the relationships between superiors and employees. This is equally valid for all considered aspects of humanity within ethics of social consequences, i.e. active and passive, positive and negative. No teaching staff can function well unless all these aspects of humanity are accepted to the fullest as an integral part of behaviour and actions of members of the above teams (O'Brien, 2010, p. 111). Acceptance and enforcement of all above aspects of humanity create the final form of moral and work ambience in teaching collectives. It is moral ambience of the staff that is reflected in the work of teachers and, significantly, also in the relationship towards their students, their parents and, to a great extent, loyalty to their profession.

A negative aspect of pursuing positive humanity within the teaching profession can, among other things, be seen in preventing other moral agents (including potential ones) from interfering in the pursuit of positive intentions (O'Brien, 2010, p. 114). This dimension of humanity within the teaching profession is equally manifested by the teacher, by means of communication, behaviour and actions, and does not violate rights of children and youths, nor does it use, or misuse, them for his/her own goals and intentions in contradiction with their moral and intellectual development and also prevents such practices, be it on the part of adults or other children, or adolescents. This is, on the one hand, a part of his/her pedagogical and educational duties; however, on the other hand, it should also be an integral part of the teacher's personality, or a moral requirement regarding moral integrity in the teaching profession.

Conclusion

It could be stated that the teacher as a moral agent, by means of ethics of social consequences and its principles and values, disposes of a potential by which he/she can contribute to the development of the theoretical study of ethics of teaching, and also to searching for solutions to moral problems related to the teaching profession. Ethics of social consequences, on the one hand, is concerned with actions directed at achieving positive social consequences while respecting values of humanity and human dignity. On the other hand, actions of the teacher as a moral agent, which respect and realise these values, bring about positive social consequences which are a starting point in the contemplating on our behaviour and actions and also a goal at which our behaviour and actions should be directed in order to bring about a prevalence of positive over negative social consequences. Ethics of social consequences, as well as ethics of teaching, is aimed at achieving positive social consequences which must, however, be in accordance with the principles and values of humanity and human dignity. This means that every teacher (as well as other pedagogical employees of the school, including superiors) should, in the course of their teaching, make a constant effort to opt for such behaviour and actions that respect and realise the above moral principles and values and also produce positive social consequences or, at least, minimise negative ones if there is no way to prevent them. This is reciprocal; all moral agents, directly or indirectly participating in the educational process, should, by means of their behaviour and actions, make the effort to achieve positive social consequences. Another argument in favour of ethics of social consequences is the fact that, according to the conception, every moral agent should, when solving moral issues, consider justified needs and interests of other people, i.e. students, colleagues, parents; but it also expects others to equally consider their justified needs and interests. In this way, a one sided overestimation of welfare of students can be prevented (which often occurs in some approaches), as the teaching profession is not a one sided preference of the teacher's duties and students' rights, but a complementarity of rights and duties (including moral ones) of all involved.

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**Wendy Drozenová et al. (2010): Ethics of Science in the Czech Republic.
From Historical Roots to Contemporary Bioethics
(Prague: Filosofia – ΨΙΛΟΣΟΦΙΑ), 376 pages.**

In summer 2011, the book *Ethics of Science in the Czech Republic: From Historical Roots to Contemporary Bioethics* was published (original title: *Etika vědy v České republice: od historických kořenů k současné bioetice*) by a group of authors led by the philosopher Wendy Drozenová. The publishing house, Filosofia – ΨΙΛΟΣΟΦΙΑ, is the publisher of the Philosophical Institute of the Czech Academy of Sciences, one of the leading publishers in that area. The treatise itself is the first comprehensive study focusing on ethics of science written in the Czech language in the 21st century. The topic of the treatise is undoubtedly of a topical nature. The tremendous development of biological and medical sciences, or biomedicine as their merger is often called, and of the related technologies during the last several decades gave rise to many ethical questions. New biomedical technologies have evoked enthusiasm which reaches from its moderate forms up to a moral imperative which makes the application of these technologies a moral duty. The same biomedical technologies have also aroused concerns of varying intensity; from critical warning to intransigent prohibition. In fact, the new biomedical technologies have induced serious social implications and concerns. As a consequence of these concerns, several political options can be put forward. The first regulatory question is: Should we regulate them at all? Should we regulate some of them? If so, which ones? The second regulatory question is about the type of regulation. Should we regulate them by way of a lenient law or by a strict law? *How* should these biotechnologies be regulated at all (if we take into account that even within the EU, strict regulation in one country leads to “medical tourism” as this phenomenon is called nowadays)?

However, much deeper questions can be found beyond those about political strategies of governance and regulation (not only *if* and *how* this or that should be regulated but *why* this or that value is important to us in the 21st century as the basis of regulation).

Indeed, these understandable regulatory concerns should follow ethics discussions. And ethics discussions of these new sciences and new technologies are necessary preconditions for any well-thought regulatory approach. However, ethics does not fall from the clouds; as a part of practical philosophy, ethics is derived from philosophical thinking, being also influenced by cultural and religious traditions. The same can be said about ethics of science or about bioethics. It seems that Wendy Drozenová and her team in *Ethics of Science in the Czech Republic* followed exactly this internal logic. Within this treatise, a retrospective approach was adopted: a search for the historical roots of these (bio)ethics discussions was conducted. The primary goal of the book can be formulated in the following way: let us look at the roots of bioethics discussion in the traditions of Czech philosophical thinking and in other (non-philosophical) traditions such as Judaism, Catholicism and Protestantism which have influenced our cultural area as well and affected our *status quo* (even though they are not part of contemporary mainstream thinking).

The book does not intend to provide neither an overview of the history of the Czech bioethics discussions nor a summary of ethics of science in that region as one could read the title and understand the content of the treatise. The aim of the treatise was rather to map the practical philosophy which has been taken as the background for ethics of science in the region of the Czech Republic since the 19th century. While doing this the historical circumstances preceding the present state of ethics of science are studied and the value-based traditions which influenced the current state are examined. It seems to be of crucial importance, after a critical appraisal, to

identify those values which are still relevant for the future social and scientific development (see p. 18). It is obvious that not only applied ethics is needed for ethics discussions of those issues newly appearing in biomedicine and biotechnology. Applied ethics leads necessarily to the foundations of normative ethics as a philosophical enterprise. One can observe that these two different discourses, namely the discourse about practical bioethics (with focus on biomedical issues and environmental issues) and the discourse on fundamental ethics were ongoing as two diverse and separated processes. The substantial and necessary contribution of the reviewed treatise is an attempt to bring these two discourses into a dialogue. Therefore the sub title "From Historical Roots towards the Contemporary Bioethics" was proposed, addressing the primordial thinking which is the theoretical background of bioethics discussions at present.

In order to achieve such a goal, Wendy Droženová assembled a remarkable group of nineteen Czech researchers from different fields including one colleague from the University of Prešov (Prof. Vasil Gluchman). They understand "bioethics" in a broad sense; bioethics, being to them a discipline much broader than traditional medical ethics, covers both the medical and non-medical field, including medical and non-medical technologies. So, one could call this terminological and conceptual scope of bioethics ethics of life. Similarly, the term "ethics of science", as used in this treatise, covers much broader semantics than just "ethics in science". Science (in the singular) here represents the natural sciences such as biology, molecular biology or genetics, the medical sciences such as advanced neurology, intensive care or experimental medicine and the technical sciences such as bioinformatics, biorobotics or a variety of technologies which could be applied in biomedicine.

The book as such is divided into four parts. The first part (Historical roots of the Czech ethics of science) is the core which provides an answer to the basic research question about the philosophical sources of Czech ethics of science. Starting from Bolzano's influence (and his students in particular), on Czech Positivism (F. Krejčí, J. Tvrdý), Masaryk's influence on ethics of science is studied. A whole chapter is devoted to Emmanuel Rádl and his contribution to ethics of science. The following part reflects the Husserlian approach towards ethics of science with a specific focus, naturally, on the work of Jan Patočka. Further, an ethics of science from the Marxist perspective, that is to say from the dominant approach which was the "obligatory" one for several decades in the last century, is described. The last chapter of this part is devoted to a crucial general issue, namely to ethics of technology as it developed during the 20th century.

The second part (The problems of bioethics through the eyes of Czech scientists) deals with selected issues of contemporary bioethics. A general overview about ethics issues raised by modern biomedicine and biotechnology has been written by the leading Czech neuroscientist Prof. Josef Syka who, at the same time, is one of the very few medical scientists deeply involved in bioethics. The second chapter deals with institutionalization of ethics in biomedical research in the Czech Republic. The next chapter identifies some of the ethical paradoxes in biomedical research. The biomedical chapters of this part are concluded by a paper on transplantation ethics. The remaining two chapters are devoted to the ethical aspects of genetically modified organisms and to ethics of green biotechnology.

The third part (Bioethics in a religious discourse) contributes to ethics of science from the Jewish, Catholic and Protestant perspective.

The fourth part (Funding of science) addresses an issue which is occasionally discussed within ethics (of science), namely the issue of financing. However, this issue is obviously a serious ethical concern within ethics of science; all political decisions, regardless of which level they are taken on, are ethical decisions as well. Therefore, they deserve ethical reflection.

All four parts of the book are interconnected by an introductory chapter by W. Droženová (Ethics of science and bioethics) where she convincingly outlines the main conceptual ideas and methodological approaches of the book.

The treatise *Ethics of Science in the Czech Republic: From Historical Roots to Contemporary Bioethics*, could be criticised from many different points of view, starting with the title or with

the methodology used. (After all, any methodology of such comprehensive approach could be examined.) One thing is indisputable: this treatise is set to become a key work for any ethics of science in the Czech Republic. Wendy Drozenová and her team successfully delivered an ambitious and necessary book, filling the gap in current academic literature. This treatise will remain a significant milestone and an indispensable reference book in the study of the history of philosophical reflection (ethics as practical philosophy) of biomedicine and biotechnology in Central Europe.

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Conference Report

Dem Suizid auf der Spur

(Bioethical conference in Pécs)

From 21st to 23rd October 2011, the Hungarian city of Pécs (2010 European Capital of Culture) held a conference on the topic: *Suicide: From social taboo subject to ethical topic*. Conference participants came from far away Poland (Opole), Italy, Greece, Croatia, Slovenia, Romania, Slovakia, Czech Republic, Ukraine and Austria. Individual lectures were presented in Hungarian or German and the discussion continued in German.

The first lecture was presented by *emer. Prof. Dr. Bertalan Andrásfalvy* (Hungarian folklore researcher, college professor, politician, Member of the National Council in the years 1990 to 1993, Minister of Culture and Education, an honorary citizen of Pécs) entitled *Die Blütezeit und einer der Verfall ungarischen Volksgruppe* (The flowering and decline of the Hungarian ethnic group). In this lecture, the professor advocated the heroism of the Hungarian nation and described the decay of ethnicity, which, through intelligence, wealth and attachment to their own land and through a certain type of population growth control ended in devastation and destruction.

The second lecture to be heard was by *Dr. Árkovits Amaryl Eszter* (family therapist, psychotherapist dealing with dream therapy, working in an emergency surgery at a hospital in Baranya, also as a psychiatrist on the telephone helpline SOS Living in Pécs). The lecture was entitled *Auf dem Zweig des nichts* (The turn of nothingness – Suicide as a Cultural Code). On the basis of her own experience and observations, Dr. Árkovits tried to highlight Hungarians as a depressive nation, with a negative attitude towards life, which also manifests itself, for example, by way of negative verbal reality (for example they do not classify: It's good. but: It is not bad, etc.). This fact is mentioned as one of the major reasons for Hungary leading suicide rates. The famous poet Attila József (1905-1937) was also mentioned, who – according to many sources – ended his relatively short life by committing suicide. Dr. Árkovits also suggested that suicide in many cases means the failure of a social network of an individual who finds himself in a hopeless situation. The often-repeated words dialogue and relationship are key to averting the threat of an irreversible and definitive solution to a crisis which may be a positive phenomenon that invites you to change, review, transform. However, without dialogue and relationships, the crisis has a negative impact on the psyché, which can also result in suicidal behavior.

The third Lecture was from *Prof. Dr. Gunter Prüller-Jagenteufel* (University professor of moral theology at the University of Vienna) *Suizid: Rebellion gegen Gott oder seelische Katastrophe?* (Suicide: rebellion against God or emotional disaster?) The lecture offered theological notes on a complex problem. The author briefly dealt with the position of the Church on the issue of suicide and with the pastoral approach to this problem. In the history of churches, especially after the Second Vatican Council, we can see a changed position of the Church, which was also reflected in burial ceremonies. But a problem arises when a suicide is taken as heroism or resistance to any philosophy, political power or resistance to God. Is this bravery or cowardice manifested by resignation? The revolutionary years in Hungary in 1956 and in Czechoslovakia in 1968 (Jan Palach, a Czech student who burned himself in protest against the occupation of Czechoslovakia) were mentioned.

Suicides in Europe – Reports on the issues in participating countries

During this part of the conference, suicide rates in the participating countries over the past approximately 10 years were very clearly and openly presented. It can be concluded that, with the exception of Slovakia, in Europe, committed suicides are in about two thirds related to men and only in about one third related to women. The reason probably lies in differences in the male and

female psyche, and coping with life crises. Regarding the age group, people between 45 and 55 years of age most frequently commit suicide. A positive fact is that after 2000, when the number of suicides in each participating country reached the maximum, these tendencies gradually decreased until 2010. Still, it is not clear how we will deal with the economic crisis in Europe or ecological and social problems and due to the moral decadence, maybe also the fall of the whole system of our present existence.

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