

Ethics & Bioethics (in Central Europe)

2012, vol. 2(3-4)



ISSN 1338-5615

EAN 97711338561006 10

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Institutional Sponsors:

It is supported by the Slovak Research and Development Agency, contract
No. APVV-0432-10.

Vydavateľstvo Prešovskej univerzity

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Common Sense Morality versus Role Morality

Ján Kalajtzidis

Abstract

The main aim of this paper is to present the interesting dichotomy which is closely linked to the problems of professional ethics. This fundamental philosophic-ethical problem is known as the problem of role morality. The question which arises is: Can special social roles create their own unique moral obligations that may differ or be even inconsistent with our everyday moral requirements which arise from common sense morality (such as honesty, fair play or respect for others)? And if yes, is this conduct morally defensible or even desirable?

Keywords: professional ethics, role morality, common sense morality, financial service professionals

To my knowledge, until today there has been no exact and generally accepted definition of professional ethics which the Slovak (or international) academic world would use without objections. To overcome this issue, the first, but not the primary, aim of the presented paper is to introduce my view on this matter. To achieve this goal, it is necessary to understand the main differences between profession and occupation. Only after solving those primary problems is it possible to go on and analyze some specific ones which arise in front of contemporary professional ethics in Slovakia (and other parts of the world).

Professional ethics is in my opinion understood as part of applied ethics. What is specific about it is that professional ethics is concerned with values appropriate to certain kinds of occupational activity. Those activities are carried out by professionals from a wide range of professions (such as medicine, education, business, law etc.). There are several very important differences by which we can separate profession (professionals) from occupation (employees). One of the most important characteristics is a unique type of relationship which is formed between the professional and the client.

The client is dependent on the professional; almost fully he must rely on the professional's knowledge and skills. Therefore, professionals are characterized by the possession of expert knowledge. Another important difference is that services provided by professionals are traditionally defined as valuable for the society as a whole. They contribute to the given society

through providing vital services. Professionals, unlike employees, traditionally have a high degree of autonomy in their practice. Other differences, which might be considered as less important, are: the existence of representative bodies that develop and enforce a code of professional conduct; the existence (almost always of the certification or licensing process for professionals (Ragatz-Duska, 2010, pp. 298-299; Fisher, 2008, p. 1694; Chadwick, 1998, p. 6914).

Before we look for/at some specific problems which arise when dealing with professional ethics it is better to identify general ones. Most authors would agree that problems of professional ethics could be divided into two broad categories. As I have mentioned before, clients are almost fully dependent on professionals. It is really important to understand that the problems we are going to deal with in both categories arise from professional power.¹

The first broad category concerns the relationship between professionals and clients. The second one relates to the role of professionals (and professions) in society. In many cases (also the one I am going to introduce) it is impossible to separate these two closely interconnected issues. The best examples of the first category are discussions on the relationship between health care professionals and patients which takes place in medical ethics (bioethics, biomedical ethics). The most widely known area concerns the physician – patient relationship. The main objective of physicians is traditionally connected with improving or protecting the health of the patient. This might be achieved by respecting the patient`s autonomy, being confidential etc. In many cases, obligations of physicians might be understood as withholding the truth, sharing information about patients with others, or even manipulating patients into accepting a particular form of treatment (Wikler, 1998, p. 5352). The four principles on which this relationship is based are: (respect for) autonomy, beneficence, nonmaleficence and justice (Lawrence, 2007, pp. 35-36).² Other examples from this category might include legal ethics and the relationship between lawyers and their clients

¹ Professionals have access to specific knowledge and skills which are inaccessible for clients. That does give them power and clients are thus placed in a vulnerable position. But this way of thinking is inadequate. Reliance on the single-client, single-professional paradigm can stop one from looking at broader problems arising from social and economic transformations of professional life. There are professions which don't take the interaction of individual practitioners and individual clients as central and characteristic (e.g. teachers, accountants). But it does not imply that professional – client relationship is not of fundamental importance (Langan, 1991, pp. 221-222).

² The issue of principles in medical ethics is much more complicated. I find the article: *An analysis of ethical codes in the health care profession in Slovakia* (Komenská, 2011, pp. 26-28) very insightful.

(which should be based on the principle of confidentiality) or relationship between journalists and their sources based on trust.

The second group of problems focuses on image and role of professionals in society. Despite the fact that until the middle of the 19th century professions were limited in terms of quantity (church, law, medicine), today there is an increasing number of occupations which aspire to be recognized as professions.³ Social and political development is making society more complex. This leads to a growing effect of professionals on society. Individual people seek their advice in almost every aspect of their life. The result of this is an emerging interest and criticism of professionals by government, media, sociologists and philosophers (Chadwick, 1998, p. 6915; Fisher, 2008, p. 1694). In my opinion the best example of this situation is the heightened attention of media on professionals in the financial sector.⁴ This attention arose right after the initial impact of the financial and economic crisis on people's lives (losing their houses, savings, etc.).

Role morality

Likewise, the media or the government, the attention of ethicists and philosophers over problematic issues in economy and finance world has started to grow rapidly. However, it is interesting that the issue I am going to deal with in this paper is not a new one (it did not originate in the crisis). The view that special roles create their own unique moral obligations is much older. Professionals often understand themselves as a group ruled by moral norms which might be different (sometimes inconsistent or even in contrast) than those of society in general (common sense morality) (Luban, 2003, p. 585; Fisher, 2008, p. 1696).⁵

In this context some authors write about a self-derived morality (ethics) which allows professionals to be guided by different standards than those that we use in everyday life. Norms (standards, rules) differ from those we use in our everyday lives and which come from our common sense morality. This self-derivation is closely connected to one of the major characteristics of professionals – autonomy.⁶ When reflecting the issue of self-derived morality,

³ This phenomena is called emerging professions.

⁴ I want to notice that the question when we can refer to people from the financial sector as professionals (financial service professionals) is still unresolved.

⁵ The idea of special obligations for unique social roles can be traced in the history of philosophy at least to the renaissance. The most famous example is probably Niccoló Machiavelli's work: *The prince*.

⁶ At the beginning of the paper I indicated that autonomy in the practice of professionals is one of the main differences by which we can separate profession from occupation. In this sense, autonomy means autonomy of professional bodies in determining standards of practice.

it is possible to identify at least two different types of problems which might be caused by it.

The first category of problems is connected with a very well-known subject in professional ethics – codes of ethics (codes of professional conduct). Most professional associations develop a code of ethics to formalize a set of standards indicating the sort of behavior which is expected from their members. Another objective of those codes is to guide the actions of their members. Codes of ethics clearly play a very important role in guiding behavior and decisions of professionals. They create moral duties which govern relationships between professionals and their clients, their colleagues and society. Problematic situations might occur when the standards incorporated in codes differ extensively from those we use in everyday life. They are either lower or higher than the standards which derive from common sense morality (Ragatz-Duska, 2010, pp. 297-298; Chadwick, 1998, p. 6916).

The second category of problems emerges from the idea that there are certain ways of behavior which belong to different roles and that those types of behavior might diverge from those suited to people who do not fill that role. Obviously, there are obligations which are connected with specific professions. For example, only physicians have duties regarding prescription-writing and only teachers are required to grade pupils fairly. Those roles and their specific duties do not raise any unusual problems. Problems of role morality arise only when duties, which are related to role, have counterparts outside the role and those clashes with role obligations (Chadwick, 1998, p. 6916; Luban, 2003, p. 585).

One of the best examples of this category can be found in the legal profession. As Ruth Chadwick wrote, it might be argued that a lawyer is under an obligation (arising from his role as lawyer) to achieve the best result for his/her client even if this conflicts with what he/she believes as a private individual.⁷ She quotes a lawyer who said: “I remember a custody case involving a most disagreeable man whose wife had left him with the children. I remember reducing her to floods of tears in the witness box and I felt very badly about it because I thought she was a very nice woman, which she was, and her husband was a shit. On professional grounds I knew I had done a really good job. But as a father of young children I really thought that the right result hadn’t been achieved” (Chadwick, 1997, p. 293; Chadwick, 1998, pp.15-16).

⁷ Definition of role morality in legal profession can be very strict: “the doctrine that lawyer, when acting in his or her professional capacity, may not be held accountable on the basis of ordinary moral norms, but rather the unique nature of the practice of law requires a separate and distinct morality to advance its basic objectives” (Boulette, 2010, p. 10).

Another very good example can be found in the medical profession. If a physician treats a patient with HIV and he learns that the patient has had unprotected sex with several partners what should he do? Should he try to contact these people and warn them so at least they can be tested? Or is he obligated to keep the patient's condition secret? These questions arise because of the duty of confidentiality which is closely connected to medical role. But this duty is closely associated not only with the medical profession. Many other professions have strong duties of confidentiality, too. These professions include lawyers, doctors, the clergy, journalists, and even accountants. What if the testimony of a journalist or an accountant is needed to imprison a dangerous terrorist? How should a doctor or a priest act if he knows somebody who can be a threat for their community by spreading the HIV virus in their little town? If we look at those questions from the point of view of common sense morality, it is indefensible for these professionals to stay silent. But professionals insist that if they reveal the confidence, the result will be the lost of trust. No one will feel safe while entrusting them with the information. Consequently, they would not be able to do their job anymore (Luban, 2003, p. 587).

The philosophical-ethical problem which arises can be summed up in the question: what is more fundamental; common sense morality or role morality? Both views have their pros and cons. In every society, we can recognize several social roles with their own unique duties, e.g. citizen, family member or teacher. When we sign on for a role, we sign on for a socially specified cluster of duties. Parents, for example, have duties towards their children; they should take care of them, they are obligated to provide them with food, love, raise them as good citizens etc. They are carrying out the cluster of duties associated with the role of parent. Those duties can be recognized as stronger than any other common sense duties towards foreign children. Likewise all societies recognize the idea of soldiers' duties to protect their country even using violence. On the other hand, the use of violence by ordinary people and against each other might be considered unacceptable (Hardimon, 1994, s. 357). In other words, while performing social roles, we are allowed to act in a way we are not allowed by common sense morality and/or obligated to act in the way we are not obligated by common sense morality. What we are looking for, is an answer to the question if this conduct is morally defensible or even desirable?

David Luban offers us two solutions of this issue. The first solution, which he called "two-level structures", is based on a structure of rule utilitarianism. Rule utilitarianism denies that the principle of utility (basic universal principle) should be applied directly to an individual moral decision. The reason to do so is to avoid uncertainty and insecurity in our decision making.

To solve this problem, the principle of utility is used to choose rules (not individual acts) we should follow. Then we do not need to calculate utility every time we decide to act, and we can just simply follow the rules. The usefulness of the rule is evaluated directly by how much utility it creates (Luban, 2003, pp. 588-589).

But this system is not strictly utilitarian. Any moral system that evaluates rules rather than acts and then judges those acts through the lens of rules can be used. So what Luban offers in the first solution is to define professional roles by their rules of conduct. The rules of unique social roles are justified in universal terms, but they impose role-specific duties.

If the physician is treating a patient with HIV, he must obey the duty of confidentiality as universal duty. Without being confidential, he might lose this and other patients, too, because they will fear to share their problems with him. But once the rule is in place, he must put his patient's needs over other people's needs; even if this behavior is against common sense morality.

As Luban admits, this first solution is incomplete as it opens many questions. When we evaluate a rule in rule utilitarianism, we do it directly. The correctness of the rule is determined by the amount of utility it brings. But in the case of the confidential physician we evaluate the rule (of confidentiality) by asking how central it is to the role.⁸ So the most important question is: why is this particular role important? The answer we look for now is what kind of benefit does society have from the existence of physician role that we allow him to keep confidence even when innocent people may suffer? The answer would be that physicians are irreplaceable in our health care system. In this point, the role is justified by a social institution (Luban, 2003, p. 589). The question which follows is: how important is the social institution? And the answer is based on extent of justification of specific social institution for society.

At this point Luban replaced the two-level structure with a four-level structure. With the first solution (two-level structure) we base an act on a rule which is justified by the social role. Role would not be able to exist if we would not be able to apply the rule.⁹ With the second solution (four-level structure), the act is (again) justified by the rule which is (again) justified by its importance of the social role. An extension of this second solution, in comparison to the first one, is that we ask why the social role is important. We

⁸ We know that the rule is important to the role of physician. Because if he doesn't follow the rule he and other doctors would have a hard time doing their job, as patients would not commit to them with confidential information.

⁹ Evaluation of the rule is based on its importance to role existence. Without this specific rule, the existence of social role would be endangered (or at least functionality of role as we know it).

search for the institution in which the existence of the particular role is necessary. Afterwards, we judge the institution by the amount of good (utility or positive social consequences)¹⁰ it produces for the society.

The conclusion of the presented argumentation is that role morality wins over common sense morality if: “the institution is sufficiently valuable, the role is sufficiently central to the institution, and the rule is sufficiently necessary for the role; Weakness in any of the links of this chain of justification weakens the demands of role morality” (Luban, 2003, p. 592).

Financial service professionals

I have noted before that the question whether we can count people from the financial sector as professionals (financial service professionals) is still unresolved. Simply proclaiming an occupation to be a profession does not make it one and any group that claims to professional status must provide sufficient evidence to be acknowledged. I already mentioned the conditions that must be fulfilled for this purpose at the beginning of the paper. As we do not have space to examine them again, for purpose of this paper I will assume that there are at least some people in finance that can be marked as professionals.

Boatright claims that at least those people from finance who provide specialized services for clients, such as financial advisers or insurance underwriters can be perceived as professionals (Boatright, 2005, p. 42).

Just like other professionals, those from the financial service industry are closely interconnected with the duty of confidentiality. The need for confidentiality is apparently very important in this sector as people in finance (in order to do their work) must have access to information which is generally undisclosed. The willingness of people or a company to provide information about their future financial plans, investments, savings or other private matters are revealed only under an assurance of confidentiality of those professionals dealing with them.

The assurance of confidentiality in the financial sector is so important that sometimes it is provided by an explicit contract such as a confidentiality agreement. In contrast with other professionals such as physicians or attorneys, the relationship of confidentiality between financial service professionals and their clients is not always recognized by law. Most of the times those professionals (physician, attorney) cannot be compelled (unlike financial service professionals) to reveal confidential information in any legal proceedings (Boatright, 2005, pp. 45-46).

¹⁰ Concrete criterion is not important (is not point of our discussion).

Ragatz and Duska included confidentiality in seven basic principles for financial service professionals. Information revealed by clients usually involves not only the state of their finances but often their family dynamics.¹¹ People often have a lot of reasons for not wanting other (neighbors, employers or family members) to know about their financial situation (Ragatz-Duska, 2010, p. 306).

According to Sissela Bok, there are four main reasons for confidentiality (three of them support confidentiality and one argues for professional secrecy). The first is based on personal autonomy which entails keeping a client's personal information confidential. Clients have the right to control access to information about them. The second reason tells us that confidentiality is based on respect of the obligations entailed in relationships. The third reason is based on clients' vulnerability (which comes from sharing personal information). And the final reason is that it is useful as it serves the common good. Even sometimes it can be an obstacle, a "system that respects confidentiality will work for the public interest better than one that does not" (Ragatz-Duska, 2010, pp. 307-308).

I do not think the argument about duty of confidentiality for financial service professionals is so clear. There might arise plenty of situations (and they do) in the real life where rules of ordinary morality (common sense morality) conflicts with those obligations based on the role of financial service professionals. Especially in finance, these conflicts often involve externalities in which the cost of following the rule imposes a cost on the third parties.

The most widely known conflicts are ones interconnected with tax evasion/fraud. The size of the shadow economy, which is hugely dependent on the confidentiality of financial service professionals, is estimated to be nearly one fifth of GDP on average across European Union member states. This share represents nearly €2 trillion in total. And as Algirdas Šemeta (commissioner for taxation, customs, anti-fraud and auditing) said: "Let there be no illusion: tax evaders steal from the pockets of ordinary citizens and deprive Member States of much-needed revenue..." (Traynor, 2012, p. 1).

If we inspect the obligation of confidentiality for financial service professionals using Luban's two-level structure we might find that it holds quite well. Let us remind ourselves, that this first solution (to resolve the problem between common sense morality and role morality) is based on the view that the rules of unique social roles are justified in universal terms but they impose role-specific duties. This evaluation is based on its importance to the existence of role. According to this solution, we need to ask ourselves:

¹¹ Family dynamics is the concept of the ways in which members of family interact with each other and in the relation to the group as a whole.

would I be able to use the services of a financial service professional if I knew that he does not follow the obligation of confidentiality? If the answer is no, the rule is safe and role morality wins over common sense morality.¹²

On the other hand, if we confront this issue with Luban's four-level structure we need to go beyond the justification of rule by its importance to social role. We need to find an answer to the question: why is this social role important, and for what institution is it necessary? The answer is not hard to find. It is almost impossible to imagine today's global world without a proper operating financial system. Financial institutions provide necessary services¹³ without which it is hard to imagine the world economy working properly.

When we go further and judge the institutions (financial system) by the amount of positive social consequences (utility, good) they brings to society, the answer is not that clear. Of course, I am not trying to say that the financial system is not necessary or that it brings more negative than positive social consequences to society. But without much hesitation, I can claim, for example, that people consider the health care system to be much more beneficial for society than the financial system. And I suppose that the weaknesses of today's financial system are enough to weaken the demands of role morality in this particular role.

The testimony of common sense morality's victory over role morality in issues of financial service professionals is a very active movement in society and also at the institutional level. The fight against bank secrecy has been getting much more intense in recent years and some changes have already been made.

The conclusion of the presented paper is clear on one hand, but inexplicit on the other. If we deal with the issue of role morality versus common sense morality, there is no explicit answer which position is right all the time. Obviously, there are some obligations which are connected to specific professions but that does not mean they are unfaltering. The answer to the question I asked at the beginning: which is more fundamental, common sense morality or role morality is then: instead of advocating only one solution, we must always carefully reevaluate concrete roles and their impact on our society. And even if sometimes role morality is defensible, other times it is not.

It is supported by the Slovak Research and Development Agency, contract No. APVV-0432-10.

¹² Which teaches us that telling the truth (tell the truth, don't lie...) might be much more useful in many situations than keeping secret.

¹³ Most inevitably service would be the ability of financial institutions to act as financial intermediaries.

Ján Kalajtzidis received his PhD in Ethics at the Institute of philosophy and ethics (Faculty of Arts), University of Presov in Presov (2008-2011). He currently holds the position of Senior assistant and has been teaching the following courses: Business ethics, Introduction to applied ethics, Professional ethics and Contemporary ethical theories. He specializes in Business ethics (with focus on the financial sector) and consequentialism.

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Professional Ethics of Teachers of Philosophy

Vasil Gluchman

Abstract

I am not trying to present a full concept of professional ethics of an academic. I would like to focus on philosophical and ethical reflection of the specific area of an academic work in Slovakia. Almost two hundred years ago, the Slovak enlightenment philosopher Ján Feješ (1764 - 1823) responded to the situation of his era and he stated that a reviewer must, in the given area, be even better educated than the author himself. A different example can be found in Honoré de Balzac's great novel *Lost Illusions* where he also described journalistic practice of the first half of the 19th century. Part of the novel was based on his own experience with acrimonious critique. The situation concerning, for example academic reviewing in Slovakia in the present day is, possibly in some instances, even more critical than Feješ or Balzac suggested. This no longer concerns the quality of papers and book of essays but the number of works published; and evaluation of academics is partly dependant on whether they have published in a reviewed or a non-reviewed book, indexed journals, worldly known publishers, etc. There has to be a just requirement placed on critical reviews, as Feješ and others cautioned, and that is that they should not be informative reviews only for the sake of someone getting a reviewed work but truly critical reviews from people qualified in the given area of academic subjects and the aim of which should not lie in settling scores or expressing personal preferences but a constructive view of the issue. The problem in Slovak academic community (especially in humanities and social sciences), however, lies in the fact that critical reviews are not considered a challenge for discussion or polemics but are shifted to the personal level including settling scores with the critical reviewer. Quoting and referencing is another problematic area in Slovak academic life, which, in the present period, has almost become a fetish, as it is a criterion of qualification enhancement and evaluation of academics. That is why quotations and references are artificially made for colleagues, friends and acquaintances, or even already published works are faked to contain quotes and references for the needs of future qualification enhancement. To summarise, I would like to propose three aims which could become a part of professional ethics of the academics (in Slovakia).

Keywords: academic ethics, Feješ, Balzac, Kánský, Slovakia

Introduction

Tone Dyrdal Solbrekkea and Tomas Englund affirm (in *Journal of Higher Education*) that insufficient attention is currently paid to issues of professional responsibility and ethics in higher education institutions. They appeal to 'bring professional responsibility back in'. According to them, moral and societal responsibilities become the driving force for professionals; faculty

and students must consciously evaluate the professional ethics of professions. And they conclude that it is “a claim that should concern *all* professionals, including the academics responsible for educating professionals in higher education, with a view to creating a moral base for professionals that can serve as a navigator” (Solbrekke & Englund, 2011, p. 859). It is surprising that similar appeal we can find thirty years ago in *Journal of Higher Education* (Baumgarten, 1982, pp. 282-294; Dill, 1982, pp. 255-267; Schurr, 1982, pp. 318-334).

According to Elias Baumgarten, university teachers are a very often concerned with issues of professional ethics, for instance medical, legal, and business ethics. However, they pay a little attention to the ethical issues of their own profession, despite the fact that significant moral issues do arise in university teaching (Baumgarten, 1982, p. 282). In his opinion, ethics in the academic profession has not received adequate attention at that time (Baumgarten, 1982, pp. 293-294). George M. Schurr also confirms that “[A] profession is as good as its ethics. It is high time for academics to get their ethics in order” (Schurr, 1982, p. 334). And David D. Dill states that ethical dilemmas in teaching are common to all faculty members and for the reason they can be addressed to all individuals with teaching appointments at colleges or universities (Dill, 1982, p. 267).

Every profession (vocation) has its professional status and almost each of them has also moral and ethical status expressed in the ethical or moral code formulating moral obligations on people working in the given profession. Professional ethics in medicine, health care or business, etc. is generally known. What is the situation, though, with philosophy and philosophers? There is no doubt about its specialised status but how about the moral status of philosophers (including college and university teachers of philosophy)? Hardly anything has been written or said about the professional ethics of a philosopher. I have found no mention of it in either the available bibliography (including the most representative philosophical database *Philosopher's Index*) or encyclopaedias on applied and professional ethics. The only contribution to this field that I know of was published by Jiří Kánský considering on the ethics of philosophy as professional ethics (Kánský, 1996, pp. 63-69).

Perhaps, the moral qualities and character of philosophers (as well as college and university teachers of philosophy) is part of philosophy and their philosophising. This, however, concerns a part of morality as a whole on its individual or social level. A question arises whether, in the profession of a philosopher and especially a teacher of philosophy, there is something specific and, thus, requires a specific approach to moral obligations foisted upon them, by which the existence of philosopher's professional ethics or

academic ethics of teacher of philosophy could be justified. Jane Pritchard characterises ethical code as a complex of certain expected behaviour and actions of members of a profession which must be kept. It always concerns obligations determining the standards of actions and values accepted and required in the given profession (Pritchard, 1998, p. 528). According to Timo Airaksinen, the role of professional ethics is to study professional life and try to understand the essentials of professional values and commitments. Analysis of the position of the profession in question within society, its authority, practice, the rights of clients and the essence of cognition within the profession is also a part of this study. Airaksinen is of the opinion that professional ethics is also important for the public, as it helps to regulate and inspect the profession in question, or it can help to prevent moral problems in it (Airaksinen, 1998, pp. 671-672). However, moral psychologists found out that ethicists (attendees in ethics sessions of the American Philosophical Association conferences) behave no more courteously at the conferences than do non-ethicists. They appear to talk audibly and to allow doors to slam during formal presentations at roughly the same rate as do others (Schwitzgebel et al., 2012, pp. 331–340).

Professional Ethics of Academics

I am not trying to present a ready concept of professional ethics of academics as such. I am, rather, trying to give a philosophical and ethical reflection of some issues in university teaching of philosophy as well as university teachers of philosophy in Slovakia (and other post-communist countries, especially countries of Visegrad group, i.e. Poland, Czech Republic, Hungary, and Slovakia). I would also like to raise a discussion about these issues which appear to be completely out of the centre of attention. I think that we unjustly omit these issues. It is in interest of university teachers of philosophy (however, not just them, but all academics in humanities and social sciences) to determine the criteria of what can be considered right or wrong, acceptable or unacceptable in the profession. It will help them to solve some thorny issues and, on the other hand, to prevent misunderstandings based on different opinions of some phenomena. I realise that, from the viewpoint of solving many current problems of academic community which we deal with, the issue of the non-existence of professional ethics of university teachers of philosophy and whole academics must seem completely marginal or even trivial. On the other hand, in their work there are enough unsolved moral problems that we come across but do not discuss and that is exactly what leaves space for speculations and misunderstandings. That is why I think it is high time to deal with these problems, discuss them and, together, look for solutions to them, possibly by formulating certain criteria for right or wrong,

acceptable or unacceptable behaviour and actions in a profession of university teacher of philosophy as well as in whole academic profession in these countries (especially in humanities and social sciences).

Mostly than two hundred years ago, the Slovak enlightenment philosopher Ján Feješ (1764 - 1823) responded to the situation of his era and wrote a brief paper entitled "*On Reviewers and Reviews*" (1809) where he stated that a reviewer must, in the given area, be even better educated than the author himself. According to Feješ, the opinion of a reviewer is not a general public opinion but the personal opinion of an individual whose position is not above the author but under him. Very accurately also for our present time, Feješ wrote that a book is neither as good as the praise of the author's friends makes it nor as bad as his enemies claim. Let a reviewer try and write a work that includes ideas that have never been written before, a work that everyone would like and that would raise equal interest in all and avoid any criticism. Feješ also asks why a reviewer wants any author to produce something he himself cannot do. He also captured our common era in his claims that a reviewer is often no more than an interpreter of the content and the decision of whether to read the book or not lies with the reader himself. According to him, the task of a reviewer is to bring the readers' attention to the errors and faults of the work and offer, in its place, something better and more perfect. Feješ, however, is of the opinion that his contemporary reviewers make inappropriate demands on authors which they, however, do not apply to themselves. Therefore, their demands should be in conformity with what they expect from themselves. Judging their own values correctly protects them from being big-headed and daring for knowing everything better than the author. He required the reviewers to be more assiduous and patient when judging the paper in question and asked them not to condemn books without giving reason (Feješ, 1982, pp. 70-73). Unfortunately, the present day does not appear to be much different from the times Feješ wrote about at the beginning of the 19th century.

A different example can be found in Honoré de Balzac's great novel "*The Lost Illusions*" where he also described journalistic practice of the first half of the 19th century. Part of the novel was based on his own experience with acrimonious critique. Loustau, a character in this novel of Balzac, describes the situation in journalism or art critique to Lucien Chardon, a young literary novice, in the following way: "I have to badmouth the publisher who only releases a few free issues of a daily ... A mean publisher is snubbed even if he published a masterpiece. It is disgraceful, but it is not only me who makes their living like this, but hundreds of others. Do not think that the situation is any better in politics than in literature: everything is corrupted in these two areas, everybody bribes or is bribed. Actresses also pay for favourable articles

and the most skilful ones pay their critics..." (Balzac, 2001, p. 201). Lousteau continues: "In this trade of a hired murderer of ideas and business, literary or theatrical reputation I earn fifty groats a month... they have started to consider me a dangerous person" (Balzac, 2001, p. 202). Lousteau, from this deliberation, concluded that "the secret of a literary success is not work but knowing how to use the work of others. Owners of newspapers are building merchants and we are masons. And, hence, the more average a man is, the faster he makes his way up: he is able to swallow every offence, make his peace with everything and flatter base desires of literary bigwigs..." (Balzac, 2001, p. 204). That is what literary critique was like in the first half of the 19th century in France.

Jiří Kánský, knowing the situation among philosophers in the region, including university teachers of philosophy, cautioned in relation to reviewing activities, about some serious problems occurring in their philosophising. According to him, listing the reviewers in the colophon of the book does not guarantee its quality. On the other hand, he claimed that what causes problems with publishing critical reviews is the small number of high standard academic journals in these countries, large time intervals and the fact that these philosophers prefer informative reviews of foreign works and omit domestic ones. Kánský thinks that there is still space for discussion within criticism included in reviews, which could also be beneficial to a broader group of interested parties. However, here, it does not work like this; as positive reviews dominate and there are no critical reviews because that is considered un-comradely. He also cautions that colleagues from the same workplace should not review each other's works and a higher level colleague's work should not in the least be reviewed by one of a lower level. A review should not be a "thanksgiving" to the author but a real theoretical evaluation (Kánský, 1996, pp. 66-67).

Beth A. Fischer and Michael J. Zigmond find it very important that the reviewer be an expert in the given field. Reviewers, in their opinion, should respect well-supported differences of opinion in spite of the fact that they do not agree with them. Their comments must be formulated professionally and must not resort to the level of personal attacks. A reviewer, in his evaluation, must avoid being subjective. In their opinion, it is important to realise that the reviewer is not automatically right when he does not agree with the author's methods, interpretations or theories (Fischer-Zigmond, 1998, pp. 35-36).

The situation concerning reviewers and reviews in Slovakia and other countries of the region in the present day is, possibly in some instances, even more critical than Feješ or Balzac suggested. In an effort of philosophical work to be "scholarly", it has been accepted, as a criterion of higher quality of the work, publishing papers in reviewed book of essays. It is questionable

whether all such papers published in book of essays which, in their colophon, have a reviewer (or reviewers) fulfil criteria of quality. It was undoubtedly an originally good intention, however, those whose idea it was probably did not expect the reviewers appearing in the colophon without actually having reviewed the book as a whole or its individual papers and listing reviewers can be nothing else but satisfying the formal requirement for a higher evaluation of individual papers and, as a consequence, the whole book. It is often the case that such people are listed as reviewers who, themselves, publish very little and their qualification for reviewing papers in various areas of philosophy is highly questionable. This no longer concerns the quality of papers and anthologies but the number of works published; and evaluation of university teachers (including teachers of philosophy) is partly dependant on whether they have published in a reviewed or a non-reviewed book. I do not think that the decisive criterion of the quality of papers or the whole book of essays should be the fact whether, in the colophon, a reviewer(s) is (are) listed or not. The main responsibility for the quality of individual papers and the whole book of essays should, surely, be taken by its editor, or editors and the guarantee of quality should lie in the editor's qualifications and his credibility in philosophical community or academic community, which ensures the quality of the book. Those philosophers, academics who have gained credibility based on the results of their work have, surely, no interest in shaming themselves by publishing poor quality papers and book. Similarly, it applies to monographs in philosophy as well as humanities. Of course, a more serious problem could arise when novice authors are concerned who have not yet gained credibility in their community; however, on the other hand, it could be assumed that it is a very often that their first published works are a result of their successful dissertations, which suggests that they have been judged by qualified experts in the given area of philosophy or knowledge.

On the other hand, with book of essays as well as monographs, there is still the possibility of critical reviews in academic journals. It should be in the interest of the scholarly philosophical and academic community in these countries that it mainly review works published in its country and works of countrymen in philosophy or other humanities and social sciences, they have to help to differentiate high from poor quality and separate that which has newly arisen in its philosophy (if there is such a piece) from what is merely informative and has already been published before somewhere else in the world and is now only repeated (or even copied). It could, to a much larger extent, guarantee the quality of work in philosophy than just listing the names of reviewers in the colophon, who could have not even held the paper, book of essays or monograph in their hands.

There has to be a just requirement placed on critical reviews, as Feješ or Kánský cautioned, and that is that they should not be informative reviews only for the sake of someone getting a reviewed work but truly critical reviews from people qualified in the given area of philosophy and the aim of which should not lie in settling scores or expressing personal preferences but a constructive view of the issue. Feješ's requirement on reviewers surely also applies to the present day in that reviewers ought not beat the author black and blue but, if the author is wrong or they have a different opinion, they should provide their own viewpoint or solutions. This is the only way to increase the quality of philosophy and philosophising as well as university teaching philosophy. Otherwise, in spite of the growing number of articles and books, what Teodor Münz once wrote about Slovak philosophy claiming that, in its philosophy, reproduction abilities dominate over creativity and originality (Münz, 1967, p. 226) will become true.

The problem in the conditions, however, lies in the fact that critical reviews are not considered a challenge for discussion or polemics but are shifted to the personal level including settling scores with the critical reviewer. In these cases, the option of anonymously reviewing grant projects is used in the process of their evaluation and to judge the extent to which they have or have not achieved the set goals.

Quoting and referencing is another problematic area, which, in the present period, has almost become a fetish, as it is a criterion of qualification enhancement. That is why quotations and references are artificially made for colleagues, friends and acquaintances, or even already published works are faked to contain quotes and references for the needs of future qualification enhancement. Just look in many books and academic journals to see who quoted who and how many times in one paper. You can find out that, for instance, one 10-page passage from a textbook is quoted 37 times in a different book, etc.

Conclusion

The effort to keep the standard of scholar work in humanities in the region should undoubtedly become a part of our professional ethics. To summarise the objectives I considered above, I would like to propose some objectives which could become a part of professional ethics of a philosopher (in Slovakia). One moral objective within professional ethics of a philosopher could then read as follows:

A philosopher does not review qualification theses that are out of his professional field. In the case of reviewing works based on a different philosophical viewpoint, he does not a priori defend his own position and does not refuse other standpoints. He mainly judges the logic of the analysis

and argumentation in the work in question or logic of the author's conclusions drawn from this analysis.

Another moral objective of professional ethics of a philosopher could read:

A philosopher does not loan out his name and professional credibility for the needs of reviewing any scholarly publication if he is not qualified to review it or has not proofread it.

The second moral objective might read:

A philosopher, by means of objective and constructive critique in reviews published in academic journals, contributes to the increase in quality of philosophy and philosophising.

In the introduction to this article, I mentioned that I did not intend to formulate a complete proposition of professional ethics of a university teacher of philosophy (in Slovakia), but I wished to point out some actual problems and suggest some solutions. I assume that this area is topical enough for a great number of unsolved issues and my viewpoint will open a discussion about issues and problems concerning professional ethics of a philosopher and philosophising not only in Slovakia.

It is supported by the Slovak Research and Development Agency, contract No. APVV-0432-10.

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Do we need Professional Ethics for Special Needs Education Teachers?

Júlia Klembarová

Abstract

The article offers an understanding of professional ethics for special education needs teachers. Although there is no recognised form of this type of professional ethics in Slovakia, the author of this article asks questions about the importance of professional ethics for special education needs teachers. She emphasises the fact that it is crucial for these teachers and also for other professionals working with people with special needs to be aware of and work in accordance with moral values, norms, principles that represent a necessary part in the provision of their services. The article points out that it is also necessary for other supporting professions (focusing on the teachers in ordinary schools) to be aware of the special needs of individuals in order to know how to respond appropriately when facing various (including moral) problems of everyday life.

Keywords: professional ethics, special needs education teacher, professional ethics for special needs education teacher, moral values, inclusion.

In this article, I address issues of professional ethics for special education needs teachers and also other professionals working with people with special needs. Nowadays, the sphere of professional ethics¹ is flourishing and it can be said that it is spreading to all fields of social practice (in the form of applied ethics) as well as to various professions as professional ethics of individual occupations (for example ethics of the teaching profession, medical ethics, business ethics and so on).

Nevertheless, I think that there is an absence of professional ethics when discussing the realm of special needs education. Also, I feel a lack of awareness about this type of ethics among special education needs teachers and other staff who come across people with special needs in their work. Therefore, on the following pages, I am trying to refer to the fact that, for special educators (in schools or other institutions for people with special needs) and other experts working with these people, it is necessary to have knowledge of moral values, norms, principles of ethics relevant to the

¹ Reeck defines professional ethics as the application of professional standards of moral evaluation to important and specific problems of professional life (Reeck, 1982, p. 20). Thus, professional ethics can be understood as ethics of a particular profession respecting moral values specific to the field in question, applying norms, rules, and principles into peoples' actions.

provision of their services. The main aim of this paper is to highlight the significance of this type of professional ethics.

Furthermore, in this article, I also want to address the aspects regarding the relevance of awareness of special needs education and specifics of people with these types of needs for other helping professions. In my opinion, knowledge of this field represents an appropriate instrument for professionals to react properly when facing various situations and problems connected to everyday life. These issues are discussed within the second part of this article focusing on teachers in ordinary schools.

Ethical reflections on the work of special education needs teachers

Nowadays, inclusive education² is expanding worldwide. The idea of inclusion is based on the fact that education is available for all children without differences. The basic question I am asking and trying to answer in the following pages is already indicated in the title of this article. Is there a need for professional ethics for special education needs teachers and other professionals working with people with special needs? Firstly, I consider it crucial to state who I understand to be a special education needs teacher.

Based on the *Statute of Ministry of Education of the Slovak Republic*, by special education needs teacher, I understand a pedagogue providing a system of special-educational services focusing on regular help to children and young people with special needs (Ministry of Education of the Slovak Republic, 1999, p. 6).³ By other professionals working with people with special needs, I understand psychologists, social workers, rehabilitation and technical staff and other professional workers (Ministry of Education of the Slovak Republic, 1999, p. 4).

As the professional ethics of special education needs teachers is the main topic of this article, I consider it important to present my “definition” of this

² In Slovakia, however, we should rather speak of integration (in my opinion inclusion represents some kind of aim we are trying to achieve in future). Integration represents education for all children in ordinary school based on the help of professionals with the main objective of including students with special needs into everyday life. Based on their special needs, there should be special methods and approaches used by the teachers (Metodický materiál k integrácii, 2004, pp. 3-4).

³ Special education needs teachers can be employees of the given school or school organization. They are professionally and methodologically directed by a special pedagogical counselling centre. They work in special schools and also in ordinary schools as assistants to conventional teachers in case there are integrated students with special needs in the classroom. They also cooperate with conventional teachers on the development and evaluation of individual educational programs for integrated students and young people. They are members of the process of education based on the needs of the children. Their role is also to deliver consultations and counselling services to the families with children with special needs, to teachers, psychologists and so on (Ministry of Education of the Slovak Republic, 1999, p. 6).

type of ethics. For the purposes of this article, by *professional ethics of special education needs teachers*, I realise ethics of the profession of special education needs teacher that offers an ethical reflection of their work, and tries to solve the ethical and moral issues of this profession. It formulates moral values, norms, principles that are necessary in the provision of their services. This type of professional ethics also applies these values, norms and principles in the solution to particular moral problems in the work of special education needs teachers.

Despite the fact that there are ongoing discussions about integration of students with special needs, about elimination of discriminating against people with impairments, I have to admit that, in Slovakia, there is no professional ethics to deal with and reflect the sphere of special needs education. It means that there is no recognised form of professional ethics for special education needs teachers in Slovakia.

In my opinion, legislation concentrating on integration of students with special needs in Slovakia is also vague. There is a lack of laws concerning these issues in more specific way. The Law on Education (2008) only marginally speaks of students with special needs in part number seven addressing these questions. It presents possibilities of education for children with special needs in Slovakia (in the form of special schools, special classrooms in conventional schools, and in conventional classrooms by means of integration) (Zákon o výchove a vzdelávaní 2008, 7/ § 94).

The Antidiscrimination Act (2004) in its parts §32a, b, c addresses the issues of integration, §32a in particular discusses integration and its forms, §32b speaks of the acceptance of students with special needs into schools and compulsory documents and §32c raises the topic of rights and obligations of members of school integration. There is an emphasis on an individual approach to integrated students with the focus on a healthy environment and respect for the personalities of students with special needs, the importance of rights of other students, and an incorporation of the substance of cooperation among parents, teachers, special teachers and other professionals (Antidiskriminačný zákon 2004, §32a, b, c). It is obvious that the legislation's view mostly concentrates on the organisation of institutions for students with special needs. In the previous paragraphs, I outlined some right and duties in relation to these students. I consider these parts a basis for moral aspects in the work with students with special needs. But as I said, these moral aspects are just marginally sketched.

I feel that, in Slovakia (and not just in Slovakia), there is a need for ethical reflection on the work of special education needs teachers. It is necessary to speak about professional ethics of this sphere, about values that are relevant, about the norms, principles which should be adhered to in the work of a

special education needs teacher. These people are in everyday contact with students with special needs, in terms of special schools, conventional schools by means of integration or in other pedagogical-psychological counselling centres. Such meetings give rise to various situations where teachers need to decide about their actions with the main aim of the greatest welfare of individual students. I think it is crucial to have knowledge of ethics, ethical principles, norms and certain borderlines that should not be crossed.

Some academics may argue that these issues are discussed in ethics of the teaching profession. I agree that it is impossible to deny the significance of ethics of the teaching profession which refers to the investigation of ethical and moral aspects of the teacher's work in the process of education and it characterises the teacher's position in the educational system together with his/her moral opinions (Gluchmanová, 2008b, p. 85). It can be defined as type of professional ethics dealing with the theoretical reflection of ethical and moral questions in the teaching profession. It presents moral values, principles and norms of this occupation (in the form of an ethical code). It searches for answers and solutions to concrete moral problems originating in the work of the teacher (Gluchmanová, 2008a, p. 109). However, I think that it only deals marginally with the issues of education of students with special needs.

Consequently, it is possible and also required to stress the importance of professional ethics regarding the education of students with special needs. They are very often more vulnerable in comparison to children without special needs and, in many cases, they are also more dependent on the teacher. I assume that these students create a specific group of students (based on their special needs) so there are also specific situations and problems requiring specific and morally acceptable solutions. Professional ethics of special education needs teachers, the awareness of this type of ethics, values, and possible conflicts represent an appropriate possibility and, moreover, a chance for special education needs teachers to overcome and solve these problems.

I think that society has already started to be aware of the need for professional ethics of this occupation. As evidence one can recognise ethical codes of special education needs teachers on a national and also international level. *The ethical code of special pedagogues in special pedagogical-counselling service* by the authors' Žolnová and Hučík functions as an example of such an ethical code in Slovakia. It stresses the importance of the dignity of a client with special needs, the responsibility of the professional, the welfare of the client, the impartiality of the expert, the importance of cooperation, professional silence, respect, trust and so on (Žolnová, Hučík, 2006). I consider this ethical code as a suggestion, as one can see that some of the important values are merely mentioned. There are also various ethical codes for special education needs teachers abroad, for example *CEC Code of*

ethics and standards for professional practice for special educators (2008) and many others.

The need for ethics in this sphere was indirectly expressed by G. Richards in his article, *"I was confident about teaching but SEN scared me": preparing new teachers for including pupils with special educational needs*. He characterises the present as a period for which progress in integration and inclusion of students with special needs is typical. On the one hand, it is a really great improvement when comparing to the past when children with special needs were segregated. However, it is relevant to admit that these efforts (to provide education for all) also bring several problematic situations for teachers (Richards, 2010, p. 108). Thus, this development of integration and inclusive education is a two-way street. It can be assessed positively but, on the other hand, there are dilemmas and problems connected to it where teachers have to decide in various conflicting situations. It creates space for professional ethics of this occupation to serve as a tool within this decision-making process.

The authors J. Paul, P. French, A. Cranston- Gingras have the same opinion. They also state that there are many ethical issues in the sphere of special needs education. That is the reason why it is necessary for special education needs teachers, researchers, teacher trainers and policy-makers to have more knowledge and training in ethics "to be able to address current moral dilemmas in assessment, instruction, curriculum, work with families, instructional competence, philosophy of service delivery, funding and research" (Paul, French, Cranston-Gingras, 2001, p. 1).

T. Dubayová and L. Hrebeňárová offer an overview of various situations in which special education needs teachers in their work have to face various ethical problems or dilemmas. Some of these conflicting issues are, for example, problems connected to the choice of an appropriate method of education for students with special needs,⁴ ethical problems regarding the cooperation of special education needs teachers with parents, various situations addressing the interaction of a student with special needs with students without special needs, issues connected to sexuality and parenting education of students with special needs, problems questioning human rights of children, students, young people with special needs, ethical aspects of research in special education, and so on (Dubayová, Hrebeňárová, 2011, p. 80).

⁴ Questions about what is a more appropriate form of education for students with special needs (inclusive education or segregated education, issues about the education of students with severe mental impairment...). Advantages and disadvantages of individual types of education of students with special needs are discussed in the article *Inclusion – not segregation or integration is where student with special needs belongs* (2005) by S. Dixon.

Thus, as can be seen, issues and problems that need to be solved by special education needs teachers represent a really broad scope. It is not just one type of problematic situation, but it is rather a collection of issues in various fields. It makes me maintain my opinion that, because of the aspects mentioned, there is a need for particular professional ethics for special education needs teachers that should refer to such specific situations and problems of this unique area.

I think that Dubayová and Hrebeňárová also understand the significance of ethics in the work of special education needs teachers. In their opinion, the behaviour of professionals working with people with special needs should be based on stable principles and clearly defined rules of ethical conduct. A definition of values and principles of special education needs teachers serves as a form of children's rights protection and also as a defence of an individual teacher. Students of special needs education, within their undergraduate preparation, learn ethical conduct mostly implicitly and not by the acquisition of explicitly given rules of professional behaviour (Dubayová, Hrebeňárová, 2011, pp. 80-81).

The authors admit the necessity of ethics of this profession; they realize that ethics and ethical aspects are important for this sphere; however, at the same time, they refer to the reality concerning the lack of ethics in undergraduate training of special education needs students. On the basis of their claims, it can be stated that the special education needs students receive information about professional ethics, ethical conduct, ethical norms, and values that are relevant for their work implicitly, it means without clear understanding of its ethical aspects and without moral thinking about their future profession.

In my opinion, the emphasis should be placed on the ethical dimension of the work of special education needs teachers. Ethics of this profession should be taught during undergraduate training⁵ of special education needs students to make them able to realise their work also through the optics of ethics. It can help them to solve real moral problems concerning human dignity, autonomy, independence, decision-making process, informed consent, issues regarding justice⁶ during the process of education and so on.

⁵ I consider it necessary for students to be educated in ethics of the concrete field they are studying. For example, students of medicine, in my opinion, should take medical ethics (realisation of these courses is already in progress in Slovakia); students of economy should be aware of business ethics; for future teachers it is important to attend a course in ethics of teaching profession; nursing ethics should be taught to future nurses, and so on.

⁶ Castro Silva and Morgado indicate that teachers in ordinary schools have lower academic requirements regarding students with special needs (Castro Silva, Morgado, 2004, p. 207). In such situations, various problems based on injustice, dissatisfaction of the parents and, consequently, other problems can arise.

Similarly, Howe and Miramontes share the opinion that ordinary teachers and, moreover, special education needs teachers come across moral dilemmas in their work. Unfortunately, the preparation of special education needs students during their studies is concentrated mostly on collegial relationships, research, and legislation. Only superficial attention is placed on the ways of solving a variety of moral problems arising in this occupation (Howe, Miramontes, 1992, p. xiii). I agree with the authors and want to emphasize that it is crucial to discuss possible problems teachers can come across in their work.

I want to mention an interesting survey carried out by J. Štvartáková and J. Hučík (2011 – 2012) concerning the awareness of professional ethics among employees of institutions for people with intellectual impairment in Slovakia. In this survey, the authors used several questions focusing on ethical aspects of their work. They asked questions about the existence of a code of ethics in institutions providing services to people with intellectual impairment, questions about the respondents' chance to cooperate on the development of such a code, about the possibility of lectures on ethics in their organisations. They also tried to find out what respondents recognised as moral values and what kind of qualities they thought were important for professionals working with people with intellectual impairment. There were also remarkable questions about whether the respondents faced any ethical dilemmas in their work, how they addressed these issues and who was responsible for solving these problems. Some of the results (in general terms) showed that codes of ethics can be found just sporadically in Slovak institutions. There are no regular lectures on ethics for these special education needs professionals. The people working in these institutions face various ethical challenges but sometimes they are not able to recognise a problem as a moral dilemma. They come across problems with responsibility and feel fear about the confession of some moral problems because it can shed a bad light on their institution and many others (Štvartáková, Hučík, 2011, pp. 8-12; Štvartáková, Hučík, 2012, pp. 13-16).

Based on the mentioned facts, I am sure that, at present, we need professional ethics for special education needs teachers. It is essential for them to be aware of moral values significant for their occupation for the best fulfilment of their professional roles.

Do conventional teachers⁷ need to be aware of special needs education?

On the preceding pages, I asked a question about the importance of professional ethics for special education needs teachers. Now, I want to think about another subject. I am going to try to reflect on the following question. Do conventional teachers in conventional schools need to be aware of special needs education?

As I have already mentioned, at present, the effort for integration, meaning education for all children in one classroom, is quite typical. Parents have the right to decide about the form of education for their children with special needs, it means they have the right to choose between special schools and conventional schools.

In special schools, education is provided by special education needs teachers. As they studied such a programme at university, it means they attended various courses connected to the sphere of special needs education during their undergraduate training and they are aware of individual approaches of behaviour towards students with special needs (Gabľasová, 2007, p. 95). Thus, it can be concluded that special education needs teachers are prepared for their work with students with special needs.

The question is what the situation is in conventional schools where students with special needs are integrated within conventional classes. Do conventional teachers know how to handle such situations? What are the consequences for them? Do they have enough time to pay enough attention to particular students? Do they have knowledge of how to treat students with special needs? Are schools in Slovakia prepared for integrated students? Are there teacher assistants providing necessary help for students with special school in each school? Are teachers working in conventional schools ready to meet the challenges of their work? Are they familiar with the specifics of students with special needs?

I consider these questions relevant in relation to teachers in conventional schools and to the education of students with special needs. On the basis of the mentioned situations, there are ethical dilemmas arising and teachers very often do not know how to act and how to make the right decision. The origin of these dilemmas is interconnected with the fact that conventional teachers are not educated in the field of special education during their studies. There are no compulsory courses available for them during their university training and this situation has serious consequences, which means they face problems in various conflicting situations during the process of education.

⁷ By regular teachers I understand teachers, or pedagogues in conventional (not in special) schools.

Even Gabľasová points out this fact. She characterises education of students with special needs in terms of integration as a problem of contemporary education because graduates of teaching programmes do not get appropriate guidance about how to approach students with special needs. She highlights a really important fact that it is also very difficult for teachers with long-standing practice to work with students with special needs and simultaneously with students without special needs. At present, there are no methodological guidebooks, teaching standards or a curriculum related to how to proceed in education of students with special needs in conventional school. She concludes that a majority of teachers working with students with special needs in conventional schools in Slovakia are not aware of special needs education. It is sad that there is no institution in this country that would prepare conventional teachers for education of students with special educational needs (Gabľasová, 2007, p. 99).

I agree with the author and, in my opinion, for conventional teachers working in conventional schools it is necessary to be educated in the field of special needs education for the purposes of being better equipped for their professional future. Thus, it is necessary to implement courses related to the area of special needs education into university curricula and also to offer students the possibility of training in schools where students with special needs can be found. It can foster the application of knowledge about special needs, teaching methods and various approaches into practice.

However, I think that it is also necessary to include into this process teachers who are already performing their work and who, during their studies, did not have a chance to be educated in special needs education. It can be interesting and useful within lifelong learning for these teachers to offer them some courses, workshops providing them with knowledge, experience of and training in how to teach students with special needs.

It is possible to find several articles dealing with these issues and offering an overview of various courses for teachers and teacher trainees functioning as some kind of introduction to the topic of special needs education. As an example, the article *Strengthening the special educational needs element of initial teacher training and education* can be mentioned. The authors point out the importance of practical experience for teachers at the very beginning of their “career”. The article describes a project that involved a 15-day placement of teacher trainees in special schools and organisations for children with special needs for the acquisition of experience with such a group of students. The result of this project was that the teacher trainees during this placement realised the status of special schools within the inclusion, enhanced the awareness of special needs of these students, discovered various methods, strategies and approaches in special needs education and they also shared

experiences with special education needs teachers who represent real professionals in this field (Golder, Jones, Quinn, 2009, p. 184).

At the beginning, these trainee teachers attended a series of interactive lectures in preparation. Consequently, during their stay in these institutions, they had to complete a range of tasks and discuss various situations with experts working with children with special needs. In the final phase of this project, all participants expressed the positive effect of this project placement for their understanding of students with special needs and for their future professional practice⁸ (Golder, Jones, Quinn, 2009, pp. 186-189).

I am convinced that similar tendencies might also be an interesting benefit for teachers in Slovakia. The students of teacher training (in various programmes) would also at least receive a basic and necessary background in the field of special needs education that can be very helpful for them in order to prepare them in a better way for their teaching practice. At the same time, I consider it a necessity, as I think that the number of integrated students in conventional schools will be increasing in the future.

Next, I would like to emphasise the idea of cooperation among all professionals participating in the process of educating students with special needs. I think of such cooperation as a very important aspect in the work of special education needs teachers as well as conventional teachers. Therefore, collaboration represents a necessary attribute for successful education of all children. As the authors of the article *Preparing secondary special educators: Four collaborative initiatives* claim, for a successful education process, meeting all special needs of the students, cooperation among the faculty of education, faculty of special education, school leaders and also all other professionals preparing students of teacher training for their future work as a teachers is necessary (Simmons, Carpenter, Dyal, Austin, Shumack, 2012, p. 754). Based on the aforementioned information and documents used during the writing of this article, I found several, in my opinion, really interesting, pieces of advice that can also be used in the Institute of Philosophy and Ethics.

Recommendation for practice

Based on the previous facts, I think it is essential to stimulate and establish collaboration between the Department of Ethics (Faculty of Arts) and Department of Special Education (Faculty of Education) at the University of

⁸ Several articles concerning the presentation of similar projects can be found, for example "My eyes went wide open" – an evaluation of the special needs education awareness course at Molepolole College of Education, Botswana (2006), *I was confident about teaching but SEN scared me: preparing new teachers for including pupils with special educational needs* (2010) and so on.

Prešov. Both departments might significantly contribute to the development of the theoretical platform of professional ethics of special needs education. I am sure that, on the basis of this cooperation, it is possible to develop a Code of ethics for special education needs teachers that can be ratified in the future.

I think it would be interesting and also very inspiring to implement into the curriculum of future teachers⁹ a compulsory course in special needs education for their better preparation for future practice. On the other hand, I consider it essential for the curricula of special needs education programmes to be widened by a compulsory course in professional ethics of this occupation.

Conclusion

In the presented article, I dealt with professional ethics for special education needs teachers. Based on the current state, various conflicting issues and dilemmatic situations in the education of students with special needs, I emphasised that this type of professional ethics is necessary.

The second part of the article was devoted to the discussion of whether teachers in conventional schools need to be aware of the field of special needs education. As there is a rising tendency towards integration of students with special needs into conventional schools, I feel there is a need of this knowledge for conventional teachers, too.

In the final part, I emphasised the idea of cooperation among special education needs teachers, conventional teachers, universities preparing future teachers for their work and other professionals working with students with special needs. Consequently, I expressed this requirement in particular recommendations for practice where I stated that it is important to establish cooperation among particular departments at University of Prešov. High quality education for students of teacher training and the preparation of a Code of ethics for special education needs teachers should be the main aim of this collaboration.

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⁹ Firstly, at least in the Department of ethics and later within the all departments preparing the future teachers.

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Global bioethics as modern medical ethics

Svitlana Pustovit & Liudmyla Paliei

Abstract

The paper argues in favor of bioethics as an alternative to traditional medical ethics. Relations between the patient and the doctor placed in the bioethical context are considered as a part of more general, global issues: relations between clients, customers, various (including non-medical) services and the professional medical community and society in general, world-renowned scientists and the international community. Medical ethics is seen in the wider expanse of diverse economic, political and cultural relations not only in terms of responsibilities but also natural rights which all people have without exception and with regard to professional identity. In contrast to traditional medical ethics, bioethics not only encourages one to reconsider the content of human morality, which is built on interpersonal relations, but also shows that disease and health are not merely medical phenomena. In this situation, paramount importance is assigned to interests of the client and society rather than medical corporations. Such a transformation of medical theory and practice requires public discussion of professional ethics issues and external regulation control. There is a need to develop ethical criteria for medical activity not only at the national but also international, or even global, levels, as well as criteria for long-term effects of highly technological professional medical practice. Bioethics expands the boundaries of professional medical ethics and ethical reflection of its normative foundations as it carries out both internal (code of ethics) and external (ethics committees and commission) “regulation” of professional practice. The purpose of bioethics is the preservation and development of life represented not only by man but also other creatures, which has never been on the agenda of medical ethics.

Keywords: bioethics, medical ethics, moral autonomy, preservation and development of life

In the late 1960s and early 1970s, the American scientist V. R. Potter offered a concept of bioethics as the ethics of human survival calling for the taking of responsible decisions in the areas of human health and the preservation of the natural environment. Potter saw bioethics as a “bridge to the future” combining objective scientific knowledge and human values, natural sciences and arts. Gradually, the scientist came to the idea of global bioethics and suggested considering medical and environmental ethics as preconditions and grounds for it.

The American social and cultural space has evolved a primarily pragmatic version of bioethics – biomedical ethics with principles of respect for patient’s

autonomy, non-maleficence, beneficence, and justice. Thus, today, global bioethics is a complex phenomenon combining Potter's ideas and ideas of his followers.

A number of important conditions contributed to the fact that global bioethics came to be regarded as an alternative to medical ethics: the crisis of Hippocratic ethics, the formation of new ideas about professional ethics, changing paradigms of the theory and practice of medicine, and the globalization of the world.

Medical ethics is about three thousand years old and ethics of the Greek physician and philosopher Hippocrates has been of paramount importance for European medicine (Hippocrates, 2001). Being deeply paternalistic, medical ethics in the Soviet Union had much in common with the ethics and deontology of European medical communities. At the same time, it was fundamentally different from the medical ethics that existed abroad as it had the features of collectivist ethics and put the interests of society and the state above those of individuals.

In the early 1970s, many provisions of the ethics of Hippocrates became the center of philosophical, theological, judicial and legal disputes. Among particularly criticized provisions were: 1) the religious character of ethics, 2) its paternalism, 3) corporativity, 4) lack of ideas about rights and autonomy of the patient, and 5) prevalence of the physician's interests over those of the patient (Veatch, 2000).

Patients of the present day are fundamentally different from patients of Hippocrates' time. Most commonly, they are educated people who sometimes know even more about the disease than their doctor. An opinion poll confirmed that contemporary patients do not want to play a passive but an active role; they are critical of official medicine and the doctor's advice as well as ready to use non-traditional, alternative methods of treatment (Parsons, 1975, pp. 257-278). Computer technology gives patients the possibility to obtain independent information on the achievements of medicine, novelties and developments in the field of drug therapy, diagnostics and pharmacology.

The idea of the content, form and methodological grounds of professional medical ethics is changing, it is considered to be a special kind of applied ethics, with its inherent mechanisms of specificity and generalization of basic moral principles. Transformation, redefinition of moral conceptualization, norms and value judgments are occurring; new emphases and ways of coherence of moral (legal, administrative, organizational, praxeological, etc.) values and norms are emerging; the place of values and norms in the complex configuration of value universum is changing; new attitudes, permissions and prohibitions are arising.

The modernization of the bioethical dimension of modern medicine is also associated with the processes of its modernization and transformation. Modernization manifests itself in a meaningful change in the technologies and functions of medicine, and transformation acts as a process of changing paradigms of theory and practice. Such paradigms as "medicine as theory" and "health as absence of disease" are replaced by "ethical orientation of medical activity" and "health as a way of life" (Kulinichenko, 2001). The above paradigms are based on an analysis of both immediate and integral indicators, such as quality and way of life, pain and suffering relief, the availability of sources of clean water, air, food, increase in public awareness, improvement of social conditions for working and living, reduction in physical and psychological risks.

All this contributes to the fact that medical ethics is increasingly setting global goals and objectives for creating a reliable system of public health on a global scale. And it is only possible on the basis of the paradigm of global bioethics, which deals not only with professional standards but also with generally significant global problems of mankind.

Environmental public health is seen as the science and art of preventing disease, prolonging life and maintaining the physical and mental health of the individual with the help of sanitary, epidemiological and other effective measures for the conservation of the environment, development of social reforms and mechanisms to guarantee each member of society essential standards of living to maintain their health (Ecological Public Health: From Theory to Practice, 2002).

Even in the 1980s, the relationship was shown between moral values, level of ethical culture of medical staff and quality of health care they provided. These studies had an impact on public initiatives on providing medical services considering values of a particular group of patients, appropriate staffing and organization of institutions (Veatch, 1999, pp. 523-532). As a result of such initiatives, green clinics (based on ecological values), youth-friendly centers, Christian medical centers and outpatient departments for feminist-oriented women were created. In some cities of the Ukraine such clinics already exist.

Recently, medical researchers pay a great deal of attention to environmental agents and their impact on human health and arising non-specific diseases. A new concept of environmental pathology is shaped in medicine. Such scientific areas as ecological histology, ecological pediatrics, ecological psychiatry, and ecological dentistry have emerged (Pomoinitskyi, 2002, pp. 12-15).

The biostatistical model of health based on the concept of physiological norms is being transformed into a range of models of health: social,

preventive, psychosomatic, valeological and, finally, into the bioethical model of health integrating all of them.

The first two models are primarily focused on the elimination of unfavorable socio-cultural, environmental, hygienic, family, and individual factors that make preservation of health impossible.

Representatives of psychosomatic medicine believe that illness “appears as the exact word of mental intention” and the human’s definite mental modes lead to pathologies in their body (Menegetti, 2004).

Each person constructs their own world, body, their ethics and aesthetics, events in their life based exceptionally on the personal dominant psychological complexes which are ontologically meaningful for them. It is important to direct the excess of psychical energy into the area of health creation and procreation of life.

The valeological model emphasizes the importance of perfection and the human use of both traditional and unconventional technologies for the maintenance and development of individual health, the role of health creating components of lifestyle. The “valeological turn” in medicine is founded on ideas of necessity for active health care to mankind’s benefit as well as care not only for the body but also the soul. As early as ancient times, the Stoics noted the similarity between medicine of the body and therapy of the soul at the center of which there is a general concept – pathos. The term is equally applicable to the designation of passion and a physiological disorder as well as to involuntary movements of the soul and health problems. In both cases, these conditions are characterized by passivity, which takes the form of a disease affecting the balance of fluids – humors or qualities in the body, and, in the soul, it takes the form of movement that can captivate it.

In the view of the paper’s authors, the bioethical model performs integrative functions in relation to the above models. It is based on the concept of human health as autonomy and well-being, the patient playing a crucial role in achieving them. Such bioethical principles as respect for autonomy and dignity, integrity, beneficence, nonmaleficence, vulnerability, justice, responsibility, etc. act as mechanisms to achieve them. It also supposes patients being informed by doctors since the essential information about health or course of the disease might become an incentive to deal with bad habits and a start of a healthy lifestyle.

The bioethical model of health is based on the fact that health is a phenomenon which is not exclusively associated with medicine and medical institutions. To a large extent, public health is the result of personal responsibility for the plans of existence, the realization of their own life strategies, principles and values. Education of the soul, the formation and education of oneself, taking care of oneself are categories of the same

magnitude (Fuko, 1998, p. 74). This model embodies the idea of human life as harmony of their bodily, physical, mental, moral, spiritual and social dimensions. To be in good health means to harmonize one's mental modes, style of social and moral behavior in accordance with the requirements of nature, deep rules of existence and fundamental principles of life.

Nowadays, individual components of health come to the fore as "benefits" for each person; in many respects it depends on individual and social values.

The authors of this paper believe that the bioethical paradigm in its "nonconservative" form, which overcomes the limitations of liberalism, can give rise to further modernization of medical theory, ethics and public health practice.

Modern medical ethics should be committed to the comprehensive transformation of the content of professional medical ethics based on the principles of consumer and health system solidarity, the mutual responsibility of the individual and society, harmonious coexistence of humanity and wildlife. It must be aimed at the consolidation of the latest models and principles of the individual's relationship with health care establishments, social services, their inward nature and environment into a single concept.

The Ukraine, like other countries of the former Soviet Union, is actively involved in the transformation of health care, which is represented by the institutionalization of bioethics, in particular, by the development of ethical expertise of medical practice and medical experiments, continuous improvement in the code culture of medicine, the elaboration of appropriate legislation and regulations, and the introduction of bioethics as an academic discipline in medical schools.

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Issues of Humanity in Medical Ethics

Martin Gluchman

Abstract

Bioethics has been a very disputable field of applied ethics in the past years, which is caused by the frequency with which the term *bioethics* is used and, primarily, by the importance of the questions solved and increasing public interest. Many contemporary ethical and moral problems are based and rest upon conflicts stemming in bioethics. In the presented article, I will focus on the principle of humanity as a part of one of the most complex fields of bioethics. I will use ethics of social consequences as a theoretical point of research into biomedical problems regarding euthanasia and the relationship between the physician and the patient, which will be used as a tool for solving practical moral problems and dilemmas within medical ethics (as ethics of social consequences comes from the situational approach) as well. The determining morality criterion and basic point of my assessment are social consequences of acting (other consequences – purpose, motive, decision making – are transformed into them).

Keywords: human dignity, humanity, physician - patient relationship

Bioethics has been a very disputable field of applied ethics in the past years, which is caused by the frequency with which the term *bioethics* is used and, primarily, by the importance of the questions solved and increasing public interest. Many contemporary ethical and moral problems are based and rest upon conflicts stemming in bioethics.

In the presented article, I will focus on the principle of humanity as a part of one of the most complex fields of bioethics. I will use ethics of social consequences as a theoretical point of research into biomedical problems and the relationship between the physician and the patient, which will be used as a tool for solving practical moral problems and dilemmas within medical ethics as well (as ethics of social consequences comes from the situational approach). The determining morality criterion and basic point of my assessment are social consequences of acting (other consequences – purpose, motive, decision making – are transformed into them).

In comparison to utilitarianism, ethics of social consequences is not aimed at maximizing benefit, pleasure, or consequences, but at reaching its own goal by continual processes to achieve a predominance of positive over negative social consequences. That is the reason why even a minor quantity of positive social consequences can sometimes be regarded as the right solution and,

actually, even if the quantity of negative social consequences does not overreach the quantity of positive ones. Such a situational solution to controversial (dilemmatic) circumstances is a very good manual or direction how to get mutually advantageous solutions within medical practice, especially regarding questions of the principle of humanity and the of the physician – patient relationship.

The concept of humanity means protection, support and development of human life itself that brings positive social consequences. Therefore, protection of either one's own life or the lives of one's relatives, closest friends, and, on the other hand, even the lives of unknown people is a form of behavior and acting bringing positive social consequences (Gluchman 2008, p. 77). From the viewpoint of ethics of social consequences, protection of life in any condition and the support and development of one's own life are valuable, however, in my opinion, altruistic help towards the development of the life of an unknown person is more valuable.

Consequently, I will focus my attention on the comparison of the basic principle of ESD (the principle of humanity) with biomedical principles formulated by Tom L. Beauchamp and James F. Childress. They formulated four principles of biomedical ethics – respect for autonomy, beneficence, nonmaleficence, justice.

The term *beneficence* connotes acts of mercy, kindness, and charity. Forms of beneficence also typically include altruism, love and humanity. Beneficence covers beneficent actions in a broad way, so that it includes all forms of action intended to benefit other persons. Benevolence refers to the character trait or virtue of being disposed to act for the benefit of others. The principle of beneficence refers to the statement of moral obligation to act for the benefit of others. Many acts of beneficence are not obligatory, but some forms of beneficence are obligatory (Beauchamp, Childress, 2009, p. 197). *Good* is a term merging all these attributes of beneficence principles. Good is everything that fills the lives of human beings with feelings of joy, pleasure, safety, happiness, peace, comfort, social confidence and satisfaction within ethics of social consequences. Good is understood as something that helps to fulfill human dignity, the agent's social adaptation, adaptation to family life, as well as to life at work, etc. At the same time, good is a morality criterion and the highest moral principle in terms of ethics of social consequences (Gluchman, 1995, p. 90). Therefore, it could be said that a moral agent aiming at beneficence is kind, merciful and humane, acts and achieves good, meaning positive social consequences. That is the aim of the existence of each moral agent living his/her own life in cooperation with other individuals in society. At first sight, it could be stated that, in ethics of social consequences, positive

social consequences comprising accomplishing/performing good in themselves would correspond with the principle of beneficence in some way.

Beauchamp and Childress consider the principle of autonomy a principle of high importance within biomedical ethics. According to them, the above principle presents autonomous individual acts freely in accordance with a self-chosen plan, analogous to the way an independent government manages its territories and establishes its policies in all spheres of life. The authors state that a person of diminished autonomy, by contrast, is in some respect controlled by others or incapable of deliberating or acting on the basis of his or her desires and plans. For example, cognitively challenged individuals and prisoners often have diminished autonomy. They integrate two conditions as essential for autonomy: liberty (independence from controlling influences) and agency (capacity for intentional action) (Beauchamp, Childress, 2009, pp. 99-100).

According to the authors, an autonomous person who signs a consent form for a procedure without reading or understanding the form can act autonomously, but fails to do so. Of course, one could re-describe the act as one of placing trust in one's physician, which could be an autonomous act of authorizing the physician to proceed. However, it is not an autonomous authorization of the procedure because the person is not informed regarding the procedure. Similarly, some persons who are generally incapable of autonomous decision making can at times make autonomous choices. For example, some patients in mental institutions who cannot care for themselves and have been declared legally incompetent may still make some autonomous choices and decisions, such as stating preferences for meals, refusing medications and making telephone calls to their family relatives (Beauchamp, Childress, 2009, p. 100). According to ethics of social consequences, human beings, in this case mentally incapable, have primary equivalent human dignity, moral equality based on their belonging among *Homo sapiens*. They can aim for reaching the maximum of positive social consequences resulting from accepting and acting good depending on the level of their disability during their own development. However, they will never reach the status of moral agents, as in their case there is no potentiality of moral, mental and psychic development worth a moral agent. Theoretically delimited by ethics of social consequences, a moral agent acts and makes decisions based on moral values and is conscious of the responsibility for the consequences of his or her actions and the moral obligation for what he or she should do. Human beings without such competences are not able to make responsible decisions, and are not fully responsible for their actions. One cannot, for example, blame mentally defective humans for not being able to act or perform a particular activity in the way one expects him or her to do. Likewise, one cannot blame

mentally defective individuals for negative consequences resulting from their not aiming negative activity caused by their insufficient competence and inability to be responsible for particular consequences. Even though one approaches them with respect, as they are human beings fulfilling the basic condition of existence of life itself (regardless of the state or quality of their life). The fact of not being able to do something is not a reason for condemnation and execration of an agent. One would talk of a conscious and aimed action if pursued by healthy morally competent individuals, but a mentally disabled human being does not act consciously (although he/she makes his or her own decision) because it is hard to talk about conscious activity in such cases.

I tried to confront the principle of humanity within ethics of social consequences with biomedical principles of beneficence and the respect of autonomy as free independent acting in relation to the protection and development of unknown people or relatives in which the value or the rate of positive social consequences is the most significant factor. Acts which mainly produce positive social consequences in the activity of an individual are an influential measure in both principles. Now, I would like to ask how one can confront the principle of humanity in ethics of social consequences with the principle of nonmaleficence. Beauchamp and Childress characterize the principle of nonmaleficence as a principle obliging one not to harm others. This term has both a normative and a non-normative use. "X harmed Y" sometimes means that X wronged Y or treated Y unjustly, but it sometimes means only that X's action had an adverse effect on Y's interests. When using these notions, wronging involves violating someone's rights, but harming need not signify such a violation. People are harmed without being wronged in attacks by disease, natural disasters, bad luck and acts by others to which the harmed person has consented. People can always be wronged without being harmed (Beauchamp, Childress, 2009, p. 152). According to Gert, the principle of nonmaleficence supports several more specific moral rules that the moral agent should follow when making decisions and acting. This comprises rules and paradigms such as do not kill, do not cause pain or suffering, do not incapacitate, do not cause offense and do not deprive others of the goods of life (Gert, 1988, p. 32).

According to ethics of social consequences, one should protect and support life, but Gluchman specifies the definition; "as far as we talk about life equivalent to the qualitative criteria of human life at least" (Gluchman, 2008, p. 82). Thus, a health-care worker (for example a physician) in accordance with the principle of nonmaleficence, according to ethics of social consequences, would not harm a suffering moral agent showing at least some ability to live from the viewpoint of the principle of humanity and, therefore,

would approach life itself with respect. The moral agent respects life meaning good and that is a reason he or she treats and cures the patient.

It is not only protection of life and following the effort to keep life at all costs which is understood by the term *humanity*. Life as a moral value should be protected and supported in its development if it, at least, meets quality criteria. If not, one chooses not to prolong the suffering and the life can easily be ended, or the person can be left to die. The life of a newborn is a different case. There, one can see hope and presumption of his or her mental and physical development. Therefore, according to beneficence, the life of a newborn is more beneficial for humanity; it has more potential, primarily concerning the abovementioned development of rational, cognitive and physical abilities and competences of such an individual.

Thus, it can be stated that, in relation to the principles of nonmaleficence and the principles of beneficence, xxx deals with the principles of favors and the support of others and their harmlessness. The obligation not to harm others is sometimes stricter than the obligation to help them. If a health care provider in a particular case causes a very small injury (let us say swelling after a needle injection), than the obligation of beneficence was superior to the obligation of nonmaleficence (Davis, 1994, p. 329).

Beauchamp and Childress claim that if nonmaleficence overrides beneficence in some cases, the best utilitarian outcome would be obtained by acting beneficently. If a surgeon, for example, could save two innocent lives by killing a prisoner on death row to retrieve his heart and liver for transplantation, this outcome would have the highest net utility (in the circumstances), but the surgeon's action would be morally indefensible (Beauchamp, Childress, 2009, p. 150). According to them, in the given example, the final consequence of overall acting would be valued positively; however, the surgeon would have to act against the principles of humanity and human dignity (and also against his own will) that he should keep under all conditions in relation to life (whether the murder committing crime or human being acting good). I hold the view that the physician should primarily show respect to any life form, trying to reach positive social consequences and, secondarily, I would look at the perspective of the contribution of the acting, the existence of two innocent people in society and their moral growth, development and overall potential contribution to society based on ethics of social consequences. Honestly, a prisoner sentenced to death is not a perspective moral agent who has no hope to be a contribution for society or potentiality of his further development.

However, if one looks at the problem from the viewpoint of the principle of beneficence, it requires that the moral agent balances the advantages, risks and costs with the aim of producing net outcomes. Utility also deals with the

virtue of beneficence, various forms of care and optional beneficial ideals. These differences make the conflict's essence between beneficence and the respect for the autonomy appear in paternalistic requests accepting the patient's wishes or appearing in public processes accepted for the protection or improvement of the individual's health (Hanson, 2009, p. 12). Currently, the paternalism of physicians is fading into the background in favor of the patient's autonomy, respect for his or her existence and, generally, respect for the life of human beings.

Even Onora O'Neill tends to move from a fully paternalistic model in medical ethics that proposes and points to the fact that this model was not sufficient to provide adequate reasoning/justification to legitimate trust. Trust is the basic element of an ideal physician – patient relationship. That means more adequate ground for the trust presupposed xxx the patients being in morally a more equivalent relationship with the physicians, which means they would have to be better informed and less dependent (O'Neill, 2002, p. 18). Replacing the paternalistic model with trust means to share the information as well as to provide a consultation and, in this way, to support the patient's ability to act autonomously. Such a model of the physician – patient relationship presents the best health care – on the one hand, the physicians share their knowledge and opinions with the patients and, on the other hand, the patients are able to act in an independent and autonomous way based on such information (however, it does not concern a dependant relationship) (McLean, 2010, p. 10).

In this sense, I see an analogy between ethics of social consequences and the principle of nonmaleficence. In both matters the goal is not to harm. There, one can see a clear analogy between these theories. Specifically, it concerns impartiality in relation to providing help and care for people that need one's help or are at risk of their own health or life. On the one hand, ethics of social consequences accepts one's effort to protect one's own life and the lives of one's relatives as a natural-biological attribute; however, on the other hand, ethics of social consequences offers help to a stranger as a valuably "more advantageous" choice, since the further one moves on the genetic line from the care for one's own life towards care for the life of strange human beings, the greater moral value one's effort has to help or preservation of life existence because it is something over human natural-biological determination.

Morality requests respecting the autonomy of people and avoiding harm, but also contributing to the welfare, benefit and overall utility of society. These beneficial acts are included within the term beneficence. The principles of beneficence potentially demand much more than the principles of nonmaleficence because the agents have to take reliable steps to help others,

not just to avoid harm. Here, a clear analogy can be seen between the active and passive form of humanity in ethics of social consequences. Whereas the active form of humanity expects a particular kind of acting tending to the protection, or the support and development of life itself, the passive form of humanity can, for example, even mean not acting, meaning harmlessness to another human being or, for example, even compassion to another human being in his or her suffering, misery, poverty, need etc. (Gluchman, 2008, p. 86). Beneficence and utility played important roles in particular ethical theories. For example, “even utilitarianism is systematically ordered following the principle of beneficence” (Parfit, 1984, p. 366).

Other principles such as beneficence and nonmaleficence help to form some similar rules, such as tell the truth, respect the privacy of others, protect confidential information, gain the patient’s agreement for the treatment and, last but not least, if asked, one helps others to make important decisions. All of these rules are, at the same time, moral obligations/duties of moral agents (in the medical field – health care workers) that can be found expressed within definitions of ethics of social consequences. Primarily, one should care about the patient’s autonomy and his rights; whereas one cares about the consequences of one’s decisions and actions, specifically one is aiming at achieving a prevalence of positive over negative social consequences. Moreover, one can only aim at the above by respect in relation to the lives of all human beings. The principle of humanity requires and encourages to not only care about the life of human beings but also about any other form of living having some significant signs of life.

Here, I came to a conclusion and finding that the principle of humanity is related and dependant on individual biomedical principles. I compared the principle of humanity within ethics of social consequences with the principle of nonmaleficence and the principle of beneficence. Similarly, I came to the conclusion that, within ethics of social consequences, the principle of respect for autonomy necessarily depends on the principle of humanity. Gluchman states that one’s actions are autonomous in a specific sense. This (autonomy) depends on how one is able to dispose with free will and moral freedom.

Firstly, one has to think about the essence of one’s actions in order to deal with the question why autonomy is limited. In my opinion, the autonomy of mentally disabled and handicapped individuals is limited because they do not have sufficiently developed abilities of rational thinking, decision-making, consciousness, morality, evaluation, or responsibility, based on which they could acquire autonomy in their decision-making processes and independence from external influences. However, it is not true that actions of such individuals are not human. They also make an effort to act in a human way,

although the insufficient development of their “key” competences does not make it possible for them.

Even mentally disabled members of society have the possibility of an autonomous choice, although they do not meet the criteria and are not qualified as moral agents. Although the qualitative criteria, values of being a moral agent in mentally disabled individuals are absent, they still deserve and are worthy of respect with regard to the principle of nonmaleficence or beneficence in relation towards them. The reason is the value of life itself, their existence that qualifies them for the demand on rights or correlative obligations relating to the principles of nonmaleficence and beneficence.

It is supported by the Slovak Research and Development Agency, contract No. APVV-0432-10.

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Ethical contexts of physician profession preparation

Alexandra Smatanová

Abstract

This paper focuses on medical ethics from the clinical practice point of view. Of main interest is how pre clinical study years influence modes of thinking of students and consequently influence their acts and decision-making processes in medical practice. Also, the paper proposes some ways how to improve medical ethics education of medical students in Slovakia. For this purpose Nussbaum approaches to education are investigated and explored.

Keywords: medical ethics education, M. C. Nussbaum, ethical abilities

Medical profession is applied science profession aimed at treatment of human beings. A person needs to have a specific set of scientific, technical knowledge in order to be a physician. On the other hand, medicine is not only a strictly scientific profession. Medicine is about human beings, it is from humans to humans. And it is about the relationship between patients and physicians, a very specific, unequal kind of a relationship. Thus medicine has a strong moral dimension. In medicine, as in other professions, we talk about as Ladd says both internal and external morality (Ladd, 1983, p. 212). When dealing with internal morality, we talk about the norms, values, principles, codes inherent to medical practice (the goals, aims of medical practice). External morality consists of the principles, norms, rules, habits, customs and traditions present in a given society which influence medical practice (the means how to achieve the goals of medical practice). Internal morality can be represented by ethical codes, principles or various guidelines internal to medical profession. This internal morality shall be structured in accordance with the external one. For example, no internal guideline can go against fundamental human rights which were recognized as unalienable by all countries. But it is obvious that neither internal nor external moralities are sufficient and cannot guarantee ethical performance of medical doctors and ethical environment in clinical settings. As Bilasová points out, it is important to emphasize that the institutionalized forms of ethics cannot utterly and adequately compensate morality as such. In current society, it is very important to enhance morality on the individual levels of consciousness and give a chance to the revival of moral responsibility as a primary source of formation of ethical processes and therefore prohibit and prevent moral indifference of any kind (Bilasová, 2008, p. 53). Consciousness of individuals

is the linking element between the actual clinical practice and internal and external morality that prescribes and/or forbids specific acts. Moreover, current society with all its developments in any sphere creates situations that are too complex and correct or right answer is ambiguous. Also Liégeois stresses that “the gap between general values and norms on the one hand, and the particular situation on the other can be bridged only by means of the moral intuition” (Liégeois, 2010, p. 1) I agree with Liégeois that moral intuition is highly subjective and limited, depending on where and how a person grew up, on their education, family background, etc. Therefore, ethical reflection is necessary, as it “clarify and deepen their [physicians] insight in values and norms and their moral intuition. Ethics supposes reflection, thinking on values and norms that present themselves somehow objectively in a given situation, as well as on the intuitive and subjective sense for these values and norms” (Liégeois, 2010, p. 2).

Enhancement and formation of not only professional, technical skills but of ethical competence of future doctors shall thus be an important aim of medical education. It is truth that medical ethics education has been gaining more and more attention and relevance during the last decade. There were gradual changes in teaching of medical ethics education, from osmosis to traditional model and new strategies and approaches to medical ethics education (Fox et al., 1995, pp. 761-762). Many theories exist about what medical ethics education should be focused on in order to enhance ethical competence of medical students (focus on formation of physicians who can solve ethical dilemmas, formation on physicians who are virtuous...). The same applies to Slovakia. Medical ethics education has been receiving more and more attention. But still this education faces similar problems that face medical ethics education in West.¹ On the other hand, Slovakia is an individual, separate country having its own conditions and education. That is why it is having its own specific problems connected to medical ethics and medical ethics education. System of medical ethics education in Slovakia is not unified.² Each and every university is free to determine the amount of

¹ Campbell differentiates four main problems medical ethics education faces: “too little, too late”, “hidden curriculum”, “the lack of institutional support” and “cultural issues” (Campbell, Chin, & Voo, 2007, p. 433).

² An internet survey was made in order to compare separate courses on medical ethics or bioethics for students of general medicine at four Slovak universities. We compared schedules of different medical ethics, bioethics courses and the following was found out. At the faculty of medicine in Košice, medical ethics courses are elective courses taught for second, third, fourth and fifth year students, in a summer term. For second year students, a course called *Vybrané problémy lekárskej etiky* (A selected problems of medical ethics) is being taught, one lecture and one seminar in a week, for 2 credits. For third, fourth and fifth year students an elective course called *Vybrané kapitoly z bioetiky a lekárskej etiky* (A selected chapters from bioethics

hours per week, the courses to be covered, the content of the courses, final grading system too. Usually, the course is not compulsory, only elective and is not having more than one or two credits. The number of credits shall reveal the importance of the course and difficulty of the course connected to working hours of students. The only thing that teaching of medical ethics at the faculties has in common is the low amount of credits for the courses and inadequate, insufficient time allocation.

Consequences of such marginalization of medical ethics education for medical practice of future doctors are various. There was a survey made (*Dotazník pre lekárov*) where doctors were asked to answer several questions regarding their profession. The questions were general, but also more specific dealing with their ethical awareness, competence, etc. Interesting were the answers on questions about approach of doctors towards their patients. More than a half of the respondents answered that doctors consider their relationship with a patient to be only professional, technical, without any moral dimension. Of importance are also the answers whether doctors would appreciate some additional education on ethical issues and if they would be willing to attend it. In both cases, more than a half of the requested respondents answered positively. We can entail that doctors think that ethical competence is important for them, but also their need to be educated more in this area as well as their willingness to do so.

Hand in hand with the survey answers go other issues connected with inadequate medical ethics education. If medical ethics education remains insufficient, students may not understand the importance of moral dimension of their everyday profession. If they still consider healing of a physical disease a patient suffers to be more important than healing of a patient as totality, their ethical competence is not strengthened. Bilasová agrees with Capra's claim that focus on examination of biological mechanism leaves many questions that are closely interconnected (old age, density of population, social aspects, economic possibilities, etc...) and therefore suggests a revival of the principle to cure the person not the disease (Bilasová, 2008, p. 53).

and medical ethics) is being taught, one lecture and one seminar a week, for 2 credits. Also, an elective course called *Vybrané problémy lekárskej etiky* (A selected problems of medical ethics) is being taught, one lecture and one seminar a week, for 2 credits. Teacher of the courses is a non-medical person. At the Faculty of Medicine at SZU in Bratislava, medical ethics courses are compulsory courses and taught for first year students, in a summer term. There is no exam at the end of the course and a lecturer is not a physician. The third University where general medicine is taught is in Martin and here, medical ethics courses are compulsory courses, taught in the third year of studies, in a winter term. There are some 16 hours a week, every even week. And at the faculty of medicine in Bratislava, medical ethics courses are compulsory courses taught in a fourth year of studies, in a winter term. The amount of credits for the course is 1 and a lecturer is a physician.

Another issue is that ethics may be by the students understood only in an instrumental way, e.g. as an ethical dilemmas solving instrument. As there is not much time and space in medical education devoted to medical ethics, only the most prominent and common ethical issues are touched. These have the form of a dilemmatic case which needs to be solved. But ethics is not about problematic or dilemmatic cases only. Ethics shall be internal part of medical practice of physicians. It is about the way they talk to people, how they can relate to their patients, if they are ready to see the other, the patients, as original individuals or reduce them to their own picture, etc. Or, they may consider ethics as something redundant for their professional practice, only a university course they need to pass and cannot see any interconnections between the course and real, everyday professional practice. This can be caused by the minimal amount of credits assigned to the courses on ethics. Also the approach of their supervising doctors to ethics and medical ethics during students practice is important and influence students (a hidden curriculum).

Based on the abovementioned issue, I think that such a marginalization of medical ethics education can have considerable negative effects on medical students thinking and ethical competence and thus is a problem that needs an attention. If we want to influence and change thinking of future medical doctors and form ethically competent doctors, change their approach to medical ethics, positively influence clinical practice then we have several options. We can prepare workshops, seminars, discussions with doctors who are already in clinical practice and feel a need to be more educated about ethics, medical ethics. Or we can focus on medical ethics education.

My proposal is exploration of inspiring work of Martha C. Nussbaum and her approach to education. Although Nussbaum wrote a great deal about education, she never focused on ethics education to physicians. This paper explores Nussbaum work in order to find out if it can provide us with a new and fruitful perspective on what medical ethics education shall strive for (formation of democratic citizens) and what ethical competence of physicians shall consist of (the three abilities).

In her books³ Nussbaum deals with contemporary education and she argues that this should be reformed. I think that one can only agree with this Nussbaum's statement. Even though this statement is really general I think that her approach to education can serve as valid and fruitful methodology resource for ideas on medical ethics education. While the initial topic of these

³ "Cultivating Humanity: A Classical Defense of Reform in Liberal Education" (2000) and then in the book "Not For Profit: Why Democracy Needs the Humanities" (2010)

books is the same, there are also differences between them.⁴ Clearly, the core idea of the two books is the same – a desperate need to reform current education into education for democracy - as this can help people to live their lives in a truly human way. According to Nussbaum (2010) the rationale is that education shall be based on the idea of democracy: “Democracy is built upon respect and concern, and these in turn are built upon the ability to see other people as human beings, not simply as objects” (Nussbaum, 2010, p. 6). And the second rationale is that humanities and the arts shall be inalienable part of educational processes because through these the education for democracy can take place.

But Nussbaum correctly points out, that current education is not focused on the formation of democratic citizens and the humanities and the arts are being cutting away from the current education. As Nussbaum says “nations all over the world will soon be producing generations of useful machines, rather than complete citizens who can think for themselves, criticize tradition, and understand the significance of another person’s suffering and achievements” (Nussbaum, 2010, p. 2). This is not that case of the USA only, but this is happening in many other countries. The same is happening in the medical ethics education in Slovakia. Humanities, including ethics education, have been marginalized within educational system. The real idea of ethics education (formation of ethical physicians) is thus not fulfilled because of inadequate time and space allocation of courses on medical ethics or bioethics within medical curricula.

I think that education is needed for democracy as the latter supports diversity and pluralism of ideas, values which deserve our respect because values as such are incommensurable and we have no merit to judge which are

⁴ In “Cultivating Humanity” Nussbaum focuses on higher education in the US, and argues that it has a role in educating people to become citizens of a democracy. In order to function well as citizens, students should also learn how to deal with differences between cultures and should develop compassion for other people who live in different circumstances. Also, education should help women to realize what their position is and that their position in society may actually block their possibilities to flourish (even if according to their culture and tradition they are being treated fairly). This should help them recognize that not all traditions are worthy to sustain. Also, it should open the eyes of others in that society and make them think about the traditions which prevent women from being able to flourish. This is important for democracy because pillars of democracy are, amongst other concepts, respect and solidarity and tolerance. Besides this common content, this book deals with non-western cultures, the role of women within these cultures and the study of sexuality. The other book does not deal with these latter topics. The other book, “Not For Profit” also focuses on people that already live above the threshold capabilities level. The aim of the reformed education should be cultivation of citizens who would do their profession not only for profit, but for democracy and thus secure real democracy or liberty and flourishing of humanity. In this book Nussbaum proposes three abilities that should help them to live their lives in a truly human way.

more valuable, good or bad. If democracy is the fundamental basis of all human relationships, ethos of individuals will be affected (ethos of physicians, too). Democracy in a narrow sense, as an individual ideal not a societal and/or a political term, shall be the basis of the ethos of people in order to form reflective individuals, not cogs in machines.

As such, I think that Nussbaum's ideas on education for democracy and importance of humanities and arts in any kind of education can be inspiring also for medical education. As I said at the beginning, moral dimension is inherent dimension of physicians' practice. If goal of education is formation of democratic citizens, this moral dimension would be an important goal of medical ethics education, too. Medical students shall not be only medical professionals but democratic citizens, who strive for democracy, too. Even though medical profession is very difficult and requires lots of expertise, physicians should not live or work in a vacuum. They shall be, and they shall perceive themselves, not only as physicians but also as citizens. I think that incorporation of democracy into medical ethics education and acknowledgement and understanding of democracy as a basis of morals can help to broaden ethical awareness of medical students. According to Nussbaum, education for democracy involves enhancement of the three following abilities: capacity for Socratic self criticism, ability to be citizens of the world, ability of "narrative imagination" (Nussbaum, 2010).

Nussbaum says that the three abilities "are essential to the cultivation of humanity in today's world" (Nussbaum, 2000, p. 8). Moreover, unlike capabilities which can be linked to organizations, groups, etc., abilities are linked to people only. Once students enter educational process (medical ethics education) they should acquire these abilities not only a potential to develop them in the future. The first ability Nussbaum is talking about is the "Capacity for Socratic self criticism". This capacity is based on the Socratic method of dialogue. The Socratic inquiry "opens up questions that are, and already were, of urgent importance for a culture committed to justice" (Nussbaum, 2000, p. 23). Students who are not able to use Socratic inquiry are passive citizens whose lives have been influenced and determined by conventional beliefs; customs which they have not internalized just blindly followed without any form of reflection. If Socratic inquiry is internalized and used by students then they start to consider and ponder about the "facts" and they would respect "powers of deliberation and choice that all citizens share" (Nussbaum, 2000, p. 26). This opens up the way for recognition and respect of pluralism of values and cultures as such. What is more, this capability should help students to recognize ethical problems when they occur as their mind would be open and questioning of reality would be their operative modality. Such theoretical background in philosophy and ethics is thus important for students of

medicine as it can help students to form critical thinking and think critically about ethical issues. “Ability to be citizens of the world” is the second ability Nussbaum proposes. To be a citizen of the world people have to accept, “(...) the invitation to become....philosophical exiles from our own ways of life, seeing them from the vantage point of the outsider and asking the questions an outsider is likely to ask about their meaning and function” (Nussbaum, 2000, pp. 56-57). This means that people should consider themselves part of a greater whole and should realize that their own, local and personal worldviews enable them to develop only a partial interpretation of the world. If one is to be a citizen of the world then he/she must recognize each and every person as possessing inviolable human dignity, of course regardless of cultural background.”The sterner, more exigent version is the ideal of a citizen whose primary loyalty is to human beings the world over, and whose national, local, and varied group loyalties are considered distinctly secondary. Its more relaxed version allows a variety of different views about what our priorities should be but says that, however we order our varied loyalties, we should still be sure that we recognize the worth of human life wherever it occurs and see ourselves as bound by common human abilities and problems to people who lie at a great distance from us” (Nussbaum, 2000, pp. 8-9). This is a very important ability, especially in current society where people tend to think only about here and now reality and do not think about future generations, or people living in different parts of the world. This ability shall enable students to realize our responsibility in a broader sense, as a citizen of the world not only a person of a certain role and status in a local sense. Thanks to this ability a public, ethical discourse on medical ethics issues could be enhanced and promoted. Last ability, “Ability of “narrative imagination” is rudimentary to citizenship (Nussbaum, 2000, p. 84). As Nussbaum points out „information about social stigma and inequality will not convey the full understanding a democratic citizen needs without a participatory experience of the stigmatized position which theatre and literature both enable“ (Nussbaum, 2010, p. 107). The ability of imagination means that we can truly put ourselves into the shoes of the others, seeing problems from their perspective. In order to respect and protect people, we have to know what they value while respecting and engaging in a dialogue with them so that we can understand their worldview better. Nussbaum considers literature to be a plausible mediator of this ability. According to her, literature enables readers to think critically about various human beings in various situations. And as such, can help readers not only to understand but also to support readers’ believe in humanity and of importance of life as such.

How would the incorporation of the three abilities to medical ethics education influence or affect medical ethics education? Certainly, such

incorporation is not an easy task to do but I still think that such incorporation could be fruitful. I think that thanks to capacity for Socratic self-criticism the epistemology of medical students would be affected. The way they would perceive reality, status quo, their patients, clinical practice as such would be influenced. As Socratic scholars, they would be encouraged to apply their critical, reflective thinking to clinical practice. The methodology of physicians' practice would then be of both scientist and democratic human being, too. Approach of a scientist to reality is different than that of a philosopher or other arts scholar. Scientists approach reality as phenomenon consisting of hard facts, plurality and relativity of core notions does not have a place in their research area. On the other hand, philosophers question reality, only rarely provide us with universal answers. Thanks to the Socratic ability, for example, understanding of principlism (the American mantra) by medical students as not only scientists but also as humanitarians would be affected. Students would not perceive them as the four best principles that can solve all the problems in medical ethics but would go deeper, would think about the core of these principles, about core of the deontology and its pros and cons, about their own position towards these principles. It is exactly this ability that has to be present in education in order to prevent formation of cogs in machine, unable to step away from their professional, technical role and the status they possess in a society and care about everyday reality as democratic citizens living with their eyes wide open, actively questioning reality and issues and events in it.

The ability to be citizen of the world strives to enrich and broaden the duties of the physicians. To be a citizen rather than "just" a physician requires the physician to care for patients beyond traditional professional standards. This requirement is calling for physicians who can connect themselves with society and citizens. And who can perceive their patients and themselves as citizens who are parts of greater structures in which they should be interested. Thus enrichment would be in broadening of professional (ethical) interest of medical students. Students would not only be interested in clinical issues but also in public health issues. They include: how does the health care system function, is there any need for a change, what about allocation of resources, are all citizens from any cultural background given an equal access to health care. Physicians should keep these things in mind and widen both their knowledge and scope of interest. They must realize that each of their decisions influences not only their patient but also others: patients and people as such. They should think about the future of human species as a whole, not in terms of a particular culture or nation alone.

Ability of "narrative imagination" is, in my opinion, an inevitable ability for medical professionals in order to be really good professionals. This ability

puts an emphasis on “I – Thou” relationship, where the other is not reduced only into a different I, but is considered a real, unique original person who is different than I and thus has to be listened to in order to get to know the person and the problems he or she is facing. And moreover, ability to see the world, the problematic issues, the reality as such from the point of view of the patient may not only be helpful for the patient and his well being but might be enriching for physicians too. This ability comprises such values as good communication skills, empathy, attentiveness and caring approach of physicians towards their patients. In the centre of this ability is aspect of relatedness, a relation of a person to person. These aspects are important in Janssens personalism that belongs to the category that Häring defines as “a radical I-Thou personalism” (Christie, 1990, p. 17). When talking about relationships of person to person, Janssens says that we have to talk about “a deeper reciprocity, a dialogue; the other must be treated as a self, a neighbour, not as an object, but must be approached as originality” (Christie, 1990, p. 41). And this can be achieved through love because love “is not possessive but freeing” ...love is actualized in reciprocity” (Christie, 1990, p. 42). Love is not meant in the romantic sense here but as a caring, attentive, reciprocal relationship to the other who is considered as a unique subject. Understanding, that not only *ratio* (technical skills) but also *iratio* (emotions) is important in physicians’ profession. In clinical practice, often the ethos of the physicians can be confronted with a different ethos of a patient. In such situations, the ability of narrative imagination could be the mediator that can help the opposite partners to understand each other better and an encounter would be seen as an opportunity to help the other as the responsibility for the other stands before our freedom, as Levinas says.

Conclusion

There is a strong pressure on current education to form individuals who are highly specialized in their professions. Same applies for medical profession and for physicians. But profession of a physician is not only scientific but also humane profession; it is based on a relationship of a physician and a patient. In order to enhance this humane aspect of their work, ethical capability of physicians shall be enhanced. Moreover, ethical capabilities of physicians shall not be limited for only patient- physician relationship. Physicians shall not be only ethical physicians but shall apply their ethical capabilities outside their ambulance, too. Inspiration for this kind of ethical enhancement can be found in Nussbaum approach to education for democracy and the three core abilities students shall after a graduation possess. The three abilities (ability for Socratic self-criticism, ability to be citizen of the world, „narrative imagination” ability) form a set of knowledge and approach to reality that

could enhance ethical awareness and attentiveness of medical doctors as citizens. Also, if Nussbaum approach to education is translated to medical education, then humanities (medical ethics education) would be recognized as an important and inalienable part of medical education and thus a proper time and space allocation within medical curricula would be devoted to medical ethics education.

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Respect for autonomy and human dignity in codes of conduct of health care professionals (in Slovakia)

Katarína Komenská

Abstract

The aim of the paper is to present and reflect on some of the current theories of human dignity and autonomy. The understanding of autonomy in the 4 principles theory of Beauchamp and Childress will be the starting point of this paper as it presents medical ethics and health care ethics as patient-orientated model with special attention paid to the needs and rights of the patient. According to this orientation of health care ethics, the concept of human dignity plays an important role, too. The understanding of this concept in ethics of social consequences will be analyzed. In the final part of the paper, the implication of these principles to the codes of conduct of health care professionals will be presented.

Keywords: respect for autonomy, dignity, medical decision making process, health care ethics, ethics of social consequences

Introduction

Health care professions have always been closely related to strict moral norms and goals. One of the reasons why it is so, is that the actions of health care professionals is directly connected to the lives of their beneficiaries; patients. For many years, these moral norms and evaluations of health care professions have rather stayed at the level of acceptance without any further analysis or discussion. T. L. Beauchamp critically reflected on this situation when he claimed: "Prior to the early 1970's, there was no firm ground in which a commitment to principles or even ethical theory could take root in biomedical ethics" (Beauchamp, 2007, p. 3). This does not mean that physicians, biomedical researchers, and other health care professionals did not realize the moral and ethical goals of their professions and were not strongly compelled to act accordingly. What Beauchamp tried to say is that there was rarely any discussion on ethics in health care and the changes the health care have prevailed through the history of time (ethical, cultural, biotechnological, etc.).

I agree with Beauchamp and other writers (Porter, Rai, Childress, and many others), who realized that the contemporary situation in health care needs to move along from a traditional view of health care professions based, in my opinion, primarily on the professional skills of their performer. This, together with an increased interest in the ethical issues of health care services, influenced a shift from the paternalistic understanding of health care

professions to “patient-centered” (patient-orientated)¹ medical ethics. I believe that the need to introduce “an autonomy model, while also incorporating a wider set of social concerns” (Beauchamp, 2007, p. 3) has moved from a theoretical discussion on the principles of medical ethics and from clinical practice² to the modifying values and rules formulated in codes of conduct of health care professionals, too.

The first question could be stated as follows: Is it actually important to react to the theoretical shift in medical ethics? Does the implementation of norms referring to respect for a patient’s autonomy to professional codes have a practical output? Modern clinical practice does not consist of one sided opinions. The “clinical judgment about a patient’s medical condition and about interventions that might objectively improve deficits in that conditions” (Jonsen – Siegler – Winslade, 2010, p. 47) is just the first step in the medical treatment process which needs to be evaluated by a second opinion; the patient’s one. The proposed treatment plan can then be either accepted or refused by the patient (or his/her family). This opinion is a relevant part of the medical decision making process and should be fully respected. To guarantee this, respect for patient’s needs and wishes needs to be identified in the professional codes as one of the moral goals of medical practice. The authors Albert R. Jonsen, Mark Siegler and William J. Winslade claim that “attending to patient preferences is essential to good clinical care” (Jonsen – Siegler – Winslade, 2010, p. 49) as it builds trust in the health care professional – patient relationship and brings greater satisfaction with the health care. The positive outcome from reflecting the respect for patient’s will and autonomy in the professional codes of health care is then significant.

The second problem is then how the patient-centered model (autonomy model) could be implied to the set of norms and values formulated in the particular code of conduct of health care professionals? Which particular values and rules can highlight the patient’s preferences? In this paper I propose to start identifying the most general principles and values that could create a good basis for the patient-centered model of health care professionals’ code of conduct. Later, the paper tries to show how particular

¹ Different authors speak differently of the same shift in medical ethics, e.g. the patient-centered model of medical ethics, autonomy model, or patient-orientated model of medical ethics. These terms are synonymous and therefore they might substitute each other.

² It can be seen in emphasizing the principle respecting patient autonomy and in considering the patient’s wishes and needs in following a principle of non-maleficency and the principle of beneficence (Porter – Rai, 2009, p. 5). In clinical practice this approach is referred to as to “patient-centered medicine” in which health care professionals and patients share responsibility and authority within the medical decision making process and their relationship (Jonsen – Siegler – Winslade, 2010, p. 49).

rules can help to guarantee the following of these general moral principles and values.

For this purpose, I will analyze two ethical theories which reflect on the problems of medical ethics, namely the Beauchamp and Childress theory of four principles of health care ethics and the ethics of social consequences. In these two theories, the principle of respect for autonomy and the value of dignity would be analyzed as a normative basis of patient-centered ethical codes of health care professionals.

Respect for autonomy and the value of dignity

The principle of respect for autonomy has had its place in Beauchamp and Childress' theory since their work was first introduced. Its first formulation, it referred to the principle of autonomy, which was supposed to guarantee the protection of a patient's wishes and needs in the medical decision making process. Later on, the principle was modified to its current form as the principle of respect for autonomy as the previous notion could cause ambiguity in its practical implications. The reason for this is that the patient, who is believed to be an autonomous human being, does not have to be, in reality, included in the decision making process of health care professionals (Veatch, 2007, p. 46). This means that his/her opinions and standpoints might not happen to be reflected in medical considerations of the patient's treatment.

Respect for autonomy in this context is closely connected with the concepts of decision making capacity, competence and independence. Wim J.M. Dekkers, while referring to Beauchamp and Childress' principles, defines an autonomous person as an individual who is able to freely act in accordance with a self-chosen plan, without any controlling interferences by others and from personal limitations that prevent meaningful choice (Dekkers, 2001, p. 185). On the one hand, the patient (who is independent, rationally competent and capable of making free decisions)³ has the right to decide on his/her own about the state of health, quality of life, possible treatment, etc. On the other side of medical decision making processes, the health care professional needs to show respect for these needs and a patient's wishes (even if they are opposite to physicians' medical advice) and include them in the final decisions for treatment.

The value of dignity may be delimited in different senses. It is very common to understand the value of dignity as a "presentation of honor and

³ In other words, a patient that could be considered as being a moral agent. This could open other interesting topics, as for example how to guarantee a patient's right to mentally disabled patients, to people unable to decide at the moment (in coma or with loss of consciousness), etc. but I will avoid this as it deserves a deeper analysis of a moral agent, his/her ability to choose and the medical situation of the patient.

esteem for personal merit, inherited or achieved” (UNESCO, 2011, p. ix) or to associate it with the idea of human rights which should be inherited equally by all individuals. The later understanding of dignity has been often adopted by international laws and declarations, e.g. the Universal Declaration on Bioethics and Human Rights (UNESCO) which refers to the minimum dignity ascribed to every human being.⁴ All human beings are born free and equal in dignity and rights. Despite this international legislative acknowledgement of value of dignity, it is “rarely or accurately defined” (UNESCO, 2011, p. x).

Therefore, further analysis of the value of dignity needs to arise from a philosophical concept of the value of dignity. Ethics of social consequences is not a theory of health care ethics but its authors often react to the contemporary issues of medical and bioethical discussions. Its normative basis is situated around primary values connected with the core of this ethics; the concept of life. Concretely, these values are values of dignity, humanity and moral law. They are closely connected to the purpose of protecting the moral value of life.

The reverence and respect for one`s life are, in ethics of social consequences, the main characteristics of the value of dignity. To consider someone valuable and to respect his/her value is the starting point of ascribing someone with the value of dignity (Gluchman, 2008, s. 92). The value of dignity is not considered as a deontological value which is either an attribute of human being or not. It is rather understood in a consequential way which allows the value of dignity to be differentiated and increased (or lowered) according to the action of a moral agent (and its consequences: positive and/or negative). There are three aspects of the value of dignity (human dignity). The first aspect of dignity is expressed by the respect for and the reverence towards a living being (in the case of human dignity, it is respect and reverence for human beings and human life). The second aspect is linked with the capacity of a living being to be a moral agent (free, rational, responsible being) while the third aspect is connected with the action of moral agents and its consequences. The third aspect of dignity is called an additional criterion which might increase (lower) the value of one`s life (Gluchman, 2008, p. 111).⁵

⁴ The 3rd Article of the Universal Declaration on Bioethics and Human Rights reads as follows: “Human dignity; human rights and fundamental freedoms are to be fully respected. The interests and welfare of the individual should have priority over the sole interest of science or society” (UNESCO, 2005).

⁵ The three-aspect conceptualization of the value of dignity introduced in ethics of social consequences by Vasil Gluchman was recently expanded and completed by the theoretical delimitations of the moral considerability of the value of life presented by the author Adela Lešková Blahová in her work *Bioetika v kontextoch etiky sociálnych dôsledkov (aplikácia zvolenej paradigmy na vybrané bioetické problémy)* (Lešková Blahová, 2010).

Respect for autonomy and dignity in codes of conduct of health care professionals

After introducing the principle of respect for autonomy and the value of (human) dignity it could be understood that they play a vital and important role in health care ethics and should therefore be reflected through individual codes of conduct of health care professionals. They help to introduce a dialogue in the medical decision making process in which people outside of the health care professions are included (patients, their family members).

There are several practical applications of respect for the patient's autonomy that could be divided into several problem areas, e.g. informed consent, truthful disclosure of information, surrogate decision makers (when the patient is not capable of making its own decision), need to cooperate in the therapeutic relationship (Jonsen – Siegler – Winslade, 2010, pp. 90 – 101). The value of dignity is often formulated as a concrete rule in the codes of conduct of health care professionals, too; mostly to express the absolute value of human life (forbidding euthanasia and/or abortion) or the equal consideration of individual life and reverence for it. The interpretation of the value of dignity through the human rights and fundamental freedoms is very common.

How are the principles of respect for autonomy and the value of dignity reflected in particular codes of conduct of health care professionals? I will start by analyzing the Hippocratic Oath which is considered to be the first code of conduct of health care professionals. While originally formulated as moral standards and ethical conduct of physicians, it has become a base for codes of conduct for other health care professionals; dentists, nurses, midwives, etc.

Despite the fact that the Hippocratic Oath reflects on the elementary ethical principles and values of health care ethics, e.g. respect for autonomy, justice, responsibility, etc., its emphasis is put on understanding the health care practice as a sort of art, virtue, which is only accessible to a very few people. In its most interesting parts it describes the health care practice as a moral goal which the professional should fulfill “according to my ability and judgment”. Medicine is repeatedly described as “the practice of the art and science of medicine”, as an art that needs to be taught and which (performed properly and responsibly) will bring its actors the respect of the society and their peer.⁶ The almost elitist position of health care professionals is protected

⁶ The final stanza of the Oath is highlighting the important and special status physicians can achieve in society: “While I continue to keep this Oath unviolated may it be granted to me to enjoy life and the practice of the art and science of medicine with the blessing of the Almighty

by the method of communicating their knowledge which is limited strictly to the professional community.

Even if considering the dialogue in health care, the dialogue and opinions taken into account are primarily from other professionals. The Hippocratic Oath states: "I will seek the counsel of particularly skilled physicians where indicated for the benefit of my patient" (Hippocratic Oath). The consideration of patients' needs is identified through informed consent⁷ what in itself cannot guarantee that a patient would be informed about treatment options, their risks and benefits, or if consent would be given freely and independently of others.

In Slovakia, codes of conduct of health care professionals are defined by law.⁸ For the purposes of this paper, I will analyze the principle of respect for autonomy and the value of dignity in two chosen codes of conduct; namely the professional code of conduct of physicians (and dentist) and the code of conduct of nurses.

The value of dignity is represented in the professional code of conduct of physicians as reverence for human life of all individuals (even if not autonomous beings, moral agents). It is added that reverence for human life should be protected from the beginning until the end (Act No. 219/2004). This can cause a problem in the interpretation of the value of life (its beginning) in cases of abortion which is allowed in Slovakia by law but its moral consideration is left to the individual health care professional. Assisted suicide and/or euthanasia are, on the other hand, not only prohibited by law but the moral imperative "not to kill" is added to the professions of physicians by their code of conduct. The code of conduct states that the value of life has to be protected and understood in its absolute meaning and therefore no assisted suicide or euthanasia should be accomplished by physicians.

The respect for patients' autonomy is directly mentioned in two stated moral rules of the professional code of physicians. One of them opens questions the dialogue and medical decision process between the physician and the patient. The code obliges physicians to respect the patient as an equal and active partner in the medical decision making process which I consider a very accurately formulated rule derived from the principle of respect for autonomy. The second moral rule arising from this principle is the obligation

and respected by my peers and society, but should I trespass and violate this Oath, may the reverse be my lot".

⁷ Informed consent is mentioned in the following statement: "I will neither treat any patient nor carry out any research on any human being without the valid informed consent of the subject" (Hippocratic Oath).

⁸ Slovak legislation defines several professional codes of conduct for health care professionals, namely in Act No. 578/2004, Act No. 311/2002 and Act No. 219/2002. These codes of conduct have been inspired by international documents, e.g. The International code of ethics for Nurses, and are adapted by individual hospitals and health care institutions.

of physicians for confidentiality and informed consent from the patient. According to Jonsen, Siegler and Winslade's division of the patient's preferences (which were mentioned above), I propose that the professional code of physicians should be extended at least to include one important aspect of respecting autonomy which is the truthful disclosure of information. This is, as in the Hippocratic Oath, absent.

The professional code of nurses directly identifies the principle of respect for autonomy and reverence for human being and its value of life (dignity) in the first part of their codes of conduct (Article 4 of the general definition of professional code of nurses).⁹ In this article, other derived rules from the principle of respect of autonomy might be identified, too. Confidentiality, truthfulness and fairness towards others (which are absent in the professional code of physicians) are also stated as moral obligations of nurses (Act No. 311/2002).

In the second part of the professional code of nurses (in which the particular ethical rules of nursing professions are defined), the respect for autonomy and the value of dignity are linked to the professional practice of nurses, too. In the first rule, the nurse is obliged to value the human life, human rights and dignity of every individual as an autonomous person. This corresponds with connecting the problem of respect for autonomy and human dignity with the problem of human rights and their implications for health care professions. The second rule states that the nurse must respect the patient's right for privacy and confidentiality and the fifth rule refers to protection of equality among all human beings and an equal access to health care. This must be based, according to the professional code of nurses, on building upon the respect, trust and dignity of all the members of the society.

Conclusion

The presented paper analyzed the shift in health care ethics which was observed in 1970's and which moved health care from the paternalistic understanding to the patient-orientated model of medicine. This shift was reflected in the theoretical discussion on health care ethics as well as in clinical practice. The aim of this paper was then to define how this patient-orientated model changed and modified the form of codes of conduct of health care professionals. The respect for autonomy and the value of dignity were claimed to be the normative basis of patient-orientated codes of conduct of

⁹ The autonomy of the patient, the reverence for human beings and respect for his/her value of life are understood as basic ethical principles of nursing. Besides these, the core of these principles is formed by doing moral good (beneficence), non-maleficence, confidentiality, truthfulness, reliability and fairness towards others.

health care professionals and were identified in particular moral norms and obligations in several professional codes of health care professionals in Slovakia.

In conclusion, Slovak codes of conduct of health care professionals (namely the code of conduct of physicians and the code of conduct of nurses) react to the shift to the patient-orientated model of health care. They propose (in several places) to understand the medical decision making process as a two sided model in which the patient (as an autonomous, independent being) is an active participant and his/her needs, emotional states and personal preferences are taken into an account and are fully respected by health care professionals.

This paper is supported by the Slovak Research and Development Agency, contract No. APVV-0432-10.

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Bioethics and its Place in Biology

Mária Tulenková & Irena Šutiaková

Abstract

The article discusses the necessity and possibilities of implementing bioethics into the teaching of biology. It emphasizes the importance of protecting genetic information for the future of individuals, and accordingly, it presents and assesses the achieved results of research, verifying the awareness of the importance of genetic information protection which was performed on 114 college students.

Keywords: genetic information, genome, case study, bioethics, biology education

Introduction

Genetic information which is stored in DNA (deoxyribonucleic acid) is composed of units called genes. The set of all genes in a cell is called the cellular genome. Every organism on Earth has its specific genome.

The human genome has about 50 000 genes and it contains 3.2 billion letters of genetic code. Two random selected human bodies differ from each other on average by one letter in a thousand, so their DNA is different, on average, in three million places. The chance of having an identical sequence of letters of genetic code is close to one hundred trillion (to one). Therefore, examination of DNA sequences is a highly reliable method of determining identity. The variability of the human genome is enormous and that is why no two people with identical genomes have yet been found, obviously except for identical one cell twins (Patočka, 2011, p. 33).

Each one of the 6 billion people on Earth has its own genome, based on which each individual human body can be explicitly identified, and, in addition, it is supposed that, in the near future, it will be possible to read the entire course of a human body's life, i.e. from its birth until its death. The first successes in genetic diagnostics showed the necessity for strict protection of all data, which contained the genome of each person. Although our still expanding knowledge of genomics has shown that we are not only what we have written in our genes, it is now already possible to read, for example, the risk of serious diseases from our genes. Disclosure of the content of personal human genome brings some risks for the people concerned and in such a way they could potentially face discrimination because of it; i.e. they might be genetically predisposed to some mental or physical illness. Such information could be of interest to employers, banks, health insurance, etc. Most people do

not realize it yet, but they should protect their genome in a similar way as they protect the PIN code to their credit cards.

The issue is whether people sufficiently understand the importance and necessity of protecting their personal data which are recorded in their genetic code. This article informs readers about the results of a survey that was conducted in February 2012 at the Faculty of Humanities and Natural Sciences, University of Prešov. The survey aimed to find out how biology students would respond to various internet offers to provide their own DNA.

Methods

The exploratory sample consisted of 69 first-year Bachelor biology students, 20 first-year Masters degree students in teaching biology and 25 second-year students of the same Masters degree course. It should be noted that the first-year Bachelor biology students had not studied genetics prior to the experiment. All first and second year Masters degree students had completed genetics and molecular genetics study prior to the experiment.

A questionnaire method was used. The questionnaire attempted to find out if the participants would provide a sample of their DNA for the preparation of a perfume or for finding rare genes. They were provided with two offers, similar to those that could, in general, be found on Internet web sites:

1. My DNA Fragrance Company offers you the chance to create a personal perfume made exactly tailored to your DNA. For a fee of \$ 100, the company will send a sample "DNA kit", you will take a mouth saliva sample swab and send it back. Within 10 working days, you will receive a bottle of perfume whose unique scent is precisely and only for you! To buy it, you need to pay an additional \$ 60. If you are happy with the scent, you can order another batch.
2. The iGeney website offers a unique opportunity to the general public – they are looking for Pharaoh Tutankhamen's closest relatives living in Europe. Just send a sample for DNA analysis, which, in Zurich, will be compared to Tutankhamen's DNA and everything will be clear. A basic test will cost you 129 Euro, a detailed test costs 399 Euro.

The participants had the possibility to choose one of three answers:

1. Company's offer is interesting for me. In the future, it might be worth considering.
2. The company's offer does not interest me for financial reasons (high price).
3. Other: (please describe)...

Based on the findings, a study unit about genetic information using the case study "Genetic information and biobanks" was realized with the first

year Masters degree students in teaching biology. The Case study “Genetic information and biobanks” was described in Sheehan’s “Ethical issues in the new biotechnologies” (Sheehan, 2010, pp. 189-194):

Kurt is a teacher in a city located in North-Eastern Europe. He has been asked to join a large research project that concerns cardiovascular disease genetics. Participation in the project also includes provision of a DNA sample, answering a questionnaire and allowing details of his treatment to be given to the researchers. This study would directly help clinicians make a decision about which drug to give to those patients who are participating in the study. Researchers at the local hospital where Kurt is being treated are conducting the study in collaboration with a team of researchers from a Southern European university and a medical sciences institute in China. Kurt has been asked to give his broad approval to allow the researchers to keep the DNA sample and information to be used in consequent approved future research projects. This would save costs for any similar research projects. He can choose whether the researchers are allowed to come back to him to ask further questions. The DNA will be processed in China and results will be sent to Southern Europe for analysis. All of the direct identifiers (such as his name and address) will be removed before the samples are sent to China. The samples will, however, have a specific code allocated which will remain in a secure location at Kurt’s hospital. The samples and information collected from Kurt will then be sent to a biobank that can be accessed by many other researchers in the future. It is anticipated that later, when the technology becomes cheaper, whole genome scans will be carried out on some of the samples and these will be placed on the web for other researchers to use.

Questions:

1. Is it acceptable to obtain general approval for researchers to make use of the samples and information for many different research projects in the future (broad consent)?
2. Does the coding of samples and information mean that it will not be necessary for researchers to ask Kurt again for his approval for other research projects in the future?
3. Is it necessary to tell Kurt that the DNA samples will be processed in China and thus will leave the European Union?
4. The researchers discover that people with Kurt’s genetic predisposition are more likely to die if they are treated with a drug that is commonly used for heart conditions in that part of North-Eastern Europe. Should it be communicated to Kurt?
5. Should the researchers ask Kurt again to get his permission for his whole genome scan to be put on the web?

The education process integrated theoretical knowledge, practical solution of the case study and use of the survey (via questionnaires). The realized education unit contains five parts focused on collecting the students' answers (response to the My DNA Fragrance Company and iGeney Company offers), on DNA (nature of heredity – DNA, RNA, allele, gene, genetic code) information, recognition case on a solution to the 'Genetic information and biobanks' case study, feedback – collecting the students' answers (response to the My DNA Fragrance Company and iGeney Company offers) and the importance of genetic information evaluation.

Results

The participants' answers to both of the above internet offers are expressed graphically (Figures 1-5).

The first-year Bachelors biology teachers were equally interested in both offers and would use them in the future, while the first- and second-year Masters biology teachers preferred the offer from My DNA Fragrance (Figure 1-2).

The first- and second-year Masters biology students considered both the above offers equally unattractive mainly for financial reasons (high price), similarly to the first-year Bachelor students. For the same financial reasons (high price), the My DNA Fragrance offer was also less interesting (Figure 1-2).

The third answer (other:), expected from most of the respondents, gave results of 11.59% / 30.43% among the first-year Bachelor students and only 6.67% / 13.33% among the first- and second-year Masters degree students (Figure 1-2). All students of the first and second year Masters in biology teaching had already passed a genetics and molecular biology examination. The results of the survey (via a questionnaire) show that science education about the genetic information of the students is formal and not very effective. Students often fail in the application of their encyclopedic knowledge when facing real-life problems. Many of the participants had not considered at all the potential possibility to misuse their genetic information in the future by the noted companies.

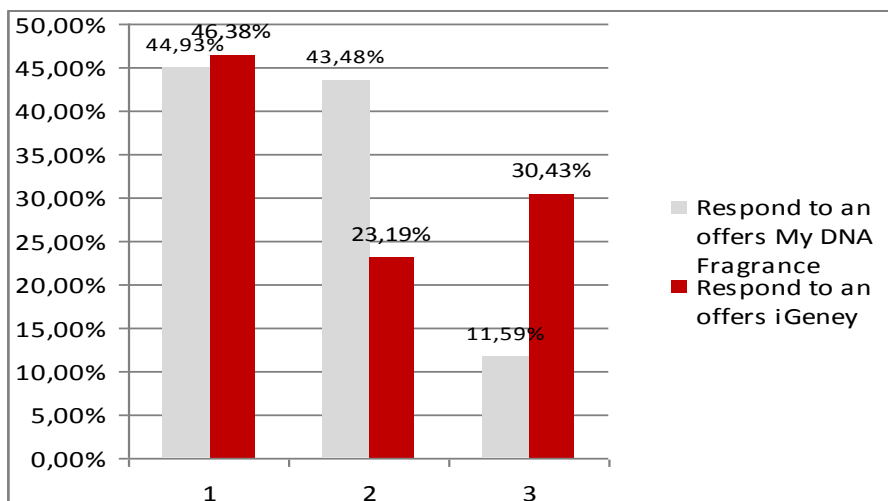


Figure 1- Answers given by first-year biology Bachelor students to both internet offers

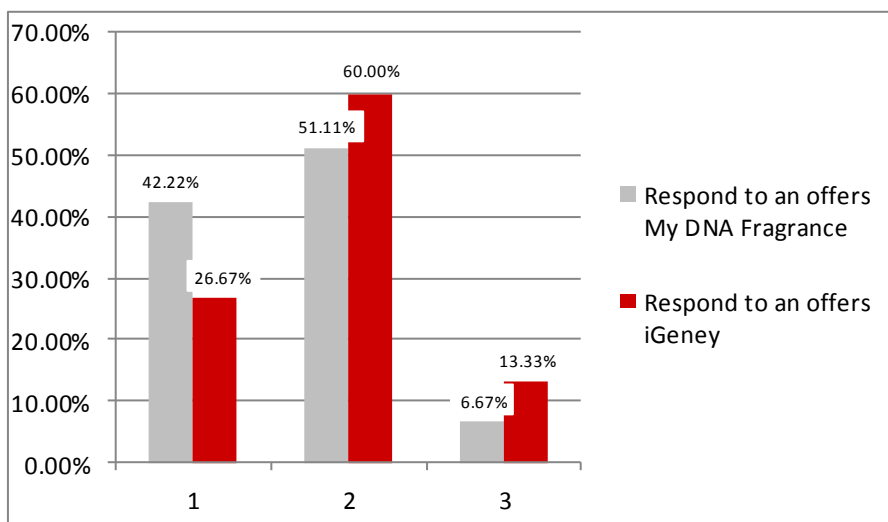


Figure 2 – Answers of the first- and second-year (together) Masters biology students to both internet offers.

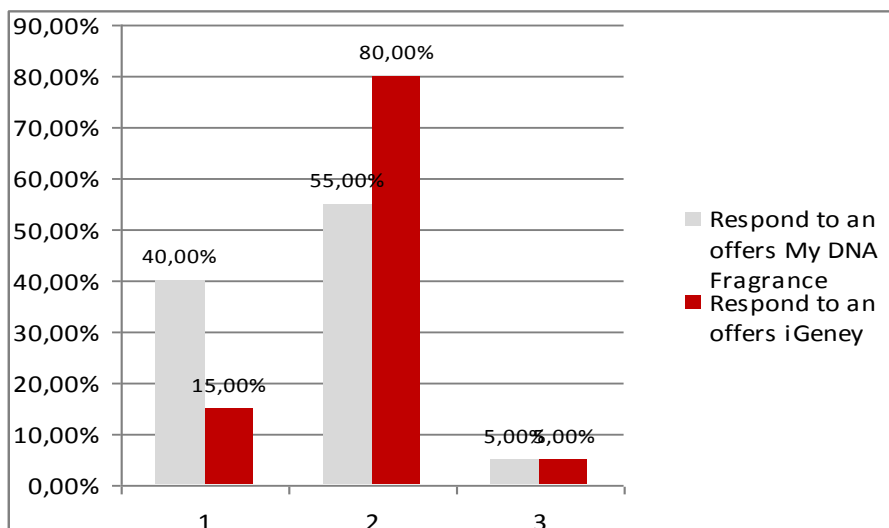


Figure 3 – Answers given by first-year Masters students to both internet offers

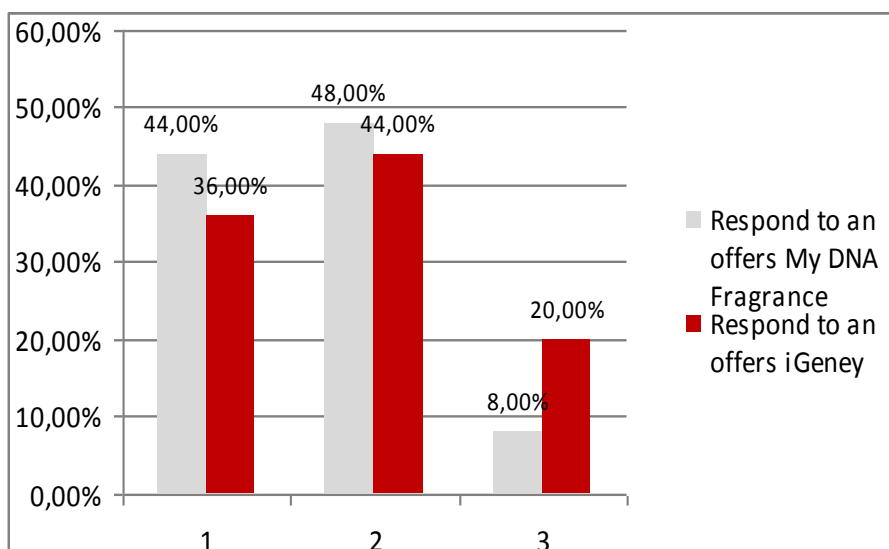


Figure 4 – Answers given by second-year Masters students to both internet offers

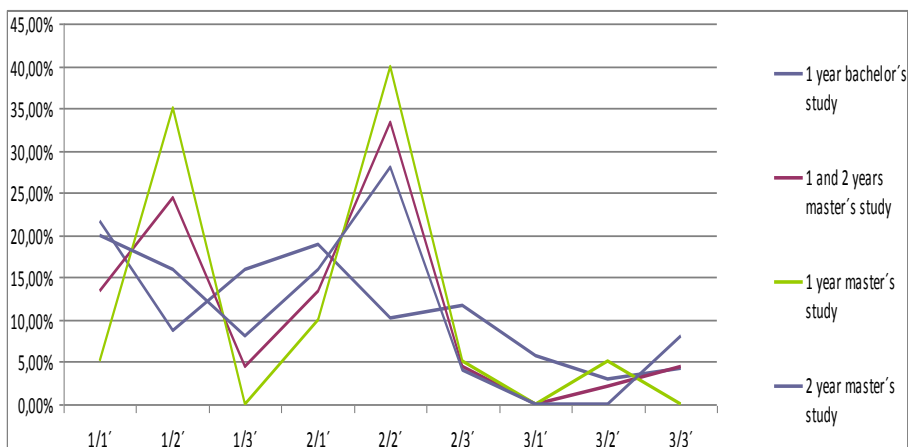


Figure 5 – Answers given by all the participants to both internet offers. 1, 2, 3 – answers to the My DNA Fragrance internet offer; 1', 2', 3' – answers to iGeney internet offer.

The third answer (other:), most expected from the respondents, produced a figure of only 5.00% / 5.00% (Figure 3) in the first-year Masters degree students. It was interesting to find that the first 5.00% was explained by one student who did not accept the My DNA Fragrance offer because he was not generally interested in specific scents, while the iGeney offer was not accepted for financial reasons (too expensive). The second 5.00% was, again, explained by one student who did not accept the iGeney offer because he was not interested in history, while he did not accept the My DNA Fragrance offer for financial reasons (too expensive).

Based on the above findings, genetic teaching, using the case study "Genetic information and biobanks" was carried out with these 20 first-year biology Masters students. The case study "Genetic information and biobanks" raises questions about general permission – a broad agreement and its role in the context of global research and global access to data in the context of increasing access to individual genetic information. It also emphasizes issues that are specific to research in genetics.

At the end of the teaching of genetic information using case studies, all 20 students (100%) answered as follows: The companies' offers (My DNA Fragrance and iGeney) are not interesting mainly because of the potential possible misuse of genetic information in the future. To sum up, the first opinion of students on providing a sample of their genetic information was significantly modified after they had completed the genetic teaching lecture.

Conclusion

In this article, findings of research on verification of awareness regarding an importance of protection of genetic information using 114 college students were presented and also the possible utilization of bioethics in biological education was presented. Most of the respondents do not sufficiently understand the importance and necessity to protect their private DNA data recorded in their genetic code. Information on the human genome is of interest to many institutions: police, health insurance, as well as various private institutions. All of them assure their clients that information about their genes will not be provided to anyone else and it will not be abused, but they mostly do not provide any safe guarantee, just like both of the above mentioned My DNA Fragrance and iGeney. DNA Fragrance promises information about your DNA apparently safely stored in the database for five years. The company, of course, declares that the DNA sample will only be used to create a fragrance and there is no possibility of misuse of the confidential personal data of their customers. However, it is necessary to be wary of data collections by data collection firms. There is a real, wide ranging, risk of misuse of personal information from various organizations and judicial bodies.

Based on the present experiments with the realization of the case study “Genetic information and biobanks” in biological education about genetic information, positive outcomes from the relevant education were drawn. The educational process during the case study “Genetic information and biobanks” helped everyone to better understand the unique genetic information of a person and the possible misuse of genetic information in the future.

Biology and ethics are two different science fields at first glance. Ethics as well as bioethics has a crucial permanent place in biological science. This fact is shown by examples noted in this article.

The contribution was created within the activities of the UNESCO Chair in Bioethics at the University of Prešov, the platform for sharing and exchanging knowledge and experience in science and education in bioethics in Slovakia.

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Corporate Social Responsibility as a Means of Ethical Behaviour

Martina Gogová

Abstract

The paper deals with business ethics as a part of professional ethics. Primarily, it focuses on the concept of Corporate Social Responsibility (CSR) as a means of applying theory to practice. The paper deals with a general survey of literature available in Slovak language and discovers to what extent it covers the topic of corporate social responsibility. It compares business ethics literature written in Slovak and English. The paper also concentrates on the effective use of CSR in practice, mostly in bigger companies. The concept of CSR offers another way of implementing ethics to business apart from the codes of ethics that are widely used among Slovak companies.

Keywords: business ethics, corporate social responsibility, literature, university, practice, company, theory

In this paper I am trying to undertake a general overview of literature dealing with business ethics and the concept of CSR and education in this area and subsequently compare this kind of literature in Slovak and English. The aim of the paper is to highlight the importance of education in the field of Corporate Social Responsibility as a part of business ethics which should be taught to students of economics or to business people. The paper points out the efficiency of teaching business ethics to economics students. Economics students should familiarise themselves with the issue of ethics and with the concept of Corporate Social Responsibility (CSR) which seems to be absolutely essential when working in the field of business. Since business and doing business also includes other stakeholders, such as the community, environment, employees, customers etc., business people should be aware of the responsibility they have towards each stakeholder. There can be a great impact on stakeholders according to the decisions that are being made by business people. From this point of view, business people should have a fundamental ethical basis about how to recognize ethical dilemmas in certain situations and how to act. Students gain this kind of knowledge and ability through courses of business ethics where they should learn what the moral viewpoints are and how to act in different situations, when they have to solve the ethical dilemma.

The issue of business ethics and CSR occurs quite often in literature concerning business and marketing in both English and Slovak. What is

important to point out is that most books in Slovak that deal with the concept of CSR have been published recently. On the other hand English literature related to CSR was published earlier. This tendency is the result of the movement of the idea of implementing ethics to business from western countries and the United States of America to the east.

In the past, there was no professional or even business ethics. People acted according to what the Bible said and what sort of morality had been taught to them. They were even trying to implement this kind of moral approach in the field of business. Unfortunately, nowadays quite a lot of people think that they do not need any authority to tell them how to behave, how to decide etc. and they think that ethics or morality is the last thing that would be necessary in business. However, such a selfish attitude towards business results in fraud and disrespectful and irresponsible behaviour of managers towards particular stakeholders.

As Durkheim writes, according to socialist theory (like classical economic theory) economic life is equipped to organize itself and to function in an orderly way and in harmony, without any moral authority intervention (Durkheim, 1996, p. 10). I do not agree with the statement of socialists and neither does Durkheim. In my opinion the role of ethics and morality that intervenes in any business is absolutely essential. Durkheim also writes that “it is not possible for a social function to exist without a moral discipline; Otherwise, nothing remains but individual appetites, and since they are by nature boundless and insatiable, if there is nothing to control them they will not be able to control themselves” (Durkheim, 1996, p. 11). I think that ethics, and some basic principles or values of ethics and business ethics should be taught to each professional who works in the field of economics. A part of any business ethics course should definitely be the concept of corporate social responsibility that brings an ethical approach to business and pays attention to all stakeholders. These days, in the globalized world, where there are already millions of corporations, organizations that work with people and have a huge impact on society, the community, environment etc. it should be the obligation of each company to implement ethics to its business policy whether it is a big, middle size or a small company. They all have responsibilities towards society and the environment.

I share the opinion of Durkheim that economic life by its very nature cannot be self-sufficing and that it is a moral task (Durkheim, 1996, pp. 11-12). There are concrete forms of ethical regulators that can be incorporated into the policy that corporations have and these are codes of ethics, the concept of corporate social responsibility or sustainable business. These are the outer forms of regulating ethical behaviour in a company. In my opinion the inner form of ethical regulator is the ethical or moral approach that certain

person has. “It is extremely important that economic life should be regulated, should have its moral standards raised, so that the conflicts that disturb it have an end, and further, that individuals should cease to live thus within a moral vacuum where the life-blood drains away even from individual morality; For in this order of social functions there is need for professional ethics to be established, there should be rules telling each of the workers his rights and his duties...” (Durkheim, 1996, pp. 12-13).

In literature concerning business and how to do business right I have come across another way of addressing business people to do business on the basis of certain values, do not harm others, and do good things or not to damage the environment etc. DeVos also writes about the importance of supporting charity, discrimination, relationships among employees and responsibility. In the context of responsibility he claims that “irresponsibility costs our nation millions of dollars; It raises the prices of consumer product ...” (DeVos, 1996, p. 276). In *Compassionate Capitalism* by Rich DeVos, the author gives advice to people how to do business successfully but he does not maintain an ethical position. He does not even write about ethics at all. However, instead of that, the way the book is written is very similar to the ethical point of view. At the beginning of the book the author cites verses from the Bible and on these Christian pillars and concrete examples, he builds his book. This is the reason why DeVos takes into the consideration the good of others, of other stakeholders. I would say that a Christian/religious perspective can serve as a sort of alternative to the ethical point of view. This, let’s call it Christian/religious perspective, represents a set of values that come from within the person. Although the book is not one that would be part of the curriculum of business ethics, even this kind of book can serve as an example of a responsible and ethical approach in doing business. However this religious approach that DeVos presents also seems to be a very good viewpoint for a kind of “human economy”, my aim is mostly to search literature that focuses on and highlights the importance of incorporating ethics in economy and business as such.

Why implement ethics?

One of the reasons to implement ethics according to Crane and Matten is that “Business ethics can help to improve ethical decision-making by providing managers with the appropriate knowledge and tools that allow them to correctly identify, diagnose, analyse, and provide solutions to the ethical problems and dilemmas they are confronted with” (Crane-Matten, 2004, p. 13). People involved in business very often face problems that are not only economic, but since business exists within a certain environment or community and has a particular impact on it, the dilemmas that businessman

can face are more often of an ethical character. In such dilemmas a businessperson has to choose and decide and, at the same time, has to think about some negative or positive side/direct effects of his/her decision. Sometimes such decisions can cause minor profit but the damage it could bring would be much smaller. In such situations it is highly beneficial if the businessman has undergone some ethical education that could at least help him/her in such a difficult situation to choose “the best”. “There does seem to be a growing consensus regarding the importance of business ethics, whether by students, by academics, by governments, by consumers, or of course by businesses” (Crane – Matten, 2004, p. 13). However in Slovakia the implementation of ethics into the education of future business people is rather poor. Compared to the western countries of Europe and the United States we can notice that the attention dedicated to the topic of business ethics education at economic departments is much more significant than in Slovakia.

In other European countries we can observe more activities connected with business ethics and the concept of CSR, even professionals teaching business ethics to students of business. In Slovakia it often happens that classes of “business ethics”¹ are taught by laypeople who are not professionals in any particular area. Of course, there is a possibility for businessmen who already work within this profession to apply for and attend courses of business ethics. But unfortunately, in Slovakia, such courses are provided mostly by people involved in business who have no ethical education what I find really inefficient. Business ethics should be taught primarily by ethicists who are skilled within the area of business ethics. However the cooperation of ethicists with people from business is not excluded. I can see the potential in departments of ethics that deal with professional ethics, concretely business ethics, to organize courses of business ethics either for economics students but also to business people. Business ethics is, in Slovakia, mostly supported and implemented by bigger companies that are in most cases international companies with their mother companies in the United States of America.

Nevertheless, there are still some organisations in Slovakia that support companies in being ethical and implementing corporate social responsibility within their business policy. These organisations usually arrange competitions for companies where corporations, be they big, middle-size or small, can prove that their business is ethical by giving particular examples, e.g. they

¹ The reason why I am using quotation marks is that I suppose that this subject does not really cover the topic and cannot then be effective for students attending such classes. That is the reason why I would suggest these classes to be taught by professional business ethicists who could really discuss the potential dilemmas that can emerge within the profession of businessman. It should be a person who is capable of bringing ethics to students of business in an effective form and way.

help communities by building some nurseries, by helping the environment or students in their projects etc. However, not many companies like to participate in such competitions since they do not see much profit from participating. Mostly wealthy companies take part in such contests.

Knowledge of CSR in Slovakia

In Slovakia there are several non-governmental organisations that deal with the raising of awareness about CSR. Among the most well-known are: The Centre for philanthropy, o.z. PANET, Foundation Integra, Foundation Pontis and The Institute for economical and social reforms (INEKO) (Bunčák, 2005, p. 16). Each of these organisations² focuses on certain areas of CSR.

The perception of CSR by Slovak citizens is also one of the main factors of the successfulness of this concept among companies. I presuppose that the better the awareness of Slovak public about this concept, the higher the possibility that people realize their “right” to have their own say even in those areas where they are indirect participants. But they are impacted somehow. At present we can see a tendency of corporations to have a great impact on the consumer and often attract them with false advertisement, incorrect behaviour etc. I think that such violations to the rules of the game should be penalized in some way. Here I can see the necessity of defining certain conditions and rules, where companies that decide to incorporate CSR into their business should accept and fulfil these conditions.

When evaluating the contemporary status of awareness about CSR I have worked with reports about the perception of responsible business by Slovak citizens that had been carried out by the Pontis and Focus foundations in the years 2006 and 2008. The Pontis Foundation is one of the biggest foundations in Slovakia and its aim is the motivation of individuals and companies to be responsible for themselves and the surrounding world and it also contributes to building democracy in non-free countries (Pontis, 2012). The Pontis Foundation evaluates corporations from different points of view one being the viewpoint of corporate social responsibility. According to such an evaluation of corporations, the foundation grants a Via Bona reward to companies they find exceptional in relation to its support of the society, improving relationships within the company, or its relationship towards the environment, etc.

² Organisations that are devoted to particular areas of CSR in Slovakia: Business Leaders Forum www.blf.sk; Centrum pre filantropiu www.cpf.sk; Inštitút pre ekonomické a sociálne reformy (INEKO) www.ineko.sk; Nadácia Integra www.integra.sk; Nadácia Pontis www.nadaciapontis.sk; o.z. Panet www.panet.sk, www.partnersta.sk; Slovenské centrum čistejšej produkcie www.scpc.sk; Slovenská spoločnosť pre kvalitu www.quality-slovakia.sk; Slovenská spoločnosť pre zahraničnú politiku www.sfpa.sk, www.businessethics.sk; Stredoeurópska asociácia správ a riadenia spoločností www.cecga.org.

According to surveys that were carried out by these foundations, the knowledge of the public about CSR is very low which is connected with an inability to reflect unethical behaviour of particular companies. This means that corporations have a strong position within the company- consumer relationship which sometimes results in misuse of this position. Such a strong position of the corporation manipulating the consumer without thinking of any responsibility in its business policy emerges as a result of insufficient regulation of the company activities from the sides of organisations or the government. According to Cragg, CSR incentives are profitable not only from the economic point of view but also from the moral viewpoint which is even more necessary considering the long-term success of the company (Cragg, 2010, p. 736). I suppose that investment into the ethical education of business students and then also businessmen is one of the means of improving knowledge about corporate social responsibility among the public.

Literature related to business ethics, corporate social responsibility and education

Nowadays, literature dedicated to business ethics is more widespread in Slovakia than it used to be in the past and the same is with the concept of corporate social responsibility. More and more books deal with this concept and see it as an essential way of implementing ethics into business apart from codes of ethics that are favoured among companies. However the reality of using codes of ethics mostly ends up just with its publishing and there are no subsequent steps taken towards bringing ethics “personally” to business. The concept of corporate social responsibility offers a way of regulating the behaviour of corporations in the form of annual reports that serve as a sort of indicator whether the company fulfils the steps and conditions to be socially responsible in reality. Nevertheless there are companies that are trading on this and present themselves as CSR companies only for their own advertisement.

Martin Lačný's book dealing with the issue of corporate social responsibility presents this concept from the point of view of the values that work in economic practice as motivational variables of economic behaviour. The text focuses on the particular spheres of CSR as well as on the issue of institutionalisation of CSR and concrete reports (Lačný, 2012, p. 6). The book, *Corporate social responsibility and corporate citizenship – questions and challenges*, presents good essential knowledge that can be provided either to students of business and ethics but also to the general public that would like to gain more information from this field. Lačný, in the book, claims that it is important to define clearly what it means to be a socially responsible corporation and also what activities it covers and that it is important to control

companies that dedicate money from their profit to stakeholders, where this money comes from and whether it is legal, so that we could avoid misuse of the concept of CSR (Lačný, 2012, pp. 67-69). However, besides all these important issues, I would like to highlight the importance of education of employees and businessmen that I consider to be the cornerstone of implementing ethics into business. The author of this book does not pay attention to education that should be given to future business people and people already working in the economic field. In my opinion greater focus should also be paid to the education in books about the concept of CSR. It is important to highlight the legitimacy of teaching business ethics and the concept of CSR to students of economics so that they can behave in a respectful way when they are about to work in such a field. Anyway if this book is going to be involved in the curriculum of a course in business ethics, students should be provided with many examples and problematic situations to learn how to act in such difficult situations etc.

According to Cavaliere, Mulvaney and Swerdlow, "Teaching Ethics in the aftermath of the current financial crisis is an enormous opportunity and societal obligation for business educators to train this generation to do better than the last generation" (Cavaliere – Mulvaney – Swerdlow, 2010, p. 4). This kind of approach regards sustainability in the economic field. I agree that we should learn from the mistakes that have been made until now days on the part of corporations and implement more ethics into the profession of business people. Since we need to look forward and think about the next generation and not to cause harm to any stakeholder or the environment there is a great need to implement ethics even into the curriculum of economics students so when they work they can respect all stakeholders.

Juliet Roper writes about different contexts that can exert differing pressures upon businesses to adopt CSR and subsequently these pressures will determine the uptake in CSR teaching by business schools (Roper, 2011, p. 64). Roper writes about the change in attitude of companies that then exert pressure on business schools to deliver graduates who are CSR competent. In Slovakia, such a situation is very rare. This most probably works in other countries but not among Slovak corporations. In my opinion, contemporary Slovak companies do not consider it to be important for their future employees to undertake education concerning CSR or business ethics at all. However such a change in attitude would be great and very helpful. Roper talks about two basic levels on which these pressures are created. One of them is at the micro level where direction comes from inspired leaders driven by their own personal convictions. On the other hand the macro level includes national or supranational regulatory environments or consumer pressure (Roper, 2011, p. 64). I think that, in a corporation, these two levels should be

in cooperation. In my opinion, it is important that a business person wants to behave ethically and it comes from his personal convictions. At the same time support from the government and other organisations to implement ethics in companies is also crucial.

According to Frank, Ofobike, and Gradisher there can be a change in reflective learning which requires students to assess the consequences in which professionals have been held accountable and found to be lacking (Frank – Ofobike – Gradisher, 2010, p. 137). These authors highlight the importance of implementing ethics into the curriculum of economics students. They find it important since there can be movement through Kohlberg's stages. And the role of the teacher is to assist in this developmental process.

When talking about the incorporation of business ethics into the curricula of business faculties, Sims claims that "Increasing business schools' responsibilities to incorporate applied business ethics courses as part of their curriculum will require students to think about the bedrock of moral action: personal values and the meaning of abstract terms such as responsibility, negligence, blame, reward, happiness, respect, truthfulness, moral integrity, honesty, courage, loyalty, disgrace, and consideration of other human beings" (Sims, 2002, p. 10). These values and basic moral principles are important things to acquire when we want students and then business people to work on and solve ethical dilemmas and we want them to know why a particular action is right or another is wrong. "Students understand that norms of individual conduct are determined by values, which constitute the basic axioms under which individuals live; And values are formed within a framework of human relationships; Basic business values such as treating the customer with respect and manufacturing products that are safe and of high quality constitute an ideology that fortifies personal moral conduct and is fortified by personal ethics" (Sims, 2002, pp. 10-11). Without this basic knowledge of how to approach other people, customers, stakeholders a manager cannot be successful.

As I have already mentioned above, Sims also raised the question related to the qualification of teachers leading classes of business ethics and claims that "course[s] in applied business ethics should become an integral part of the business school curriculum" (Sims, 2002, p. 12). It is mostly American corporations that require their future managers to be skilled in dealing with ethical problems that can occur during in the workplace. In the Slovak environment I have not met with a request from a company for their future managers to be able to solve ethical problems at the workplace. Such a request might cause a change in the form of pressure that would be put on economics faculties to incorporate courses of business ethics into their curricula.

In the US, according to Sims “the corporate community voiced the need for ethics teaching at college level in the late 1980s” (Sims, 2002, p. 4). In Slovak literature I have experienced a request for universities to teach business ethics in that particular period of time. I would claim that, in Slovakia, interest in business ethics and CSR appeared ten to fifteen years ago, certainly no earlier. However, the request and need to implement ethics into the curriculum for economics students is really rare. Nevertheless, Sims writes that “during the 1980s and most of the 1990s it appeared that, in most business schools, the faculty did not have knowledge of ethics or the writings of moral philosophers that would allow them to teach ethics” (Sims, 2002, p. 5). I fully agree with Sims when he points out the importance of the teacher to provide students with the full range of ethical approaches to ethical dilemmas from which a student can choose the one or more he/she finds the most appropriate. Teachers should not present only one ethical approach as the best one for every student, because it is up to them to decide which ethical approach they like. I agree with Sims when he writes that “business students should participate in experiential learning exercises that require them to ask themselves: What is the right thing to do, or what is the wrong thing to do? Experiential learning exercises that expect students to respond to moral questions that are personal in nature and involve interpersonal relations require normative responses to determine the appropriate course of action...What are the manager’s or employee’s responsibilities or obligations etc.” (Sims, 2002, p. 10). It is crucial to provide students of business ethics with real life situations in which they can occur and ask them to solve them, how they would act and then to present their reasons for their decisions.

Concerning the incorporation of CSR into the curriculum of courses of business ethics, it is very important to define the goals the course should fulfil. As Sims claims, McDonald and Dunleavy (1995), Gandz and Hayes (1998), and LeClair (1999) recommended the goals for business ethics and social responsibility courses and these are: “First, to increase students’ awareness of the ethical, legal, and social dimensions of business decision making; second to legitimize ethical issues as a necessary aspect of business decision making; third to develop students’ analytical skills for resolving ethical issues and fourth to expose students to the complexity of ethical decision making in business organizations” (Sims, 2002, p. 19). This is just an example of the objectives that could be observed when teaching corporate social responsibilities. However, these goals can be applied to general courses of business ethics, since both business ethics and CSR follow similar goals. And these are to prepare future businessmen to be respectful, responsible, how to decide in certain situations etc. Concerning the literature that deals

with the issue of business ethics education it is important to mention the authors Swanson and Fisher who pay attention to these topics.

Swanson and Fisher in their books deal mostly with the issue of business education, its curriculum and assessment of this course. Swanson and Fisher highlight that a “scattershot approach to ethics education lacks authenticity; it signals that ethics does not matter, fails to provide an adequate counterbalance to the amoral economic orthodoxy that dominates business education ...” (Swanson – Fisher, 2008, p. 19). As I have mentioned earlier teaching business ethics is important to support experiential learning and real life ethical dilemmas.

Effectiveness of teaching business to economical professions

Some people could claim that it is not effective to teach business ethics because students learn nothing. But a survey made by Jessica McManus shows something different. In her survey she found out that there is an improvement of students’ knowledge related to moral reasoning, ethics after attending courses of business ethics. Jessica McManus Warnell studied the outcomes associated with business ethics curriculum among undergraduate business students. This study was then analyzed in the article *An Undergraduate Business Ethics Curriculum: Learning and Moral Development Outcomes*. This kind of survey can serve as useful material highlighting the meaning and validity of incorporating business ethics into the curriculum of business students. In her survey Warnell “explores outcomes of curricular experiences at a highly competitive Catholic university in the United States. The university, with its explicit focus on values and integrity, allows for empirical exploration of learning and moral development outcomes associated with a business ethics curriculum” (Warnell, 2010, p. 1). The aim of universities with mostly business programs is to develop good managers who know how to act in problematic situations where they meet with ethical dilemmas. According to the survey she found out that there is “significant positive change from pre to post-scores according to measures of standardized change” (Warnell, 2010, p. 10). Students took the tests at the beginning and at the end of the course where they were asked to find and define some ethical dilemmas using a concrete example and many other questions. The greatest changes she noticed were in the part which was connected to a case study response which indicated the “resonance of key terms and concepts associated with studying conceptual foundations and ethics, the major focus of the course” (Warnell, 2010, p. 11). These results of the survey show that students did much better after the course. It is important to mention that the course was provided by four professionals who directed their research towards business

ethics. It does not mean that there have to be four people teaching each course of business ethics, nevertheless they have to be professionals in that area.

Warnell's findings provide empirical support for growth in moral capacity and shows consistency of the course's and college's goals. She also highlights a significant resonance of concepts of awareness (moral sensitivity) and fluency with analysis (moral judgement) (Warnell, 2010, p. 15). Warnell states that "applied studies of ethical conceptions are effective in prompting students to progress through the three stages of moral growth – sensitivity, knowledge and commitment" (Warnell, 2010, p. 16). It is very important if not essential to provide the students with real life situations which can occur and present several concepts according to which they could decide what to do.

According to my survey of literature concerning business ethics in Slovakia, there are no books concerning business ethics education that would deal with the issue of the personality of the teacher, who should teach business ethics and what the curriculum should consist of and many other problems. I have found books mostly from the United States dealing with the issue of business ethics education and curriculum. In Slovakia I do not see much effort on the part of economics faculties to incorporate business ethics into their curricula and if there is such a course at their faculty it is mostly taught not by a person or a professional in the field of business or an ethicist but a teacher who is not entitled to teach such a course since he/she has no knowledge about the issue of business ethics. Primarily it should be taught by a professional business ethics teacher who is interested in the particular field he/she teaches and is improving his knowledge according to the improvements that are coming mostly from Anglophone countries. I have not met with many books dealing with the importance of incorporating ethics into the profession of a business person either. Those books that have been published mostly focus on the concept of CSR as such, defining the concept etc. We can see some books mostly written at universities concerning professional ethics and ethics for managers.

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Book Reviews

Predrag Cicovacki (2009): *Albert Schweitzer's Ethical Vision*. A sourcebook (New York: Oxford University Press).

Albert Schweitzer's Ethical Vision is a sourcebook edited by Predrag Cicovacki which collects several examples of Albert Schweitzer's writings. It was published by Oxford University Press in New York in 2009 and offers the reader a wide spectrum of Schweitzer's ideas. Associated professor Predrag Cicovacki, the editor of this publication, is a professor of philosophy at the College of the Holy Cross in Massachusetts. His research interest in the ethics of Albert Schweitzer is supported by his interests in the philosophy of Kant, Gandhi and Dostoyevsky which in many aspects correlate and inspire the work of Schweitzer himself.

The main focus of the book is given to the ethical vision of Albert Schweitzer and its setting within his theological, philosophical, and cultural thoughts. For this purpose, Predrag Cicovacki sensibly selected sixteen essays that not only refer to the writings of Albert Schweitzer which directly refer to problems of morality, civilization, or problems of life but show the author's ethical concepts in a wider framework and with the possibility to apply them to the contemporary issues of medical ethics, environmental ethics, ethics of business, culture, politics, and many others. Besides the primary texts of Albert Schweitzer, the anthology offers notes to every individual essay written by Predrag Cicovacki. These serve to connect the reader with the broader context of the text, to set them within the historical and cultural setting and point out the most interesting ideas of the presented essay.

Albert Schweitzer as an important philosopher and ethicist of the 20th century built up his humanistic approach to contemporary morality upon principles of the will to live, humanity and sanctity of life. "Ethics of reverence for life", which is the formulation of his ethical views, is based on a vital and strong connection between rational principles in ethics and a strong influence of mysticism. The importance and role of the individual in the world of ethical culture is emphasized in Schweitzer's work, too. According to Schweitzer, real ethics denies external factors of ethics and looks for an absolute and universal principle of ethics, the principle of reverence for life. These are the most dominant topics presented in his works and in the essays (or their extracts) chosen by Predrag Cicovacki.

The sourcebook *Albert Schweitzer's Ethical Vision* is divided into three parts with an introductory part written by prof. Cicovacki. In the introduction,

Cicovacki offers a background for further reading. It introduces us to Albert Schweitzer; a philosopher, musician, theologian, physician and humanist, whose personal life was closely connected with his philosophy and ethics. As Cicovacki rightly pointed out in this introduction, Schweitzer's claim "My life is my argument" sums up the philosopher's conception of philosophy as well as his personal life and his life-long mission as a physician in Lambaréne. Besides the biographical information, the reader is provided with a complex view of Schweitzer's philosophy and interrelations between his thoughts on religion, epistemology, civilization, life and ethics.

The first part of the book is called *A foundation of the Ethics of Reverence for Life: Philosophy of Religion and Philosophy of Civilization*. Similarly as was noted in the introduction, Schweitzer's ethical vision comes from rather complex views. Influenced by his protestant background and later studies of theology and philosophy, this particular part of the book presents five essays: Western and Indian Thought, The Historical Jesus, The Kingdom of God, Religion of Modern Civilization and the famous essay on The Decay of Civilization. In those essays, Schweitzer reflects how different religions and different cultures can affect the ethics and lives of individuals and the humanity. What links these essays is the necessity to bring into ethics a life-affirming approach and ethical principles which would confirm such a worldview.

An example of how Albert Schweitzer was able to link his theological and philosophical background of his is presented in an essay *The Historical Jesus*, a selection of the concluding part of "Geschichte der Leben-Jesu-Forschung" published for the first time in 1906. The significance of this essay springs from Schweitzer's religious persuasion and his philosophical reflection of these beliefs. These lead the author to understand Jesus not as a historical person but rather from an ethical point of view. Jesus, for Schweitzer, shows us his will for perfection of the world, devotes us to care, enthusiasm, and life affirmation. For this purpose, Cicovacki has chosen, in this contribution, an essay which is not widely popular but signifies in an interesting way the specific relationship between the Catholic religion, philosophy and cultural diversity.

The next part consists of six essays and in a systematic way analyzes the philosophical and methodological approach of Schweitzer and his ethical theory. Part II, *The Ethics of Reverence for Life*, begins with an appeal for a new worldview that would substitute the contemporary worldview based on knowledge and would lead humanity to the true, real ethics ("Civilization and Ethics"). The following two essays, "The Optimistic Worldview in Kant" and "Schopenhauer and Nietzsche's Quest", shows the philosophical influence these thinkers had on Albert Schweitzer. Schweitzer, in the first of these two

essays, focused on the epistemological idealism of I. Kant and considered it as a supra-ethical rather than ethical worldview. This can cause sequestration from the practical world which is, for Albert Schweitzer, not acceptable. The second essay refers to the analysis and critique of two different understandings of Kant's thing in itself; as a will to live and as a will to power. Schweitzer is trying to find an adequate balance between the interpretation of Schopenhauer's concept of pity and Nietzsche's will to power that are considered by him as not ethical. The last three essays of part II focus on how Schweitzer directly defines the basic principles of ethics of reverence of life ("Reverence for life", "The ethics of reverence for life", "The problems of ethics in the evolution of human thoughts"), its historical development and necessity of their attribution for the new ethics of civilization of our times.

The final part of the book is named after the main motto of Albert Schweitzer, *My life is my argument: The Application of the Ethics of Reverence for Life*. Besides the final essay of this collection, "My life is my argument", this part of the book applies the thoughts and beliefs of the ethics of reverence for life in particular areas of an individual's lives and life of the society. The essays in this part sprung up from political, social, literary and philosophical movements. In "Gandhi and the Force of Nonviolence" and "The Problem of Peace in the World of Today", Schweitzer reacted to peace movement and to Gandhi, who he deeply admired, and his idea of nonviolence. In two other essays, "Bach and Aesthetics" and "Goethe the Philosopher", Schweitzer proclaimed that philosophy and ethics are presented in all aspects of life, including music and literary art. Finding the principles of ethics of reverence for life in all human activities is as important as finding them in the writings of famous philosophers.

Albert Schweitzer's Ethical Vision is an original sourcebook that collects writings of Albert Schweitzer on his ethical thoughts. It is rather a rare collection and Predrag Cicovacki did a compelling job by choosing these sixteen short essays. It allows the reader to focus on more aspects of Schweitzer's philosophy. This sourcebook shows the complexity and the depth of Schweitzer's ideas, their interrelations and possibilities to reflect the problems of morality of contemporary time as successfully as in the times when they were formulated. I especially value the aspiration of this book to reflect the ethical aspects in the philosophy of Albert Schweitzer.

Even though this book was not published as a student's textbook or an anthology for ethics (philosophy) students, it can easily be used as a methodological and didactic tool which can help teachers and students to open discussions in many areas; either the humanistic philosophy, history of philosophy, bioethics, moral philosophy or even the problems of culture,

multiculturalism, tolerance, war and peace. I might assume that this book is not only an introduction to Schweitzer's ethics but a remarkable source for debates in and outside the classroom. . For this purpose, the short introductions by prof. Cicovacki to each essay are helpful sources of information and basic topics on which the reader should focus while reading the particular text. On the other hand, a weakness of this book lies, for me, in not using the potential to become an inspirational student's book. More discussion topics or questions for the debate would be welcomed, which would finalize the efforts obviously signaled in the initial notes to individual texts.

Personally, I have to draw attention to the contributions in the third part of the collection which shows potential to discuss the ethics of reverence for life in other than theoretical aspects of ethics. It reflects Schweitzer's opinion on war conflicts, violence, art, music which are (similar to his whole life) seen through the framework of the universal principle of reverence for life.

Finally, I can sum up that this book is interesting reading for those who look for the new view of ethics and morality in contemporary times. The anthology does not present the work of Schweitzer in a naïve way, something for which the author is often criticized, but rather points out the strong philosophical and theological basis of the ethics of reverence for life. The humanistic approach of Albert Schweitzer gives the reader realistic but still refreshing new attitudes to moral dilemmas of the lives of individuals and humankind as such. Because of its complex orientation, it might be a good choice for readers from different fields from laic and popular to highly philosophical areas.

Similarly, I recommend this book as a possible study and teaching material for ethics education in various fields because it involves texts which are, either directly or indirectly, concerned with issues of relationships between humans, man and the society, and finally their bonds to animals and the environment.

It is supported by the Slovak Research and Development Agency, contract No. APVV-0432-10.

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Michael Ignatieff (2005): The lesser evil (Political ethics in an age of terror). Edinburgh: Edinburgh University Press

This book by a Canadian author, which is a part of a broader set of lectures called Gifford Lectures, is an attempt to answer the important questions of modern times, an insight into the key sphere for the development of the human race and it is also a groundbreaking achievement in the fields of politics, ethics and political ethics. One cannot deny the author's interest in the development and direction for mankind, nor can one overlook his revolutionary ideas. These ideas might hardly seem acceptable from the point of view of moral beings as they often violate the basic principles of humanity, human dignity and civil liberties, but ultimately it is always about the rightness or wrongness of one's decisions in a broader sense and their consequences that can be considered to be of positive nature.

The book is both an interesting and provocative piece of writing searching for answers to the most difficult problems which liberal democracies have faced since their formation and which they are trying to deal with on a regular basis at present as well. Questions, dilemmas and conflicts related to the (in)ability of a liberal democracy to face various kinds of violence directed at its roots, finding an adequate reaction to terrorist actions, using the lesser evil theory as a paradigm allowing to infringe upon and violate basic principles of civil liberties and thus democratic principles as well.

The aim, according to the author, is "to point out the fact that defeating terror requires violence. It may also require coercion, deception, secrecy, and violation of rights" (p. 7). How can democracy, which is primarily based on rejecting these practices, cope with these delicate issues? Obeying the principles of truth, liberty, civil and human rights constitutes, after all, the very foundations of liberal democracies. These are the basic questions of our interest as well as a dominant topic of this revolutionary book.

In the introductory chapter *Democracy and the Lesser Evil*, the author explicitly expresses and defends his standpoint and starts to use the notion of *the lesser evil* as a sort of defending mechanism for democracy. The author is reaching a solution in using the lesser evil theory as a compromise for which he stands. He realizes that these practices have to be under permanent inspection. I would especially like to highlight the author's contribution in applying the theory into political and ethical practice and in anticipating almost every possible (whether positive or negative) consequence which such an application of this theory into practice may bring. His intention is not to present a vague theory that does not solve anything or to be unreasonably controversial and relativistic in his opinions concerning the inviolability of human rights and liberties, but rather to artfully and logically raise questions

of misusing power for wrong purposes. He is trying, with a considerable rate of ethical relativism, to provide power and force for mankind to be able to do and justify sometimes even inhumane, but ultimately necessary and right actions.

If political necessity requires the sacrificing of the moral laws and liberties of a person or some individuals, it is in our interest to do so in order to preserve stability and to protect the lives of people. This necessity is dealt with in the second chapter called *Ethics and Emergency*. According to the parallel with our laws which represent rules of our behavior, the author raises the following question: "If laws can be abridged and liberties suspended in an emergency, what remains of their legitimacy in times of peace?" (p. 25). He sees hope in so called "civil disobedience" which is manifested through many historical examples of the opposite - apathy towards public affairs from the majority of the population, and he accentuates its place in liberal democracy as it represents the last resort in situations when constitutional identity is at stake and in danger as it is in cases of terrorism. Societies, according to Ignatieff, can make deliberate compromises, if they can judge the seriousness of the threat. Making such judgments is an uneasy task especially in cases of terrorism and terrorist networks.

The third and fourth chapters, symbolically called *The Weakness of the Strong* (3rd chapter) and *The Strength of the Weak* (4th chapter) are based on a dichotomy between "the strong" and "the weak". The weak element is liberal democracy because of its inability to react effectively to threats of terrorism which has its aim in "persuading electorates and elites that the strengths of these societies – public debate, mutual trust, open borders, and constitutional restraints on executive power – are weaknesses" (p. 80). Democracy is therefore defeating itself with its overreacting to terrorism and enforcing the collective interest over individual ones. On the other hand there is a "strong" terrorism which represents "a violent form of politics" (p. 82). And this violent form of enforcing one's own ideas, standpoints, opinions and interests is the strength of an otherwise weak and faint effort to change political, ideological and/or religious attitudes. "The evil consists of resorting to violence as a first resort, in order to make peaceful politics impossible, and, second, in targeting unarmed civilians and punishing them for their allegiance or their ethnicity" (p. 110).

In the penultimate chapter *The Temptations of Nihilism* Ignatieff proposes a dark vision of our future of pure nihilism, when violence is becoming the main aim and done for violence's sake, as one of the possibilities. Both sides may start with high ideals, and end, step by step, in betrayal [of these ideals]. Despite this threat of descending into pure nihilism, Ignatieff finds a way out in persistence and strength, both long forgotten attributes of liberal

democracy. “The chief ethical challenge in relation to terrorism is relatively simple – to discharge duties to those who have violated their duties to us. Terrorists seek to strip off the mask of law to reveal the nihilist heart of coercion within, and we have to show ourselves and the population, whose loyalty we seek, that the rule of law is not a mask but the true image of our nature” (p. 144).

In the last chapter *Liberty and Armageddon*, the reader is confronted with the problem of obtaining weapons of mass destruction by terrorist organizations and with the consequences that might follow their use. In the end, Ignatieff shows optimism in his ideas and claims that liberal democracy can survive the age of terror only if it really takes into consideration a political context which is a cultural medium for terrorism i.e. by participation, persuasion and fight for social justice.

This book is written objectively and reasonably, as declaring oneself in matters of terrorism is not very safe and, on the other hand, some of the author’s ideas might not only be misinterpreted by various terrorist organizations and could cause even more provocation and resentment towards western civilization, but they could be misused by liberal democracies around the world as well. That is the main reason why Ignatieff approaches the topic cautiously, matter-of-factly and with all austerity and reasonable consideration. The book might serve as a warning for mankind confident in the opinion that liberal democracy knows all the answers to the questions posed by modern terrorism while not realizing the fact that reactions and responses to terrorism are often quick, excessive and done in the heat of the moment.

The significance of this publication lies in balancing the relationship between safety and liberty and considering the actual consequences for a person. This book is a great contribution to ethics and politics as well as a masterpiece with many revolutionary ideas in these issues. It is definitely a guidebook for a modern man for the modern world in which he lives is not indifferent and is willing to discuss these delicate issues and find answers and solutions in the way put forward by Michael Ignatieff.

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