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Contents

Articles

"Not Man for the Sabbath": Professional Dignity and Ethical Codes

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Abstract
This article argues that professional dignity is based on the moral autonomy of a professional; meaning that ethical codes and norms, including unwritten routines, are mandatory only when they are not contradictory to the conscience of the professional. The argument is based on Immanuel Kant's practical philosophy and his analysis of human dignity and moral freedom. The article also presents Daryl Koehn's definition of profession as a public pledge and shows it as inherently connected to the autonomy of human will.

Keywords: profession, professional ethics, ethical code, autonomy, dignity, public pledge

"The Sabbath was made for man and not man for the Sabbath" (Mark 2:27). This biblical maxim has become a cornerstone of Western civilization, the culture rooted deeply in Christian philosophy.[1] Instead of the appeal of this verse, nowadays we are chained to a supremacy of rules, especially in the realm of professional ethics. The discipline of applied ethics has its interest in ethical codes (e. g. see Stevens, 2008), lists of normative commandments, in their voluminosity no different than the Parhisaic canon. Ethical codes have become a manifestation of the social responsibility of large corporations and a pivotal topic of university ethics' curricula. But also, they are often used as an alibi for professionals to shirk their personal responsibility.

This article argues that professional ethics should not be based primarily on ethical codes. In the article, these are viewed as an instrument, rather than the goal for a practice. The basis of all professional ethics is, in my opinion, professional dignity. This dignity is established on a duty to bear personal responsibility for a professional's actions and not to shift the responsibility to external norms.

Let me get back to the Sabbath analogy again: Bernhard Häring in his book *Love Is More Than a Commandment*, proved that the norm has its sense only for a human. It means that humanity is the measure of normativity. He states: "It is not the world of things that should be considered as the final measure of the norm, but an individual, with such various necessities and needs of his" (Häring, 1971, p. 93). Discussing the New Testament story, Häring reveals that there are certain duties that can be considered as a kind of a natural law. This *ius naturae* is implied by the human condition, humanity as such. We cannot break this law and remain human beings. This commitment to humanity is crucial for our self-

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[1] For an elaboration on this assertion see (Reale, 2003).

definition as humans. We can say that we participate in humanity through obeying our human duty. And what is this duty?

Turning our attention from the realm of the New Testament to philosophy, we can find similarity in Immanuel Kant's notion of autonomy (Kant, 1996b, p. 168).[2] To be a human, the moral legislation has to arise from this human as an agent. He is a legislator, because he is gifted with reason.[3] This reason is his connection to the realm of all intelligible beings that share the same faculty of legislation (*die Gesetzgebung*).

We live together in an irrevocable fellowship of humanity. We are humans because we are all moral individuals; we all are individual legislators, always bound together by our duty to moral action. This moral action has no particular content; we cannot form duty in the form of a *maxim*, of a commandment. This general duty *to remain humans being through our moral action*, i.e. to act on behalf of humankind, to elaborate general laws in all of our moral decisions, is an expression of our dignity. As Kant claims, to be more than an animal is to use our reason as a moral instrument for general legislation (Kant, 1996b, pp. 189–190).

This can even be found in Kant's early teachings, as can be read in notes taken during his lectures by J. G. Herder:[4] "Ethica est scientia imputabilitatis actionum liberarum coram foro interno" (Kant, 1997, p. 8). This can be taken to mean "ethics is the science of the imputability of free actions before the inner tribunal". An individual is not obligated to obey any law that is in contradiction to the general legislation of his will. In other words, he should not override his conscience. There is only one tribunal he belongs to, and that is his inner tribunal: the tribunal of his conscience. An individual remains human only if he respects his autonomy. "We shall therefore not require you to cast even a glance at any possible *forum externum*", the young Kant confirms this assumption (Kant, 1997, p. 8). *Forum internum* and *forum externum* are two predecessors of the notions of autonomy and heteronomy, of moral faculty and lack of moral awareness.

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[2] "*Autonomy* of the will is the sole principle of all moral laws and of duties in keeping with them; *heteronomy* of choice, on the other hand, not only does not ground any obligation at all but is instead opposed to the principle of obligation and to the morality of will. That is to say, the sole principle of morality consists in independence from all matters of the law (namely, from a desired object) and at the same time in the determination of choice through the mere form of giving universal law that a maxim must be capable of" (Kant, 1996b, p. 168).

[3] To be more precise, Kant's moral philosophy involves the idea of transcendental freedom as an imperative of reason. "Freedom is the power to will an end of action for myself. Any derivation of my ends from an external source is at the same time a subjection of myself to that source [...] I then become the passive channel [...] If my action is called unfree, it is because there is a sense in which it is not truly *mine*" (Scruton, 2001, p. 79).

[4] Herder's notes are not altogether reliable. Herder was an intensive philosophical personality and he may have put words into Kant's mouth. See Schneewind's introduction to the notes in (Kant, 1997, p. xiv).

In the winter semester of 1785, during Kant's lecture on Baumgarten's practical philosophy, another student, C. C. Mrongovius, wrote in his notebook: "Morality is the agreement of the will with its own possible generality" (Kant, 1997, p. 234). It was the same year Kant published his famous *Groundwork of the Metaphysic of Morals* (Kant, 1996a), where he elaborated on this idea in detail. Autonomy is the core basis of human dignity, as he stated in his lecture: "The autonomy of our will greatly elevates our worth. The members of a kingdom of ends, whose ruler is God, are the true intellectual world. Augustine and Leibniz called it the kingdom of grace" (Kant, 1997, p. 246).

For instance, journalists have to obey several norms: the ethical code of their publisher, the ethical code of journalists (or editors etc.). Also, they are supposed to follow the routine of their newsroom. They have to do what their colleagues and supervisors expect: that is expressed by the saying "We all do it this way". We all, in our newsroom, verify our information *this way*, we all write news *this way*, we all use these rules of behaviour. But what if this norm, whether it is a written code or an oral tradition, contradicts the journalist's conscience? What if their inner voice whispers "This is not the right way"? For instance, what if a journalist is pushed to publish an insufficiently verified story or to betray an informant's confidence in his responsiveness?

Kant would probably reply that the journalist should listen to his conscience and do what is his duty. This duty is autonomous, i.e. it arises from the journalist's own free will, from his freedom, his humanity. The professional must not obey a law because he is pushed to (even if by his own desires) or because he is afraid of punishment or because "we all do it this way". The demands of free will are universal and every violation is not only an act against a human's freedom, but also against a human's dignity. This can be extrapolated: every violation of this duty is an act against professional dignity, because obeying the professional norm is implied by the fact of being a professional, not because of external reasons. And when a professional's inner intuition contradicts the norm, it is a violation of his professional dignity to obey the rule nevertheless.

So does it mean that norms should be violated in our professional and even in our private life? Does the law need to be broken? Not exactly: not every norm is bad. And even when in a situation that there is a bad norm it does not automatically mean that it should be violated. Kant, in his manifest of the Enlightenment, provides the answer to this question. He speaks about a professional, a clergyman: "[…the] clergyman is bound to deliver his discourse to the pupils in his catechism class and to his congregation in accordance with the creed of the church he serves, for he was employed by it on that condition. But as a scholar he has complete freedom and is even called upon to communicate to the public all his carefully examined and well-intentioned thoughts about what is erroneous in that creed and his

suggestions for a better arrangement of the religious and ecclesiastical body. And there is nothing in this that could be laid as a burden on his conscience" (Kant, 1996c, p. 19).

Or another example: a citizen cannot refuse to pay taxes, but he can fight for justice or better welfare of state. It is expressed by the acclamation of a head of state: "Argue as much as you will and about what you will; only obey!" (Kant, 1996c, p. 22). As Kant claims, we should gradually work on the improvement of norms and routines, so we can build a government that treats the human being as someone, "[…] *who is now more than a machine, in keeping with his dignity*" (Kant, 1996c, p. 22). *"Der nun mehr als Maschine ist"* − it means, the human as such, with the dignity and the freedom, the human as a legislator.[5]

The question can be also asked another way. What makes a professional a trustworthy agent? Daryl Koehn in her book *"The Ground of Professional Ethics"* asks the same. There are two obligatory answers: (1) it is because the professionals "[…] are experts; or (2) because they are service providers, who, for a fee, obey clients' wills" (Koehn, 1994, p. 15). But expertise *per se* does not merit our trust: "The doctor can use his pharmaceutical knowledge to poison as well as to heal" (Koehn, 1994, p. 19). And the professional must not be bound to do whatever the client wants: "[T]hen the professional is little more than a hired hand" (Koehn, 1994, p. 38). And Dr. Kevorkian fulfilling patients' desire to die is a good example of an ethical controversy based on this model of "trust".

Koehn does not use Kant's practical philosophy to elaborate on her conclusions, but she reaches almost the same deduction as in this article. She claims that: "A professional is an agent who freely makes a public promise to serve persons (e.g. the sick) who are distinguished by a specific desire for a particular good (e.g. health) and who have come into the presence of a professional with or on the expectation that the professional will promote that particular good. In other words, agents become professional by virtue of what they profess or publicly proclaim before persons lacking particular goods" (Koehn, 1994, p. 59).

This definition reveals that it is the autonomy of an individual that shapes his identity. It is the freedom of decision making that makes it possible to be trustworthy: to make a public promise, guaranteed by the honesty of the professional. Koehn remarks that the word "profession" comes etymologically from the Greek word *prophanio*, i. e. "to declare publicly". Once proclaimed, the commitment becomes a duty: "[…] the profession or statement binds the speaker" (Koehn, 1994, p. 59).

To conclude: every professional has to obey the freedom of her or his will. It means that every human is a legislator on his own. It is therefore necessary to understand norms just as instruments. The legislator is not an

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[5] In the case of professionals, the first step can be an improvement of our critical reason. See (Davson-Galle, 2009).

institution or an employer, but the professional on their own. A human becomes a professional thanks to his public pledge and the dignity that the professional benefits from in his autonomy. Only in the act of free will the professional remains human. It is his and our duty to work on the improvement of unsuitable norms and to overstep mechanical compliance. Only after we all participate in the realm of humanity can we discuss ethical codes.

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The Aspects of Life Quality in the Spectrum of Values
of Human Dignity

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Abstract
The aim of the paper: The Aspects of Life Quality in the Spectrum of Values of Human Dignity is to contribute to the discussion on the impact of life quality on the value systems ultimately forming human dignity. The introductory part of the paper focuses on the clarification of the definition of life quality, based on ethics of social consequences and personalism. The main part of the paper infers the discretion of the impact of quality of human life to individual attributes of human dignity. The final part presents the definition of human dignity from different points of view based on the ethics of social consequences and personalism.

Keywords: dignity, person, moral agent, free will, moral action, life quality

Introduction

Human dignity inherently belongs to the life of man and part of it is what we call humane – rational and axiological quality. The fundamental value of human life lies in its existence. Life itself is a primary prerequisite for us to exist. In the context of ethics of social consequences the existence of life is the basis for an acknowledgement of human dignity. Human dignity is in this sense a rational quality that deserves reverence and respect from *societas*. From the perspective of ethics of social consequences in the definition of human dignity personal secrets or the sanctity of life are not taken into account (Gluchman, 2008, p. 100). Every life deserves reverence and respect, because it is a gift, whereas none of us gave life to ourselves. Human life is qualitatively the highest form of life on earth and human dignity is mainly the qualitative value as well.

Personal Reality and Impersonal Reality

The neothomist Jacques Maritain stressed that the absolute human concept is primary a state of human being. The human being is over – universal and analogous as a light of intuition of some inexhaustible reality in the meaning of a being itself and, thereby, it reveals to us as a first metaphysical concept. The being encompasses a number of aspects. Each of these aspects may indicate a wide range of reality and yet, paradoxically, can be grasped in a certain concept. The more specific aspects of reality we know, the more objective the thing became, such as ideas of truth, goodness, beauty, love and honesty (Hrehová, 2011, pp. 69–70).

In stressing the uniqueness of persons facing all other subjects, personalists influenced by Thomism determine the essential decisive line of reality as that which separates personal beings from impersonal beings. The world of being is the world of objects, within we recognize persons and things. A person differs from a thing in structure and perfection (Wojtyla,

2002, p. 95). An approach to personal reality for this reason requires a different ethical paradigm as an approach to impersonal reality. The way of handling the person, therefore, requires a different ethical paradigm from that used to describe a non – personal reality. To the structure of a person belongs the inner interiority, in which we recognize the aspects of spiritual life. This knowledge evokes in us the need to accept the spiritual aspect of the human being. From this perspective, a person possesses its own perfection that is decisive for its own value.

The spiritual norm that testifies about the perfection of a person is, for example, love. In love we emanate from the human being in order to subsequently recognize its specific value (Wojtyla, 2002, p. 95). Love in Christian ethics, which is based on the Gospel, is perceived as a supernatural (divine or theological) virtue. If we attempt to analyse the virtue of love more generally, then any supernatural virtue is rooted in naturalness and adopts human form based on human activity and it is also manifested in its internal and external acts (Wojtyla, 2002, p. 94). From the perspective of personalism, human dignity is analogous to the virtue of love rooted in human nature. At the centre of this personalism is the confirmation of the dignity of a person, the quality already declared by medieval thinkers (St. Gregory Nazianzen and St. Augustine). In the Renaissance period, the worth of human dignity was constructed from a divine quality – creativity (Seilerová, 1999, pp. 19–20). Human dignity as a quality is the unique perfection of personality and as a set of certain valuable features gives arise to specific moral requirements. Dignity refers to the inherent value of person as "someone" and not merely "something". Precisely, the aspect of existence confers an absoluteness not found in other beings. Here, classical – realist personalists reject the Hobbesian notion of dignity as the price set on an individual by the commonwealth, and ally themselves rather with Kant in his assertion that dignity is an inherent value and sets itself beyond all price (Williams, 2013). The language of dignity excludes the possibility of involving persons in a trade – off, as if their inherent value was a function of their utility. Every person without exception is of inestimable worth and no one is wasted or interchangeable. The person can never be lost or assimilated fully into the collectivism, because its interrelatedness and compatibility with other persons is defined by its uniqueness and irreplaceable value. Following on from the foregoing, the fundamental criterion for creation of interpersonal relationship is the exactly unique and irreplaceable worth of a human being as a person. The agreement with Kant in this regard can be said to constitute a bridge between personalism and ethics of social consequences.

Granting man unique dignity and moral worth also throws light on the cardinal virtue of justice. Example "to each his due" depends on the definition of the criteria according to which it would be possible to identify what each deserves. This distinction would be not be made without taking

into account dignity and moral worth, that are the overall qualities of persons. Moreover, these qualities are inseparable from the uniqueness of each person. Personalists, in a broader sense therefore lay particular emphasis on the difference between acting toward a person and acting toward any other reality. When the person is the object of someone's activity, a whole ethical structure enters into play that is absent when the object of someone's activity is a thing. The way in which persons would be treated constitutes an independent ethical category particularly in essence and not only in terms of approach to impersonal realities (things). While traditional ethical systems emphasize the internal mechanisms of the moral agent (virtue, conscience, sin, responsibilities) and the impact that those actions have on moral character, personalists add special interest to this in the transcendental character of human action and the dignity of a person, acting in accordance with this transcendental character. The absolute character of the person within the meaning of its non-interchangeability forms the possibility to apply absolute moral standards, i.e. the last seven commandments of the Decalogue, as applicable to a person.

For personalists, human dignity does not depend on factors such as innate intelligence, athletic ability or social skills. Nor does it result solely from good conduct or application of moral values. Dignity must be rooted in human nature, so that, despite the diversity of moral behaviour and the following differences in moral character, all the members of a given species could share this dignity. Regardless of what the person manifests itself as "self – determining" provenance, the given nature of a person is qualified by a certain way that represents the personal, constant "inherent factor" of moral acting (Wojtyla, 2002, p. 95). The difference between being "something" and being "someone" here seems to be so radical that it does not admit degrees of being. Most personalists have denied that the worth of the person and the dignity of a person is something that can be achieved gradually. It is like a binary function or changeover switch (on or off) that admits no middle way.

A contrasting position to the personalistic concept on the issue of grades of being is represented by ethics of social consequences. In this theory the worth of human dignity can be differentiated and graded on multiple levels. The base value of human dignity, similar to the personalistic approach, belongs to human beings on the grounds that they were born as members of the genus *Homo Sapiens* regardless of their future abilities, characteristics or behaviour over the life course. All human beings are bearers of human dignity, which is perceived and lived as an expression of reverence and respect for human life (Gluchman, 2008, p. 101). As stated above, in terms of ethics of social consequences, the potential for human dignity is variable and its development depends on several psychosocial criteria. Increasing the worth of dignity is conditional on moral decisions and acts. In value terms, dignity depending on the moral development of man generally increases

over the life course. In the case of healthy individuals, increasing the worth of human dignity is assumed in direct proportion with moral maturity.

Moral Agent and Person

The worth of human dignity in ethics of social consequences is interpreted as a function of consequences. The rate of human dignity derives directly from consequences that a moral agent produces by its moral conduct and behaviour. For a better understanding of the importance of the worth of human dignity in ethics of social consequences it is necessary, at least in broader contours, to clarify the concept of a moral agent. A man who becomes a moral agent achieves the highest level of dignity. The moral agent in this sense represents a human being, possessing rationality, consciousness, free will and responsibility (Gluchman, 2008, pp. 111–113). The moral agent as the holder of human dignity is characterized by the ability to assess on the base of the *ratio*. So that the moral agent is able to assess firstly his own acts as well as deeds of others and secondly, is aware of moral duties and rights. Based on the ability to be fully aware of duties and rights, the moral agent is able to make decisions and to act in accordance with the anticipated resulting positive social consequences that are the target of his decisions and acts. Following on from the foregoing, the essential feature of ethics of social consequences is the integration of teleological ethics with the ethics of values (Kišš, 2011, p. 13).

Gluchman in his reflection on human dignity compares the moral agent to a person (Gluchman, 2008, p. 109). Dignity in personalistic ethics is given by a person. Merely a person is the bearer of human dignity. Human dignity as a worth is inherent to all human acts. In personalistic reflections, the acting of person is derived from direct *ratio* and the natural order. Man assesses his own acts, as well as the acts of others, both on the basis of practical and speculative reasons, firstly by rational reasoning, secondly by listening to the inner voice of conscience that must respect the law and thirdly, by his own obtained life experiences (Hrehová, 2005, p. 225). In personalistic ethics, analogically to ethics of social consequences, all human beings are granted the worth of dignity of the human body, the inadmissibility of abusing the body and the right of body for a truly human existence. The Russian personalist and existentialist N. A. Berdiaev stressed the aspect of physicality in the constitution of a person, by expressing the right of the human body being related to dignity because the worst indignity of a person is mainly the dishonour of the human body (Berdiaev, 1997, p. 28). The bearer of human dignity is a person, while the person cannot be replaced with the soul and mind (me). The bearer of human dignity cannot be a slave, because he has no right to dispose of his own body. It follows that personal aspect is given to man; that means the opportunity to act through the body is given to him (Vrána, 1996, p. 16).

Discussion on the worth of dignity implies further questions of morality. The level of human dignity in ethics of social consequences depends on acting in relation to the other members of society and society as a whole, as well. Man becomes fully responsible for his actions, thus, the measure of his dignity increases significantly. The Neothomist J. Maritain in this respect added that the temporal plane is subordinated to the spiritual plane: "People do their job well only if they will have eligibility to a pursued subject, because an ethical regulation is inherent to every potential share, while this regulation internally depends on higher principles such as Christian faith and wisdom as principles given from above" (Maritain, 1967, p. 275).

Kant in his aprioristic opinion on the actions in human life contested two points, namely pleasure and prosperity. Kant based the whole morality on *a priori* forms that have an imperative character (Jan Pavel II, 2005, p. 41). In Kant's ethics as stated above, human dignity is intrinsically bound up with a person. For an understanding of human dignity, the importance of the person in Kant's ethics, the categorical imperative is essential, which reads as follows: "Act so as the maxim of your action could, through your will, become a general natural law" (Kant, 2004, p. 48). In practice, this means that a man has to act as a person with his humanity and the humanity of any other person as an objective and never merely as a means. In Kant's teleological form the category of first order is given to the person. Kant's return to the person is an important step in terms of the development of ethical reflection. We infer that it has helped shape the foundations of modern personalism.

The basic definition of the dignity of a person may be the moral equivalence of all human beings, arising from the very fact of human existence (Gluchman, 1999, p. 56). Human dignity in ethics of social consequences consists of the set of values and characteristics of someone who deserves reverence and respect. The constitutive aspect of granting human dignity is life. The level of human dignity of the individual forms of life is conditioned by their place on the evolutionary developmental scale (Gluchman, 2008, p. 106). Qualitatively the highest form of life is human life and the highest level of human dignity is achieved by the life of a human being. Ethics of social consequences and personalism are convergent in the qualitative definition of human life by granting the worth of dignity to all human beings based on the mere fact of their existence. The above analysis leads to the conclusion that the granting of dignity to all human beings (regardless of their life successes or failures) affirms their moral status. From the perspective of ethics of social consequences the status of moral equivalence must be demonstrated by an action, which is a precondition for preserving the dignity of a person and respect for him/her (Gluchman, 1999, p. 56).

A significant problem in the comparison of human dignity in personalism and ethics of social consequences is the different perception of the last

moments of life. Ethics of social consequences, for instance, accepts the voluntary and conscious decision to end a respectable and good life, without any perspective for healing (Gluchman, 2008, p. 120). The aspect of pain in this case is assessed as an unworthy way of life and that is in contradiction with the mystery of the Cross (*mysterium crucis*). Personalistic ethics, on the other hand, does not accept the request for termination of life. However, a person always has the hope in the form of everlasting life. In personalistic ethics the perspective with a view to *finis temporalis* is minimal when it absents a perspective of *finis ultima*. Whereas ethics of social consequences disregards the secrets of the sanctity of life, the foundations of personalistic ethics put the emphasis on the sanctity of life (*sacrum*). An individual as a person is a secret and human dignity is the worth of the whole person. In personalism, the worth of dignity is given to man as a worth resulting from the *Imago Dei*. Dignity is bound up within spiritual and physical dimensions. The quality of our lives depends on the moral mood. God irrevocably determined our human dignity, but we personally decide about the moral quality of our lives.

Conclusion

In the context of personalism, a variety of spiritual attributes lead to a synthesis of human acts in which the intention given by intellect creates a crucial point (Jan Pavel II, 2005, p. 38). Human acts are voluntary and as such invoke responsibility. Man desires some goodness, decides for it and thereby is responsible for his choice. In the context of ethics of social consequences, human dignity at the highest level results from consequences of the action of a moral agent. The consequences of human acts in various life situations play a crucial role in assessing the level of the human dignity of a moral agent. Moral requirements within the current context of the 21st century significantly vary from traditional moral values. This discrepancy is the result of the subjective perception of proper or improper action. Experience has shown that people believe in everything which is allowed and thus also go beyond the impermissible (lie, steal). However, such a relativistic perception of morality cannot lead to happiness, because it paralyzes our security (Hrehová, 2012, pp. 25–26).

   The previous distinction of the value of human dignity and conscience brings us to the uniform conclusion: Human dignity is formed and confirmed particularly in moral actions by the coordination of free will and knowledge with experience and responsibility. Furthermore, it is not enough to simply recognize responsibilities and moral values, but it is essential to apply them in practice. A moral agent and person are formed not only in conscience, but also in the sense of moral and humane values. According to above stated, the worth of human dignity depends on the aspiration of the whole person – the intellectual knowledge, practical reason, natural law as well as innate and acquired virtues.

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Some Aspects of the Impact of Modern Technology on Ethical and Anthropological Images of Man in the Present Day

Daniela Navrátilová

Abstract

The article analyzes the main problems and risks associated with new forms of technology and technological developments and their impact and response to current ethics and the related image of man. The author is interested in particular issues of the transformation of man, machines and machinery in the context of modern technology. Thus, the author's thoughts on the current debate on Humanism and Posthumanism are expressed. At the beginning of the 21st century, one can speak of a new stage of man and machine especially when the machine becomes directly part of man. In this paper, the author analyzes the forms of the so-called postmodern machine in connection with the development of nanotechnology. The author also discusses the risks associated with the issues of Applied Ethics at the new phase of human evolution when the so-called "engineered evolution" is being widely discussed.

In one of his recent publications "Une civilisation à hauts risques", Jean – Jacques Salomon reformulated the risks of the modern technological society and, drawing inspiration from the Bible, called them the new "seven plagues of Egypt". The modern seven plagues of Egypt consist of the risk within the system itself in the form of various technological accidents, the vulnerability of large systems, terrorism and weapons of mass destruction, the ubiquity of information technology and multimedia, dangers of biotechnology, the future of man within a society of robots, climate change (Salomon, 2006, pp. 127–163).

We will be interested in philosophical and ethical reflection on technology as well as modern technology in the early 20th century that represents such a relationship between man and machine which is characterized by the term "postmodern machine". We are in a phase of "cyberspace" and "cyber machines" following the stage of strong and smart machines. This stage relates to the question Baudrillard asked himself in 1988: "Am I a man, am I a machine?" The question itself is the expression of anthropological uncertainty, which is associated with challenging the boundaries between man and machine concept, which occurred during the 20th century. The problem was deepened further in the early 21st century.

Baudrillard answered his own question. In his opinion, really and subjectively we are human beings if we understand the issue and seek to answer it. Virtually and practically, however, we are approaching the machine. The condition in which we find ourselves is a state of intellectual and emotional insecurity challenging alienation that characterized the relationship of a worker to a manufacturing machine and the intellectual relationship to machines that process and disseminate information. Technology gradually eliminates the fundamental dichotomy *man/machine,*

object/subject, and perhaps *freedom/constraint*. All of those dichotomies were defined through our social existence, through our interaction with other people in a shared environment into which we have gradually introduced smarter and more autonomous machines. As a result, the environment began to change and therefore we have been also affected.

The idea of man and machine leads to an interpretive shift from a robot from the last century to the concept of a cyborg in the 21st century. The age of Enlightenment, which is called the Age of Reason, was associated with the belief in rationality which culminated in the early 20th century between the First World War and the Second World War. This age is called the Machine Age. During this period, the Enlightenment movement culminates, highlighting the role of reason in human understanding and empowering world control. The concept of progress, which is associated with the Machine Age, was based on the belief in human reason and the human capacity to dominate his environment. It was followed by the continuous improvement of the material situation of man.

Not only the Enlightenment culminated during the Machine Age but at the same time it is also the period when modern man discovers his character and identifies the nature of his time. Modernity and Modernism appeared during this period which is characterized by a typical factory that creates a closed space governed by specific rules. In this environment, a factory worker and a machine are in close cooperation. On the one hand, tight symbiosis of man and a machine evokes the idea of the anthropomorphized machine, and, on the other hand, mechanized man. In this connection, human-machine relationships are clear. According to Baudrillard, there is no uncertainty in the relation of an industrial worker to industrial subjects: the worker in relation to a machine is always somehow an alien, and, therefore, alienated from a machine, keeps a specific amount of alienation (Baudrillard, 1989, p. 121). This type of relationship between man and machine was prefigured in Čapek's theatre play 'R. U. R.' Čapek's robot is an amplified, serial, industrially produced, demystified technological image of man who has lost its uniqueness. The basic theme of Čapek's 'R. U. R' is hypostetization of humanity and interchangeability of man and machine. The idea of an individual capable of working but not thinking is expressed by the Czech word "robot" (Čapek, 1966, p. 105). The term *robot* has been understood as the embodiment of socially perceived experience of industrial, urban civilization that has produced such theories as Taylorism or Fordism. The objective is to evoke a sense of common danger if we allow the masks of our social and professional roles to grow to fit our faces.

Robot as a metaphor for man of the modern industrial period at the end of the 20th century was replaced by the image of a cyborg. The image of a cyborg is an expression of the experience of man in the postmodern era: experience with oneself and experience with science and technology. The transition from robot to cyborg is an expression of denial of dualistic

understanding of the relationship between man and machine. Differences between man and machine have blurred. In the Information Age, where the symbiosis of man and his tools is so tight that the differences between them are lost, the image of a cyborg becomes an expression of body fragmentation.

The content of the word "postmodern machine" will be fulfilled by experience, gradually gained by examining the machines that are created "in our own image" and consequently we will have to learn to live together with such machines. According to Kelemen, the concept of the postmodern machine has led us to Posthumanism. If Posthumanism accepts the concept of the postmodern machine, the old humanistic concept of man will change. Posthumanism reflects the union of man and machine which is far from the mechanistic approach presented in the works of La Mettrie or Descartes within their reductionist views. Nowadays, we can observe the critical discussion of humanism with concern. What does it actually express? Discussions on the borders of humanism indicate the boundaries of Enlightened Anthropocentrism within which one of the forms of humanism brought human thinking and practical action to the idea of Superman and re-evaluation of his value (environmental crisis). This discussion contains the need for openness of being which comes with Heidegger. To view man only as condemned to be free, as presented by J. P. Sartre, became an inadequate way of thinking. As a result of such ideological clashes, we have gradually replaced our anthropocentric view of the world. The new point of view, which integrates man into his work and deprives him of his beliefs on his excellence, is known as Posthumanism.

There is a second meaning of humanism which remains valid. Interpretation of the expression to be "humane" means being polite, civilized, tolerant of other views, able to discuss all topics including religion, politics, science avoiding dogmatism, attack, defence and fair outrage (Rorty, 1991 p. 197). Enlightenment humanism is considered to be the beginning of civilization's development, which at the end of the 20th century culminated in the age of intelligent machines. Baudrillard's maxim "*Am* I a *man, am* I a *machine*?" suggests one of the possible views of what it means to be rational: to be able to process information according to the rules of logic. Enlightenment rationalism was also the beginning of civilization's development and has brought political institutions and values without which we can hardly imagine the functioning of modern Western democracies. The idea of rationality, suggested by Kant in his work called "What is Enlightenment?" is not the rationality of a system processing information but the rationality we use when discussing the rules of cohabitation. It is the rationality of people who still have got a feeling for humanity. Consequences of biotechnological progress are an integral part of the postmodern era of machinery and posthumanistic discussions. In this context, posthumanism obtains another dimension and represents an even

greater danger since it is not only the coexistence of man and machine in which boundaries are lost; it also endangers the very existence of man. Brain implants not only in animals but also in humans have become a reality. Here we meet with such a reality that has not yet been included into our previous reality. The reality is slowly becoming the Orwellian "control by thoughts", because there is the possibility to transmit a signal to someone who is standing aloof with electrodes implanted in the auditory centres and can "telepathically" hear my inner voice. The procedure of "interception" of electrical discharges in the brain with electrodes and their transfer to a computer that can read brain codes and use these signals to control a process in a similar way to how we control a machine has already a name: brain-machine interface. Here, the fear occurs that the traditional content of human dignity and autonomy, which in such opportunities will certainly not remain intact, will change. This creates the possibility to put into motion things by the mind itself. The brain itself should serve as a driver. What should we do if these findings and options will be used to influence the decisions and actions of man? It is not fiction anymore. In May 2002, researchers from New York University joined a computer chip capable of receiving signals directly to a rat's brain making it possible to determine where rats run. In a similar way, we control a toy car model using a remote control. For the first time a machine took over the will of a living animal and controlled its spontaneous decision on its motion. The main philosophical question here is how a rat (man in the future?) will experience its own movements which have been imposed from outside.

As a result of modern technology's rapid development, there exists a possibility to control biogenetically physical and psychological characteristics of people. Fukuyama and Habermas highlight a danger of modern technology. They suspect that the latest scientific and technological developments allow man to design and redefine himself and, as a result, humans become endangered. Habermas in his work The "Future of Human Nature" poses a specific question: what is the identity of a person who will be the result not of natural but artificial and controlled choice?

Is humanity, as a collective entity, able to set boundaries that cannot be exceeded? Francis Fukuyama in his book "The End of History and the Last *Man"* (Koniec człowieka) points out that we do not have a clear answer to the question regarding what human nature is. Fukuyama says that, because of biotechnology, we will lose our human nature to some extent and what is worse we will take the risk without realizing that we have lost something very valuable. We could find ourselves on the other side of a large barrier between human and posthuman history without noticing that the water level has rippled (Fukuyama, 2008, p. 139). It will be very difficult "to remain human in the genetic future". Somatic gene therapy can be considered admissible just before the uncrossable threshold because it can be done without leaving the world as we are and what we know about it. We only

invade the human body that was created the old way, thus "naturally". Would manipulation of stem cells have been considered acceptable? Do we deal with the mental and physical characteristics of human individuals even before they are conceived? Thus, we are crossing borders towards the qualified design of people and change from individuals to products. We prevent them from feeling responsible agents who have to educate themselves, hone their will and achieve satisfaction of achievement. These individuals will have difficulty seeing themselves as responsible agents. Fukuyama is right: we cannot clearly say what humanity means. We do not know clearly (or we just disagree on that?) what makes us human, so we do not even realize when we come to it. Fukuyama considers diversity to be the greatest value which must be protected (Fukuyama, 2008, p. 222). There is still one issue. Do we measure the future using inadequate current criteria? Will the solution be hidden in changed criteria?

Philosophical and ethical problem of these posthumanistic debates does not consist in merely genetic manipulation. The next issue to be taken into consideration is re-evaluation of the role of genes on our behaviour brought about by evolutionary psychology. During the 20th century, the claim that human motivation is largely subconscious problematised traditional notions of responsibility, identity, conscience and mentality. Now it is problematised by genetics. Will there remain a place for morality and responsibility? The more genes shape our behaviour, the less responsibility for its individual achievements, crime, madness, virtues and vices the individual bears. We must be ready to face the threats contained in genetics and robotics and at the same time not become conservatives who reject positive assurances contained therein. Man is not only a biologically conditioned being but he is also conditioned by society and culture. Discussion on nature versus culture remains still open. Though, one thing is certain; what makes humans human is a kind of social intelligence that machines will never have and at the same time it exceeds any biological basis of humanity.

Like Fukuyama, a similar issue on posthumanistic future is discussed in Joel Garreau's work "Radical Evolution". He is also looking for an answer to the question whether a person having been perfected by science and technology will remain a human. According to Garreau, improvement and associated transformation of man is done in the four areas for which the abbreviation GRIN (genetics, robotics, information technology and nanotechnology) is used.

Due to the development in the mentioned four areas we come to the threshold of a new phase in the evolution of man. Garreau called it "engineered evolution". Unlike in the past, when technology was directed to the external environment, at present, it directly affects humans. Fire and clothing protected us from the natural elements. Cultivated fields provided enough sustenance. Cities ensured safety. Aircrafts and phones solved the

problem of distances. Thanks to antibiotics, mortality has been significantly reduced.

However, currently we are entering a period of such technical and technological inventions that are able to influence our thoughts, memories, affect not only our metabolism but also our mood and desire, our entire personality as well as affect our offspring. Garreau thinks that a new phase of human evolution, so-called "engineered evolution", has started. For the first time in history we can determine its direction (Garreau, 2005, p. 12). CYBORG as a cybernetic organism is used for the labelling of people whose abilities have been extended through machinery, new materials, etc. According to NASA, such a man is also suitable for long space flights. The following experiments mainly relate to military needs especially when improving soldiers' endurance (sleep and hunger control, body condition improvement, fatigue and pain reduction) because weapons occurred at the end of their development. Garreau writes that the key answer to the question is how fast these new technologies will be implemented in real life. Will there be enough time to influence the direction of their development? (Garreau, 2005, p. 61). Garreau also asks how much wisdom will be needed to achieve the correct benefit from receiving these superhuman abilities. The question still remains open.

Applied Ethics points to specific risks and at the same time motivates the action of man not only to short-term effect, it also develops caution and prudence in relation to the possible consequences in the distant future.

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Unde malum? Marginal notes on Kozielecki's considerations

Marek Tański

Abstract
The author considers the problem of evil in the transgressive concept often identified with destructive transgressions. He describes possible approaches to the problem of evil asking, at the same time, about its source. He also carries out a discussion with reference to Kozielecki's concept in comparison with other researchers of this issue in the area of anthropology (Immanuel Kant, Gottfried W. Leibniz, Leszek Kolakowski, Konrad Lorenz, Hannah Arendt, Herbert A. Simon and Philip Zimbardo). Evil is treated by Kozielecki as destructive transgressions, that are always present in man, and are the source of the crisis and the regression of humanity.

Keywords: evil, destructive transgression, values

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Kozielecki is one of those figures, not only in the field of psychology, but also anthropology, who directly or indirectly asked questions about the cause of evil that appears in the interpersonal world. Let us be reminded that evil, in the world of the author of the transgressive concept, is identified with so called destructive transgressions that are always present in man, who wishes to achieve his selfish and hegemonic goals. Destructive transgressions appear in four worlds. Some of them are expansive transgressions towards things, often leading to large-scale environmental destruction and disorder of harmony prevailing in nature. They are dangerous inasmuch as they threaten the whole species. Destructive transgressions towards people rely on the pursuit of excessive expansion of the power of man as perpetrator, to obtain total control over others, which may cause a threat to human freedom, bringing a range of suffering. Evil also appears in the symbolic world which can be proved by the creation of antihumanistic ideologies, the expansion of violence and possibility myths which distinguish certain individuals and groups, and depreciates others. To a great extent, these transgressions undermine the existence of humanistic values. Lastly, destructive transgressions directed towards themselves, also known as self-destructions, disorder the proper functioning of the personality, undermining the effectiveness of functional structures (Kozielecki, 1987, pp. 137–138). Evil identified by Kozielecki with destructive transgressions becomes the source of the crisis and the regression of humanity, which cannot be solved by any technical means.

The disgraceful and vicious actions of man as perpetrator (i.e. transgressive man) who broadens his horizons, breaks boundaries in the symbolic world at the material expense of another human, social community or the human species are present throughout history. The method which Kozielecki accepts in his description of the destructive transgression

resembles the phenomenological method that is departing from what is given in the human world which can be experienced without mediation and deformation of the ideological and metaphysical perspective. The phenomenological or empirical point of view in the study of evil, whose particular, all too meaningful manifestation are destructive transgressions does not exclude the ontological approach (Kozielecki, 1991, p. 81). Kozielecki refers to and discusses in this respect the concept of evil as an imperfect good, lesser than it could be. Evil treated as a *privatio* means an act of human will, reversing from a greater good (Kowalczyk, 1987). The metaphysical approach, however, as a result of the coincidence of basic Christian ideas (for example in the works of St. Augustine) with Aristotle's metaphysics, as would be supposed, is not important for the considerations of the author of the transgressive concept. The experience of evil according to Kozielecki eludes interpretative schemes adopted by traditional metaphysics based on Aristotle and theodicy of evil, providing a strong foundation for medieval scholastic teaching. The evil within this tradition, as we know it, has no nature, cannot be opposed to good, and therefore, cannot be expressed using positive ontological categories (Krąpiec, 1960, p. 64). Ontology, although it has made, as the author of the transgressive concept admits, an important contribution to the development of anthropological ideas cannot give rise to, nor overshadow the experience of, evil identified with devastating transgressions. The solution of classical theory does not quite seem to be satisfactory if we take notice of the continuous provocation of human questions that often remain unanswered. The human experience of evil indicates a real experience of destructive transgressions, which is present in psychological (even through the act of human guilt), biological, and social facts. Its explanation, made only on the basis of scholastic ontology, may seem to be a significant simplification. Evil is experienced harder and seems to be primary in relation to the good, because as noted by Kolakowski, "we really know what is good, by knowing what is evil, and we know evil by the fact that we are doing it" (Kolakowski, 1988, p. 216).

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Kozielecki's considerations are part of the debate, outlining some of the possible answers to the question: why do good people do evil? (Tański, 2013, pp. 60–64). Reading through reflections by the author of the transgressive concept you can see that one of them is determined by the very psychophysical structure of human beings inscribed in the constant pursuit of self-worth confirmation. It is determined by a hubristic need that must be satisfied by man as perpetrator, this need is usually an obstacle in resolving interpersonal conflicts, which are often the result of simple ambition. This sometimes causes people to lose their sense of criticism, yielding to illusions of omnipotence. One of its most dangerous forms is a mechanism

of its own favoring, but also depreciation, and humiliation of the nearest environment. Means of depreciation tend to be so radical that they lead to an opponent's humiliation, inflict on him suffering or even outright aggression. Such an example may be Stalin, who "appealed to repressive methods when he saw that someone was better at writing than him, a more talented leader or politician. His opponents were often killed. This allowed him to think he was the best" (Kozielecki, 2004, p. 65). Comparing yourself with others is a manifestation of the hubristic need corresponding with self-idealization and leads sometimes to a falsification of reality by identifying a real man as perpetrator with his ideal self.

The question of evil must focus the researcher's attention on the imperfection of the human being which is associated with defects of the human will and mind. We are dealing in this case with an attempt of evil compensation and functionalization (Konhardt, 1991, p. 14). Leibniz, who made a clear division of evil into three basic types: *malum fisicum*, *malum metafisycum* and *malum morale* may be the clearest example in this respect. The first type of evil means the sensation of bodily suffering, pain, the second – limitations resulting from the finitude and limitations of everything inside the world, the third is associated with moral evil (Leibniz, 2001, pp. 117–203). Functionalization and compensation of evil results, inter alia, in an analysis by the author of the transgressive concept from the interference within human will, which destroys motivational processes, and interrupts the thoughts and actions of man. As we know, will is to guide the course of purposeful actions, fulfilling important functions in such motivational processes as the formulation of purposes, the choice of a particular action and the control of its execution. Disruptions of the human will give rise to difficulties with a proper selection of an optimal and satisfactory option, or choice of a particular course of action. The phenomenon of deindividuation appears as a loss of sense of identity. "This deindividuation affects the process of selection in different ways. The weakening of the sense of responsibility for the taken up actions and reduction of self-concentration causes individuals to take actions which are often aggressive and destructive, they lose moral brakes and good will" (Kozielecki, 1987, p. 385). This deindividuation corresponds with depersonalization caused by external factors leading to the loss of relationships with others. In extreme cases, a person loses self-esteem or sense of agency, he feels as if he was a pawn on an institutional chessboard "a passive pawn in the hands of other people". The experienced situation makes a person lose control of himself, doing a lot of aimless movements, aimed also against his/her relatives, who give him a shattered sense of activity and reality. Exclusion of the human will also leads to the fact that a man "no longer makes independent protective and transgressive decisions. He begins to realize goals that are unfamiliar to him" (Kozielecki, 1987, p. 385).

Destructive aggression can be treated as one of the forms of deindividuation, as a hidden form of evil. "So-called evil" as potential aggression, is a human natural innate feature, important for a human being to stay alive. Konrad Lorenz cited by Kozielecki, relied, like Freud, on the assumption that human will reveals instinctive forces, that serve not only for survival, adaptation to a hostile and changing environment, but also constitute the destruction of the closest environment (Lorenz, 2003, pp. 277–304). Aggression, resulting not only from consciousness, but rising sometimes beyond its sphere, causes acts of destruction, brutality, while helping at the same time to satisfy basic needs of man asperpetrator.

Kozielecki claims however that many scholars wish to reject the concept of radical evil, assuming that all sources of human meanness and wickedness should be sought, inter alia, in "the innate tendency", irremovable by human forces. This evil inclination, as noted by Kant in his work *Religion within reason*, destroys the basis of all maxims. It becomes, however, an innate tendency irremovable by human forces (Kant, 2007, p. 92). Evil cannot be, however, interpreted only in Kant's spirit as a permanent component of human nature, being a challenge to human freedom. Researchers who reject the idea of radical evil indicate, especially, environmental conditions of emerging human destructiveness. It is not human nature, or its innate tendencies, but community that is responsible for cruelty and violence. External circumstances, their situational context can cause, according to the author of the transgressive concept a person who is a mild dweller, brought up in a Christian spirit, to become a barbarian (Kozielecki, 2004, p. 275). The incarnation of evil is not satan, Lucifer, the fallen angel. Neither is it the haughtiness of the best. Kozielecki perceives the negative impact of other people. Do the evil inclinations of other people, however, not go hand in hand with individual predispositions, strengthening them and provoking the "unification of the forces of evil"? The sources of meanness, cruelty, and crime do not lie only in external circumstances, they are not only beyond man as perpetrator. Man is neither good nor bad, he is neither beast, nor angel.

Evil as a destructive transgression may also be the result of a conflict between the higher and lower values a man chooses. For Nicolai Hartmann human choice is a conflict of values, and hence the interference in their hierarchy. Man can move towards good, but does evil, "to reach for something else what is [positively] valuable" (Hartmann, 1974, p. 1440). Evil can also be caused by lack of thinking. The absence of thought, which stands for the ordinary human experience of everyday life, when a man has little time and desire to stop and think, becomes the cause of "ulterior motives". Human deeds may be horrible, and man as perpetrator may be deprived of thinking. A psychologist would certainly partly accept the view of Hanna Arendt, who wanted to deontologize evil, and shaped the concept of banal evil, stripped of all demonic aspects (Arendt, 2002, p. 37). She used

the case of Adolf Eichmann as an example. Eichmann while committing a crime was only a performer of the goals. The evil he inflicts is neither scary nor demonic, what is striking is the terrible lack of thinking. It is not known whether the banality of evil is mere thoughtlessness or improper use of reason (Skarga, 2005, pp. 101–102). Maybe both thoughtlessness and improper use of reason in the absence of any higher moral motives cause a man to become an ordinary villain. Permission to the evil emanating from a lack of thinking, may be caused by both subjective factors (such as loyalty to the conventional standards of social action, which creates a defense mechanism against reality) and external circumstances. In this perspective, a person becomes just a figure on a chessboard. To confirm this hypothesis, the author of the transgressive concept, quotes Zimbarda's well known experiment, during which the student-volunteers acted as prisoners and guards in an artificial prison. It is worth noting, without going into a detailed description of that experiment, that, at the beginning, quite a good relationship prevailed between the prisoners and guards. With the passage of time, however, the atmosphere considerably worsened, until the prisoners organized a mutiny, and the guards used violent means (fire extinguishers, the punished were kept in solitary confinement and starved). The aggressiveness escalated so much that after six days the experiment was stopped, even though it was supposed to last two weeks (Zimbardo & Ruch, 1996).

Study results show the limited possibilities of information processing and solving problems by man as perpetrator, which largely seems to demythologize the Enlightenment belief in the power of human reason. The mind can often fail, and in some cases function imperfectly. Succumbing to deviations and illusions, it reduces, according to Kozielecki, the effectiveness of action not only in the case of man, but also entire groups. This position is consistent with the view of Herbert A. Simon on the limited rationality of human behavior. It assumes relative stability of the structure of the mind and its cognitive limitations (Simon, 1957).

One of these mind aberrations is the so called optimistic inclination. Man asperpetrator can be guided in his actions by a too positive evaluation of himself or other people, in other words, his own environment. He overestimates the size and importance of the good that seems to unfold in front of him, does not recognize the lurking evil and vice versa, does not see good, sniffing everywhere manifestations of meanness, cruelty, and the alleged abuse of himself by others. Another evil that results from defects in the human mind is such a distortion of information to confirm efficacy, human activity. This optimistic trend, Kozielecki writes, can often disturb the process of making strategic social and political decisions. Leaders, the management groups and mass movements often overestimate the likelihood of achieving selfish objectives, underestimating the risk of their own actions, causing a threat to some humanistic values (such as peace, justice,

respect for the rights of the individual). "These mythological estimates become particularly dangerous in the case of solving problems of war and peace. Decision makers with a strong optimistic tendency can conclude that the final favorable outcome of an armed conflict is likely and victory in a nuclear war on a limited scale lies in their capabilities. Such a conviction triggers insane motivations" (Kozielecki, 2004, p. 282).

Some of the mechanisms of positive inclinations, described by Kozielecki, are the cognitive deformation or fabrication of good information that eliminates criticism, and insight into one's own beliefs, which prevents rational actions. Behavior arising from a positive inclination favors the elimination of falsification and self-creation, and teaches pride by intensifying self-glorification processes.

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To sum up, the experience of evil according to Kozielecki, is a part of everyday human life and is a challenge for axiological education. Evil from an educational point of view is still present in man, and it is hard to impose certain patterns of understanding, tapering to a single solution, for example, an ontological one. Kozielecki in his analysis begins from the good of man inscribed in human development, in order to access the experience of evil understood as destructive transgression, and treats them as equally real, suspecting an equally real basis for the emergence of these experiences.

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Surrogate Motherhood: Perspectives in Medical Ethics with Focus on the Situation in the Czech Republic

Hana Hobzová

Abstract

Surrogate motherhood is one of the medical methods within the field of assisted reproduction, engaging the surrogate mother and the infertile couple in the reproductive process (*in vitro fertilization*). A child, delivered by a surrogate mother, may have different genetic kinships with all concerned persons based on the type of surrogacy – either genetic (partial) or gestative (full). In some European countries, surrogacy is regulated in altruistic form only, in others, it is completely prohibited. Most countries, including the Czech and Slovak Republics, do not have a special legislative frame for surrogacy, and there is room for the individual decisions of infertile couples, the surrogate mother and specialists from the field of assisted reproduction. Arrangements regarding surrogate motherhood have touched upon common ethical issues in assisted reproduction and bioethics in general. In the Czech Republic, there social – policy concern doesn´t exist, which could direct us to the legalization of surrogate motherhood or its prohibition. It seems, that every official arrangement could be more advisable than the current unclear status which could, in special cases, injure the infertile couple, surrogate mother and born child as well.

Keywords: surrogate mother, medical ethics, assisted reproduction

Introduction

Notionally, surrogacy is not a new arrangement in human reproduction. The process of being a surrogate mother has recently included various assisted reproduction technologies, especially *in vitro fertilization, artificial insemination* and cryopreservation of embryos. With the involvement of these advances in medical intervention, surrogacy has become an important topic in medical ethics as a part of bioethics.

The concept of a surrogate motherhood appeared shortly after the birth of the first "*in vitro fertilization*" born baby, Louisa Joy Brown, in 1978 in the United Kingdom. The delivery of a child, known as "Baby M" in New Jersey, United States in 1986, was the first controversial case of surrogacy with subsequent legal disputes (Pence, 2004, p. 169). In Europe, a relevant definition of surrogacy was made by The Warnock Report intended in 1984 for the Department of Health & Social Security, United Kingdom. This document described surrogate motherhood as a "practice whereby one woman carries a child for another with the intention that the child should be handed over after birth" (The Warnock Report, 1984, p. 42). Subsequent public discussion and controversial legal cases in countries with advanced reproductive technologies have revealed the need for a legislative framework for surrogacy. For example, the Human Fertilization and Embryology Act in United Kingdom (1990), The Surrogacy Act in Australia (2010), Embryonenschutzgesetz (1991) in Germany, and many others were created. In the Czech Republic, the situation is not enacted by law but general aspects of surrogacy have become of public interest. In January

2014, a new Civil Code will come into force in the Czech Republic, in which there is a short notion about surrogate motherhood. In the Slovak Republic, the situation is comparable, with no existing special law for surrogacy (Brunet et al., 2013, p. 16). To limit surrogacy, Family Code no. 36/2005 Coll.[1] is frequently used to determine the invalidity of agreements against the rule *mater semper certa est.*

Nowadays, in some European countries, surrogacy is regulated in altruistic form only, in others, it is completely prohibited. Comparative analysis about surrogacy in EU member countries issued in 2013 by the European Parliament's Committee on Legal Affairs revealed that surrogacy (in non-commercial form only) is permitted in Great Britain, the Netherlands, Belgium, Greece and Denmark. Surrogacy is prohibited in Germany, France, Italy, Austria, Portugal, Spain and Sweden. In some Central European countries including the Czech Republic, Slovak Republic and Poland surrogacy has no special legislative framework. In Hungary, the commercial form of surrogacy is prohibited. The European Parliament Committee's study recommends harmonization by legal instruments. On the other hand, consensus among individual countries is considered to be uncertain (Brunet al., 2013).

In the Czech Republic, surrogacy arrangement is provided only by a limited number of centers for assisted reproduction and thus represents a way to parenthood for a minority of infertile couples. Unfortunately, precise statistics are not available yet. Surrogate motherhood reveals some specifics in the ethical climate of assisted reproduction and affects social and cultural approaches of parenthood in both the Czech and Slovak Republic.

Diversity of Surrogacy

In the process of surrogate motherhood, at least three adult persons for the purpose of the birth of one or more children are involved. The help of medical staff is usually needed during surrogacy realization. There are some key concepts related to surrogate motherhood including the following items:

Surrogate mother – the woman who carries and gives birth to a child.

Intended parents (commissioning couple) – the persons receiving the child.

Genetic (partial, traditional) surrogacy – the surrogate mother is also the genetic mother of a child. This conception usually occurs by artificial insemination using the commissioning father´s sperm (Jadva et al., 2003, p. 2196). In some special cases, it can be arranged on an informal basis between the parties concerned and does not need medical intervention since the pregnancy comes through sexual intercourse (Brunet et al., 2013, p. 12).

Gestational (full) surrogacy – the surrogate mother is not in genetic relation to the child. In most cases, the intended couple is the genetic parents

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[1] See Family Code no. 36/2005 Coll., available at:
http://www.uips.sk/sub/uips.sk/images/JE/stipendia/zakon36_2005.pdf [cited 25. 11 2013].

of the child, conception is done via *in vitro fertilization.* (Jadva et al., 2003, p. 2196)

Gamete donation – a procedure that enables those who wish to have children, but who cannot produce or use their own gametes (sperm or eggs), to use gametes provided by others in an attempt to procreate (Mastroianni, 2004, p. 2283).

Altruistic/commercial surrogacy – different arrangements; in the first one, there is no compensation for the surrogate mother except re-compensation for her expenses. A Commercial contract is modelled on a business relationship; in most cases, some surrogate agencies are included (van Zyl & Walker, 2012, p. 1467).

Theoretically, surrogate eventualities can be carried out according to the number of participating persons. Donors can be joined with intended parents and a surrogate mother. According to van der Akker, there are "nine possible combinations of offspring resulting from surrogate arrangements, where gestation in all instances is with the surrogate mother" (Akker, 2006, p. 54). One of these extreme combinations was for example Jaycee Buzzanca's birth. This "child with 5 parents was born in 1995 from a paid surrogate and become embroiled in a divorce between the parents who engaged the surrogate" (Pence, 2004, p. 169). In the case of children such as Jaycee Buzzanca, the disputability of parenthood is solved in terms of the individual responsibilities to and welfare of the children.

It is difficult to obtain an authentic understanding of surrogate arrangements in the Czech Republic since no statistics are available. We have limited information just in mass media articles or on the internet of centers for assisted reproduction.[2] These sources show us, that only gestational surrogacy is employed in the Czech Republic and intended parents (infertility couples) have to find a surrogate mother themselves. Surrogate motherhood is applied in case of infertility therapy, for example in women who were born without a uterus or lost her womb during her life. Any other possibilities are not presented, contrary to those countries where commercial surrogacy with individual social motives is allowed.

Surrogacy in Medical Ethics – the Perspective of Principlism

An important part of medical ethics is the theory known as The Principles of Biomedical Ethics (Beauchamp & Childress, 2013). The authors offer a clear approach to the analysis of ethical questions with the use of four principles; respect for autonomy, justice, beneficence and non-maleficence.

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[2] *Sanatorium Repromeda, Center of Reproductive Medicin and Pre-implantation Diagnostics*, available at: http://www.repromeda.cz/nahradni--surrogatni--materstvi.html,. *IVF Zlín*, Clinic of Reproductive Medicine and Gynaecology Zlín, available at: http://www.ivf-zlin.cz/24903-surogatni-materstvi. Interview with David Rumpík, M. D., available at: http://www.novinky.cz/zena/vztahy-a-sex/205714-nahradni-matky-porodily-uz-i-u-nas-desitky-deti.html.

These principles create a coherent moral-philosophical base representing basic principles in bioethics to solve number of moral issues.

The ideas of Principlism have a general character with a broad overlap into situations requiring a complicated moral solution. We can use the theory of Principlism for a critical reflection of surrogacy. First, the autonomy principle arranges patient autonomous choice that must be respected by professional services (Ainslie, 2004, p. 2101). In a surrogacy arrangement, it is necessary to respect both the infertile woman and the surrogate mother for the woman's autonomy. There should be the capacity to make a decision which must be fully informed and without influence, either social or financial.

Second, the principle of justice means equal and fair distribution of resources and treatments and it touches on the morality of state institutions. In surrogacy we can ask if the surrogacy mother, donors of the gametes and infertility couple have similar healthcare in most centers of reproductive medicine.

The principles of beneficence and non-maleficence are encoded in the declaration *primum non nocere* (Ainslie, 2004, p. 2101). Beneficence is the act of doing 'good', non-maleficence demands that health care providers not intentionally harm their patients. We can ask who the patient is and whether, in attempting a cure, one of the participating persons is not harmed by another one during surrogacy treatment. A condition for the informal consent of surrogate mothers should be an explanation of the potentially adverse effects, including psychosocial effects. Finally, surrogacy reproductive practices should solve issues concerning general aspects of harmfulness for the future children.

Selected Ethical Aspects in Surrogacy Arrangement

After discussing the four principles in medical ethics, there are other themes to dispute in surrogacy. According to Thomasma and Kusher (2000), Brody (1998), surrogate motherhood arrangements have upon touched common ethical issues in assisted reproduction, for example the admissibility of assisted reproduction, the individual right to reproduce, gamete donation, donor´s anonymity, moral status of the embryo. Van der Akker (2006), Bromham (1995), Niekerk and Zyl (1995) added that surrogacy involves the following aspects as well: dehumanization of the human body, payment to the surrogate mother, the impact of the surrogate mother behavior's during pregnancy and delivery, the nursing care of the pregnant mother, and transnational reproductive tourism.

In the following paragraphs, key items for reflection on the specific situation of surrogacy in the Czech Republic are summarized: Donor's anonymity: Sperm and oocyte donation is applied in surrogate arrangements. In the Czech Republic, surrogacy has no legal framework and simultaneously only gestational surrogate motherhood is practiced. A

woman from a commissioning couple might be treated as a donor of the oocytes. It is in discrepancy with the Czech law No. 373/2011 Coll. about the specific medical treatment used in assisted reproduction. In this act, it is written that the donor of the gametes is anonymous. The donor's anonymity is an important legal principle in reproductive medicine in the Czech Republic but in surrogate motherhood, it is problematic. The woman from a commissioning couple becomes the legal mother through subsequent adoption after childbirth, and she is determined as the future adoptive mother by the surrogate mother (Lojková, 2001).

Research has reported that infertile couples preferred a full or at least partially genetic relationship with the child. "Infertile women voiced a spiraling of preferences where invariably a full biological link was preferred to a partial link, which was in turn preferred to no genetic link at all as in adoption" (Akker, 2007, p. 55). The preference of genetic surrogacy before adoption may be based on assumptions regarding the low age and low sickness rate of the child in the surrogacy arrangement and the fact that parents participate in the pregnancy and the delivery of the child and could build a relationship with the child from the early moments.

Based on these results, it is apparent that genetic kinship might be an important motivation in the decision to go through the surrogacy process. For selected types of female infertility, surrogacy can be the only method how to gain own biological child.

Decision-making regarding surplus embryos: In the process of *in vitro fertilization* there are usually numbers of embryos created than are subsequently transferred to the uterus. This is similar to common infertility treatment (Mastroianni, 2004, p. 2264), and it is used in surrogate arrangements, too. Non-transferred embryos are frozen using cryopreservation techniques which "have contributed to the success of human in vitro fertilization and embryo transfer" (Mastroianni, 2004, p. 2264). Selected embryos can be transferred in the next treatment cycles. The infertile couple determines subsequent usage of surplus embryos. In those countries where surrogate motherhood is legitimized, intended parents have the responsibility for decision-making, e.g. for research purpose or cryopreservation of embryos (In the Czech Republic cryopreservation has been supported for 10 years according to the law No. 373/2011 Coll. regarding specific medical treatment in assisted reproduction). Probably, in states without surrogacy legitimization or prohibition, the surrogate mother takes part in formal decisions about surplus embryos. It could be in conflict with the parental responsibility of the woman from the commissioning couple.

There are discussions about the fact that the roles of the biological (genetic) mother with the legal (surrogate) mother are not in compliance (Lojková, 2011). Provisionally, the solution is based on an open adoption process after a newborn's delivery. For the final decision about the fate of

surplus embryos, the agreement of the surrogate mother is needed. From this point of view, one can consider, as a better option, to have some form of formal framework, either prohibition or legalization.

Cross-border infertility treatment: There is a specific position of selected non-EU countries in surrogacy matters. For example, in Ukraine, surrogacy is legally treated without restriction of the altruistic form (Ukrainian Family Code No. 524-V, 2006).[3] This is utilized in propagation by some reproductive medicine clinics, many of them offering their services in foreign languages, including Czech, Slovak, and Polish. It is allowed to pay surrogate mothers a bonus fee beyond regular pregnancy expenses in Ukraine. This situation opens room for development of reproductive tourism between European countries. This process is known from surrogate clinics in the USA and India (Gamble, 2009, p. 151). This form of tourism is utilized by infertile couples to take advantage of surrogacy laws abroad. In countries that have banned or legitimized surrogacy in altruistic form and their citizens would go abroad as a reproductive tourists, there appears a discrepancy between the rules of their state and the surrogate mother´s state's law. For example, the conflict between English and Ukrainian law complicates parental status for both the intended parents and the surrogate mother (Gamble, 2009). Because of the geographical location of Central European countries in the vicinity of Ukraine, surrogacy cross-border infertility issues need to be solved in a thorough way.

Conclusion

Surrogacy is an important topic in ethical discussions. The autonomy of the surrogate mother is of great importance, according to her right to informed instruction. Beneficence and non-maleficence is solved in relation to both potentially short term and long term adverse effects. There is a need for a broad discussion on this controversial procedure in the field of assisted reproduction. Every official legal framework could be more advisable than the current vague status in the Czech Republic which could, in hypothetical cases, harm the infertile couple, the surrogate mother and the newborn child as well.

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[3] See The Ukrainian Family Code No. 524-V (2006), available at: http://www.familylaw.com.ua/docs/FAMILY_CODE_OF_UKRAINE.doc.

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Ethical Dimension of Responsible Palliative Care for the Terminally Ill

Alexandra Smatanová

Abstract
This paper is focused on the ethical dimension of palliative care for the terminally ill. I agree with other authors that the value of human dignity shall be acknowledged as the most important value in this setting. Recognition of the value of dignity as the central value requires responsible palliative care where the relational aspect between care-givers and care-receivers is of the greatest importance. In order to achieve this, dignity as a concept and the notion of dignity in subjective, objective and normative worlds has to be in harmony. In reality, often these separate worlds present various threats to the notion of dignity and to dignified end-of-life care. I think that if we want our palliative care to be of high quality and humane, we have to urge medicine together with medical ethics to search for solutions to these threats to the dignity of patients. I, therefore, propose Leuven personalism to be one of the possible fruitful methodologies for medical ethics and for the promotion of dignity in a palliative care setting.

Any discourse about the ethical dimension of any profession in the postmodern era is not an easy task. The authoritative, homogenise value system of the modern age has been abandoned and substituted by pluralism, relativism and incommensurability of values. But there is rather shared agreement on what the most important value is – life. In medicine, the healing profession where a human person is the object of interest, the value of human life has been acknowledged and recognized as the most important value. The traditional goal of medicine is to protect, heal and save human life, to alleviate suffering, pain through various specialized techniques and technologies. Restoration of the health of a patient is the main aim of medicine. As Gracia points out, "the true goal of medicine has always been curing, rather than taking care of the patient" (Gracia, 2002, p. 20). This is an important claim and especially with relation to the topic of this paper that is palliative care and the ethical dimension of this type of palliative medicine.

Palliative care has a rather specific position in medicine. As Henk ten Have points out, some consider palliative care a normal, natural part of medicine but others think that palliative care should be a separate medical specialty because the primary goal of palliative care is different than the goal of medicine as such [cure is a general goal of medicine] and also underlying moral values are different (ten Have & Clark, 2002, p. 2). Palliative care is more about caring than curing patients; in palliative medicine the patients cannot be cured. Symptomatic control is the maximum palliative care can offer from the therapeutic point of view.

When talking about the ethical dimension of palliative care, many authors agree that human dignity and the promotion, acknowledgement of human dignity is the most important value in palliative care. This

corresponds to the most important value in medicine as such – human life. In other units of medicine, active prevention and protection of life and restoration of health is the goal. As there are various ways how to achieve the restoration of health, besides the value of human dignity, also value of autonomy is considered to be one of the most important values. However, in palliative care settings this active restoration of health is not possible and patients are even more dependent on health care workers. That is why care is the most important concept in palliative medicine. And the central task required from professionals involved in this health specialty is to care for their patients. Care differs from cure. In cure, moral aspects are just one of the dimensions that may or may not heavily influence the overall condition of a patient. However, when talking about care, the moral dimension is the basis of the professional relationship and patients' condition is directly influenced by this dimension. It is important to point out that in palliative care, when we talk about the professional relationship between patient and professionals we have to talk about team work, where nurses and social workers rather than physicians have the most important place and role. Cure can be actualised via active help, technical help that is specialised and characteristic for the medical profession. The human dimension should be an innate part of medicine, thus also of cure. In the curing relationship, humanity should at least be implicitly present. When talking about care, we talk about the human dimension of the medical profession and this should be explicitly expressed as it is the most important dimension of the caring relationship; we talk about attention, deference, respect and care for each and every patient, we talk about ethics. With respect to these, I think that the relationship between the care giver and the patient is of the greatest dominance and importance here. And thus, in order to promote this relational aspect, within this relationship the value of human dignity, the inner and inalienable worth of a human being, has to have the most prominent place. A disagreement exists about what exactly this abstract concept of human dignity is.[1] However, the acknowledgement that human dignity is considered to be the central value, by the majority is important.[2] Consequences, also the normative ones, of this theoretical delineation of the central value (human dignity) are important for the palliative care practice, both for staff and patients. Palliative care, having human dignity at the centre of its value system where care is the goal of practice, must, first and foremost, be really humane and the emphasis should be on the relationship between the care giver and the care receiver. Responsibility is the normative

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[1] Some authors talk about inalienable dignity (Collste, 2002); others differentiate dignity into several types (Gluchman, 2008; Nordenfelt, 2004). But what is important is that these authors do recognize dignity to be an important and valuable concept.
[2] There are some authors who are of the opinion that human dignity is a useless concept (Macklin, 2003) and not helpful in medical practice and in palliative care at all (Sandman, 2002). I disagree with this opinion and in the paper I argue rather the opposite; that the concept of human dignity is of great importance within a palliative care setting, especially.

consequence of dignity cantered care because human dignity is a relational value and it has to be promoted and recognized by others in order to be flourishing and expressed.

But what exactly does responsible palliative care mean and involve? We know it involves respect for human dignity; the value of human dignity is at the centre. Value is something that we want in our lives, what we find worthy and we want other people to respect it, at least. Kondrla, using Habermas' ideas on discourse ethics points out that in the triangle of objectivity of the world of science, normativity of the social world and subjectivity of the lived world, the creation of our attitudes in language has been created. And consensus between the three can be called an ideal (Kondrla, 2010, p. 71). Consequently, it means that in order to recognize something as valuable, there has to be a balance between subjective, objective and normative worlds and their approach towards a certain phenomenon. In this case, when talking about human dignity, we have to balance the subjective vision of it, the objective approach to it by others and the normative standards that govern palliative care.

To find out subjective understanding of human dignity, qualitative empirical research has to be done. Qualitative research where patients are asked to express what in their opinion human dignity is, what dignified care looks like and what their needs and wishes are at the end of life have been done in order to find out what patients think and feel. When talking about objective world, it is how nurses, physicians and other social workers approach patients and consequently, how they understand the concept of care and dignity. These people have their idea about human dignity created in their minds. And this idea has been derived from their understanding of a human person, the world as such. Medical ethics education should enhance the moral sensitivity of these professionals so that they find their patients all equally important and worthy to be taken care of equally and respecting the individual needs of each patient. There cannot be any prejudices and biased worldviews that could be harmful for patients. But it is important here that internal morality is influenced by an external one. Social, economic, legal and similar social spheres do influence the objective world of medicine. Institutionalized norms and principles of these spheres, their goals and aims do influence medical practice; sometimes play an even greater role in decision making processes than professionals' and patients' needs. Thus, when considering the objective world, the wider context has to be taken into account.

And thirdly, the normative world is the world of guidelines, norms and/or principles that govern our behaviour and generally has been accepted and tolerated. And here again, we have to take into account both soft and hard laws, national and international guidelines, constitutions and human rights, etc.

In relation to these three worlds important is, as Kondrla explains, that none of the three worlds can be suppressed, neglected or omitted, threatened or substituted by a prevalence of the other one. All three have to be in balance in order to have a value that is acknowledged, recognized and supported and/or promoted.

When I get back to the value of human dignity in a palliative care setting, it is rather easy to imagine a misbalance of the three worlds. The value of human dignity of terminally ill patients can easily be threatened in this setting. This threat is coming from possible misconceptions or ill-formed concepts in any of the three worlds. Consequential disharmony amongst the three worlds in which the concept of the value of human dignity is can lead to underestimation and/or suppression of the value of human dignity and thus to a lesser quality end of life care, palliative care.

In the following section I would like to concentrate on the possible threats (present and future) to the value of human dignity in palliative care settings. After demarcation of some of the threats coming from subjective and objective worlds, I will focus on the normative world and propose Leuven personalism as a possible normative ethical theory. Then, I will focus on the threat coming from the use of technology in palliative care settings.

When talking about the subjective world and the human dignity of patients, we talk about the patient and his situation (physical, mental, psychological, social, economic, etc.). Terminally ill seniors are in a very unpleasant situation. Besides being old and experiencing all the problems connected to old age, they are also terminally, irreversibly ill. Often, they are suffering great pain and feel like a burden for their family, health care workers and lose their sense of life. Many studies have been done asking about the feelings of terminally ill patients (Larkin et al., 2007; McPherson et al., 2006; Seymour et al., 2004). For many patients of this kind, it is difficult to feel proud about themselves, to keep their dignity and value themselves as they did before. Some are better prepared for these final stages of their lives but others are less. It varies from patient to patient. But a fact is that irreversible illness and old age present possible and commonly occurring threats to patients' dignity.

The objective world is the world that surrounds the patient, his subjective world. We talk about the health care workers, the surrounding setting and the organisation of health care. Palliative care workers must see a dignified patient in each patient, not taking into account their appearance, needs, previous life, background, etc. It is very difficult for palliative care nurses because often they provide these patients with services (hygiene, feeding, dressing...) that may cause them to see these patients more as objects or children than as adult subjects in their own right. Also, organisation of care can cause many barriers to dignified care. For example, inadequate number of nurses, too long shifts or improper attitude of nurses (biases), insufficient

technical facilities, etc. Often, organisation of health care reflects the society and the paradigms or ideologies present in it. In current society, ageism is a paradigm that is strongly present in western societies. That is reflected in health care organisation, too. There is not enough palliative care, geriatric clinics and wards for old people. Ageism as such negatively influences our attitude towards old people, influences our subjective world and as a consequence, an objective world filled with ageism presents a threat to the dignity of old aged patients, seniors.

This leads us to the third world, which is the normative one. The normative world reflects the practice; it has been influenced and shaped by practice but also reversely, it can influence practice. When talking about human dignity and its reinforcement in practice both from objective and subjective standpoints, we need a certain normative minimum that guides our thinking about people and consequently about dignity, too. This normative minimum is derived from a philosophical-anthropological understanding of a human being. There are various definitions of a human being and those create the bases of different philosophical-ethical theories. Some theories are aimed at a universal and absolute legacy of their values (theological, Christian ethics), while others are more situational (utilitarianism, deontology, virtue ethics, etc.). The threat coming from the normative world is that our guidelines, principles and norms are based on a discriminating, racist, biased, unequal or outdated understanding of a human being. On the other hand, if we have, in principle, a good theory it may help us to guide our practice and find solutions to some problems.

I am inclined to derive a philosophical definition of a human being from personalism,[3] personal moral philosophy. I find this approach valuable because I think that it can enrich medical ethics via its emphasis on openness, the aspect of relatedness, promotion of the value of responsibility and via its understanding of a patient as a *person*. The human person is at the centre of this methodology and together with the inalienable dignity of each person forms the only universal and absolute norm. Accordingly, the respect for *the human person adequately considered (HPAC)*[4] and promotion of his or her dignity is the key norm in Leuven personalism. The

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[3] Personalism is not a unified philosophical system. Its basic division is into Bostonian and European personalism. Within Europe there exist various national platforms. I am interested in Belgian personalism, in Leuven personalism of Louis Janssens and Joe Selling.

[4] The Human Person Adequately Considered (HPAC) is at the centre of Leuven personalism. Firstly it was defined by Louis Janssens. I am more inclined to the definition of the HPAC by Joe Selling (1998) who used Janssens' theory as a basis and re-ordered the separate dimensions and changed the dimension relating to God into dimensions relating to the whole reality. Sellings're-ordered definition of the HPAC is the following: 1) the HPAC stands in relation to everything, to the whole reality, 2) the HPAC stands in relation to the material world, 3) the HPAC is cultural, is always in relation to (groups of) other persons, 4) the HPAC is historical, 5) the HPAC stands in relation to other persons, 6) the HPAC becomes a conscious interiority, a subject, 7) the HPAC is a corporeal subject, 8) every human person is unique (Selling, 1998, pp. 4–11).

relational aspect is of great importance in Leuven personalism, the relational dimension of the HPAC is before the dimension of subjectivity. A human person is seen as a primarily relational being. I think that Leuven personalism can serve as a fruitful inspirational source for medical ethics as it may help to enhance and improve the moral dimension of professional medical practice where nowadays a mainly deontology approach prevails.

Also, I think that personalism, as a normative methodology, can help us to reveal, understand and approach some of the possible threats that may diminish the human dignity of patients. In particular, I think that personalism, if applied as a methodology of the normative world, can help us to face possible threats of new *medical technologies.* Personalism is a theory that does allow utilization and incorporation of new technologies into medical practice if *the HPAC* and his or her dignity is promoted. New technologies have many great advantages for human lives. Thanks to new medicine, treatments and bio-technologies we are able to save and make better many more lives. Be it in neonatology and obstetrics wards, where we can save newborns that were born in the 22nd week.[5] Or preventive medicine where there are new, effective instruments diminishing mortality rates (vaccinations, medicine available for more and more people, etc.) Also, there are signals that we are very close to a great discovery of a treatment against cancer that is one of the most prevalent diseases of the 21st century. Science and technologies have made and will make an undoubtedly great contribution to medical practice and human lives.

However, these technologies bring about many new challenges to the dignity of patients; I am concerned with terminally ill seniors, in particular. It seems that the prolongation of a human life has become a norm, no matter what the cost of it is. I consider this new norm to be one of the greatest threats in palliative care setting, nowadays. And by cost I mean not only economic cost, but mainly the harms that are done to a patient, his or her family members, too. In order to promote and respect the dignity of patients (in accordance with personalism), technologies have to remain only instruments not goals of medical practice; the goal has to remain the patient as a person. And in order to achieve and ensure this goal, we need to see patients as dignified, multidimensional persons who shall have a say in their end of life decisions. Because what good life and good death is for a separate patient differs from one patient to the other. For some, dignified death means ability to decide where one dies, who will be present. For others it may mean a need to be active till the very last day, or death in sleep and yet for others it may mean death at home or utilization of all possible and available treatments. But as said above, these individual choices aiming at actualization of own, subjective values and life sense are influenced by

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[5] The Nuffield Council issued a document where it is declared that already in the 22nd and 23rd week of gestation, if natural delivery has not occurred, we can try to save a newborn because the newborn has a real chance for survival (Cuttini, 2009, p. 24).

both objective and normative worlds. From the normative point of view, we can limit patients' choices with regards to their end-of-life decisions. Officially, euthanasia and PAS (physician assisted suicide) are illegal in Slovakia. I think that in order to avoid these extreme solutions and choices[6] much more attention needs to be devoted to the objective world, how this influences the subjective world and choices of patients. The objective world can heavily influence patients' choices. Identity of a person, what a person value in life, what he disvalues, his life meaning, is created by both the person himself and by his surroundings, other people, too. Identity has been co-created and co-shaped by others (Améry, 2008, pp. 73–75). It may be that patients' end-of-life decisions and wishes to die may only be caused by insufficient and inadequate palliative care (influence of the objective world). However, it can also be that patients reject some treatment as they do not want to be dependent on medical technologies because they find it to be more harmful than beneficial for them, they think they would not have dignified end-of-life (influence of objective and normative worlds). Interconnection of the three worlds is inevitable and substantial. Also, what futile treatment is, what ordinary and extraordinary means, has changed changing rapidly within the last decade. More and more often medical technologies and procedures involving technologies are applied without any questioning and more often as they are more widely available. What used to be an extraordinary means can be considered as ordinary nowadays because we have the possibility to use and apply it.

And thus, relations between caregivers and care receivers shall be of the greatest importance in order to find out and secure dignified end-of-life of patients. The relational aspect, a dominant feature in personalism, can play and has been playing an important role within palliative care. If we apply personalism, this relational aspect is immediately emphasised and attention is paid to it and that is one of the reasons I find personalism to be (one of the) relevant normative sources for palliative care ethics. This focus on the relational aspect and responsibility can refine medical care practice and keep it focused on a patient as a goal and technologies as instruments, only. Patients would be seen as primarily relational beings, not separate individuals and responsibility for others, their flourishing and promotion of their dignity would be the elementary aim of palliative care practice. With regards to the previous, I am of the opinion that in order to secure responsible palliative care of the highest possible quality where human

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[6] I am not claiming that either euthanasia or PAS are immoral or wrongful acts. It is not within the scope of this paper to analyse the morality, immorality or rightness, wrongness of the two acts. However, I am of the opinion that euthanasia or PAS are extreme solutions and to help our patients, the first thing to do is that we have to ensure and secure high quality palliative care. And once such care is secured and if the claims remain, then we may start the debate on the topics of letting patients die.

dignity is the central value, some changes should happen within palliative care.

It needs to be openly recognized and acknowledged that the three worlds are interconnected and do influence each other. With regards to technologies as a possible threat for human dignity within palliative care, I think that it is inevitable to pay greater attention to the objective world and its influence on the subjective world of patients. This world does have a decisive role on patients' wishes and dignity. Real, humane medicine can help patients to keep their dignity till the very last day. In order to prevent pleas for extreme solutions, such as euthanasia and PAS we have to secure adequate, appropriate care for palliative care patients from the carers' side and careful consideration of any use of life-prolonging procedures for terminally ill patients. To fulfil this goal, subjective morals of nurses, physicians and other social workers have to be enhanced. This enhancement can be done via ethics education, where a proper moral philosophy is introduced. Emphasis on an ethical dimension to the caring profession, the *relational aspect*, needs to be recognized as equally important as a technical dimension. Responsible palliative care has to involve respect for the dignity of each patient.

Secondly, also connected to interconnection of the three worlds, clarification of basic terminology is needed. It is important to acknowledge and utilize in practice that the concept of care is the central concept in palliative care, rather than the concept of cure. I stated at the beginning of this paper, some consider palliative care to be a separate, new specialty of medicine, not integrated into current medicine. I think palliative care should be a separate discipline, should have a special position in the health care system in order to secure dignified end of life. In Slovakia, there is a palliative ward connected to care for long term ill patients (Oddelenie, 2013). Palliative care patients have different needs than long term ill patients, require specialized care. Can we be sure that sufficient care is given to them when integrated into normal healing wards? What influence does this situation have on patients, patients' family members and on the quality of care? Clinical setting with its guidelines, based on a certain approach towards human beings, and a subsequent approach towards patients does influence the dignified end of life of patients and separation of palliative wards should be reconsidered and re-evaluated. The clarification of palliative care, its aim, position within medicine and a proper approach towards what a human person is and what it is not should be discussed and re-evaluated.

Thirdly, in accordance with personalism, every human person is original and his or her dignity is inalienable. Thus, empirical research in this area has to take place as it seems to me that it is an unavoidable and a necessary condition for the formation of humane, personalized palliative care. In Slovakia, not much research on the issue of dignified end of life care has

162

taken place. What is common in other developed countries seems to still be uncommon in Slovakia. I make a plea for more empirical medical ethics research in this area in order to find out what the current state of palliative care is, if it really is humane and responsible care. Greater public discourse on the issues connected to end-of-life decisions should be commenced, involving patients, physicians, ethicists and politicians, too.

Conclusion

This paper is focused on the ethical dimension of palliative care for the terminally ill. I have claimed, in accordance with other authors, that the value of human dignity needs to be acknowledged as the most important value in this setting. I have argued that responsible palliative care requires recognition of the value of dignity as the central value where relational aspect between care-givers and care-receivers is of the greatest importance. In order to achieve this, dignity as a concept and the notion of dignity in subjective, objective and normative worlds has to be in harmony. In reality, often these separate worlds present various threats to the notion of dignity and to dignified end-of-life care. I think that if we want our palliative care to be of high quality and humane, we have to urge medicine together with medical ethics to search for solutions to various threats to the dignity of palliative patients. One of such threats is presented by new medical technologies. And I have proposed Leuven personalism to be one of the possible fruitful normative methodologies for medical ethics in palliative care setting as it may help to promote the dignity of patients and reduce the threats caused by new technologies.

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Electroconvulsive therapy as an ethical dilemma

Jana Hořínková

Abstract

Electroconvulsive therapy (ECT), an efficient psychiatric treatment method, is one of the most controversial and the most stigmatized therapeutic approaches in medicine. ECT uses transcranial electrical impulses to induce artificial epileptiform paroxysm. For the first time it was used in 1938 by Italian neuro-psychiatrists Ugo Cerletti and Lucio Bini in treatment of schizophrenia. Efficacy of the method was proven in clinical practice, clinical studies and meta-analyses. ECT is the most efficient in the treatment of mood disorders and in lesser extent in some other disorders. Important advance in ECT was the introduction of anaesthesia and muscle relaxation. It reduced adverse effect incidence and severity. Currently, ECT is associated mostly with anaesthesia adverse effects. Other adverse reactions include muscle pain, headache, prolonged paroxysm, cardiopulmonary complications. The most discussed and the most disturbing adverse effect is memory impairment which is usually transient. Incidence and severity of adverse effects is comparable to other therapeutic modalities. Examining the available information it appears, that modern practice of ECT in Europe (European Union member states) and USA is, apart from a few exceptions, in accordance with principles of beneficence and to some extent with autonomy and nonmaleficence. In many countries, the principle of justice is not respected – either because of limited availability or restrictive laws. In the Czech Republic the problem is non-existence of codified treatment guidelines and insufficient training of medical specialists. Aside from this, position of ECT in the Czech Republic is similar to that in the rest of Europe and in USA.

Keywords: ethics, psychiatry, electroconvulsive therapy

1 Introduction

Electroconvulsive therapy (ECT) is a highly effective therapeutic option in contemporary psychiatric practice but it is also one of the most controversial and stigmatized treatment in medicine. Reasons of the stigmatization are various. It is associated with old-fashioned ideas of psychiatry, ignorance, inaccurate information, prejudice and terrifying depiction of ECT in movies and other media, as well as misunderstanding of this method – some people understand ECT as a punishment of a patient. Those reasons lead to a concern about overuse or misuse of this method. Fear of using the electricity in a head area and causing an epileptic paroxysm could be another important factor (Ottosson & Fink, 2004, pp. 3–19). However, therapeutic options employing electricity are used in other medical fields without similar stigmatization; example of such a method is electrocardioversion.

ECT is a medical procedure in which a brief electrical stimulus is used to induce an artificial epileptiform seizure under controlled condition (Enns et al., 2010). For the first time it was used in 1938 by Italian neuro-psychiatrists Ugo Cerletti and Lucio Bini in treatment of schizophrenia (Fink, 1979). Efficacy of the method was proven in clinical practice, clinical studies and meta-analyses. ECT is the most efficient in the treatment of

165

mood disorders and in lesser extent in some other disorders (U. K. E. C. T. Review Group, 2003).

The mechanism of ECT action has not been as yet satisfactorily explained. It is known that there are changes in different levels of brain function, but it is complicated to distinguish which of them are specific or non-specific. Simply stated, the main process is a non-physiological depolarization induced by electrical current which normalizes pathological ratio of neurotransmitters, hormones and causes cellular changes (Seifertová et al., 2008, p. 552).

1.1 Indications

The main diagnostic indications for ECT are affective disorders (depression, mania, bipolar affective disorder), schizophrenia, schizoaffective disorder and related conditions in cases when mood or catatonic symptomatology is dominating, catatonia, especially its lethal (malignant) form.

According to literature, ECT can be used in other than psychiatric indications as well, for example in Parkinson´s disease, refractory epilepsy or neuroleptic malignant syndrome (Abrams, 1992, pp. 10–38; Seifertová et al., 2008, pp. 552–553).

ECT is considered in cases when rapid effect is urgently needed, other treatments are more hazardous and when there is a history of poor therapeutic response to pharmacotherapy or good experience with ECT. It is also recommended in cases where previous therapeutic options failed, their adverse effects outweigh the benefits and the patient´s psychiatric condition is serious (Seifertová et al., 2008, p. 552; American Psychiatric Association, 2001; Scott, 2005, pp. 150–156).

1.2 Contraindications

Currently, there are no absolute contraindications for the use of ECT. However, there are many relative contraindications, including diseases of the cardiovascular, respiratory and central nervous systems. When ECT is considered for a patient with a concurrent illness that increases the risk associated with treatment, care must be taken to optimize the patient´s medical condition before the administration of the treatment, and to modify the anaesthetic approach as required. It is also very important to carefully consider potential risks and benefits of both ECT and alternative treatment for a patient (Enns et al., 2010; Fink, 2009, pp. 8–9).

1.3 Adverse effects of ECT

Modern ECT practice is associated with numbers of common adverse effects often related to general anaesthesia. There is a very low rate of rare cardiovascular complications which are the most common cause of death; the mortality rate is, however, low (Seifertová et al., 2008, p. 557). The most discussed and most disturbing side effect for the patients and their families

is memory impairment which is usually transient. A more detailed description of adverse effects and comparison of treatment risks and benefits will be discussed further in this text in the part focused on nonmaleficence.

1.4 Methodics of ECT

The acceptability of ECT is higher when it is recommended independently by two psychiatrists. Before the therapy can be initiated, it is necessary to obtain an informed consent of the patient. The only exception is when the life of a patient is immediately threatened and the indication for ECT therapy is vital. Before the signing of the informed consent, the patient must be informed why the therapy was recommended, about all possible benefits, risks, adverse effects and alternative treatment. Although it is not necessary, it is usually beneficial if the patient's family is educated as well (Seifertová et al., 2008, p. 553).

Preparations before the ECT include the revision of all medication currently in use, especially psychiatric drugs, it is recommended to withdraw or taper the medication that is able to affect the process of ECT or that increases the risk of adverse effects. It is important to evaluate the overall health and somatic state of the patient in the same fashion as before any other procedure conducted under general anaesthesia – it means biochemical and haematological screening, chest and spine X-rays in patients 50 years of age or older, examination by a specialist in internal medicine. Some authors recommend adding neurological examination, fundus oculi examination, EEG and skull X-ray (Hrdlička, 1999). Cognitive functions should be regularly checked (National Institute for Health and Clinical Excellence, 2003). In cases of vital indication the most important is the psychiatric evaluation of a patient's condition (Seifertová et al., 2008, pp. 552–556).

ECT is similar to a surgical intervention (Fink, 2009, p. 3). The therapeutic team consists of the psychiatrist, the anaesthesiologist and a minimum of 2 nurses. The psychiatrist is responsible for correct ECT administration, and the anaesthesiologist for appropriate anaesthesia and management of potential acute adverse reactions (Seifertová et al., 2008, pp. 553–556). ECT is performed under short general anaesthesia. Muscle relaxants are important as a prevention of tongue bites, fractures and other injuries sometimes observed in spontaneous epileptic seizures. The following variables should be monitored during the course of ECT: breathing, oxygenation, blood pressure, ECG, heart rate, EEG (Seifertová et al., 2008, pp. 553–556; Fink, 2009, pp. 3–4).

The number of procedures in a typical ECT series is 6–12 in intervals of 2–3 procedures a week. The minimal number is 4–6, improvement in the patient's symptoms is usually observed after the 3rd or 4th convulsion. The total number of procedures is given by the therapeutic response or adverse effects severity. If the patient undergoes 10 procedures without profound

effect, the therapeutic process should be re-evaluated and modified − for example by changing electrode placement, device type or terminate the therapy (Seifertová et al., 2008, pp. 553–556).

2 Ethics of ECT

Electroconvulsive therapy is considered to be a controversial and stigmatized therapeutic modality. In the present paper, the ethical aspects of current ECT practice will be summarized on the basis of information in available literature. Assessment will be conducted using principialism (the 'four principle' approach), a common framework in medical ethics.

2.1 The principle of respect for autonomy

It implies respect for an individual´s decisions about personal care. Autonomous decisions require understanding, maturity, responsibility and discernment (Ottosson & Fink, 2004, p. 81). This principle is the main source of the idea of informed consent (Ainslie, 2003, p. 2101). Since these human properties are disturbed in psychiatric disorders, often severely so, the question is raised: How far is it possible to respect autonomy in treating the mentally ill (Ottosson & Fink, 2004, p. 81)?

ECT is usually performed with the informed consent of a patient. In very rare cases, when a patient is unable to provide the consent because of severe mental disorder and is in a life-threatening condition, ECT may be administered after judicial authorization following the laws of the relevant state. Of course, it is necessary to properly evaluate all the potential benefits, risks and alternative forms of treatment before such interference to a patient's autonomy is attempted (Fink, 2009, pp. 11–13).

Such conditions include in particular catatonia as a symptom of affective or schizophrenic disorders, or neuroleptic malignant syndrome. In these cases beneficence may outweigh respect for autonomy which is ethically defensible under such rare circumstances. Consent to further treatment is usually given as the patient's state improves (Fink, 2009, p. 118; Ottosson & Fink, 2004, pp. 83–87).

2.2 The principle of nonmaleficence

It requires that health professionals not intentionally harm their patients. This principle encodes the ancient medical dictum, primum non nocere (above all, do not harm) (Ainslie, 2003, p.2101).

Risks and side effects associated with ECT have been reduced markedly during many decades of its use. An important advance in ECT was the introduction of anaesthesia and muscle relaxants. General anaesthesia and muscle relaxation have almost obliterated fractures, and changes in the technical features of the energy form, placement of electrodes, numbers and frequency of treatment, and dosing have alleviated cognitive effects (Abrams, 2002; Ottosson & Fink, 2004, p. 79).

Nowadays, ECT is associated mostly with the common adverse effects of general anaesthesia, such as nausea, vomiting, headache, muscle aches, rarely cardiopulmonary complications or prolonged seizure (Seifertová et al., 2008, pp. 556–557; Fink, 2009, p. 34).

The mortality rate is surprisingly low – 0,06–0,8%, mostly caused by cardiac complications (Seifertová et al., 2008, p. 557). The immediate mortality rate is estimated to be the same as reported for minor surgery or childbirth (Abrams, 2002; American Psychiatric Association, 1990; American Psychiatric Association, 2001). Inexplicably, longitudinal follow-up studies of depressed patients after hospitalization find the mortality rates to be lower for those treated with ECT than those treated with medications (Avery & Winokur, 1976; Prudic & Sackeim, 1999).

The most problematic adverse effect, mainly from the viewpoint of patients and their families, is memory impairment, which is, as already mentioned, usually transient. Cognitive functions are affected as well. Memory dysfunction includes postictal confusion immediately following ECT, then retrograde amnesia (forgetting of events before the seizure) and anterograde amnesia (forgetting of events after the seizure) (Enns et al., 2010; Ottosson & Fink, 2004, p. 71).

These effects are most apparent immediately after each seizure, and progress in severity and duration with increasing numbers of treatments. The physical condition and age of patients are very important factors, too. Older patients have more severe and more prominent disturbances than younger patients, and they persist for longer periods, especially when their initial condition is impaired, for example by brain dysfunction as a consequence of chronic somatic disease (Fink, 2009, pp. 35–36; Ottosson & Fink, 2004, p. 71).

Memory is also affected by the technical features of the treatment, such as the anaesthetic employed, number and frequency of treatments, electrode placements, and electrical energy (Ottosson & Fink, 2004, p. 71). If memory function is significantly deteriorated, it is appropriate to consider changes in electrode placement (bilateral to unilateral, which has less memory impact according to some studies), decrease in electrical stimulation, prolongation of intervals between each ECT course, assessment of concomitant pharmacotherapy, improvement of oxygenation and hydration (Fink, 1987).

Anterograde amnesia does not persist for more than a few weeks following ECT (Sackeim et al., 1993; Weiner et al., 1986). Other resources suggest recovery within 72 hours (Seifertová et al., 2008, p. 557). Retrograde amnesia persists for longer, memory impairment tends to disappear within 3 to 7 months (American Psychiatric Association, 2001; Seifertová et al., 2008, p. 557). Meta-analysis published in 2010 claims that cognitive abnormalities associated with ECT are mainly limited to the first 3 days post-treatment. Pretreatment functioning levels are subsequently recovered. After 15 days, processing speed, working memory, anterograde

memory, and some aspects of executive function improve beyond baseline levels (Semkovska & McLoughlin, 2010).

Prolonged memory losses are uncommon but complaints occasionally occur about impaired recollection of personal and public events, as well as forgetfulness in daily life. The role of ECT in these events is uncertain (Abrams, 2002; American Psychiatric Association, 1990; Ottosson & Fink, 2004, p. 79). In those cases the principle of nonmaleficence is, according to some authors, not fulfilled (Ottosson & Fink, 2004, p. 79). However, it is good to realize that while the memory effects are mostly transient, the therapeutic effects are longer lasting (Ottosson & Fink, 2004, p. 72).

Modern brain imaging methods such as computerized tomography (CT) or magnetic resonance imaging (MRI) do not reveal persistent changes with ECT (Bergsholm et al., 1989; Coffey et al., 1991; Devanand et al., 1994; Szabo et al., 2007). Slow wave EEG activity can occur, but it is temporary (Sackeim et al., 1996; Nobler et al., 2000).

The major problem in terms of nonmaleficence is the practice of so-called native or unmodified ECT (that means ECT without general anaesthesia and muscle relaxation) and the possibility of insufficient guidelines of ECT implementation or administration of ECT by inadequately trained staff.

The unmodified form of ECT is an unacceptable modality and this, although minor, practice should be eliminated completely. Such hazardous practices were observed in Romania due to the unavailability of trained anaesthesiologists (Gazdag et al., 2012) and even in such countries as Spain, where 2.29% of patients did not receive muscle relaxants and 0.6% general anaesthetic (Bertolín-Guillén et al., 2006).

Another problem in terms of nonmaleficence – application of ECT by insufficiently trained staff, deviating from recommended ECT practice or insufficient ECT guidelines affects a number of countries where ECT is performed.

In the USA, only a few psychiatrists are skilled in ECT (Ottosson & Fink, 2004, p. 91). However, probably only those trained in ECT are actually performing it – in a survey of the members of the American Psychiatric Association in 1988, it was found out that less than 8% provided this service (Hermann et al., 1998).

In the United Kingdom, a survey of 230 ECT facilities in 2000–2001 found substantial departures from best treatment standards (Clayton et al., 2001). The authors reflect that such inconsistencies are not limited to the United Kingdom but are found in many other countries. In conclusion, the authors suggest a national policy of monitoring and accrediting ECT clinics as satisfying Royal College of Psychiatrists (RCP) guidelines for best practice and safety. As an alternative, they advise that regional specialist centres be developed to assure expertise in ECT (Ottosson & Fink, 2004, p. 95). Other analysis regarding practice and training needs of psychiatrists

who prescribe ECT in the United Kingdom and Republic of Ireland found out that nearly all (56% responded) felt that they had adequate knowledge of ECT with 35% recognizing further training needs. Psychiatrists were likely to find difficulty explaining to patients more about how ECT works and the possibility of long-term cognitive side effects than the benefits of ECT. The main areas of training need are the obtaining of informed consent, including the choice between unilateral and bilateral ECT, and the assessment of cognitive function during and after the course. The study also reveals the need for further research into the long-term cognitive side effects of ECT and the need for a reliable cognitive assessment tool for measuring persistent or autobiographical memory deficits (Blaj et al., 2007).

In Norway the administration of ECT was mostly in accordance with international guidelines but there were great variations in practice among the hospitals so national guidelines should be developed (Schweder et al., 2011).

Other European countries where the need for unified national guidelines and further staff education in ECT practice was found include Belgium (Sienaert et al., 2006), France (Benadhira & Téles, 2001), Romania (Gazdag et al., 2011), Poland, Latvia, Spain (Philpot et al., 2002), Greece (Kaliora et al., 2013), Slovakia (Dragasek, 2012) and the Netherlands (van Waarde et al., 2009). The question is whether this is not a case in even more countries where such analyses of ECT practice were not yet executed.

2.3 The principle of beneficence

This is a positive formulation of the previous principle. It requires health professionals to act for the benefit of their patients, where "benefit" is construed with the same latitude that was used to interpret "harm" in the principle of nonmaleficence. The principle of beneficence further requires health professionals to advocate on behalf of their patients in order to ensure that they receive appropriate care (Ainslie, 2003, p. 2101).

ECT is considered especially effective treatment for affective disorders as well as others (see above); sometimes it can be a life saving therapeutic modality. The efficacy of the method has been proven in clinical practice, clinical studies and meta-analyses (U. K. E. C. T. Review Group, 2003; Kellner et al., 2006; Fink & Taylor, 2007).

Unfortunately, ECT is often used as a treatment of last resort when all other therapeutic options have failed. This may prolong the suffering and duration of an illness (Fink, 2009, pp. 118–119; Ottosson & Fink, 2004, p. 2). Some authors affirm that withholding ECT is unethical, especially since the failure to treat a patient effectively may lead to deterioration, prolonged illness, and even death (Ottosson & Fink, 2004, p. 68).

ECT achieves remission rapidly and sharply reduces the duration of illness. In a collaborative four-hospital ECT study, known as the CORE trial, remission of severe depression was achieved in 5% in 1 week (three

ECT), 45% in 2 weeks, and 81% in 3 weeks (Petrides et al., 2001). These data are supported by similar findings in the treatment of mania, malignant catatonia, neuroleptic malignant syndrome and schizophrenia (Abrams, 2002; Ottosson & Fink, 2004).

Suicide is a leading cause of death among psychiatrically ill patients. ECT sharply reduces suicide risk. It has a rapid and immediate effect on suicidal thoughts and acts (Ottosson & Fink, 2004, p. 71).

In the CORE trial, the suicide risk was assessed by item 3 in the 24-item Hamilton Depression Rating Scale (scored at baseline and before each ECT session). The suicide risk of patients rated as high-risk was rapidly relieved to no risk in 38,2% in 1 week (three ECT sessions), 61,1% in 2 weeks (six sessions), and 80,9% at the end of the course of treatment (Kellner et al., 2005).

2.4 The principle of justice

The rule of fair opportunity asks that no person be deprived of social benefits on the basis of "life's lotteries" (Beauchamp & Childress, 2001). It is morally justified to provide biologically or socially disadvantaged ill persons the interventions that may mitigate their disadvantages. Indeed, the less the individual´s autonomy, the greater care needs to be taken by society to make available the care that safeguards individual dignity. All illnesses impair an individual´s capacity to function and to be autonomous. The mental illnesses of psychosis and mood disorder severely impair an individual´s capacity to make appropriate decisions. Special attention needs to be paid to insure their opportunity for care (Ottosson & Fink, 2004, p. 89).

The practice of ECT in many countries is limited by insufficient availability or restrictive laws. Application of ECT is often limited by prejudice, fear, and ignorance. Financial issues are substantial as well since ECT has become a more complex but more expensive therapeutic option through the introduction of anaesthesia (Ottosson & Fink, 2004, p. 90).

In the USA, the availability of ECT is uneven. Many hospitals and clinics licensed to treat the mentally ill are not equipped to deliver ECT (Ottosson & Fink, 2004, p. 91). ECT is available at academic hospitals, but is hardly available at state, municipal, or Veterans Administration hospitals (Hermann et al., 1995). A survey from 2013 (Case et al., 2013) proves that ECT use for severely depressed inpatients has fallen markedly, driven exclusively by a decline in the probability that their hospital conducts ECT.

Availability of ECT in the United Kingdom is comparable to that in the United States (Ottosson & Fink, 2004, p. 94). The use of ECT is declining with widespread variability in standards and practice. An 18-fold difference in use has been found between 11 general adult psychiatric teams within a single Edinburgh teaching hospital (Glen & Scott, 2000). Another audit found up to 12-fold differences in use between districts (Pippard, 1992).

Significant regional variation in the use of ECT has been also described in Ireland (Dunne & McLoughlin, 2011).

ECT is given in all Nordic countries, more so in Denmark and Sweden than in Norway, Finland and Iceland but there are diverse variations of implementation (Ottosson & Fink, 2004, p. 95). For example in Denmark there was a five-fold variation between hospitals, ascribed to different treatment traditions (Andersson & Bolwig, 2002). In Norway, it is reported that ECT is widely available but its use is unevenly distributed between health regions (Schweder et al., 2011).

In Germany, Austria and the Netherlands, use is limited, although recent reports show increasing usage (Ottosson & Fink, 2004, p. 96; van Waarde et al., 2009). It is available only in specialist centres in Belgium and Germany (Sienaert et al., 2006), or limited by the unavailability of anaesthetic services, equipment, or trained staff in Poland, Latvia, Spain, and Romania (Philpot et al., 2002). ECT is prohibited in certain cantons of Switzerland but patients can travel to different cantons to receive treatment (Philpot et al., 2002). In Luxembourg and Slovenia ECT is not available at all, patients who need ECT are transferred to neighbouring countries (Gazdag et al., 2012). In France, there is a significant decline in ECT and proper equipment for performing ECT is lacking in many of the psychiatric wards (Benadhira & Téles, 2001).

In Italy, its use is almost completely banned in public psychiatric hospitals, psychiatric wards in general hospitals, and in university departments (Koukopoulos, 1993). At the time, ECT was used in most of the private psychiatric hospitals, but without much public attention. Those few psychiatrists who administered ECT in public institutions have received admonitions from the State Health Unit and were told that it is "politically inopportune" (Ottosson & Fink, 2004, p. 96). From Spain, important variability in ECT application rates among Spanish Autonomous Communities has also been reported (Bertolín-Guillén et al., 2006). In Greece, ECT is practiced in moderate numbers and almost exclusively on an in-patient basis. Lack of training and lack of availability of anaesthesiologists were cited as the most common obstacles to providing ECT (Kaliora et al., 2013).

The rate of ECT use in Poland is among the lowest in the Central-East European region, which raises the possibility that many patients who otherwise would greatly benefit from ECT do not receive this treatment (Gazdag et al., 2009). Such results are reported from Hungary (Gazdag et al., 2004) and Bulgaria (Hranov et al., 2012) as well. In Slovakia although ECT is widely available, the practice of ECT is amenable for improvement (Dragasek, 2012).

3 ECT in the Czech Republic

3.1 The principle of respect for autonomy
In the Czech Republic ECT is usually conducted after obtaining patient's informed consent, the principle of autonomy is fully respected. In rare cases, when the patient is unable to give an informed consent with therapy due to a severe mental illness and this illness poses a danger to the patient's life, ECT could be administered after the decision of a court. This approach to any treatment without informed consent is enshrined in Czech legislature; ECT is considered to be just another treatment option and is not stated expressly (Act No. 372/2011).

3.2 The principle of beneficence and nonmaleficence
The practice of ECT in the Czech Republic is mostly in accordance with the principles of beneficence and nonmaleficence. However, the fact that unified, comprehensive, nation-wide and widely recognized treatment guidelines based on recent knowledge were not present until recently is problematic. The most recent guidelines of the Czech Society for Neuropsychofarmacology were published in 2008 and were basically in the form of a professional society statement (Seifertová et al., 2008, pp. 552–558).

The last investigation to assess the actual state of performing ECT in the Czech Republic and its adherence to available treatment guidelines was conducted in 2010. A high degree of departure from current guidelines in electrode placement and ECT termination (less than 75 % of healthcare facilities complied with guidelines) was found; empirical titration to assess seizure threshold was seldom used (28 % of facilities). It was stated that Czech treatment guidelines used in 2010 did not cover all aspects of current ECT practice or are not specific in the description. It is of utmost importance to establish centrally organised education courses in ECT and to create new treatment guidelines which would fully implement recent scientific knowledge (Köhler, 2012). This approach would harmonise ECT usage in different facilities in the Czech Republic and would lead to higher safety and efficacy.

The draft of new national guidelines was presented as a lecture in autumn 2013 (Anders, 2013); it is currently the subject of discussion and the final version is as yet not published. Hopefully, the final version of these guidelines will be more appropriate for practice and will meet international standards in this field. Of course, the implementation of any guidelines will be a matter of longer time. Adequate changes in the education of health-care professional conducting ECT will be a necessary step in this endeavour.

3.3 The principle of justice
According to the aforementioned survey, ECT is available in 66.6 % of

psychiatric facilities. It is mostly a procedure applied to in-patients. There is an outpatient modality suitable for longer-term treatment as well. However, its availability is very limited – only in 12 % (it means 3) facilities (Köhler, 2012).

4 Summary

After the assessment of available information, it can be stated that the modern practice of ECT in Europe (European Union member states) and the USA is, with exceptions, in accordance with the ethical principles of beneficence and autonomy. The biggest problem in regard to the principle of nonmaleficence could be the limited presence of national ECT practice guidelines and insufficient education of ECT administering personnel in many European countries and the USA. However, this is not a problem of ECT as a method, but rather a problem of healthcare organizations and education. In some countries the principle of justice is not fully respected, mainly due to limited availability of this method and restrictive legislature.

The problem of ECT in the Czech Republic is not dissimilar to aforementioned problems in other countries – mostly insufficient treatment guidelines and personnel education that can lead to lower safety for a patient.

Considering that ECT is an effective therapeutic modality in the treatment of severe psychiatric disorders including life-threatening states, it would be invaluable to improve its accessibility and to unify treatment guidelines. Another important step would be to apply measures to reduce stigmatization which is still present despite all the progress in this field and make ECT a widely accepted treatment method with its proper place in modern psychiatric practice.

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Search for Boundaries of Psychotherapy in the Czech Republic: Comparative Analysis of Self-regulatory Norms

Katarína Jablonská

Abstract
This paper addresses the issue of professional ethics in psychoterapeutic practice and tries to contribute to the discussion about psychotherapy and its boundaries in today´s world using the Czech Republic as a case study . Based on current discussions about who can and who can not call themselves by the name *psychotherapist,* with emphasisis on written norms, this paper examines the compatibility of the ethical norms of the auditing method in Dianetics and scientology centres with the ethical norms of Czech psychotherapeutic society and Czech psychanalytic society. The Czech psychotherapeutic society is a widely recognized professional institution, while Dianetics and scientology centres are criticized not only by professionals but also by society as an improper, unethical practice – in terms of religious background, financial issues or use of manipualtive techniques. Both institutions are, in some of its segments, concerned with similar issues and aims of practice. That is to help the client to overcome life barriers rooted in psyche and psychosomatics. There are several Dianetics and scientology centres in the Czech Republic that have similar aims to many different psychotherapeutic approaches (overcoming psychosomatic problems, problems in relationships, communication disorders, emotional issues etc.). In this way, psychotherapy becomes a central theme of Dianetics and scientology centres' practices. The present paper, building on the argument that Dianetics theory is similar to Freud's psychoanalysis theory, adds the Ethical code of the Czech psychoanalytic society to the comparative analysis and compares ethical codes of these institutions, based on the presumption that codes are self-regulatory norms declaring values and their practical application into specific rules. The aim of this comparison is to examine the mutual compatibility of these norms. The paper approaches this topic from a psychotherapist's point of view and tries to help better understand the professional identity of psychotherapists and related ethical questions.

Keywords: ethics, etical code, psychotherapy, auditing, dianetics, scientology, Czech psychotherapeutic society, Czech psychoanalytic society

Introduction

The present paper[1] is concerned with questions of psychotherapy and its boundaries. Where is the borderline of what can and what can not be called psychotherapy, what is and what is not allowed in psychotherapy and subsequently, who can or cannot call themselves a psychotherapist and what professional identity are psychotherapists supposed to identify with? Based on the current complicated situation in the Czech Republic concerning this question of demarcation of psychotherapy as an independent profession, its boundaries and issues of legislation and written norms, the present paper tries to contribute to the discussion by adressing the special Czech case.

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[1] This paper uses a similar structure and results to a text presented at the conference *Ethics in professions* (Jablonská, in press), but develops and elaborates on new arguments from different perspectives. The comparative analysis was extended using an anaylsis of the Ethical code of the Czech psychoanalytic society.

Ethics in psychoterapy along with a need to specify professional education and training have become one of the core themes that could serve as a guideline for a definition of the psychotherapy field (Roubal, 2013). Its formal grounding in professional codes, laws and legislation often seems to be even more important. The aim of this study is to investigate how useful this formalism can be, by analysing and comparing self-regulatory norms of what we consider to be "bad practice" with what we consider to be "good practice". Method of Auditing, established and practiced by Centres of dianetics and scientology, is chosen as an example of "bad practice" as considered by clinical psychologists and as a social stereotype in the Czech Republic. Similarly, the Czech psychotherapeutic society stands as an example of "good practice".

Ethics and Psychotherapy in Czech Republic

The psychotherapy profession in the Czech Republic is not legaly defined. As the chairman of Czech psychoterapeutic society (CPS), Karel Koblic pointed out: "At this time, out of the health care system, anyone can call himself by the unprotected name 'psychotherapist'. While within health care system in the Czech republic, psychotherapy can be practiced only by doctors and clinical psychologists (with proper education and attestation) and only accredited training programmes are accepted, outside of this system there are no rules. Specifying adequate undergraduate education, psychotherapy training and its completion, defining responsibilities, duties but also rights" (Koblic, 2012, p. 16) and properly communicating all of this to the public is needed.

As far as ethical guidelines go, outside of the health care system, there is no general consensus on the code of ethics nor is there any ethics comitee. The only regulatory method is given by being a member of a professional organization (e.g the Czech therapeutical society, the Czecho-Moravian psychology society etc.), which either has or does not have its own code of ethics. Subsequently, if the member of the organization breaks its code of ethics, he is usually expelled from the organization. No other sanction follows.

There are various opinions how to resolve this situation. There are voices in the discussion, that acknowledge practicing psychotherapy only within the boundaries of the health care system, which in most cases means paid for by insurance. In reaction to those voices, there are voices that do not want to discredit psychotherapists outside of the health care systems, who may not have the "proper" education (meaning medicine or clinical psychology) and their arguments are strong.[2] For example they question, if there is any valid study implicating that psychotherapists within health care system are more effective than those outside the system. Or if there is an

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[2] For arguments (only in Czech) *viz* the letter from David Holub to Karel Koblic, available online: http://www.iscp.cz/blogy/54-dopis-davida-holuba.

evidence-based study capturing the frequency of professional misconduct, iatrogenic damage or ethical misconduct among health care system psychotherapists compared to those outside of the health care system. Eventually, they question if leaving the health care system as a psychotherapist means losing one's competencies. They also emphasize, that in most countries around the world the field of "lay psychotherapy" is well-established and respected (Holub, 2012). Patterns dividing psychotherapy into good and bad, right and wrong, ethical and unethical are apparent.

The Czech psychotherapeutic society is one of the biggest and best-known professional organizations associating psychotherapists around the Czech Republic, inclining via the declarations of chairman to the clinical point of view, where psychotherapy is possible only within the health care system.

The Czech psychoanalytic society and the Czech society of psychoanalytic psychotherapy are key organizations in the spheres of training, education, publication in psychoanalysis and association of psychoanalysts in the Czech republic. Psychoanalysis is permitted, through accreditation, to be used in the health care system in the Czech Republic.

Auditing and the Church of Scientology

Scientology is defined by religious studies as a religous-psychotherapy group and new religious movement (Lužný, 1997, p. 86). Scientology was introduced as a religion in 1954 in Los Angeles (McCall, 2007, p. 440). There are several studies pointing out the similarities of Scientology methods to the psychotherapeutic processes (Manca, 2010; McCall, 2007; Richards, 2011; Wallis, 1975). Scientology's "spiritual healing technology" (Hubbard, 1990, p. 14) is called Dianetics and the practical use of dianetic methods is called Auditing, performed by an auditor, usually also a minister of the Church of Scientology. According to Hubbard, this technique can improve the behaviour, intelligence, abilities, health, skills and looks of people (Hubbard, 1990, p. 14). Also the formal setting of Scientology belies some similarities, like having face to face sessions, consulting cases with a supervisor or using assesment methods and personality scales like the Oxford Personality Test, Emotional Tone Scale and Hubbard's Human Evaluation Chart (Hubbard, 2007, pp. 1–175).

The intent of Dianetics is to free individuals of the influence of *engrams*, systematically removing them through a process called *clearing* (Hubbard, 2007, pp. 7–65). The conception of functions of the mind as a tripartite topology – the somatic mind, the reactive mind and the analytic mind, is reminiscent of Freud's topological theory of the mind – id, ego and superego. The somatic mind (id) is unthinking and reflexive, the reactive mind (ego) is impressionable and literal in its interpretation of the environment and the analytic mind (superego) is logical and incapable of

error (McCall, 2007, p. 439). The conception of engrams as durable impressions imprinted upon the individual when the reactive mind is overwhelmed by misinterpretation of sensations and experiences is also similar to Freud's idea that unconsious memories can produce maladaptive responses to reality and that they can sublimate into physical symptoms. Also the idea that early experiences are longed for in the unconscious and could be removed using specific psychological procedures and that they shape later behavior and thought, is identical. Nevertheless, there is open antagonism between Scientology and psychology.

Mental health professionals from western countries point to the challenges that Scientology poses for modern psychiatry and psychology and urge not to ignore the risks that scientology brings (Fritz, 2006; McCall, 2007). They draw attention to the systematic efforts of the Church of Scientology to attack the modern practice of mental health care, psychiatry and psychology as can be seen in the code of a Scientologist: "I promise to bring about an atmosphere of safety and security in the field of mental health by eradicating its abuses and brutality" (Hubbard, 1973, p. 7). Following this aim, there are public attacks on psychiatry and psychology by western celebrities-believers of Scientology in the media and by the special organization called the CCHR (The Citizen's Commission on Human Rights), founded for the purpose of fighting the mental health field. Their recent activities for example led to the placing of "black boxes", similar to those on cigarettes, on SSRI medications (most often used for treating depression), warning about health risks (Fritz, 2011, p. B-05).

There are four Scientology and Dianetics centres around the Czech Republic. The CCHR is also active in the Czech Republic. They recently (2012) organized a public exibition in Prague, titled "Psychiatry: help or threat?"

Method
The comparative analysis of the content and form of three codes of ethics[3] was conducted from a qualitative approach. First of all, similarities and differences in the form of all three codes were analysed. Then, in the content analysis, every sentence in every item of the analysed code of ethics was assigned with a code in regard to what values it contained.

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[3] The Auditor's code can be found online in English: http://www.scientology.org/what-is-scientology/the-scientology-creeds-and-codes/the-auditors-code.html, The Ethical code of the Czech psychotherapeutic society can be found online in Czech only. I used a new draft (from 2013, the old one is from 1998) of the ethical code that is currently in discussion, there are no significant differences between the old one and the one proposed: http://www.psychoterapeuti.cz/index.php?option=com_content&task=view&id=248&Itemid=15, the Ethical code of the Czech psychoanalytic society can be found online in Czech only:
http://www.psychoanalyza.cz/page7/page19/page19.html

For example, the sentence "[I promise] To administer only Standard Tech to a preclear in the standard way" (Hubbard, 1973, p. 6) was coded as *following standardized procedures*. The sentence "Psychotherapists are required to use their expertise for welfare of their client/patient with respect to his/her dignity, values and rights" (Goldmann et al., 2012, p. 5) was coded as *welfare of the client* etc.

In the next step, codes were grouped, categorized and prioritized according to their number and frequency. Finally, content and form differences and similarities of codes of ethics were compared.

Results

Formally, the Auditor's code consists of 29 items, that are not sectioned any further. Each item starts with the words "I promise". The code is determined as a "fundamental tool of auditing and of life" (Hubbard, 1973, p. 2). The Code of ethics of the Czech psychoterapeutic society consists of 10 items, which are further sectioned into subitems according to the topic they address. The preamble includes the psychotherapeutic promise and main aims of the code, which are: a guide for ethical decisions, a protection of participants of psychotherapy and a foundation for resolving complaints. The the Code of ethics of the Czech psychoanalytic society is the longest with 8 items and 41 sub-items. In the preamble, it declares the main professional goal of a psychoanalyst: to provide help for patients using psychoanalytic theory and techniques, with respect to the patient and all people. Unlike the two previous codes, this code is quite long, very detailed, describing possible situations a psychoanalyst could face in his practice and how to deal with them correctly.

The main formal difference seems to be in the language used in all the codes. While the Auditor's code uses the first person as in "I promise to follow the items", the remaining two codes use the third person i.e. "rules that every society wants their members to follow", which could seem more authoritative. Also, while The Auditor's code consists of phrases that are not comprehensible for an outsider (beingness, Standard Tech, preclear, processing etc.), the Code of ethics of the Czech psychonalaytic society also uses some professional terms (i.e transference) but minimally, and the Code of ethics of the Czech psychotherapeutic society is most understandable for the general public.

As for the analysis of content, all the categories and their order according to the number of codes that consitute the category are displayed in Table 1.

Table 1: **Order of categories according to what ethical code they belong to and their order by number of codes (in brackets)**

Czech Psychoterapeutic Society	Auditing by Church of Scientology	Czech psychoanalytic society
Welfare of client (11)	Welfare of client (11)	Not to harm the client/colleague/research subject (21)
Expertise (8)	Following standardized procedures (9)	Protection and care for the subject of psychoanalyst (12)
Ethical issues (3)	Reliability of the auditor (5)	Ethical issues (4)
Authority of the parent organization (1)	Objectivity of the auditor (5)	Informed consent (4)
	Respecting the aims of auditing (3)	Importance of norms (4)
	Effectiveness (1)	Welfare of client (1)
	Authority of the parent organization (1)	Authority of the parent organization (1)

To begin with, first two codes of ethics have the same main objective, which is the *welfare of the client*, his/her well-being, prioritizing his/her needs above the therapist's and respecting the client. A great majority of codes of ethics is dedicated to this principle. The third Code of ethics of the Czech psychoanalytic society is mainly oriented on how not to do any harm to the client, which can be considered as a similar, but not exactly the same goal as the *welfare of the client* in the previous two codes of ethics. The welfare of the client as an active attitude, opposed to the passive avoidance of doing harm, is mentioned marginally.

All codes of ethics also acknowledge the *authority of the parent organization*, which covers and grounds the ethical principles. In reality, this means that The Auditor's code is binding for all the auditors, but since there is no clear definition of the term *psychotherapist* in the Czech Republic, nor is there an official organization associating all the psychotherapists or licensing them, the Czech psychoterapeutic society's code of ethics is binding only for members of this association, with no other sanction for breaking the code of ethics than expulsion from the society. The same goes for the Code of ethics of the Czech psychoanalytic society.

As for the differences, while all codes of ethics share a similar goal (*welfare of client – not to harm the client*), so that the client is in the centre of attention, they differ in the values they prioritize in achieving this goal. Whereas the expertise of the auditor is given by strictly following the standardized procedures of Auditing with no regard to the auditor's feelings

or how unique a certain client may be, the expertise of the Czech psychotherapeutic society therapist is given institutionally – by endorsing the values of the European psychotherapy association, the therapist's level of education, following trends in the psychotherapy field and interdisciplinary cooperation and collaboration. All this in order to attain expertise in establishing a unique relationship with the specific client with regard to his/hers individual needs. The expertise of the psychoanalyst is somewhere in the middle. *Following norms* is an important point, but much more significant is care for the subject of the psychoanalyst – how well educated he or she is, his or her freedom to choose patients, to terminate the treatment or to express his or her opinions about psychoanalysis, also the health, supervision and personal therapy of the psychoanalyst (coded as *protection and care of the subject of the psychoanalyst)*, but with no reference to the importance of the special relationship or the need for one, as is described in the Czech psychotherapeutic society's code of ethics. The amount of space that is dedicated to the subject of the client and the subject of psychoanalysts in the Code of ethics of the Czech psychoanalytic society is comparable.

To conclude, while the Czech psychotherapeutic society puts emphasisis on the subject of the psychotherapist and his/her unique relationship with the client, Auditing ephasizes the method and the need to follow the special procedure. The Czech psychoanalytic society is somewhere in the middle, with emphasis on the subject of the psychoanalyst, but also on clients and norms to follow while treating them.

Discussion

In this paper, it was argued that patterns of dividing psychotherapy in the Czech Republic into good and bad, right and wrong, ethical and unethical can be identified. The question of how useful deciding between those opposites is, according to written norms was posed. To answer it, a qualitative coparative analysis of form and content on three codes of ethics was conducted. These codes were chosen according to the social and professional stereotype in the Czech Republic of what is considered to be good and bad practice, choosing Scientology and Dianetics as bad practice and the Czech psychotherapeutic society and the Czech psychoanalytic society as good practices. The last one was chosen after arguing that Dianetics builds on the same theoretical basis as Freud's psychoanalysis, and so we wanted to see if there are any similarities or differencies that would be reflected in the codes.

Building on the interpretation of results of the analysis, it seems that when deciding only according to codes of ethics and what values they contain, it would be difficult to decide which psychotherapy approach is good and which one is bad, since all of the three codes of ethics have similar goals (the welfare of the client/not to harm the client). Also, theoretically, an

auditor practicing according to the Auditor's code would not be in violation of the Code of ethics of the Czech psychotherapeutic society, although, had he also accomplished psychoanalytic training, he would be in violation of the Code of ethics of the Czech psychoanalytic society, since they state that only psychoanalytic techniques must be followed.

This might mean either that social and professional stereotypes about what is considered to be good and bad need to be reconsidered, or written ethical norms are not enough for the distinction. The next question then is what is necessary, apart from the formal side of matters, to make a good decision of what good practice is that not only does not harm the client, but also helps him.

One of the possible roads to follow is to specify competencies of a good therapist according to evidence-based psychotherapy research. What are the qualities of an effective psychotherapist and how to train him or her. The next step would be customizing the training and education and then setting written norms. The other way around seems to be problematic, since currently the good therapist is usually the one that has studied medicine or clinical psychology, with no question about how good the education was and what qualities he or she has.

We also consider communication with the general public as an important step, since they have no means to differentiate between mental health specialists which one to choose in regards to their personal needs and requirements.

While analysing the first two codes of ethics was reasonably easy to do, the Code of ethics of the Czech psychoanalytic society was more difficult to code. It is a very long elaboration on how not to proceed in certain situations during the therapy, using a normative way. Since it is mostly a practical description of how to behave in certain situations, not why to behave in that certain way or what it is good for, it is not very suitable for coding the values as was attempted. For example: "§2(3) The treatment of psychoanalysis is conducted in a situation of explicit agreement between the patient and the treating psychoanalyst. Psychoanalysts set and accept reasonable payments for their service. At the beginning of the treatment, the psychoanalyst agrees with the patient about the level of fees and how they should be paid. If it is agreed that missed sessions should also be paid for, it has to be done so at the beginning of the treatment. If the psychoanalyst assumes that paying the fee is necessary for conductng the treatment, he/she sets this request with tact and with reasonable regard to realistic and therapeutic properties of the fee and the act of paying it" (Šimek, p. 8). This long paragraph does not say anything about what the main value that it stands for is. Is it the importance of the fee? Is it the well being of the client that pays it? Is it the well being of the psychoanalyst that receives it? Is it the importance of the agreement and when it is agreed upon?

This might mean, that to properly compare the three codes of ethics used in this analysis, another method, different than setting the values as a goal, should be chosen (e.g. discourse analysis).

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What Prevents Teaching from Becoming a Profession?

Zuzana Danišková

Abstract

Teachers have long held the ambition that teaching will be classified as a profession in functionalist sociological terms, since it would bring guaranteed social prestige and recognition. In non-professional discussions, teaching is probably considered a profession, primarily because it carries within it the notion of "mission". If, however, we consider the strict criteria against which professions are measured, then teaching comes out badly (an impossible profession) or slightly better (a semi-profession). If we choose the more positive pathway and accept that teaching is professionalizing and that it will one day be considered a standard profession, then we encounter a number of obstacles which we believe will preclude this ambition. This paper aims to address some aspects of contemporary pedagogical discourse which may be considered as constraints in the professionalization of teaching. One such example is the vigorous call for practice to be linked to teacher training.

Keywords: teaching, profession, semi-profession, expertise, practicality, prestige

Introduction

The non-professional might consider teaching to fit into any one of the three terms of *job-occupation-profession*. After all it is a job. It entails certain requirements and a certain degree of altruism, marking it out as a calling and as something that cannot be performed by the uninitiated. Thus, a teacher is necessarily a professional.

Once, however, we leave the non-professional world and enter into the theoretical debates on the nature and classification of teaching, we discover that categorising it as a profession is not so easy. Teaching currently has the status of a kind of semi-profession, which means that it does not completely fulfil all the criteria of a profession, but that it is well on the way to meeting them in time. The reason teaching seeks out this status becomes apparent once we realise that doctors and lawyers are easily categorised as standard professionals – and thereby maintain a certain status, pathos, prestige, power, and so forth in society. In what follows we shall attempt to show the reader that there are a number of obstacles hindering the professionalization of teaching, which may ultimately make the sought-after goal elusive. Elsewhere we have considered professional ethics and codes of conduct as possible constraints to the professional development of teachers (Danišková, 2013, pp. 108–125) and here we would like to focus on another issue regarding the nature of professions: theoretical knowledge. We shall highlight current requirements for teachers and teacher preparation in the context of theory and give reasons as to why these may hinder efforts to becoming a professional.

Professions in brief

As noted above, subjective feelings or majority evaluations cannot be relied upon in categorising an occupation as a profession. Instead we must follow the criteria established in the sociology of professions. The Latin term *professus* is used in religion to denote a person who explicitly declares their faith or conviction by taking a vow binding him/her to something (Štech, 1995, pp. 6–51). This etymology is still evident in the term profession as an internal commitment to how that person behaves and what they say. Another important historical symbol shaping professions is recognition of the prestige of the "liberal profession", derived from the intellectual component and summarising a certain kind of esoteric knowledge. This is the foundation upon which the sociological work of Parsons (1958, 1968), Lieberman (1956) and Etzioni (1969) was built, in which they propose the ideal profession is based on a number of factors. The era in which they were writing has been referred to as a time of fascination with professions (Bourdoncle, 1993, pp. 83–119). Various authors have posited varying numbers and varying kinds of parameters that constitute the ideal profession. These are the most common (Štech, 1994, p. 311):

- expertise wielded exclusively by members of a profession
- restricted entry to the profession involving strict rules
- members have formalised knowledge, obtainable through special education
- the existence of its own elite and system of controls
- a feeling of solidarity within the professional community
- a certain freedom and autonomy in carrying out the profession.

Fulfilling these conditions is relatively difficult and so the profession obtains not only social prestige but also a leading position in the hierarchy of activities. A profession then is the highest level in the imagined evolutionary continuity of professions. Becoming a professional first of all entails a series of tricks of the trade, which the individual is capable of working out through a process of trial and error or through gradual testing. When having the knack is not enough, the novice must go out into the world and find a journeyman, an experienced practitioner who will supply him with the specialist knowledge and skills required to carry out the trade. However, it is only after analysing the tricks and the skills, by ascertaining the causes and consequences, and after a certain amount of reflection (Štech, 1994, p. 311) that a certain theoretical basis of knowledge can emerge that is not tied to the place in which the profession is conducted but is gained externally at a specialised college or university.

If teaching is judged on the basis of these criteria, then it is awarded the status of a semi-profession rather than a full profession, since it does not fulfil all the criteria. Etzioni categorised teaching as a semi-profession since

it has a large number of members, predominantly women, who work in a hierarchical and bureaucratic institution (Etzioni, 1969, p. 144). It also has an administrative authority and is not completely autonomous and lacks precisely-defined knowledge. Consequently, he does not consider teaching (or nursing or social work) to be a true profession. Nonetheless, the supposition that it may evolve into a profession means that teaching may well become one. Czech education theory also posits that a profession may evolve out of something that was initially an occupation or a craft (for instance Lukášová-Kantorková, 2002, pp. 22–40; Spilková & Vašutová, 2008, pp. 15–44).

This idea that a craft can become a profession is of particular interest to us here. It involves the professionalization of teaching on the basis of a third criteria – specialised knowledge – i.e. the emergence and establishment of theoretical knowledge. Apart from the fact that doubts have been cast over the authenticity of the scientific knowledge in pedagogy (borrowed from psychology, sociology and so on), teaching has to continually battle with the tensions between practitioners and theorists over *episteme*. In the next section we shall indicate how this tension, or favouring of practice over theory, has destabilised or deprofessionalized the as yet non-profession of teaching.

(Il)legitimate theory?

As we have seen one of the hallmarks of a profession is that it has its own theory. If we overlook objections relating to the origin of theoretical knowledge in pedagogy, then the debate as to when teaching will accept calls for it to come closer to the practical aspect is all the more serious. These calls, which cast doubt on the importance of theoretical training in teaching, resound not only amongst teacher training students but also amongst experts in the social and human sciences, and in politics.

Evidence of calls for practical training on teacher training courses can be found in the extensive ethnographic studies produced by the Pražská skupina školní etnografie [Prague group of educational ethnography], where these student demands often appear. Semerádová and Bitterová have found that students view practical skills more favourably than purely theoretical subjects (Semerádová & Bittnerová, 1995, p. 122). In his two studies Klusák quotes students as stating that they view the "issue of practice as one of the most crucial at the faculty". He states that in terms of student desires, needs and ideas, faculties need to provide more practical components. In order to achieve the desired ratio of theoretical knowledge versus practical skills, practical skills teaching would have to increase by 100 per cent (Klusák, 1995a, pp. 170–171; 1995b, p. 199). In addition, he notes that the problem with teaching practice is not simply the need to increase the ratio of one against the other, but also concerns student doubts about the relevance of theoretical knowledge (Klusák, 1995b; 1995a, p. 171). If students are no

longer questioning the truth of knowledge but how meaningful it is – "What is the point?" – at a time when utilitarianism is favoured, then this question may easily become "Can it be sold?" or "Is it effective?" (Lyotard, 1993, pp. 158–159).

In terms of theory, the work of Schön (1983, pp.15–60) articulates similar demands to students. He draws a strict dividing line between practice and theory: his conception of education revolves around a vision of the teacher as a reflective practitioner, whose teaching is rooted in experience, requiring reflection-in-action or these situations be considered as they evolve or once the activity has come to an end. The reflective practitioner needs to know not only how to teach but also how to reflect about what is going on during teaching and to continually evaluate the situation so as to increase the quality of learning and teaching in the classroom. It is important for the teacher to be aware of his/her responses to the situation and to put it in the context of experience gained thus far. Hence, teacher training is based on practice, with teachers building their education from the bottom up and from experience to knowledge (Korthagen, 2011, pp. 31–50).

Linking theory with practice is also encouraged in policy documents, where one can feel that theory is undervalued since the policies promote and encourage links between university level teacher training and the world of work and the labour market (European Commission, 2007). These links reflect the prevailing social mood and are not only typically associated with teacher training but also with the (university) mission of education generally. The deciding factor today is the performativity of the societal system and since university is part of that system the goals have been conceived in such a way as to ensure that the system performs effectively. Lyotard has written about higher education in this vein (Lyotard, 1993, pp. 155–161).

What are the consequences of these new trends for the professionalization of teaching? If we prioritise activities ongoing in practice, viewed in terms of a theory-enabled utilitarian act and the theory is by contrast devalued to an activity whose purpose is to serve the practice, (Dorotíková, 2003, p. 12) then we are doubly reducing the status of the profession.

Soon, as the observant reader will have deduced, we will be returning teaching to the level of a craft, that is, to the level at which the individual becomes trained through observing and imitating a more experienced practitioner and is not able to operate beyond performing the work itself and has no direct contact with practice. Thus we are not enabling progress but causing a semi-profession to regress back to an earlier developmental stage. This partnership with practice, as Kaščák and Pupala have stated, is paradoxical, since for many decades there were attempts to make teaching a university subject, arming teachers academically and intellectually and

"distancing them from the direct educational practice" (Kaščák & Pupala, 2012, pp. 147–148) from which teaching emerged.

Apart from the impact on the professionalization of teaching, the drive towards practical training also affects the social status of the teacher (also reinforced by professionalization), which is reflected in everyday life. The status and respect traditionally conferred upon teachers (and mayors and priests) can only be achieved if teachers are not culturally unsure and simply unenlightened practitioners. Teachers, in part under the pressures of the social mood, will not give up so easily on the basic mission of their work: introducing novices to our cultural and historical heritage – or as Socrates would have it – they will not give up on motivating novices to becoming pregnant with ideas. "The importance of teaching increases as it becomes affiliated with the general educational mission of the university" (Kaščák & Pupala, 2012, p. 155), otherwise the teacher just becomes a clerk and an anti-intellectual (Liesner, 2006, pp. 483–495) who has lost all connection to academic knowledge (Pritchard, 2006, pp. 6–29). If teachers cannot demonstrate their appropriate intellectual background to parents, employers and pupils, why should they be seen as professionals?

Besides, as we have already stated, the seriousness of a profession grows with its ability to theorise the "practical tricks". We shall now remind ourselves of the status of theory in Plato's eyes. This diversion is not an anachronistic exhalation of breath; on the one hand it is an attempt to remember the heritage that shaped us as a civilisation over many centuries and that we have discarded so lightly today and on the other hand it could be the answer to the demands of critical pedagogy, calling upon teachers to cease viewing themselves as technologies of education and to become transformative intellectuals (Višňovský et al., 2012, p. 331), who might once again become first violinists in the public arena. Hargreaves has this to add: "All teachers must value and defend their entitlement to and their education in a rigorous knowledge base that undergirds their professionalism. Engaging with this knowledge base on a continuing basis should be regarded as an individual obligation of all teachers, as well as an institutional entitlement. Engaging with such a knowledge base is what lifts teachers out of the pre-professional prejudice that only practice makes perfect" (Hargreaves, 2000, p. 170).

Philosophical thinking has often been viewed as the basis on which these differences emerged. However, Kvasz reminds us that mathematics was in fact the basis, primarily because Greek civilisation came into contact with the civilisations of Egypt and Babylon (Kvasz, 2004, pp. 159–162). Egyptian mathematics, or geometry, did not require proof to plan and build pyramids: in practical terms the Egyptians' lack of knowledge was not important. The coming together of practical mathematics and Greek culture prompted the emergence of something new – proof, that is, theoretical mathematics. Tháles and later Pythagoras worked on the idea of proof.

195

When the Egyptian "How many?" no longer sufficed they began asking "Why?" Moreover, as over time inconsistencies began to emerge between practical measurements and theoretical knowledge both spheres began to diverge. This prompted Greek philosophy to distinguish clearly between philosophy and other ways of thinking – Plato was mainly concerned with poetry, politics and rhetoric, while Aristotle thought philosophy should distance itself from non-philosophical knowledge and art (Suvák, 2002, pp. 7–22).

Today's dichotomous pair of theory and practice may have emerged via philosophising during the period of antiquity but they were viewed differently compared to today. A more detailed analysis indicates that while Plato and Aristotle apparently differed in what should and should not come under *theoria*, they are united in the similarities between their conceptions of *theory* versus *practice* as compared to the modern version. They were thinking more of the sphere of human life rather than the sphere of human activity. Although Aristotle separated *theoria* from *praxis*, which included politics and ethics, the concept used "still lingers on the dividing line between reason and intellect and does not cross over into practice or actual behaviour – it primarily concerns two distinctive orientations of the same human reason as far as subject, goal and function are concerned" (Višňovský, 2012, p. 311). Although Aristotle distinguished between wisdom and sensibility, like Plato he saw wisdom (*sofia*) as the most perfect form of knowledge (*EN* 1141a16). Why should that be so?

The concept of *theoria* can be understood via *theóros*. *Theóros* is a spectator who follows the protagonists of religious celebrations. He is distanced from them, enabling him to become emotionally engaged, but also able to rationally evaluate the events (Diogenes Laertios, 1954, pp. 89–106). *Theóros* does not therefore shape events on a stage but can interpret and criticise events from the position of a participant (Palouš, 2004, pp. 21–22). Plato transferred this distance into the sphere of abstract contemplation: contemplating philosophy means contemplating *theoria*.

What does the ability to theorise require? From what has gone before it is clear that the individual cannot be the protagonist. The individual cannot be active and cannot be part of something that occupies him. He must be free, unoccupied, focused and calm – these requirements are all contained with the ancient Greek concept of *schóle*. It is clear from this that being occupied, "fully engaged in practice", as the students call for in keeping with the current social mood does not allow sufficient theoretical knowledge to be obtained. The students may not be concerned by that since this type of knowledge is not a priority for them. If, however, we recognise the essence of Plato's message, if we reflect on what the meaning and point of theoretical knowledge is, then that might shake their beliefs. The answer to this question is not known. Secondary school students encounter it when analysing parables about caves. It is clear that Plato not only considers

196

distancing oneself from the practical to be a fundamental prerequisite to gaining knowledge, but also considers this type of knowledge (*episteme*) to be the highest possible form of knowledge – knowledge in its entirety, not the shifting detail, shades and notions. Hence, knowing the truth that is "accessed ... by surfacing from being occupied and following from a distance" (Palouš, 2004, p. 23). This is what school, and in our case, university teacher training should look like: "it should be an empty space, a Sunday, that does not arise out of the needs of practical life, but out of the basic definition of education as forming an opinion as to how it really is, as to the truth" (Palouš, 2004, p. 27). There is no need for the realities of the world, for *realia*, for these are just shadows, mirroring true reality which must be transcended. For Aristotle, theoretical life is the life of a person who understands the causality of the cosmos (Suvák, 2004, p. 216) and that person's life is happier than that of someone who is still searching (*EN* 1177a26–27), because being detached he or she can see and know more.

Conclusion

The Ancient distinction between theoretical and practical knowledge may differ from the modern perspective, in which theoretical knowledge was no longer the highest type of knowledge, but at least they came together in unity – pure theory lost significance, but equally non-theory based practice was found to be inferior (Višňovský et al., 2012, p. 313). However, what we encounter in the current mood today is a complete reversal of the Ancient tradition. Our label, "the current mood" is a euphemism for a time no longer so frequently labelled postmodern but as neoliberal, mercantile and performative. Practical knowledge is not equal to theoretical knowledge and is no longer subjugated to it – it stands on a pedestal, celebrated and sought after since only it can produce a competitive and effective system.

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On the teacher-student relationship (with focus on students with special needs)

Júlia Klembarová

Abstract
This article deals with the teacher-student relationship and focuses mainly on students with special needs. It reflects on the situation and problems of these students when studying at university. It emphasizes the importance of the teacher-student relationship and the relevance of trust and mutual respect between the teacher and the student with special needs. It points to the fact that the studies of students with special needs at university present a demanding situation and include various ethical problems not only for these students, but also for university teachers.

Keywords: special needs, respect, trust, dignity, ethical problems

Introduction

The right of all people to education is based on internationally lawful documents[1] and also within the laws and constitutions of particular countries. Article 42 of the Constitution of the Slovak Republic more closely specifies that everyone has the right to education. School attendance is compulsory and shall be laid down by law. Citizens of the Slovak Republic have the right to free education at primary and secondary schools and, depending on their abilities, also at higher educational establishments (Constitution of the Slovak Republic, art. 42). Study at university represents meaningful preparation for professional life in terms of increasing students' qualifications and preparedness for carrying out their future work responsibilities.

Nowadays, there is also growing interest in studies at university when speaking about young people with special needs. In accordance with the law on higher education (131/2002), a student with special needs is a student with a) sensory, physical or multiple disabilities, b) with a chronic disease, c) with a health disability, d) with a mental illness, e) with autism or other pervasive developmental disabilities, f) with learning disabilities (Law on higher education 131/2002, §100, part 2). In comparison with the past, when segregated education was typical within primary and secondary special schools, nowadays there is a new approach towards the education of students with special needs. This new approach is labelled *inclusive education* "with the long-term aim of entire acceptance of students with

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[1] Article no. 26 of the Universal Declaration of Human Rights states: "Everyone has the right to education. Education shall be free, at least in the elementary and fundamental stages... [] ...Education shall be directed to the full development of the human personality and to the strengthening of respect for human rights and fundamental freedoms. It shall promote understanding, tolerance and friendship among all nations, racial or religious groups, and shall further the activities of the United Nations for the maintenance of peace" (The Universal Declaration of Human Rights, 1948, art. 26).

special needs as full members of the school community" (Furínová, 2013, p. 40). I agree with Chrzanovská, who declares that nowadays we need content-flexible education which is adapted to the individual requirementsand needs of the people and which should be based on everyday life situations (Chrzanovská, 2010, p. 11). These everyday life situations, the acceptance of people with special needs as full members of society also require the integration of these students into the all degrees of education; this also means into higher education. Such a trend can be considered as certain movement towards equality for people with special needs with people without these needs in all fields of social life and also within education. So when we desire equality for all people without differences, it is necessary to also enable students with special needs to study at university. But it is not enough to enable them to study, as stated by law. It is important to support and meet the special needs of these students. It is the only way to also guarantee the equal possibility to study at university for the students with special needs.

I agree with Jitka Oravcová who comments that the issue of integration of students with special needs in primary and secondary schools has been reflected on by several authors in different studies, texts and publications. But the integration of these students within higher education has been absent (Oravcová, 2001, p. 19). As we can see, the question of university studies of the students with special needs has recently been missing in academic works. What are the reasons? One of the reasons is, as I have already mentioned, the different system of education that students with special needs require, which greatly emphasized their "otherness". Contemporary society strives to integrate students with special needs into ordinary life so that they can grow, learn and work together with people without special needs. Of course it is important and moreover necessary to admit that their studies can be filled with various barriers and problems (both physical and psychological) (Hájková, 2007, p. 10). In many situations, students without special needs are spared these problems. But I do not want to say that problems and barriers are only met by students with special needs. In accordance with Darina Tarcsiová, I think that university studies are also a very often demanding task for students without special needs. A considerable part of their studies is taken up by the student's own study hours so there emphasis on the independence and responsibility of students is of great importance (Tarcsiová, 2008, p. 17). But students with special needs face some additional obstacles that are based on their special needs.

In connection to this David J. Connor in article *Helping students with disabilities: Transition to College* (2012) points to the various challenges and difficulties for students with special needs that emerge in transition from secondary school to university. These students are moving from a world that was represented by safety to a new, unknown world that requires more autonomy, independence and independent decision-making (Connor,

2012, p. 16). I think that among these requirements it is necessary to also add the requirement of responsibility which is very important for university studies. It is undoubtedly true that students at universities have more freedom within their studies (in course selection, exam scheduling, etc.), but the need of greater responsibility also goes hand in hand with more freedom. . This request for responsibility can also present some challenges for students with special needs. During their studies at primary and secondary schools they were probably more guarded by their parents and teachers. During university studies there is a need to become more independent, to be able to decide about their studies by themselves and also to be responsible for their decisions and actions.

Vanda Hájková introduces several factors that can cause problems and challenges for students with special needs when entering university. The reasons of these barriers can be for example, the older age of the student (because of the delayed start of school attendance), problems with self-reflection, psychological difficulties of the students, problems of mobility, orientation, insufficient familiarity with information technology, problems connected with the transition from the home environment to dormitory and many others (Hájková, 2007, p. 11).

Because of this, it is very important to ask the following question; how to help students with special needs overcome various obstacles to entrance to the university education in the highest possible measure? Iva Strnádová offers several alternatives that lead to the support of students with special needs and help them face possible barriers. Among these alternatives are, for example, the preparation of students with special needs for entrance exams through different courses, the availability of information for these students about the various forms of support for their special needs that are provided by a particular university, information seminars for students with special needs, the possibility of contact with an assistant for these students, available online information about studies at university, and so on (Strnádová, 2007, pp. 82–85). This function is fulfilled by special pedagogical centres at universities[2] and by coordinators[3] for students with special needs (Law on higher education 131/2002, §100, part 7).

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[2] The first special pedagogical centre was established by C. Mendelová at Comenius University in Bratislava within the project TEMPUS (Oravcová, 2001, p. 11). Nowadays these centres are established in Comenius University in Bratislava and Košice Technical University (Law on higher education 131/2002, §100, part 8).

[3] The following activities, among other, comprise the primary tasks of such a coordinator : active participation in identification of applicants with special needs interested in studies, assessment of their special needs and the extent of necessary supported services in relation to their special needs, cooperation with other professionals working with students with special needs, guidance for these students, suggestions for the allocation of financial resources for the support of studies for these students, securing the material and technical tools that are necessary for the studies of students with special needs, and so on (Law on higher education 131/2002, §100, part 9).

Based on the above-mentioned facts I can conclude that coordinators for students with special needs represent important people in their integration and full –value study at university. Despite this fact, in accordance with Hájková, I consider it necessary to emphasize that, from the point of view of special needs education, for university studies it is important for students with special needs to have a certain necessary potential for the studies undertaken. For these students it is crucial to have some study habits, certain talent, a disposition for the chosen field of studies, independence of the student (Hájková, 2007, p. 11). Support for these students is really very essential, but the fundamental predispositions for successful study are the aspects mentioned by Hájková. I think that it is impossible for a student with special needs to study at university without that fundamental potential. "It is necessary to have arguments for the equal approach towards all students at universities, which would respect the individuality and the needs of each of them. It is also important to prevent a decrease in university requirements towards these students" (Strnádová, 2007, p. 79). It means that it is really considerable to meet the special needs of students, but without the minimalization of their result requirements.[4] In short, it can be denoted as a certain appeal to support students with special needs, but also to have the same requirements on their study and results as on students without special needs.

Besides coordinators and special pedagogical centres (which in my opinion do not cover the territory of Slovak Republic sufficiently), teachers at universities have a very important role in support of students with special needs, too. All teachers during the education process should develop empathy, willingness to help each other, consideration for all people, and tolerance among students within a study group.[5] These aspects represent essential components of the positive climate in the study group (Furínová, 2013, p. 40). It is doubly true when there are students with special needs in this group. The teacher-student relationship is very important because it influences the approach of these students towards their studies in a

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[4] This demand is based also in the law on higher education. Higher education institutions also generate the generally accessible academic environment by the provision of necessary conditions and support for students with special needs. This should be done without a decrease in the requirements concerning their study achievements (Law on higher education 131/2002, §100, part 1).

[5] For teachers to be able to develop these skills in their students, it is fundamental to have these characteristics by themselves. I think that the teachers' moral character is a necessary predisposition for the ability to reinforce the same characteristics and moral behaviour in their students. Campbell considers the following to be important characteristics of a good and ethical teacher: responsibility, justice, impartiality, honesty, courage, understanding, friendliness, tolerance, empathy, love for students, and respect for the students and so on (Campbell, 2003, p. 25). More about the importance of the moral character of the teacher can be found in J. Klembarová's article *Professional ethics as a necessary part of supporting professions (with focus on the teaching profession)* (Klembarová, 2011, pp. 112–117).

significant way. Even if the educational action is mostly represented in primary and secondary schools, it should also be present in higher education. In spite of the fact that the student is already adult and should also be a responsible person, a teacher at university should also represent, through his/her actions, some kind of model and moral ideal for the students. As it is stated by Gabriela Platková Olejárová (2012), the educational activity of the university teacher has its uniqueness. It is different to the educational activity in primary and secondary schools. Students and also students with special needs at universities represent certain clients who receive the educational services of the given institution. But it is crucial to emphasize that these students are not only passive recipients, but they are also active partners in the process of education. Within this relationship, the general principles of ethics in the teaching profession are also valid. Among these important principles are, for example, the principle of humanity, human dignity, mutual respect and tolerance for all participants in the education process. In accordance with Platková Olejárová, I underline that the teacher-student relationship and, all the more, the teacher-student with special needs relationship should be characterized by correctness, honesty, justice and should be full of a professional and also human approach (Platková Olejárová, 2012, pp. 223–224). The equal approach to all students and also to students with special needs is also emphasized within the *Ethical code of the Faculty of Arts, University of Prešov*. In the part concerning higher education teachers, research workers and art workers of the given faculty, within the ethical principles in relation to students it is underlined: "The teacher accepts the differences of the students, respects their opinions, political membership and religious denomination (while it does not restrict the rights of other people) with the main aim of creating human, tolerant interpersonal relationships that are based on mutual respect. He/she rejects and does not tolerate the manifestation of discrimination (based on age, race, gender, ethnic, sexual orientation, disability and so on)" (Etický kódex FF PU, 2012, art. 3).

In relation to students with special needs, the equal approach is particularly important, because it enables them to see themselves as equal partners in their studies. Of course as it has already been mentioned, it is necessary to meet their special needs, but without the lowering of demands on their results. It can be characterized as some kind of "slippery slope" where many ethical problems can be found, for example when considering the evaluation.

As it has already been presented, a necessary predisposition for the studies of students with special needs at university level is a meeting of their needs. In connection to this, I agree with Nicole Matthews who points out that when we want teachers to be attentive to the special needs of these students, it is necessary for them to have knowledge about the needs of particular students (Matthews, 2009, p. 232). It means that students have to

inform teachers about their special needs to enable teachers to meet these needs. In the case that the special needs of particular students result from a certain sensory disability (disability connected to sight, hearing), it is evident that the student has some special needs. The situation is different when concerning some "internal problems", for example epilepsy, various learning disabilities and so on, which are not visible and evident at first sight. In such cases, the students have to the make decision whether or not to inform their teachers. In the situation that the student does not want to inform the teacher about his/ her special needs (it is not obligatory)[6], some study requirements modification cannot be expected on the side of the student (Clark, 2007, p. 212).

There are many situations when students inform teachers about their special needs too late, usually after failing part of the course requirements. They try to progress in their studies without the teacher knowing about their special needs, but usually after the first failures (for example after a failed exams) they realize that it is impossible to succeed and they consider it necessary to inform the teachers about their special needs. Olga Zelinková presents several reasons that lead students with special needs to ask for help when it is too late, it means when the studies are in progress. These reasons can be the following: the students are ashamed of their special needs in relation to the schoolmates, their teachers; they do not feel safe; they do not want to attract attention; they try to solve the problems by increased effort; they do not want to receive help in their studies because they want to manage the situation by themselves; they do not believe that the teachers want to help them; in many cases they do not even know that it is possible to ask for help (Zelinková, 2012, p. 59).

Based on this I can conclude that, in the teacher-student with special needs relationship, trust plays a very important role. Even though in their first contact with the university (in application forms), the students do not notify the university about their special needs; based on their relationship to the teacher they can change their decision. When the student feels that he/ she can trust the teacher, usually he/she declares his/ her special needs to the teacher before the first failure that could be caused by the teacher being unaware of these special needs. As it is evident, the relationship of the teacher and student with special needs is of crucial importance for the studies of such students. It should be based on trust, respect, willingness to help, empathy, justice, humanity and the dignified behaviour of all people involved. Based on this relationship the ethical and moral dimension of the teaching profession is realized. Teacher as adult moral agents should behave to all students, and also to students with special needs, as to morally equal

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[6] University teachers in many cases do have knowledge about the special needs of their students based on the fact that these students present this information in their application form. Many of them do not inform the university about their special needs, because they are worried that this fact can endanger their admission to university (Strnadová, 2007, p. 80).

beings and to manifest the respect they deserve (Gluchmanová, 2012, p. 203).

The principles of humanity and human dignity play a very important role within this relationship. Marta Gluchmanová thinks that these principles belong among the most significant moral principles that regulate the influence of the teacher as a moral agent. The work of teachers that is in accordance with these principles contributes to the development of the humanity of the students (Gluchmanová, 2011, p. 64). The teacher-student with special needs relationship functions well when the teachers behave towards their students in accordance with humanity, human dignity and respect. But it is necessary for such behaviour to be mutual, so it is crucial that students also behave towards their teachers in the same way (Gluchmanová, 2008, p. 19). The teachers are seen as a certain model by their students, and it means that when the students see the moral behaviour of their teachers they want to copy it. The teachers, based on their human behaviour, realize the human dignity of the students and students with special needs. The relationship of teachers and all students is fully realized when these students are confident that the teacher "is interested in them, wants to speak with them, helps them with personal problems, engages in an informal conversation about various current global problems and so on" (Gluchmanová, 2009, p. 91). I think that such teachers' behaviour positively influences students with special needs. It affects also their perception of themselves as equal partners during the studies.

Gluchmanová emphasizes the important role of mutual solidarity and empathy within this relationship. Both of these aspects lead to the improvement and reinforcement of the teacher-student relationship (Gluchmanová, 2008, p. 20). Solidarity and empathy is stressed more when there are students with special needs in the study group. These students can in some cases feel inferior and less capable in comparison to students without special needs. Their studies can include more difficult circumstances. I agree with Hájková who points to the connection between the student's personal identity and their psycho-physiological (body) and social identity (relations). University students with special needs are adolescents and very an important role is played by their own understanding of themselves (Hájková, 2007, p. 10). The fundamental aspect of their identity is created by their feelings "who I am" and "where I belong". The mentioned empathetic behaviour (in the relationship between the teacher and students, among students), the support for solidarity in the study group, willingness to help each other and mutual respect undoubtedly influence their perception of themselves in a positive way. Students with special needs gain a feeling of their own value, fellowship and importance of themselves in the study group based on good relations with teachers and other students. So as it is evident, the above-mentioned cooperation, empathy, mutual respect among the teachers and students also represent one of the crucial

factors that are necessary for the successful studies of students with special needs. Concerning these students, their perception of themselves is very often dependent on their perception by other people and that is the reason why positive mutual relations represent one of the most important criteria for successful studies at university.

Empathetic behaviour, willingness to help, respect for an individual's special needs and many other moral principles can be implemented into the educational process with the help of some basic modifications during the education process. Meeting the students' special needs is very often realized through the help in some basic situations occurring during the process of education. The style of lecturing, which should follow the special needs of the students (speech rate, melody, repetition of important facts), provision of study materials for the students with special needs in an appropriate form (in Braille script, in electronic form for students with some hearing disability), various necessary modifications during the examinations and so on are important . Such basic situations support the studies of students with special needs in a significant way. It also reinforces the relationships among the students and the teachers. Students see that the teachers are not ignorant of their special needs and try to meet these needs during their studies.

The study of students with special needs represents in many cases some kind of challenge for the students themselves, as they need to adapt to new circumstances, new environment and new obligations. It also represents a challenge and conflict-rich situation for the teachers of these students. Many of them do not have basic knowledge about the appropriate approach towards students with special needs. In different words, during their pre-gradual preparation they did not have the possibility to obtain important information and experience.[7] On the other side, beside the absence of basic knowledge, Tarcsiová holds the view that university teachers in recent years do have at least some basic experience with students with special needs. Such progress should be assessed positively, as the teachers' particular experience and also the experiences of students without special needs influence the attitude towards students with special needs in a significant way (Tarcsiová, 2008, p. 21). Experience and moreover positive experience with students with special needs helps to eliminate the ongoing prejudice of the general population about the inability of students with special needs to study.

Besides these facts and the positive progress made in society and the education of people with special needs, it is necessary to admit the presence

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[7] The importance of knowledge about special needs education is emphasized in J. Klembarová's article title *Do we need professional ethics for special needs education teachers?* (Klembarová, 2012, pp. 153–165). The author primarily focuses on the education of these students in primary and secondary schools but it can also be applied in higher education. The difference is that in the academic field the originated ethical problems have a different character. The main idea is the same, it points out to the importance of special needs education for all teachers (also teachers in ordinary schools).

of various ethical questions on the part of the teachers, emerging within the study of students with special needs. Here we can cite situations connected to the attendance of these students, availability of individual rooms, realization of exams, issues dealing with fairness/impartiality in assessment, abuse or exploitation of special needs for personal gain and so on. These ethically conflicting situations represent only a small part of the problems that are very often present during the university studies of students with special needs and they need to be solved. It means that the studies of students with special needs very often include various ethical problems not only for these students, but also for their teachers and it is necessary for them to be able to solve these problems.

In connection to this, I consider presenting the partial results of GMVP project focusing on *Academic ethics* to be important and also very interesting. One part of this project was represented by quantitative research realized in the form a questionnaire that was delivered to all teachers and PhD. students (because they also teach some courses) at a chosen faculty. One question of this questionnaire was devoted to the problems university teachers face in relation to students with special needs. Based on the answers to this question, several groups of ethical problems were created and my aim is to briefly present these groups here.

One of these groups is represented by the ethical problems that emerge in evaluation of students with special needs. Respondents point out that in some cases these students expect a certain decrease in the teachers' requirements. It includes ethical problems associated with evaluation improvement because of the students' special needs. The situation seems to be ethically conflicting when students misapply their special needs to soften up their teachers. They want to mask their inability to manage their studies in the required manner. So it is very important but also very difficult for the teachers to find the appropriate level of understanding. It is necessary to support and motivate students with special needs but also students generally to achieve good results in their studies. Such an approach has better consequences for their future professional and personal life than continual decreasing of teachers' requirements.

The second group of ethically conflicting situations in connection to students with special needs is represented by the inappropriate reactions of the environment. I think that these negative reactions are in many cases related to the prejudice that still can be found in contemporary society. Beside the fact that we are trying to achieve integration in all fields of social life (all the more in education) it is necessary to admit that the stigmatization of people with special needs is still present. I agree with the words of Blanka Kudláčková who emphasizes that the success of the inclusive approach in contemporary society is dependent on a change in the thinking of teachers, educators but primarily of the whole of society (Kudláčková, 2010, p. 101).

The next group of ethical problems that was identified by the respondents is based on situations when the special needs of students are not confirmed by a doctor. So the students do not have any official evidence certifying their special needs. It means they cannot ask for some special support or modifications in their studies.

The technical and spatial possibilities of the university represent another group of ethical problems for teachers in relation to students with special needs. This aspect is also very important because many students' special needs stem from physical or sensory disability (students in wheelchairs, students with sight or hearing disabilities). In such cases there are various barriers to their studies for example many staircases, the absence of disabled facilities, lack of lifts, insufficient room indication in Braille script, absence of interpreters for sign language and others.

Last but not least is the group of answers that refers the fact that the respondents do not have problems with students with special needs, or they do not have the experience of teaching such students or they did not solve any ethical problems in relation to students with special needs. This situation can be analysed in two different ways. Firstly, we have an approach based on the assumption that the absence of ethical problems is the result of the human and dignified behaviour of the teachers as well as students with special needs. These needs are met; the teachers are sensitive, empathetic and fairly-minded to students with special needs. Students are responsible, hardworking and in the case of need they ask for the help of their school-mates, the teachers, coordinators and also special pedagogical centres. Their achievements and study results are appropriate so there are no specific reasons for the emergence of ethical problems in relation to these students. The second possible understanding of the absence of ethical problems to students with special needs can be caused by the fact that the respondents (teachers of the given faculty) cannot perceive certain situation as ethical problem. It means that the above-mentioned absence of ethically conflicting situations in relation to students with special needs is the result of a weaker ethical sensibility to problems and also an inability on the part of teachers to think about the problems as about ethical problems (Klembarová, 2013).

Recommendations for praxis

Based on the identified ethical problems that university teachers meet in relation to students with special needs during their everyday work it is possible to conclude several recommendations for praxis. It is important to define exact and clear criteria of evaluation at the beginning of a semester and inform all students about these criteria. It will constitute a fairly-minded approach towards all students in the group and it can prevent favouritism towards students with special needs and a lowering of the requirements on their studies and achievements. There is also one important demand toward

the university management. It is necessary to modify the teaching to the various special needs of students; it means to be careful about the accessibility and organization of various rooms for students in wheelchairs, various special materials and aids for the students with sensory disabilities, and so on. I consider the recommendation for teachers to also think about the various problems facing them in their work as about ethical problems to be crucial. But for the fulfilment of this requirement there is one important prerequisite. University management hierarchies should find professionals who are able to offer seminars, workshops on teaching and academic ethics for university teachers. It can help them to become familiar with the various ethical issues arising in the field of education and the university environment. Based on this, different situations can also obtain a moral dimension and the solution of such problems will also rest on the ethical analysis of a given situation and subsequent solution to the problem.

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Vasil Gluchman ed. (2013): *Morality: Reasoning on Different Approaches*. **Amsterdam & New York: Rodopi.**

So much has been written about understanding the essence of morality and the possibility of researching into it that it seems impossible that something new and original could be written on the subject. However, *Morality: Reasoning on Different Approaches*, published by Rodopi, seems to contradict this popular belief. The search for sources of human moral sense has ceased, as it turns out, to be an activity purely for philosophers. This book, through its essays, captures this interdisciplinary nature of research into morality, treated both as a social fact, as well as man's individual disposition. The Slovak philosopher and ethicist Vasil Gluchman, as the book's scientific editor, divided the book into two parts, the first, entitled *Different Concepts of Morality* presents, in accordance with its title, various and sometimes even controversial stances related to the understanding of key issues of morality. The second part of the book titled *New Trends in Understanding Morality* consists primarily of the author's attempts to explain the sources of morality formulated not only by ethics, but also by the biological sciences. In this short presentation it is clear that both the scientific editor, as well as the individual authors, did not set themselves the objective of writing another book on moral philosophy, but instead focused themselves on the key issues which determine the status and direction of contemporary research into morality. One does not need to be an expert in the field of ethics, to see the scale of the difficulties the individual authors had to face. Much is said about morality in science but discussion about specific issues shows that morality as a subject of scientific inquiry subjects itself to scientific analysis with difficulty. In a way it corresponds to the image on the cover of a book, which shows a well-known view, but at the same time one which escapes human perception.

In his introduction (pp. 1–8), Vasil Gluchman emphasized "The discrepancy between what is and what ought to be is often so frustrating that people make conclusions about the moral crisis of society, about the decay of morality, moral values and the whole of humanity" (p. 1). The scientific editor took up the position of the universality and timelessness of moral challenges facing humanity. Such a discrepancy between what is and what man desires is essential, since, through it our species can continuously improve. These changes, although natural and necessary, sometimes arouse resistance, a fear that they can lead to a lowering of the threshold of human moral sensitivity, or even to the spreading of attitudes deemed immoral. Research into the dynamics of morality is in the author's opinion necessary in order to prevent the destruction of human spirituality. Such research should also answer the question about the relationships between the human

being and social life, economics and morality. On the one hand, we are nature's children, but on the other we have already become independent from her. Being moral is something more than just refraining from killing others. What is important, Vasil Gluchman stressed, is that no ethical theories can be formulated which can be applied eternally. Each age is characterized by its particular morality, and hence ethics must constantly adapt to existing realities. The answer to the question "when is there a need to develop a new theory, and is the existing one still applicable?" is also a task for ethics. The aim as a result of this observation should be fulfilled by this publication in which "The main aim of this work is to present different approaches to morality through research of different concepts of morality and new trends in understanding morality" (p. 3).

The first chapter is Jeremy Bendik-Keymer's essay titled *The Moral and the Ethical: What Conscience Teaches us about Morality* (pp. 11–23). The problem of conscience, by reference to individually moulded sensitivity, is placed within the psychology of morality. The author tries to prove that only moulded conscience allows us to establish and maintain social relationships. The author's deliberations led him firstly to distinguish between the concepts of "ethics" and "morality". He accepted the common-sense distinction between these concepts, recognizing that the concept of "ethics" has a broader meaning than "morality". This is important because acquiring ethical competence has an automatic effect on raising the level of morality. Such a stance is therefore a form of ethical intellectualism in which conscience becomes a moral category. The "moral concept of viciousness" category convinces the reader of this in which some form of Socrates' Daimonion is revealed. People become more moral through the acquisition of ethical knowledge. The author carries out his reasoning using human rights as an example. History has shaped human conscience and thus, after the Holocaust, following the adoption of the Universal Declaration on Human Rights in 1948, human conscience has been completely reshaped. Thus conscience becomes a fundamental category of humanism, because it was shaped in interpersonal relations, and therefore morality must also be relational (p. 17). Therefore, a person functioning in society becomes a moral being, and consequently the author answers the question of whether morality is innate, or is the result of the influence of society. Such a solution adopted by the author is heralded by the motto "Even though you are far from my eyes, you are in my heart" which constitutes the introduction to his article.

Howard M. Ducharme from the University of Akron in the U.S. state of Ohio in his article *A Critical Evaluation of a Classic Moral Scientist: Are there any Moral Facts to Discover?* (pp. 25–46) compares ethical tradition with current realities. His critique of this tradition begins in the subsection eloquently entitled *Living in the Age of Science with its By-Product, The Death of Moral Facts*. It is difficult to agree with the author's premise that

we are living in an age of moral relativism, which is a consequence of the dominance of ethical naturalism. It is, in my opinion, too simplistic a view of the history of ethics. The distinction between Ethical Realism (ethical non-naturalism) and Ethical Anti-realism (ethical naturalism) introduced by the author is interesting. According to Ducharme the watershed between these two stances in ethics is Thomas Hobbes' philosophical system. Ethical Realism was still applicable in his time, but since then naturalism has dominated. Throughout the history of ethics naturalism has been expressed in various forms, which the author has grouped into six categories: Moral Nihilism, Subjectivism – Ethical Egoism, Cultural Relativism, Utilitarianism, Contractarianism, Neo-Aristotelian and Kantianism. Ethical Anti-realism reducing man practically to his carnality, is not only a simplistic perception of the world, but also interprets it inaccurately. More importantly, the dominance of naturalism arises from specific contemporary requirements for such a simplistic perception of humanity. The author carries out a critical assessment of the ethical tradition which Hobbes' philosophy embodies, and ultimately advocates for a certain form of personalism, which should restore the cognition of ethical values to its rightful place, and hence protect the whole doctrine from the pernicious influence of ethical antirealism "And not to forget, objective ethical truth telling saves science from the doom of ethical antirealism" (p. 44).

Mark Piper from James Madison University devotes his essay *Some Problems with Grounding Moral Respect for Persons in Autonomy* (pp. 47–63) to the issues of acceptance and respect for human rights. On this occasion the author analyses how respect for human dignity and autonomy is justified in the ethical tradition. He searches for answers to the question "where does our duty to respect another's dignity come from?" His reasoning is carried out on the basis of Immanuel Kant's commonly accepted philosophy. He also considers the alternatives, but ultimately shows that the Kantian understanding of autonomy has not yet lost its relevance.

The Polish priest and philosopher Janusz Marianski from the Catholic University of Lublin in his article *Models of Change in Modernity in Contemporary Societies* (pp. 65–78) attempted to clarify the change mechanisms in hierarchy and value in modern societies. Although he claims that one cannot develop a coherent and consistent theory which explains such changes, he believes that in contemporary European societies, there are four such models, or rather scenarios, according to which such changes take place. The first of these models, "Secularization of morality, often described as a departure from Christian morality or as a moral crisis" is associated with the weakening influence of religion and all churches on human behaviour. A second model "Pluralisation and individualization of morality often associated with postmodern disintegration of values" no longer seems so obvious, because it is difficult to recognize an increased sense of

autonomy by individuals as a disruptive factor in the moral sphere. The third model highlighted by the author as "Transformation or reconstruction of values – the breakdown of old values and formation of new ones that fit a pluralistic society" seems to explain the changes taking place in post-communist societies well. The fourth and final model "Reorientation of moral values from the Christian (broadly – religious) perspective, sometimes of a fundamentalist character, or moral awakening without religious colouring (revitalization of morality)" in a certain sense explains the popularity of all sorts of fundamentalism and the search for new forms of expression for human spirituality. Marianski, himself however treats his segregating only as a proposal for discussion. Interestingly, he justifies the above-mentioned models by referring to the work of various sociologists, but did not refer to the results of research into the sociology of morality, which he has conducted for years.

Kumar Neeraj Sachdev from the Birla Institute of Technology and Science in Pilani, in his essay *Morality, Good Life and Selflessness* (pp. 79–85) has attempted to demonstrate that in order to lead a "good life" it is necessary to fill it with moral content. A moral component of human life is necessary, if only, in order to maintain its internal integrity and give it an historical identity. Such filling of human life with morality, is made possible by nurturing selflessness. Meanwhile, dominant liberalism exposes an egocentric attitude, which in the ethical tradition has been established since at least the time of Thomas Hobbes. Its modern form is the works of Richard Mervyn Hare. In his article, the author presents parts of Eastern philosophy, and tries to demonstrate that within it, it is easier to find the way to a "good life". Human-interest of human behaviour stems from the postulated usefulness because, as the author notes "In this order then the central question of morality is considered to be 'what ought I do?' for it requires the person is seek compatibility of his interests with the interests of others" (p. 79). Summarizing his discussion he notes that in order for life to become unity nothing more is needed than to follow the wisdom perpetuated in the tradition. "Selflessness is therefore a spiritual value which is practiced by way of a parallel spiritual virtue. That is to say, a virtuous life is truly virtuous in that such a life satisfies the spiritual condition of transcendence of the ego" (p. 85).

The second part of the publication *New Trends in Understanding Morality* is devoted to contemporary research into morality and tries to identify the trends that are revealed in modern science. These texts are a challenge for the reader, who should have some knowledge of the natural sciences in order to understand them. Francesco Belfiore in his article *Searching for an 'Objective' Human Good: An Overview* (pp. 89–96) begins with a somewhat exaggerated formulated promise to present his own concept of ethics. For this, the author used observation (external and internal observation) and an analysis of the theoretical works of Descartes and

Locke as well as more contemporary researchers into the human mind. This type of research led the author to formulate his own "ontological conception of the human mind (or spirit)" (p. 89). This concept assumes that "1. The Mind is a triadic entity consisting of the unity-distinction of intellect (which produces ideas and knowledge), sensitiveness (which produces sentiments and art creation/enjoyment), and power (which produces actions linked to health/wealth and socio-economic status). 2. Each idea, sentiment or action is a change occurring in the mind or instead, an evolution of the mind, because it entails enrichment compared to the previous state. Thus, the human mind is an evolving triadic entity made of intellect, sensitiveness, and power" (p. 89). He also presented his idea in graphical form. The triadic concept of the human "Mind" or "Spirit" as presented by the author assumes unity of all elements and their mutual influence which allows evolution of the whole. It also assumes that evolution of the mind has a positive effect on the development of morality and simultaneously this moral component obliges the individual to improve his intellect. This concept also explains from where a decline in moral sensitivity and a sense of obligation to help others originates.

Frederic Gilbert from the University of Tasmania eloquently titled his article *Does Neuropathology Dictate Morality? Acquired Paedophilia as a Neuroethics Case* (pp. 97–109). Referring to recent discoveries in neuroscience the author tries to show that some evil tendencies in individuals, unequivocally condemned morally, such as some forms of paedophilia are illnesses, and therefore should be treated rather than be morally condemned or punished in court. In this case the author's suggestions appear to be controversial in that perhaps we should change our conception of morality and the extent of human responsibility.

Vasil Gluchman devotes his essay *Humanity: Biological and Moral Issues* (pp. 111–130) to reflecting on the subject of how humanity is expressed. In his opinion this issue should be considered on two levels, with the basic level related to biological existence and ensuring one's security. Here, however, the essence of humanity is not revealed, since identical tendencies are also exhibited by animals. The author then poses open questions "So, is humanity a specifically human quality that separated man from nature, by which man overcame his animality, that is his biological and natural determination, as Kant expressed it? Or does humanity of man reside in his ability to search for and know the truth of being, as Heidegger wrote? And what actually is humanity?" (p. 113). The concept of humanity therefore, requires calling upon such dispositions, which other creatures do not exhibit. In the author's opinion, this tendency to selflessly help others is a specifically human trait. Gluchman in answering the questions he posed ends his text aptly, as it seems, with the following conclusion "On the basis of the differences in the objects of our behaviour and conduct, we distinguish between humanity as a natural biological quality and a moral

quality. The moral value of the first kind of behaviour is determined by our biological or social relationships to our close ones. In the second case, the moral value of our behaviour to strangers is a pure manifestation of our morality" (p. 127).

Dieter Birnbacher's essay *Are Ethical Experts Experts in Morality?* (pp. 131–139) considers the problem of the condition of contemporary ethics. According to the author the separation between practical philosophy cultivated at the academic level, and applied ethics which is guided by current needs is getting more distinct. This dichotomy is evidenced particularly by the "ethics expert" role which is being filled by an increasing number of people. But is it possible to be an expert in ethics, i.e. someone directed only by pragmatic reasoning, someone devoid of moral sensibility? The decision to assume the role of an expert, however, carries certain consequences. As the author wryly notes "Thus in short, the moral philosopher who leaves the ivory tower, does not only need good reasons and sound theories, but also, and above all, good nerves" (p. 138).

The publication closes with an article by Marta Gluchmanová from the Technical University in Prešov (Slovakia) titled *The Teacher as a Moral Agent (Humanity and Human Dignity in the Teaching Profession)* (pp. 141–160). The author discusses the transformation of ethics in teaching taking place today. Even if the social prestige of this profession decreased, the weight of the tasks it has to fulfil in society is increasing. For this reason, not only is this profession one of social trust but the teacher also plays the role of the Master, who teaches the younger generations about orientation in the world of values and prepares them for independent life in society. She basis her discussion on the concept of ethics of social consequence developed by Vasil Gluchman. For this reason, the need arises especially for the moral education of pupils and students. As the author concludes "Ethics of social consequences, as well as ethics of teaching, is aimed at achieving positive social consequences which must, however, be in accordance with the principles and values of humanity and human dignity. This means that every teacher (as well as other pedagogical employees of the school, including superiors) should, in the course of their teaching, make a constant effort to opt for such behaviour and actions that respect and realize the above moral principles and values and also produce positive social consequences or, at least, minimize negative ones if there is no way to prevent them" (p. 156).

In summary, it is necessary to emphasize that reading the publication is not always easy because it requires the reader to have a certain competence in the issues of the history of ethics and philosophy. Some texts also require basic knowledge of linguistics, medicine and natural sciences. However, it is worth reaching *Morality: Reasoning on Different Approaches*, above all, in order to get an idea of what changes contemporary moral philosophy has been subjected to, and what uses it has found in social practice.

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Development Ethics and Social Problems
of the Contemporary World

The International Development Ethics Association (IDEA) in cooperation with the University of Costa Rica (UCR) organized the 10th international conference dedicated to development ethics and acting on the occasion of the 30th anniversary of this organization. The above event of global significance took place at the University of Costa Rica in San José (Costa Rica), July 21–25, 2014. The conference was attended by scholars and practitioners from around the world and from a wide variety of disciplines and activities (including philosophy and other humanities, social sciences, political science, development studies, social work, NGOs, local and global agencies and organizations. Most of the participants came from Central America, the USA and Canada. European countries were represented, too, in particular Great Britain, the Netherlands, Norway, Spain, Switzerland, Slovakia, as well as Turkey.

Significant invited speakers from different fields, such as David A. Crocker, Luis Camacho, Adela Cortina, Jay Drydyk, Nigel Dower, Des Gasper, Asuncion Lera St. Clair, Paul B.Thompson and Alejandra Boni chaired plenary meetings throughout. In their presentations they focused mainly on a socially sustainable future and tried to examine these issues from different theoretical and conceptual perspectives including philosophical argument, empirical analysis, policy and action strategies. The themes of their appearances were development ethics, social, political and economic contexts of development, as well as case study presentations concerning the situation especially in Central and South America.

In the plenary sessions as well as individual sections, the presenters focused on the rethinking the concept of development – lessons and limits of development ethics; development ethics in Latin America; ethically driven transition to flexible resilient cities and communities. Similarly, they reflected upon global inequality and sustainability – as the main development problems; they also paid attention to sustainable development goals (SDGs); who drives development related to freedom, gender equality, capacity building for development and deployment. Many also addressed the ideas of Denis Goulet in the context of current development trends and challenges; but also capitalism – what lessons and varieties may lead to a socially and environmentally sustainable future as well as any other theoretical and practical issues within the field of development ethics.

Within the plenary session *Development Ethics: Reflections Past, Current Happenings, Future Directions* the personality of the founder of development ethics Denis Goulet was recalled by Jay Drydyk (Canada). He stated that Goulet had experience of a working class environment and

solidarity relationship of workers and priests. He recalled that Goulet formulated ethics development in the early '70s of the 20th century. According to him, authentic development meant the social change from "less human" to "more human". Among other things; the fact that there is no need to have more, but enough so that we could be more. The call for pluralism means finding ways to derive one idea of authentic development of many cultures and value perspectives in the world. The first task of development ethics is to establish such values that could serve as the basis for authentic development. The given values include well-being, equality/justice, empowerment, human rights, cultural freedom, environmental sustainability, integrity vs. corruption. Goulet paraphrased Marx; the philosophers have analyzed the power, but the point is that we changed it. Jay Drydyk reminded those present of Sen's interesting idea that we do not need a vision of a better world, but we need to know what the errors of the modern world are, consideration should also be an idea of perfect justice, but we need to know what the present unjust world is.

According to Nigel Dower (United Kingdom) socio-economic development must be carried out with respect for appropriate concepts of well-being, which should be achieved by appropriate means, for example, in accordance with justice, democracy, participation and human rights. Furthermore, it must also contain an ethically responsible attitude to other countries. This means access to the solutions to the problems with respect to accountability for the future and future generations, but also non-human life forms, including future forms. Global ethics, in his opinion means responsibility for everyone regardless of where they are located; it also includes responsibility for the future and for non-human life forms. Dower called it cosmopolitism. Global responsibilities, equally, means not causing any harm and encouraging well-being everywhere, at least to some extent. This raises the dilemma between cosmopolitism, communitarianism and localism. Development ethics in his opinion does not mean the creation of universal solidarity or cosmopolitan identity. The aim is to create appropriate relations with local communities and create local identity. The environmental dimension of global responsibility is not just around the world but it is also a fact that we can shape the love of a local country as part of an individual's well-being.

Des Gasper (Netherlands) within this plenary session presented development for all people and for the whole person. In his opinion, suggestions for future development ethics concern relations with business ethics, which is the fundamental relationship; furthermore, we need to focus on environmental ethics and global ethics in particular regarding the issue of migration. The principal issues raised were the question of the identity of who you are, who you are together and who are you concerned with?

Within the next plenary session Paul Thompson (USA) presented his paper *Sustainability, Food Security and Ethical Development*. In his

opinion, the problem of hunger (famine) was dominated by the issue of ethics development in the early '90s of the 20th century starting with Singer's work on hunger and freedom of the animal (Animal Liberation). Many have criticized the food aid to poor countries without having to address the issue of their further development. Siska Ravena (Costa Rica) pointed out the neoliberal "progress" in Costa Rica, stating that in the recent past Costa Rica was in a similar situation to Mexico, that of debt crisis. In her opinion, in the first half of the '80s of the 20th century there were no strong social protests. The first of them was from teachers against the reducing the pension scheme, later she mentioned the forceful protests between 2000–2007 aimed against the privatization of telecommunications and the opening of the telecommunications market. There have been drastic changes in intellectual property and, in general, in the legislation of Costa Rica. Neoliberalism allowed the development of some particular areas aimed at specialized profession, on the other hand, the decrease of investment in social sectors, such as healthcare. Social inequality was increased and they differed from other Latin American countries, where under the influence of the Sandinista revolution in Nicaragua there was a reducing of social inequality. However, in her opinion most farmers were losing because of contravening the minimum rights in relation to work, the contamination of the environment as a result of tourism development.

Gabriela Arguedas (Costa Rica) in her contribution *Food security and sovereignty, ethics development and international relations* stated that the exchange of food and other consumption units is part of international business dissemination. There should be extensive land for the cultivation of genetically modified maize for export and ownership of land in Central America is associated with violence, corruption and political struggles. The figures reported from the United States from 2010 that about 14.5% of households did not have guaranteed food security and about 1% of children had no such food security. On the other hand, about 30% of the food ended up as waste. She noted that 47 million people in Latin America live in hunger and in Costa Rica, the most democratic country in Central America, there are 300,000 people with insufficiently guaranteed food security. Enormous soy plantations in Argentina and Brazil have destroyed the ecosystem of the Amazon. In Costa Rica, there is a strong movement against the cultivation of genetically modified food stuffs. At the close, she presented a video from youtube in which farmers from Costa Rica, members of a women's movement, expressed support for conventional maize cultivation as opposed to modified maize. They indicated all side effects of the new corn, but no one mentioned any evidence of these side effects.

Similarly, in the sections a number of very interesting contributions dedicated to various aspects of development ethics, such as the themes of life, poverty, education, social justice, war, minority rights, development

aid, but also culture, health, dignity, sexuality, ecotourism, etc. were presented..

In conclusion, the IDEA (The International Development Ethics Association), as a unique international, cultural and interdisciplinary organization of philosophers and other professionals, theorists and practitioners may be an example of how, to philosophers in many parts of the world, the fate of the world and its further development is not indifferent. One of the most significant examples of this engagement is Amartya Sen, winner of the Nobel Prize for Economics in 1998, who was very actively involved in analyzing and finding solutions to the economic and social development in the world and especially in the Indian peninsula (including its ethical and moral aspects and problems).

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Ethics Week, in Košice, 8ᵗʰ – 11ᵗʰ April 2014, Košice, Slovakia

The Alexander Spesz Institute of applied ethics at the Faculty of Theology of the Catholic University organized an important event, 'Ethics Week' from April 8ᵗʰ–11ᵗʰ 2014. Collaborators of the Institute took part in scientific research within a few exchange programs within the Central European network, *CEEPUS,* and, together with collegues from the Chamber of medical law, prepared this unique event for participating professors and students from foreign universities – members of the *CEEPUS* network.

'Ethics Week' started on Tuesday, April 8ᵗʰ, with a workshop about the value of human life in Islam. The workshop was led by doctoral students from Pécs, Graz and Opole for students from the faculty of theology and students studying applied ethics at the philosophical faculty of Pavol Jozef Šafárik University. The main lecturers were Mgr. Elisabeth Zissler (Graz) who has been doing research in Istanbul recently and who was speaking about the problem of male circumcision in Islam which is a real topic in Western society (especially in Austria) and Dr. Janus Podzielny (Opole) – he talked about genital circumcision of girls in Islam. To the surprise of students, there was a big difference between moral perspectives and all could unite and clearly condemn female mutilation meanwhile male circumcision was shown to be beneficial from the perspective of health. Thanks to Dr. Jesenková and her students of applied ethics, there was a huge and fruitful discussion about religious rights as the background of civil law.

The workshop was followed by a lecture by Prof. Walter Schaupp (Graz) which was given for spiritual educators, pastors and Church leaders. The title of the lecture was *Sexual Ethics after Scandals of Sexual Abuse in the Austrian Catholic Church.* Together with many important personalities present at the lecture was also the archbishop, Mons. Bernard Bober. Prof. Schaupp was not only talking about this difficult topic but offered modern moral-theological solutions for pastoral practice in the 21ˢᵗ century.

The next day, on April 9ᵗʰ, the Faculty of Theology became the host for foreign experts of moral theology and political science who, being aware of present day laicised and multicultural European society, together tried to sketch a way of *Looking for the Personal Identity of the Biblical Person Coming into Political Society in 21ˢᵗ century society.*

As a special guest who accepted our invitation, we were honored to welcome Mon. Jean-Louis Bruguès, O.P., who is the archivist of the Holy Roman Church in the Vatican Library. In his speech called *God Who Speaks in Heart of Man,* he remembered the words of the Pope Emeritus Benedict XVI who, citing Plato, called young people to 'look for the truth while being young. If you do not do it now, it will flee away'. Simultanously, he highlighted the threat of the present phenomenon of individualism within the European political and democratic context in which human desires are gaining juridicial power regardless the objective reality of the truth. He

underlined that in the conscience of every single man there is the ability to explore the truth. Conscience which is known as *conscientia* (in Latin) derives from *cum scientia* which leads us to the knowledge that every man is able to think scientifically and in accordance with his conscience at the same time. Besides this, he is able to see truth and goodness. Faith and reason do not negate each other. On the contrary, they need each other and what is more, as the Monsignor reminds us, the future of our civilization depends on this dialogue between faith and reason. Otherwise there is a danger of justifying different totalitarian regimes, genocides or wars with the dictatorship of relativism and new ideologies. Unfortunately, our times have already been marked by such logic.

The next lecturer to be heard was the Austrian doctor and theologian, vice-chairman of the ethics commission of the Austrian chancellor, Prof. Walter Schaupp. He presented his topic *Soul of an Embryo. Anthropology and Ethics Yesterday and Today*, where he showed us past views on the animation of a human being in its prenatal development as well as different understandings of the role of the man and the woman in this process. Over the centuries, the process of thinking has changed significantly according to the scientific knowledge of prenatal development. That is why this question becomes remarkably real for widely spread in vitro fertilisation during which, in many countries, there is either the elimination of a large number of surplus embryos or the freezing of them without an answer regarding their future. This question will soon play one of the main roles in the politics of European parties especially concerning Christian Democrats and People's political parties.

Dean emeritus and professor at the Theological faculty of Salzburg University as well as the former director of the Austrian section of the European society for Catholic theology, Dr. Werner Wolbert related the different theories explaining the beginning of life, and he underlined the complicated and ambiguous vocabulary of theories of law in modern society.

Our last speaker of the conference was Frederic van Iersel who is a Dutch social ethicist and an expert on religion and ethics in international conflicts as a lecturer at The Catholic University in Tilburg.

His topic concerned the pillars of social teaching of the Church and their implementation in Duch society. His lecture also brought touched upon the situation in Slovakia. As the most important pillars through which the Church can fortify society, he sees principally the integration of moral values at the expense of the abstract ones offered by relativism; the immediate idea of the dignity of the human person for democratic society; solidarity – rich versus poor as well as intergenerational solidarity; dialogue with state representatives who can be given not only spiritual inspiration but also cognitive orientation by the Church; post-pragmatic view on the state – the minimum state with the criteria for functioning for the common good

and concept of human dignity; and ultimately, the Church offers a normative frame for the state within which ideas can operate towards taking a social direction and at the same time help to create a fair and ecological society which will avoid armed conflicts.

The conference ended on a solemn note by the awarding of the Alexander Spesz Instute Prix Award which was given to Monsignor Bruguès in the occassion of his 70th birthday and for his contribution to ethics and moral theology abroad and in Slovakia where more than 20 years ago he taught moral theology in the priestly seminary in Spiš.

Ethics Week culminated in a jointly organized conference by the Chamber of Medical Law Medius and by the Alexander Spesz Institute of Applied Ethics (IAEAS) with the title: *Reproductive Rights of Women in the Center of Interest*. Participants of the conference were renowned experts from all over Slovakia. In cooperation, doctors (Prof. Lukačin, Slovakia; Prof. Klimek, Poland; Dr. Rosoch, Dr. Petrenko and Dr. Miklosi from Health Ministry; Prof. Kroell, Austria and Dr. Kollár), lawyers (Ing. Synek), psychologists (Mgr. Celušáková), ethicists and theologians (Dr. Hunsthorfer, Prof. Schaupp, Mons. Bruguès, Prof. Van Iersel, Prof. Wolbert) and many others were trying to discuss the topics, sometimes from very different ideological points of view, for two days. The presence of conservative Catholic representatives as well as representatives of the liberal spectrum of our society and their dialogue and looking for paths of mutual understanding and cooperation was perhaps the most valuble thing which could have occured within the scientific arena. Publications from the conferenc are available on the webpage of Medius. The realization of the mutual need of all experts was the most important success of this meeting and fruitful dialogue without an ideological fight was the result of a real desire to listen to the opinions of the other side. Listening to the 'Catholic' solution to problems of infertility through NAPRO technology (by Ing. Dydňanská from the PLODAR association) and her dialogue with Dr. Petrenko, who was representing the widely spread invitro fertilization, which is condemned by the Catholic Church, was an example of such dialogue.

The Medius and IEAES conference is beginning to have an undeniable place in Slovak scientific society. Consequently, there is already a new conference prepared for next year which will be dedicated to the *Certainty of Law versus Uncertainty of Life. Oncological Patient: Multidisciplinar Challenges from the Medical, Bioethical and Juridicial View.*

Ethics Week 2014 brought many impulses for bioethics in Slovakia. There is a hope that this type of work will find its supporters in opposing scientific fields which do not normally cooperate.

Inocent-Mária V. Szaniszló & Ivana Pločicová

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Book Received

Marta Gluchmanová: Vývoj učiteľskej etiky na Slovensku [Development of the ethics of teaching in Slovakia], Prešov: Grafotlač, s.r.o. 2013, pp. 192.
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The main aim of the book is to point out the development of the ethics of teaching in Slovakia, from 16th century to the present. The book consists of four chapters. A significant portion of the publication is dedicated to teachers, pupils, parents and education in different social periods, as well as to reforms and new concepts in education. The focus is on the origins of the ethics of teaching, ethical and moral aspects of the teaching profession and the actual problems within the profession.

Contents

Introduction

Chapter 1
Position of teachers in Slovakia in the 16th – 17th centuries
The characteristics of the teaching profession
Teacher – student – parent relationship
The origins of the ethics of teaching
The position of the teacher in society

Chapter 2
The teacher and education in Slovakia in the 18th century
Reform efforts in education
The teacher and society
The requirements for teachers
Relationships between teachers and pupils
Family – school – discipline
Christian ethics and moral education

Chapter 3
The teacher; ethical and moral aspects of education in Slovakia in the 19th century
School – education – learning
Problems of education in society
Specific requirements of the teacher's work
Teacher – parent – authority
Rewards and punishments in the education of the youth

Chapter 4
The teacher and society in Slovakia in the 20th century (ethical and moral aspects)
The period up to 1989
The ideological and political influence on education
Teacher's personality
Professional relationships in the teaching profession
Teacher and pupil
Teacher – colleagues – family

The period after 1989
The teacher and his position in society
New concepts in education
The need for the ethics of teaching
The cooperation of schools and families
Ethical and moral dimension of relationships in the teachers' collective
Teacher – school – future
Current problems within the teaching profession in Slovakia

Conclusion
References