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## EDITORIAL

# THE MYTH OF THE ARTIFICIAL MAN

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The myth of the artificial man, which is no longer an augmentation of homo sapiens, but a creation of it, which enters into an unfortunate competition with the creator, opens a new chapter in relating thought and art to changing the initial balance and risks of this gesture.

This transition from the serenity of classical antiquity to the romantic turmoil of the 19th century can be illustrated by the evolution from Galatea to Frankenstein. If in Ovid's *Metamorphoses*, Galatea represents the statue of a young and beautiful woman, with whom Pygmalion himself falls in love, the sculptor from whose chisel detached the object of his passion, in the anthropomorphism with morbid nuances, thought and laid out on paper by Mary Shelley, at the beginning of the 19<sup>th</sup> century, we find a much more complex and disturbing message.

Reflective consciousness, which allows us to understand and predict the behavior of other beings, based on our own experience, was not a very familiar notion in Ovid's time. Over time, the expansion of consciousness brings with it other changes. If Galatea is the fruit of Pygmalion's work, talent and inspiration, but does not go beyond the chisel and the sculptor's other tools, Victor, who will embody Frankenstein, is no longer satisfied with chemistry and does not resist the temptation that alchemy represents, a mixture of empirical chemistry and occultism, which has heated the minds of Europeans since the Middle Ages.

If Frankenstein is by no means the augmented man, in the sense in which we understand this term today, he is undoubtedly the fruit of an augmented consciousness, which no longer imposes its traditional limits and which makes the forcing of these limits a guiding principle. Not only the limits of knowledge but also those of the imagination are violated, in this case chemistry goes hand in hand with alchemy, and automata, known for their concern and attraction since antiquity, when Pindar describes walking statues and even the mechanical bird of Leonardo Da Vinci, who all just imitate biomechanics, become able to lead an autonomous existence. The expansion of consciousness demands the expansion of reality, but it has no control over this expanded reality, the natural balance is disturbed and the consequences are usually tragic.

The Cartesian zeal of the Enlightenment was intended to describe man as a machine with a soul or, in rarer cases, as Julien Offray of Mettrie, who published in 1748 *"L'Homme plus que Machine"*, supporting the origin of the soul in biochemical processes of the body, a theory by which he managed to arouse public disapproval to such an extent that he was forced to flee the Netherlands, his native country. Through these exaggerations, through which the natural turns into a monstrous one, the elastic capacity of consciousness was lost, to return to the primordial balance. Meanwhile, the story of the young Victor Frankenstein is rewritten from a contemporary perspective, for which the genetic code is no longer a mystery, but which does not relieve us, however, of the fear that one day we will be overwhelmed by the technological progress that we can no longer control it <sup>1</sup>.

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<sup>1</sup> "Frankenstein" or a modern Prometheus is a novel by the British writer Mary Shelley, first published in 1818. It is believed that the writer was inspired by the creation of the monster in the novel after the name Frankenstein.

I would conclude with a thought from ethicist Jason Eberl: “*The normative limit on forms of human improvement is to ensure that the subject of improvement remains human and is not transformed into a 'posthuman' whose self-identity, needs, interests and goals (both natural and supernatural) are changed so fundamentally that they are unrecognizable to the subject before improvement*”<sup>2</sup>. In other words, human improvement should aim at the human ideal and not at the creation of entities other than human beings.

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The novel tells the life of the young Swiss Victor Frankenstein, who is studying at the famous university in Ingolstadt and who manages to make an artificial man. The novel is presented in the current form of the time, as a novel in the form of correspondence, the events being related by Victor in letters addressed to the person leading the research activity. Victor warns the reader in his accounts that man must recognize and respect the limits of his possibilities, without seeking to measure his powers with the divine Creator. The figure of Victor Frankenstein resembles the characters of the character Faust or the mythological hero, Prometheus; Mary Shelley with Percy Shelley, Charles E. Robinson (eds.), *The Original Frankenstein* (Oxford: Bodleian Library, 2008).

<sup>2</sup> Jason Eberl, *Enhancing the Imago Dei: Can a Christian Be a Transhumanist?* *Christian Bioethics*, 2022, 28 (1): 76–93

# THE VARIANTS OF NON-MAINSTREAM BIOETHICS IN EUROPE: AN ESSAY ON HOPES AND DISAPPOINTMENTS<sup>1</sup>

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## Abstract

By „mainstream bioethics,“ we intend the interpretation of bioethics imposed by Kennedy Institute of Ethics (Washington), *American Journal of Bioethics*, Oxford University Press, and other powerful institutions of the same opinion. Those institutions use English language and principlism (the „Georgetown mantra“), deeply rooted in the Anglo-American, culturally-bound set of values. In Europe, the discovery of the work of Fritz Jahr (by the end of the 20th century) encouraged the development of several more or less original schools of bioethics, including the Mediterranean, Integrative, and others.

It is the intention of this paper to analyse the spread of the ideas of Fritz Jahr, the appearance of ecological (bio)ethics, as well as other approaches alternative to the dominative Anglo-American medical ethics in Spain, Italy, Croatia, and several other countries.

**Keywords:** history of bioethics; Fritz Jahr; Van Rensselaer Potter; European Bioethics; Integrative Bioethics

## Introduction

We, Eastern Europeans, often feel behind with respect to the Western world. It is a kind of a collective inferiority complex. Of course, we have good reasons for it: for almost five decades, we were oppressed systematically and efficiently by various degrees and variations of Communist dictatorships. At the same time, the West was practicing a significantly higher degree of freedom of thought, speech, and information circling. Thus, no wonder we sometimes accept Western ideas and products so carelessly promptly and eagerly, trying to make up for this part of history. But, as one might expect, this phenomenon opens the possibility of committing mistakes. The present short paper does not imply that every imported Western idea is wrong: it only would like to reveal the danger of neglecting one's own values for the sake of supposed authorities.

The story of bioethics is much like this. At a certain point, by the end of the 1980s, a „final product“ was easily imported to Eastern European universities: it has become the mainstream bioethics. One could ask: what is a mainstream? In the case of bioethics, it is the one imposed and supported by globally influential institutions like Kennedy Institute of Ethics (Georgetown, Washington), *American Journal of Bioethics*, Oxford University Press, etc., and embraced by Catholic Church, various Orthodox Churches, and eventually the majority of bioethicists in the world. The problem with this bioethical mainstream is that its focus is narrowed down onto medical ethics and research ethics (Muzur & Rinčić, 2018c), missing to cover the entire „bios“ (resulting not only in „boredom,“ as mentioned by Albert Jonsen (2000), but also in terminological inconsistency) and that its foundations are deeply

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<sup>1</sup> This paper was produced as part of the project „Novi trendovi u bioetici srednje i jugoistočne Europe: istraživanje i umrežavanje resursa“ [New trends in the bioethics of Central and Southeast Europe: Research and networking of resources], project leader Amir Muzur (uniri-human-18-4-1130), financed by the University of Rijeka and in part supported by Croatian Science Foundation under the project IP-2020-02-7450.

rooted in the Anglo-American culture and set of values (autonomy), insisting on principlism (the four-element „Georgetown mantra”), ignoring other cultural perspectives. Sometimes, this approach even very actively fights against any other perspective. For instance, the *American Journal of Bioethics* rejected a paper on Fritz Jahr because „they had written about Van Rensselaer Potter’s bioethics”... Oxford University Press dismissed a proposal of publishing *A Very Short Introduction: Bioethics* because „they had published already *A Very Short Introduction: Medical Ethics*...” Needless to mention a „selective approach” to the history of bioethics in numerous (American) works on the history of this discipline (Stevens, 2000; Jonsen, 1998; etc.)

As one might expect, some reactions eventually appeared trying to deal with those flaws of mainstream bioethics, not all of them being successful. Actually, whenever „European Bioethics“ has been interpreted and understood as the „Anglo-American bioethics in Europe,” such an attempt had to result insufficient. So it occurred with *GLEUBE – Globalising European Bioethics Education* of Bert Gordijn, or with the EACME symposium devoted to „30 years of European Bioethics,” organised in 2016 (ignoring European tradition of bioethics – including Fritz Jahr and the *Borja* Institute – and recognising only the foundation of the EACME). Even the attempt at formulating the *Basic Ethical Principles in European Bioethics and Biolaw*, as produced by Rendtorff and Kemp in the late 1990s (Rendtorff & Kemp, 2000), resulted in a failure of transforming European values into principles. (Let us not mention even the pseudo-original initiatives like the 2007 „Integrated Bio-Ethics” of Gregor Beker from Krakow University.)

### **Original alternative No. 1: Fritz Jahr**

Is there any idea, then, or any author worthy of challenging the mainstream? The answer is: yes, there is, and there has been for almost a century now. In the late 1920s, namely, the theologian and teacher Fritz Jahr (1895-1953) from Halle, Germany,<sup>2</sup> conceived a new discipline named „bioethics“ and summarised it in his „Bioethical Imperative“: „Respect every living being as an end in itself, and treat it, if possible, as such“ (*Achte jedes Lebewesen grundsätzlich als einen Selbstzweck, und behandle es nach Möglichkeit als solchen*; Jahr [1926, 1927]). Fritz Jahr obviously intended bioethics as an extension of Kant’s Categorical Imperative, spreading human ethical consideration onto animals and plants. Although Jahr published his short articles in widely-read journals, his work, seemingly, was discovered only in 1997 by the Berlin Humboldt University Professor Rolf Löther (1998). Eventually, the „news“ spread all over Europe, South America, and the rest of the world, primarily thanks to the efforts of Eve-Marie Engels (1999), José Roberto Goldim (2006), and Hans-Martin Sass (2007). Twenty-five years later, we have at least five books published on Fritz Jahr, several special issues of journals, a dozen scientific conferences, a few dozens papers, international award for research and promotion of European Bioethics, and a documentation and research centre – all devoted to Fritz Jahr. Despite of those facts, many writers still ignore Jahr and his ideas (cf. Rinčić et al., 2021), partly being too lazy to follow the abundant literature, partly trying on purpose to slow down the changes the discovery has to bring.

### **Original alternative No. 2: Van Rensselaer Potter**

Of course, Fritz Jahr has not been the only thinker that understood bioethics in a way different than the 21st-century mainstream. About five decades ago, Van Rensselaer Potter

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<sup>2</sup> More on Fritz Jahr’s biography can be found in: Rinčić & Muzur (2012), or, in English translation, Rinčić & Muzur (2019).

(1911-2001),<sup>3</sup> then a professor at the University of Wisconsin and a scientist of great repute and experience in biochemistry, published a paper entitled “Bioethics: The science of survival” (Potter, 1970) and, a year later, a book *Bioethics: Bridge to the Future* (Potter, 1971). Influenced by some of the ideas of Margaret Mead, Aldo Leopold, Teilhard de Chardin, and others, Potter expressed his concern about the dehumanisation of science: according to him, contemporary sudden technological and medical progress had brought knowledge, but not the wisdom to use that knowledge properly. For Potter, a new science was needed to re-establish ecological balance and protect natural resources. He coined the term “bioethics” by combining “biological science” with “ethics,” suggesting a new “bridge” between natural sciences and humanities. According to Potter, bioethics was supposed to help biology regain its lost moral values.

Potter's idea was first embraced by André Hellegers (1926-1979), a Dutch obstetrician and fetal physiologist who had strongly opposed the teaching of the Roman Catholic Church on fertility control, and founded Georgetown University's Joseph and Rose Fitzgerald Kennedy Institute of Ethics in Washington, D.C.: by associating the institute's orientation with Potter's notion of bioethics, Hellegers institutionalized and, in a way, “saved” Potter's teaching from oblivion (as occurred with Jahr's work; cf. Muzur & Rinčić, 2018b), but also deformed it. As Potter himself said only a few years after he had launched bioethics (without knowing of the older Jahr's work), „*My own view of bioethics calls for a much broader vision. It calls for a wider and more purposeful understanding of biological evolution and cultural evolution*“ (Potter, 1975). Such a mood, along with an overall disappointment with the narrowing of bioethics to a „new medical ethics,“ resulted in Potter's concept of „Global Bioethics“ (Potter, 1988) in the late 1980s. This was probably driven also by his wish to move bioethics from the USA to other cultures and continents.<sup>4</sup>

### More recent alternatives in Europe

Sometimes referring to Potter and, more recently, Jahr, but, in other occasions, taking footholds in certain independent intellectual pathways and traditions, a series of alternatives to the Anglo-American bioethical mainstream have appeared all over Europe.

In Italy, the first to promote Potter's ideas (and the first in Europe to mention „bioethics“ after Jahr, in 1973) was the Milan biologist Menico Torchio (1932-2001), who promoted the introducing of the Eastern philosophies and advocated the *bioetica naturalistica ed ecologica*. In Sicily, the priest and poet Salvatore Privitera (1945-2004) from Acireale established, in 1991, Sicilian Institute of Bioethics and promoted „Mediterranean Bioethics” based on „narrative bioethics.” The Florence anthropologist Brunetto Chiarelli wrote a book titled *Bioetica globale* and established the journal *Global Bioethics*: he succeeded in attracting Potter to his last conference outside the US, held in Trento in 1991. Like Chiarelli, the members of Potter's „Global Bioethics Network” also were Marianna Gensabella Furnari, philosopher, and Giovanni Russo, priest, both from Messina, who took care of publishing the translation of Potter's *Bridge Bioethics* book into Italian in 2001. Luisella Battaglia, a moral philosopher from Genova, founded Italian Institute of Bioethics in 1992 and started to promote „*ethics applied to the Bio-Realm*.”

In Spain, the philosopher and physician Diego Miguel Gracia Guillén of Complutense University, has advocated „Mediterranean Bioethics” by incorporating into it the value of *amistad* (amity; friendship). One more member of Potter's Global Bioethics Network, Marcelo Palacios Alonso, physician and politician from Gijón, started in 1997 International

<sup>3</sup> More on Potter's biography can be found in: Muzur & Rinčić (2015b), or, in English translation, Muzur & Rinčić (2019).

<sup>4</sup> More on Jahr's and Potter's „globality“ can be found in: Muzur & Rinčić (2015a).

Society of Bioethics (SIBI) and a series of „world conferences on bioethics.“ José Maria García Gómez-Heras, a theologian-philosopher from Salamanca, preferring European fundamentals of bioethics, established a broad circle of „followers“ – the biologist Ramón María Nogués i Carulla from Barcelona, writing about the *bioetica ampliada*, the philosopher María Carmen Velayos Castelo from Salamanca, interested also in plant bioethics, Fabiola Leyton Donoso from Barcelona, publishing on anti-anthropocentrism and Fritz Jahr, etc.

In Northern Europe, bioethics mostly is interpreted in the mainstream way, but, even if without an explicit mention, some initiatives appeared very close to European (broader, non-mainstream) bioethics. Karl-Henrik Robèrt launched *The Natural Step* movement in Sweden, expanding all over the world and promoting a sound relation to the environment. In Norway, Arne Dekke Eide Næss (1912-2009) had written on „Deep Ecology“ (Næss, 1995), which, together with Robèrt's ideas, were direct inspiration for Potter (cf. Muzur & Rinčić, 2018a, pp. 93-98). In the Netherlands, Cristina Richie has recently been promoting „Green Bioethics“, integrating healthcare ethics with environmental ethics (Richie, 2014, 2016).

In Eastern Europe, as we already mentioned, the centres venturing into non-mainstream bioethics are equally rare, even if not less original. In Brno, the Czech Republic, Petr Jemelka has demonstrated a particular sensitivity toward „environmental problematic.“ In Ukraine, a member of Potter's Global Bioethics Network, Svetlana Pustovit translated Potter's book on Bridge Bioethics into Russian in Kiev, while, in Sumy, Hanna Hubenko advocates Integrative Bioethics applied to education. In Warsaw, Global Bioethics is „represented“ by the Jesuit Artur Filipowicz (one more member of Potter's Global Bioethics Network, who met Potter while working on his PhD thesis relating Potter's bioethics to the moral teaching of Pope John Paul II), and in Prešov, Slovakia, by the prolific ethics writer Vasil Gluchman. In Romania, Ioan Marcus of the Cluj-Napoca University of Agricultural Sciences and Veterinary Medicine, founded the Centre for Education and Research in Bioethics, devoted mostly to the study of animal ethics, while in Chişinău, Republic of Moldova, Teodor Țirdea has developed eco-bioethics fusing the „noosphere“ concept of Vladimir Ivanovič Vernadsky with Potter's Global Bioethics.

Particularly vivid seems the bioethics scene in Croatia. Like in some other Eastern European countries, bioethics has been developing here simultaneously in various directions, basing on philosophical (often ex-Marxist), legal, medical, or other backgrounds and authorities. Probably the most original, even if strongly criticised (cf. Bracanović, 2012; Muzur, 2014; Savić & Ivanković, 2018) lane has been the Integrative Bioethics, departing from an open debate between various scientific and non-scientific perspectives („pluriperspectivism“) and resulting in an integrated platform of „orientation knowledge.“ The concept obviously takes credit from Jürgen Mittelstraß' discerning of value-based orientation knowledge, as opposed to the facts-based information knowledge (cf. Mittelstraß, 2010), but also from further theoretical impetus provided by the Zagreb philosopher Ante Čović and his group (cf. Čović, 2007; Jurić, 2007). Leaning upon Integrative Bioethics, but also on the studies of Fritz Jahr, the Rijeka School of Bioethics has affirmed itself by launching the *Jahr: European Journal of Bioethics* (since 2010), the annual international Fritz Jahr Award for Research and Promotion of European Bioethics (since 2016), several projects investigating into European Bioethics (supported by Croatian Science Foundation, University of Rijeka, etc.), the title of the UNESCO Chair on Social Sciences and Medical Humanities (since 2016), etc. Integrative Bioethics has also spread over to other Balkan centres and individuals, like Serbia, Bosnia and Hercegovina, Macedonia, Bulgaria, and Albania.

## Conclusion

Who will prevail – mainstream or non-mainstream, that is NOT the question. The mainstream has already prevailed. Is „non-mainstream” better than the „mainstream”? Not necessarily. There is place and need for both approaches to bioethics. Mainstream bioethics may be considered more practice oriented, trying to solve problems of one specific field – medicine and research, while non-mainstream attempts seem more challenging and promising. At the end of the day, one might invoke the good old Robert Frost:

*Two roads diverged in a wood, and I—  
I took the one less traveled by,  
And that has made all the difference.*

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# BEYOND CASE STUDIES: ALTERNATE METHODS FOR TEACHING ETHICS WITH AN EMPHASIS ON THE JEWISH TRADITION

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## Abstract

There is evidence that traditional courses in business ethics have not been successful in making students ethical. The conventional methods used to teach ethics include discussing case histories and studying the writings of great philosophers such as Kant. Using a text-based approach may not be ideal for reaching today's digitally-savvy students. The authors demonstrate numerous ways to instill values that include analyzing and studying cases, philosophy, history, literature, film, television, YouTube/TED talks, music, famous speeches, quotations, social justice humor, Scripture, Talmud/Midrash, Kabbalah, and Mussar.

**Keywords:** Ethics, Business Ethics, Philosophy, Kabbalah, Talmudic Ethics, Mussar

## Introduction

In 1947, Martin Luther King, Jr. asserted that "We must remember that intelligence is not enough. Intelligence plus character—that is the goal of true education." He recognized that "If we are not careful, our colleges will produce a group of close-minded, unscientific, illogical propagandists, consumed with immoral acts" (King Institute, n.d., paras. 6-7). In 2004, an AACSB task force recommended that ethics be taught in business schools, and many schools fell into line with the accrediting agency's suggestions, but it is not clear that these efforts were successful.

Scholars such as Milton Friedman and Peter Drucker feel that ethics cannot be taught in a classroom, and there is substantial evidence supporting this opinion (Altmeyer, Yang, Schallenkamp, & DeBeaumont, 2011; Bowden & Smythe, 2008; Friedman, Fogel, & Friedman, 2005; Etzioni, 2002; MacDonald, 2007; Stape, 2002; Wang & Calvano, 2015). One study found that 56% of MBA students regularly cheated in college, more than students majoring in other areas (Holland, 2009). Many scholars believe that MBA programs have been unsuccessful in teaching ethics (Etzioni, 2002; Hühn, 2014).

Bazerman and Gino (2012) posit that the correct way to teach ethics is by using a behavioral ethics approach. Behavioral ethics takes a descriptive rather than a normative approach and attempts to assist professionals and students in understanding their behavior

when facing an ethical dilemma. By making people aware of the contradictions between how they act and contrasting it with how they would ideally behave, they can develop their moral sensitivity. It may be challenging to teach individuals to be ethical, but it does appear possible to instill ethical awareness into students (Altmeyer et al., 2011; Bowden & Smythe, 2008; Koehn, 2005; Williams & Dewett, 2005).

In the Information Age, we should be using an assortment of tools – including internet-based ones – to teach values and ethics and not limit ourselves to one particular approach. A multi-modal approach may be the best way to get the message across to students that ethics and values matter and that greed is not good (Carnes, 2011; Ryan & Bisson, 2011). A sizable number of scholars are urging educators to make use of Internet-based tools as a way of making education relevant and exciting to the students of today, who spend a great deal of time with social media and the Internet (Battalio, 2007; Brown, 2000; Carnes, 2011; Friedman & Friedman, 2011; Friedman, Lynch & Herskovitz, 2013; Gee, 2003).

### **Cases**

One popular approach to teaching courses in business ethics relies on case studies. Many professors feel that case studies enhance students' critical thinking skills because they can expose them to all kinds of issues that may arise in various organizational settings (Corey, 1998; Pomykalski, 2010). One obvious problem is that they are subject to selection bias. Moreover, an approach used by one company may not necessarily work for another firm, and it can be dangerous to generalize from one specific situation to all circumstances. Despite all the concerns about this method, it is a helpful tool in teaching ethics across many different disciplines.

In using case studies, students take the ethical theories and arguments they have been studying in the classroom and apply them to a situation that either did happen or could plausibly happen. In doing so, the students are given opportunities to practice identifying relevant principles and problems and to apply various sorts of ethical analyses (Burns et al., 2012, p. 2).

The primary objection to limiting ethics classes to an examination of case studies is that they are abstract and theoretical, and they speak to students' heads, not their hearts. The result is that the lessons taught by case studies do not seem to be internalized by students and thus do not appear to guide ethical decision-making down the road.

### **Philosophers**

Another popular and traditional approach for teaching ethics relies on studying great Western philosophers such as Aristotle, Kant, and Mill. These courses focus on normative applied ethics employing the significant theories of philosophical ethics, such as Kantian deontology (duty-based), Millian utilitarianism (consequences-based), and virtue ethics (character-based). It appears, however, that these techniques are not doing the job, and other approaches to teaching ethics may be needed. Perhaps these theories are too abstract and theoretical; students do not have a visceral response to these ideas and ideals. They appeal to the intellect rather than the emotions and do not seem to lead to behavioral changes.

We will examine one overlooked philosopher, Adam Smith, and a few other Eastern sages and philosophers to understand how much can be learned about ethics from these less-often thinkers. Of course, other major Eastern philosophers should be studied (e.g., Lao Tzu), and there is no reason to only focus on Western philosophers.

### Smith, Confucius, and Hillel

Interestingly, one philosopher that is not usually studied is Adam Smith. He was an economist and moral philosopher and asserted in his *The Theory of Moral Sentiments* that economic growth depended on morality. Adam Smith, a believer in the "invisible hand" of free markets, did not believe in predatory, ruinous capitalism that only enriches the few at the top (Friedman & Adler, 2011).

Two great historic figures influenced billions of people: Hillel and Confucius. Hillel had a considerable impact on the Western world and Confucius on the Eastern world, especially in China. Hillel and his descendants headed the Great Sanhedrin, one of the major academies of the ancient world. Confucius was born around 550 BCE and died c. 479 BCE. According to tradition, Hillel was born c. 110 BCE and died c. 10 CE. The *Analects* of Confucius was written by his disciples posthumously and has a great deal to say about humanism, moral leadership, learning, and humility. He believed that Jen (translated as goodness or humanity and benevolence) was necessary for society to function correctly and prevent war and evil. Jen is similar to the Hebrew word *chesed* (deeds of lovingkindness), a foundational value of the Judeo-Christian philosophy. Friedman and Friedman (2008) compare the philosophy of the two great thinkers. Both are famous for the negative formulations of the Golden Rule.

Confucius:

Zigong asked. Is there a single word that could guide one's entire life? The Master [Confucius] said, "Should it not be reciprocity? What you do not wish for yourself, do not do to others" (*Analects XV:24*).

Hillel:

A prospective convert asked Hillel to teach him the entire Torah while standing on one foot. Hillel replied, "What is hateful to you, do not do to your fellow man, that is the whole Torah, the rest is commentary" (Hillel, *Babylonian Talmud, Shabbos 31a*).

Both were big believers in humanism:

Love all people, but associate with the virtuous (Confucius, *Analects I:6*).

Be among the disciples of Aaron, loving peace and pursuing peace, loving people... (Hillel, *Babylonian Talmud, Avot 1:12*). (Aaron, brother of Moses, was known as a peacemaker in the Talmud and Midrash.)

And humility:

Don't worry if people do not recognize your merits; fear that you may not recognize theirs (Confucius, *Analects I:16*)

He who seeks renown destroys his reputation (Hillel, *Babylonian Talmud, Avot 1:13*).

Confucius stated the following about moral leadership:

He who rules by virtue is like the polestar, which remains unmoving in its mansion while all the other stars revolve respectfully around it (*Analects II:1*).

One of Hillel's most famous aphorisms:

If I am not for myself, who will be for me? But If I care only for myself, what am I? If not now, when? (Hillel, *Babylonian Talmud, Avot 1:14*).

There are other philosophical systems that emphasize ethical conduct that may be unfamiliar to most business students. For example, ubuntu, a sub-Saharan African philosophy, is based on the principles of justice, responsibility, equality, collectiveness,

relatedness, reciprocity, love, respect, helpfulness, community, caring, dependability, sharing, trust, integrity, unselfishness, and social change. This philosophy emphasizes 'ubuntu ngumuntu ngabantu,' translating from Zulu to 'I am because of who we all are.' (West, 2014; Lutz, 2009). There are clear overlaps with the teachings of both Hillel and Confucius.

### **History**

At first blush, one may not see the connection between ethics and history. Given the enormous amount of violence and wars, it may be valuable to demonstrate how the two are related (Edling, Sharp, Löfström, & Ammert, 2020; Hendrick, 2005). One question that might be addressed is whether sexism, racism, religious intolerance, and classism were morally wrong back when they were societal norms? By examining history, one learns to appreciate the consequences of unethical beliefs.

The number of deaths that can be attributed to the Mideast Slave Trade (7<sup>th</sup> to 19<sup>th</sup> Centuries) and the Atlantic Slave Trade (1452-1807) is greater than 34 million (White, 2012, p. 529). More than 27 million people starved to death in India during several famines (18<sup>th</sup>-20<sup>th</sup> centuries). Adam Smith wrote in 1776 that famines occur when governments get involved and thus interfere with free-market capitalism and natural market forces. This view was eventually refuted by the economist Amartya Sen (pp. 309-310).

Lloyd (2017, para. 5) feels that moral certainty is dangerous. He posits, "History overflows with misery inflicted by well-intentioned people who were convinced that they had seen the only true moral values, and who sought to convert or destroy those who would not agree." His examples include the Inquisition, which was based on the moral certainty of the Roman Catholic Church, which was convinced that only its interpretation of Christian scriptures was correct. Similarly, Stalin's Russia, Mao's China, and Hitler's Germany were totalitarian societies built on the belief that they knew the truth and anyone who disagreed had to be exterminated. Mao Zedong's certainty about communism and how to make it stronger resulted in the most severe famine in history. The "Great Leap Forward" killed 30 million people besides squandering natural resources and labor (White, 2012, p. 433-434).

### **Literature**

Cases are used to teach ethics, but they rarely arouse passion the way literature can. Cases and history are limited to facts; literature can use fiction, parables, fables, and various tools to teach values. Many scholars advocate using fiction to teach business ethics (Brawer, 1998; Clemens & Mayer, 1999; Kennedy & Lawton, 1992; Singer & Singer, 2005; Williams, 1997). Aesop's fables date back to the sixth century BCE and teach ethics and values. Upton Sinclair's 1906 novel, *The Jungle*, describing the corruption in the meat-packing industry, changed the way business was conducted in the United States. It was as crucial as Harriet Beecher Stowe's *Uncle Tom's Cabin* describing the horrors of slavery and was described as "the *Uncle Tom's Cabin* of wage slavery."

### **Film**

Films today may have the same ability to motivate and inspire as literature and music in ancient times. The advantage of films is that they relate complex themes using visual images that can be unforgettable. Movies also can "show how actions are interconnected and how people and institutions are interdependent, helping students understand that a small or isolated ethical act may affect a larger whole and that business and non-business are not distinct realities" (Bay & Felton, 2012, p. 161). The 1983 television film *The Day After*, dealing with the aftermath of a nuclear war, caused President Ronald Reagan to work hard to ensure that there would never be this kind of war. Films such as *Dr. Strangelove or How I*

*Learned to Stop Worrying and Love the Bomb* and *The China Syndrome* also helped shape the public's attitude towards nuclear war and nuclear power. The people involved in the film *Don't Look Up* are hoping that this satire will help change attitudes towards the problem of climate change (Buckley, 2022).

One of the most memorable lines dealing with business ethics is from the film *Wall Street*. Gordon Gecko, a fictitious corporate raider, says, "The point is, ladies and gentlemen, that greed, for lack of a better word, is good. Greed is right. Greed works. Greed clarifies, cuts through, and captures the essence of the evolutionary spirit." There are websites dealing with the most ethical films of all time, e.g., Carnegie Council's list at <http://www.carnegiecouncil.org/education/002/film/index.html>. Stillman (2006) discusses various movies helpful in teaching ethical leadership.

### **Television**

Television is similar to film and may also teach business ethics. One can find clips from several television shows to teach ethics. Several episodes of *American Greed* and *60 Minutes* may be of value as real-world cases of unethical behavior. Television has played a significant role in changing attitudes concerning various controversial issues. Then Vice-President Joe Biden attributed changing attitudes toward gay marriage to the television series *Will & Grace* (Buckley, 2022).

### **YouTube/TED Talks**

YouTube provides a vast amount of visual material that can be used for instruction. The Department of Business, Government & Society at the University of Texas produced a handy website for teaching ethics that uses YouTube at <http://ethicsunwrapped.utexas.edu/>. Several of Michael Sandel's lectures on justice, ethics, democracy, and markets are available on YouTube. For example, Sandel's "Moral Limits of Markets" is available at <https://www.youtube.com/watch?v=UdBv2ZGC2VI>

### **Music**

One way of delivering inspirational messages to students is through music. Most students listen to music, so this can be a unique way to teach them values. There are several examples of songs that helped change the world. Lynskey (2011) wrote a classic work describing the history of some of the great protest songs, and many were part of the music of the American labor movement. It was then fairly dangerous to go on strike, and many workers were killed by private militias working for employers. During the Vietnam war, anti-war songs had a powerful impact on society. The song "Strange Fruit," written by Abel Meeropol and recorded by Billie Holiday in 1939, is available on YouTube. It made everyone aware of the viciousness of racism, particularly the lynching of black Americans in the South. The "strange fruit" suspended from a tree was an eerie symbolism for young black men who were hanged from the limbs of trees.

"Let my people go!" a proclamation from Exodus (5:1), became a famous African American spiritual and a mantra of the civil rights movement. It was also used as the battle cry of Soviet Jewish dissidents and refuseniks who sought permission to leave Soviet Russia. Jews all over the world and many gentiles rallied to that passionate appeal. Muravchik (2010) believes that this chant helped make the world aware of the horrors of Communism. A country that has to imprison its citizens behind an iron curtain cannot be a workers' paradise. It reminded the world of the virtues of living in free countries where anyone had the right to emigrate. Some other famous hymns are "We shall overcome," associated with the civil rights movement, and "By the Rivers of Babylon" (see Psalm 137), used by Frederick Douglass to denounce slavery, which includes the verse "How shall we sing the Lord's song

in a strange land?" Pete Seeger's "Where have all the flowers gone" is a memorable song describing the futility of war.

### **Speeches**

Speeches are somewhat similar to songs and can also influence people. Students can learn so much about values and morality (as well as some history) from orations. Some of the most powerful statements in history were part of speeches. Patrick Henry's "Give me liberty or give me death!" was part of a speech he made. Fortunately, one can find the "Top 100 Speeches" of the 20<sup>th</sup> century compiled by Lucas and Medhurst (2021) on the American Rhetoric website. According to Lucas and Medhurst, the best speech of all time is Martin Luther King, Jr.'s "I Have a Dream Speech." The last passage in the address is from Isaiah (40:4-5). Reverend King often quoted from biblical sources to impact his listeners emotionally and psychologically. This was an ingenious way to demonstrate to believers that his messages of equality and justice for all were based on core biblical values.

Lincoln's Gettysburg address is considered among the classic speeches of all time. Howard Schultz, CEO of Starbucks, said that Lincoln "taught us that whether you are a business leader, an entrepreneur or a government official, one's foremost responsibility is to serve all of the people, and not just one's self-interest." (Koehn, 2013, para. 37).

### **Maxims and Quotes**

A maxim is a "brief statement that contains a little piece of wisdom or a general rule of behavior. Maxims are sometimes written by a single author, for example in the form of philosophical quotations" (Literary Terms, 2015). The concept of a maxim played a prominent role in Kant's moral philosophy. He believed that "all actions imply a 'maxim of behavior' – i.e. if you steal because you're greedy, the implied maxim is 'it's OK to steal out of greed'" (Literary Terms, 2015). Examples of powerful maxims are, "Whatever you do, do it 100%," "Always do what you're afraid to do," and "Stop looking for happiness in the same place you lost it."

A teacher can use maxims or quotes in several ways in class. They can be introduced as discussion points. Students can be encouraged to "adopt" a maxim that talks to them and transform it into refrigerator magnets or bumper stickers. As Bertram Russell said, "every young person should decide on his or her own credo." Akhenaton, ancient pharaoh of Egypt, would agree. He said, "Hear the words of prudence, give heed unto her counsels, and store them in thine heart; her maxims are universal, and all the virtues lean upon her; she is the guide and the mistress of human life."

Inspirational quotes can become personal mantras that, in turn, serve as behavioral guideposts and help one make decisions when confronted with serious problems. Think of some of the quotes and maxims from your own childhood. One author of this article wholly believes that she will be muttering "a stitch in time saves nine" on her deathbed – although she never sews! A recent article reported on a study of Chinese medical students and the impact of maxims on decision making. The authors found that "maxims, slogans and proverbs" can be decision-making "nudgers" under certain circumstances. (Huang et al., 2020) Several websites provide ethics quotes that make people think (e.g., Kidadl, 2021). The following are interesting quotations dealing with ethics; most are from the Kidadl website.

"A man without ethics is a wild beast loosed upon this world." — Albert Camus

"Education without values, as useful as it is, seems rather to make man a more clever devil." — C.S. Lewis

"Relativity applies to physics, not ethics." — Albert Einstein.

"In civilized life, law floats in a sea of ethics." — Earl Warren.

"Never let your sense of morals get in the way of doing what's right."  
— Isaac Asimov.

"On three things the world stands: On justice, on truth, and on peace."  
— Rabban Shimon ben Gamliel

"Let your friends wealth be as precious to you as your own." — Rabbi Yossi

"This is my simple religion. There is no need for temples; no need for complicated philosophy. Our own brain, our own heart is our temple; the philosophy is kindness." — Dalai Lama XIV.

"Live one day at a time emphasizing ethics rather than rules." — Wayne Dyer.

"It is curious - curious that physical courage should be so common in the world, and moral courage so rare." — Mark Twain

"In law, a man is guilty when he violates the rights of another. In ethics he is guilty if he only thinks of doing so." — Immanuel Kant.

"Before I can live with other folks, I've got to live with myself. The one thing that doesn't abide by majority rule is a person's conscience." — Harper Lee, *To Kill A Mockingbird*.

"Ethics must begin at the top of an organization. It is a leadership issue and the chief executive must set the example." — Edward Hennessy.

"In looking for people to hire, you look for three qualities: integrity, intelligence, and energy. And if they don't have the first, the other two will kill you." — Warren Buffet

"Real integrity is doing the right thing, knowing that nobody's going to know whether you did it or not." — Oprah Winfrey.

"There may be times when we are powerless to prevent injustice, but there must never be a time when we fail to protest." — Elie Wiesel

### **Social Justice Humor**

Some researchers have been examining the use of comedy to get people to pay closer attention to social justice issues (Chattoo, 2019; Feldman & Chattoo, 2019; Friedman & Friedman, 2020). Comedy is more likely to engage and persuade people than simple facts. Fosco (2018) asserts that humor is changing, moving away from being self-deprecating and focusing instead on "using comedy specials and stand-up routines to vocalize marginalization and injustice they've faced — while making the audience laugh." The goal of the humor is to mock the oppressors and those in power and demonstrate how absurdly they behave. Bigots and sexists have no reason to feel superior.

Zekavat (2019) posits that "satire [and humor] can be used as a strategy to raise ethical and political consciousness and persuade people to change their attitudes in certain regards." He demonstrates that satire can be used to make people environmentally conscious. Kramer (2015, p. 61) shows how subversive humor can be a powerful tool to fight racism and oppression. He remarks, "I am concerned most with the cultural stereotypes engaged in racial and gender categorizations that sustain psychological oppression." Subversive humor can be considerably more effective than lecturing people about the evils of stereotyping.

The following is an example of how humor may be used to make people aware of racial inequality in the U.S.:

Here's the amazing part. For South Africa to achieve that kind of black-white wealth gap, we had to construct an entire apartheid state denying blacks the right to vote or own

property. But you, you did it without even trying. We trained for decades, and you just waltzed in and won the gold medal (Trevor Noah, BBC News, 2015. Para. 5).

The aforementioned film, "Don't Look Up," chose to approach our blindness to climate change elliptically and satirically, describing a globe-destroying comet hurtling to Earth and the politicians and journalists who dismiss the threat, advising citizens just not to look up. The use of metaphor and humor were more effective tools to convey a message that may not have been heard had the director chosen instead to preach earnestly.

### **Scripture**

One can easily contend that religions have not been successful in making the world a more moral place. White (2012, p. 554), who did an extensive study of mass killings (he refers to them as multicides), found that about 10% of deaths can be attributed to religion. With that fact in mind, it may be problematic to posit the use of religion as the vehicle through which one should teach ethics. But that sort of attitude ignores the precepts of many faiths and instead focuses on the individuals who have perverted its teachings. Furthermore, the reality is that, in more modern times, ethnic violence (including genocide), communism, and economics are responsible for many more deaths. The leaders responsible for the most deaths —Adolf Hitler, Mao Zedong, and Joseph Stalin — were not fighting religious wars.

The authors of this paper posit that ignoring religion and focusing solely on Western classical philosophers is not the way to inspire students, especially those who may have profound and deep-seated religious beliefs. Instructors should instead explore the question as to why sacred texts have often been misinterpreted and used to justify terrorism and religious wars. A discussion of moral certainty might shed some light on this question; there is a relationship between religiosity and moral certainty (Alsaad, Elrehail, & Saif-Alyousfi, 2021). Ethical thinking requires critical thinking, so ignoring religious texts in teaching ethics makes little sense. The question as to whether religion does or does not provide the wisdom to teach humankind about morality should be addressed when discussing ethics.

Surveying all major religions and their moral and ethical values is beyond the scope of this paper. The authors have decided to focus on the teachings of one religion, Judaism, as an example of the lessons that can be drawn from examining religions. Judaism is being chosen because “the relationship between Jewish law and morality is a critically important issue for Judaism, for it traditionally has put so much store in defining moral norms in legal terms” (Dorff & Crane, 2013, p. 4). Judaism agrees with philosophers who have “identified justice and compassion as the root values of moral experience and ethical logic” (Korn, 2019, p. 26).

The Hebrew Bible is replete with precepts dealing with business ethics. These include laws dealing with caring for the poor, treating employees fairly, paying wages and rents on time, providing fringe benefits for employees, maintaining fair and stable prices, not wasting natural resources, providing an honest day's work, and not discriminating against the stranger. The regulation demanding that one act transparently and not arouse anyone's suspicions also has its roots in the Torah (Friedman, 2000). The Torah demands that individuals and society do everything possible to "raise the needy from the dust" by providing training, jobs, and loans (Mizrachi & Friedman, 2021). It further insists that "Do not deprive the alien or the fatherless of justice, or take the cloak of the widow as a pledge" (Deuteronomy 24:17). The commandments dealing with affection are loving God (Deuteronomy 6:5), loving your fellow as yourself (Leviticus 19: 18), and loving the stranger (Leviticus 19:34; Deuteronomy 10:19). Precepts involving not mistreating or oppressing the stranger are mentioned an incredible 36 times in the Torah. The idea of imitatio Dei (imitating God) has its basis in the Torah (Leviticus 19:2): "You shall be holy, for I am holy" (see also Leviticus 11:44 and 20:26).

Nehemiah dealt with a serious situation: the exploitation of poor Jews by the wealthy in the Jewish community he was desperately trying to rebuild. Note that debtors had to bring their children "into bondage" to pay off their debts.

And there was a great cry of the people and of their wives against their brothers, the Jews. For there were those that said: "We, our sons, and our daughters, are many: therefore, we must buy grain for them, that we may eat and live." And there were those that said: "We have mortgaged our fields, vineyards, and houses, that we might buy grain because of the famine." And there were those that said: "We have borrowed money for the king's taxes, and that on our fields and vineyards." Now, our flesh is as worthy as the flesh of our brothers, our children as worthy as their children: yet, see, we bring into bondage our sons and our daughters to be servants! Some of our daughters are brought to servitude already: neither is it in our power to redeem them; for other men have our fields and vineyards (Nehemiah 5: 1-5).

Nehemiah understood that without social justice, the Jews would have no future. He succeeded in convincing the nobility to remit the debts and restore the forfeited fields of the poor. This type of financial and agrarian reform was unheard of in its time and is one of the earliest examples of progressive land reform.

Few have described the ideal vision for humankind better than Isaiah. He rhapsodizes of a perfect society wherein social justice is the order of the day and people live in harmony with each other and with the land:

He shall judge between the nations, and shall decide disputes for many peoples; and they shall beat their swords into plowshares and their spears into pruning hooks; nation shall not lift up sword against nation, neither shall they learn war anymore (Isaiah 2:4).

The wolf will live with the lamb, the leopard will lie down with the goat; the calf, the lion cub, and the fatling [will feed] together, and a small child will lead them. A cow and bear will graze together and their young will lie down together. The lion will eat straw like the cattle. An infant will play over a viper's hole, and a newly weaned child will stretch forth his hand over an adder's den. They will do no harm or damage anywhere in all of My holy mountain...(Isaiah 11:6-9).

The *Book of Psalms* (*Sefer Tehillim* in Hebrew) consists of 150 inspiring and rousing hymns. The Hebrew word *Tehillim* means praises, and it is a book of praises of God. But it is much more than thanksgiving and praise. Many human emotions, faith, joy, trust, lament, grief, confession, thanksgiving, awe, remorse, anger, and happiness – are revealed in *Psalms*. The ancient psalms were songs accompanied by musical instruments, and these songs had powerful messages. Many did deal with the oppression of the poor and helpless. Three major religions – Judaism, Christianity, and Islam – consider its words holy.

The idea of helping the weak is repeated numerous times in Scripture. The orphan, widow, and stranger are paradigms for those who can effortlessly be taken advantage of. In modern times, one might add the disabled. Psalm 146 demonstrates what God does for the oppressed, the poor, and the helpless.

He secures justice for the oppressed; He gives bread to the hungry. The Lord releases the imprisoned. The Lord gives sight

to the blind; The Lord straightens those bowed down; the Lord loves the righteous. The Lord protects the stranger; orphan and widow He enables to stand firm; but the way of the wicked He thwarts (Psalm 146:7-9).

Psalm 15 and Psalm 25 describe what it takes to be a righteous person. For example, only those who "walketh uprightly, and worketh righteousness, and speaketh truth in his heart" are entitled to dwell in the house of the Lord (Psalm 15:2). The writer goes on to beg God for "integrity and uprightness" (Psalm 25:21) as desirable attributes worthy of God's attention.

### **Talmud and Midrash**

The Talmud, Judaism's Oral Law, primarily contains rabbinical discussions and commentaries on the Torah's written text. The Talmud, mainly concerned with *halacha* (Jewish law), also provides a detailed record of Jewish people's beliefs, philosophy, traditions, culture, and folklore, *i.e.*, the *Aggadah* (homiletics), is replete with legal, ethical, and moral questions. The Midrash, a separate scripture, records the views of the Talmudic sages and is mainly devoted to the exposition of Biblical verses. The Babylonian Talmud, a product of the academies in Babylon, was completed in 500 CE; the Jerusalem Talmud, a creation of the academies in Israel, was finished in 350 CE.

The Talmud has much to say about the proper way to live an ethical, rewarding life (Friedman, 2012). Friedman & Fischer (2014) demonstrate how the ethical and moral principles of *Avot* (Ethics of the Fathers), one of the 63 tractates of the Talmud, can influence people's behavior to improve the world. According to Socken (2009), the Talmud is as relevant today as when compiled about 1,500 years ago. Solomon (2009: xi) agrees: "The Talmud, frequently censored and occasionally banned and burned by the Catholic Church, is one of the most influential, though seldom acknowledged or properly understood, writings of Late Antiquity."

Rubenstein (2002, p. 14) stresses that the correct question to ask about a Talmudic story is "What lesson did he [the storyteller] wish to impart to his audience?" and "What does the story teach us about rabbinic beliefs, virtues, and ethics?" Those are more important questions than whether the story is entirely accurate, partially true, or a metaphor.

The Talmud sees obeying the strict letter of the law as insufficient; therefore, one must go beyond the requirements of the law — *lifnim mishurat hadin* (literally, inside the line of the law). Indeed, the Babylonian Talmud (Bava Metzia 30b) declares that Jerusalem was destroyed for following the strict letter of Torah law and not doing more than the law required. The following story is a classic going beyond the letter of the law case. What is remarkable about this narrative is that it suggests that one who only follows the basic rules is a "barbarian." Korn (2019) uses this narrative to prove that one must do what is ethically correct and not simply follow the law. Halacha (Jewish law) is merely a foundation for building an ethical structure.

Shimon ben Shetach was struggling in the flax business. His students said: Rabbi, abandon this business and let us buy you a donkey, and you will not have to work so hard. They went and bought a donkey from an Ishmaelite, which had a jewel hanging on its neck. They returned to him happily, saying, thanks to this good luck, you'll never have to work again! When he learned about the jewel, he asked his students whether the donkey's owner knew of it at the time of the sale. When they said no, he ordered them to return the jewel. [The voice of the Talmud's editor intervenes and asks:] But why should this be so?! For later, in Rabbi Yehuda HaNassi's time it was ruled that although

stealing from pagans is forbidden, one may keep an item that a pagan has lost. [So why did Shimon ben Shetach not permit himself to benefit from the pagan's mistake?]

Rabbi Shimon answered them: Do you think Shimon ben Shetach is a barbarian?! Shimon ben Shetach would prefer to hear the words "Blessed be the God of the Jews" than all the money in the world (Jerusalem Talmud, Bava Metzia 2:5; translation by Halberstadt, 2019 and Amital, 2016).

The following is another example of a Talmudic story. Shmuel was an expert in astronomy/astrology (back then, the two were not separate disciplines). It was essential to instruct people about free choice and not believe that the stars controlled their fate. This story emphasizes the importance of charity.

Shmuel and Avleit [Avleit was an astrologer] were once sitting together watching people go to the swamp to cut reeds. Avleit said to Shmuel, "That man over there will go to the swamp, but he won't return because a snake will bite him and he will die." Shmuel said: "If he is a Jew, he will return." While they were sitting, the man returned. Avleit stood up and threw off the man's pack of reeds. He found among the reeds a snake that had been cut in two pieces. Shmuel said to the man: "What did you do to be saved from death like that?" The man replied: "Every day, we pool all our bread together and share it. Today, one man had nothing to contribute, and he was ashamed. I, therefore, told everyone: "Today, I am going to collect the bread." When I got to him, I pretended to take something from him so that he would not be ashamed." Shmuel said to him: "You have done a good deed." Shmuel went out and lectured: "Charity saves one from death" (Proverbs 10:2), and not just from an unnatural death, but even from death itself (Babylonian Talmud, Shabbos 156b; ).

The following narrative teaches one how to argue constructively. There were numerous rancorous debates between the Academies of Hillel and Shammai. The Babylonian Talmud (Eruvin 13b) explains why the law is determined according to the Academy of Hillel and not Shammai. The Hillelites had humility, and they were kindly. They studied their opinions as well as the views of the Shammaites. And not only that, they would mention their opponent's arguments before mentioning their own. The way to debate is to listen to the other side's view, respect it, and learn from it. That is the secret of Talmudic debate: respecting the opinion of others. This is a timeless lesson for today when disagreements have become destructive. Terms such as post-factual and post-truth are used to describe the age in which we live.

When we teach students about business ethics, we sometimes forget that business ethics is a two-way street: Employers must behave ethically, but employees must also act appropriately. Almost all the sages of the Talmud had jobs—Abba Chilkiyah was a field laborer and would not greet the Sages who came to him to ask him to pray for rain. This was because he did not want to interrupt his work, even for a moment. After all, he was hired as a dayworker (Babylonian Talmud, Taanis 23a-23b).

The following story uses Heaven and Elijah to support the argument that laughter is, in actuality, essential, both for this world and the next. In addition, this narrative aims to answer the question: What does it take to get into Heaven?

Rabbi Beroka Hozaah asked Elijah the Prophet: "Is there any person in this market who is destined for Paradise?" He replied, no. ... While they were conversing, two people passed by.

Elijah said: "These two are destined for the world to come." Rabbi Beroka approached them and asked them what they did. They replied: "We are jesters, and we cheer up people who are depressed. Also, when we see two people who are quarreling, we work hard to make peace between them" (Babylonian Talmud, Taanis 22a; based on translations by Soncino and ArtScroll).

Helfgot (1998) advocates the use of Midrash as a tool to enhance the teaching of values. The following Midrash may be used to teach all kinds of ideals. This story about Moses when he was Jethro's shepherd teaches us valuable lessons about leadership:

Moses was shepherding his father-in-law's sheep one day when one of them bolted. Moses followed the runaway animal until it reached a body of water, where it stopped for a drink. Moses compassionately said to the sheep, 'If only I had known that you thirsted for water. You must be exhausted from running ...' Saying this, he scooped up the animal, placed it on his shoulders, and headed back to his flock. Said God: 'If this is how he cares for the sheep of man, he is definitely fit to shepherd Mine ...' (Midrash Shemot Rabbah 2:2; translated by Zarchi (2013, para. 4).

This story demonstrates that a leader must have compassion. There is a great deal of evidence that compassionate leadership is critical in the knowledge economy. It also teaches us that "when a single sheep leaves the group and goes off on its own, it isn't an act of rebellion. It's just thirsty, and its leaders have not been able to quench its thirst .... When Jews wander off from their community or even reject the Judaism they grew up with, it is a cry for help rather than insubordination. They are looking for inspiration, searching for meaning. Rather than criticizing, Moses lifts them up and says: I'm sorry, I didn't realize your spiritual needs weren't being met (Zarchi, 2013, para. 7).

## **Kabbalah**

Making the world a better place is the old idea of *tikkun olam* (in Hebrew, *tikkun* means to repair, and *olam* means world). It is the belief that one is obligated to repair and perfect the world by using the legal system to enact laws that help society. The sages of the Talmud used the principle of *tikkun olam* to enact various laws to help humanity (e.g., Babylonian Talmud, Gittin 32a, 34b, 40b, 41b, 45a, b); it is also an essential part of the kabbalah of Rabbi Isaac Luria (1534-1572).

The Kabbalah of Forgiveness is a commentary on a heroic and pioneering work on the mechanics of forgiveness. Rabbi Moshe ben Yaakov Cordovero of Safed, Israel, wrote the *Date Palm of Devorah (Tomer Devorah)* during the sixteenth century. The first chapter describes 13 distinct levels of mercy that God confers upon the world (Abramson, 2014). Rabbi Cordovero's discussion of the nature of forgiveness inherent in the 13 levels of compassion should be emulated by individuals in their routine relationships with others.

The *Zohar* (Splendor) is one of the foundational works in Kabbalah (Jewish mysticism) and is often attributed to Rabbi Shimon ben Yochai, a Second-century Tannaitic sage (many modern scholars believe that it was written by Moses de Leon (c. 1240-1305)).

Rabbi Abba was sitting at the gate of the city of Lod. He saw a man coming and sitting on a protrusion that bulged at the side of the mountain. The man was weary from the road, and he sat and slept there. Meanwhile, Rabbi Abba saw a snake approaching him, and a lizard came out and killed the snake. When the man woke, he saw the snake dead in front of him. The man rose, and the protrusion he had

been sitting on was torn off the mountain and fell to the valley below it. But the man was saved. [Had he slept on the protrusion for even a few more minutes, he would have plunged to the valley along with the overhang and been killed.]

Rabbi Abba came to him and told him: "Tell me, what have you done so that God performed for you these two miracles." He told him. "Throughout my whole life, never has anyone done me an evil that I did not make peace with him and forgave him.

Moreover, if I could not make peace with him, I did not go to my bed before I forgave him and all those who afflicted me. Thus, I did not hold any grudge for that evil that had been done to me. And I do not suffice for that, but even more, from that day forth, I have tried to do a kindness for them."

Rabbi Abba wept and said: "The deeds of this one are greater than Joseph's, for with Joseph, the wrongdoers were his brothers, and he certainly should have pitied them because of the brotherhood. But what this one did is greater than Joseph's deeds. He is worthy to have God perform for him one miracle after another miracle (Zohar, 201a, Parshat Miketz; based on translations by Laitman, 2011, p. 378-379; Drizin, 2018).

## Mussar

Mussar (original meaning was "instruction" — see Proverbs 1:2 —but now means ethics) is a traditional Jewish ethical and spiritual movement that became a widespread movement in 19<sup>th</sup> century Lithuania under the guidance of Rabbi Yisroel Salanter (1810-1883). One of his central beliefs was that Talmudic study should not be an end in itself and what truly mattered was virtue-based ethics; the spirit of the law was more essential than the letter of the law. Furthermore, people must work on character and ethical development, enhance their moral conduct, and improve. Self-awareness is an essential part of the Mussar process. One of the earliest Mussar books was *Duties of the Heart* by Rabbi Bahya ibn Paquda written in eleventh-century Spain. Dr. Alan Morinis, the founder of The Mussar Institute, is a prominent teacher in the modern-day revival of the Musar movement. It is currently being practiced by individuals worldwide from all religious denominations. Morinis (2007) has authored several books that promote the study of Mussar, including *Everyday Holiness*.

Mussar and Kabbalah are included in Jewish spirituality, but the latter focuses mainly on the mystical and efforts to experience and understand God. Mussar is much more practical and grounded in the real world and concentrates on living an ethical life and behaving righteously. There is an overlap between the two, and some great works of Mussar were written by Kabbalists.

The following is a selection from *Messilat Yesharim (Path of the Just)*, a significant work on Mussar written by the famous Kabbalist Rabbi Moshe Chaim Luzzatto (1707–1746). The author also stresses how crucial it is for employees to provide an honest day's labor.

CLEANLINESS FROM THEFT: We can observe that even though most people are not blatant thieves, literally taking with their hands the possession of their fellow and putting it in their own possessions, nevertheless, most people experience a taste of theft in their business dealings by rationalizing permission to profit through their fellow's loss. They may tell themselves: "Business is different"...

They likewise exempted hired workers from reciting the (Hamotzi) blessing over bread and the last blessing of the grace after meals (*Birkat Hamazon*). And even in the case of reciting the Shema, they required them to pause from their work only for the first chapter (Babylonian Talmud, Berachot 16b). How much more so for things that are optional. And if he transgresses this, he is considered a thief. Abba Chilkiyah did not even return the greetings of Torah scholars in order to not be idle from the work he was doing for another (Babylonian Talmud, Taanit 23b). Yaakov, our forefather, peace be unto him, states explicitly, "in the day heat consumed me, and the frost by night, and my sleep departed from my eyes" (Genesis 31:40). The summary of the matter: one who is hired out to his fellow for any kind of work, behold, all of his hours are sold to his employer for the workday as the Sages stated: "to hire oneself out is to sell oneself for the day" (Bava Metzia 56b). Whatever time he takes for his own pleasure, whatever it may be, he is completely guilty of stealing. And if his employer does not forgive him, he is not forgiven. For the Sages already stated: "sins between man and his fellow are not atoned for on Yom Kippur until he has pacified his fellow"(Yoma 85b) (Mesillat Yesharim, Chapter 11)

Interestingly, there is a crime recognized under American federal law known as "honest services fraud" (18 U.S.C. §1346) that can be asserted against both political figures and private sector employees. Although this law has been criticized for vagueness and has been limited by United Supreme Court decisions to situations where there are "fraudulent schemes to deprive another of honest services through bribes or kickbacks" (see *Skilling v. United States*, 561 U.S. 538 (2010)), in its simplest interpretation it could theoretically encompass any employee who does not provide full value for the work he has been hired to do.

In the classic medieval ethics (Mussar) work, *Orchot Tzadikim* (Chapter 14: Jealousy), the author notes that jealousy comes from observing what friends own. We become envious of a friend's garment, food, house, and/or wealth, and envy leads to coveting. Thus, individuals who purposely flaunt wealth to arouse their fellows' envy are guilty of the transgression of causing others to sin (*lifnei iver*). The *Orchot Tzadikim* recommends a life of moderation and simplicity so as not to arouse the envy of others.

## Conclusion

This paper demonstrates some of the many methods to teach values ethics, and educators should not limit themselves solely to cases and philosophers. Even if it is not possible to teach people to behave ethically in a classroom setting, academics need to use all available tools to teach ethical sensitivity. It is impossible to predict which of the many lessons will resonate with students, impact their thinking, and influence ethical decision-making. The more comprehensive the array of tools, the more likely that at least some of the lessons will stick. Undoubtedly, there are other approaches to teaching ethics. Future research should compare the various techniques and attempt to determine which, if any, do an exceptional job of teaching students to behave ethically. Until this is resolved, educators should not solely examine Western philosophers and case studies.

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# THE PARADOXICAL DEATH THROUGH CRYOTHANASIA OR PLAYING GOD. A MORAL-THEOLOGICAL APPROACH

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## Abstract

In the 21st century a new paradigm is developing — transhumanism. Scientific discoveries and technological development in various areas, especially those such as bioengineering, biotechnology and nanomedicine, push this paradigm towards a new revolution and a new approach towards life and death. Currently, hundreds of people in the terminal stage of an incurable disease turn to the services of cryogenics institutes, hoping that in the future, with the development of medicine and nanotechnology, they will be *awakened* and healed. If today cryopreservation is possible only after the declaration of death, the right of premature cryopreservation by euthanasia — *cryothanasia* is requested, by which it is assumed that death could become a reversible process.

**Keywords:** euthanasia, cryothanasia, cryogenics, playing God, death.

## Introduction

In the 21st century, a new paradigm is emerging in the (bio)(cryo)technological-medical society — transhumanism. Scientific discoveries and technological advancement in various fields, especially those such as bioengineering, biotechnology, bioinformatics, cryobiology and nanomedicine, push this paradigm towards a new revolution and a new approach to life and death. If we look directly and objectively at this phenomenon, we can say that the world no longer looks and, obviously, will no longer look and behave as (we knew it) / know it.

Cryonics, although it appeared and developed during the 20th century, is expected to reveal its full effectiveness by the end of the present century (Swan, 2019, p. 704). In this age, dominated by an “after God” culture (Engelhardt, 2012, p.5,8) in which the traditional morality has been deflated and replaced by an autonomous and secularized morality (Donovan, 1997), *homo transhumanus* struggles to prolong his life by any method, at any cost and especially with the help of technology and of artificial intelligence. This struggle is based on another, because *homo transhumanus* has developed out of the *homo hedonicus*, the one who fights to have a quality life, in a utilitarian and hedonistic sense, in which health and material prosperity are the *barometers* of his life and death, while suffering and death are his enemies. Thus, when his ideals are no longer satisfied, *homo hedonicus* chooses to end his life through assisted death procedures (euthanasia, medically assisted suicide and assisted suicide). *Homo hedonicus* has always longed for such goals, but without the necessary tools (currently available) these goals have remained at the level of desires and the masking of ideals. Without technological progress, ideals have been limited to the pursuit of everyday pleasures and lust. With this progress, whether we are talking about medical technology or nanorobots, extraordinary treatments or encouraging empirical evidence, *homo hedonicus* updates herself or himself to *homo transhumanus* and tends to *homo Deus*, that is, to the adamic desire to be exactly like God, creator and ruler, omnipotent and immortal alike.

In this post-traditional culture, it is considered that man chooses “the path of prolonged life, health, and youthful vigor over the default route of aging, disease, and death”

(Bostrom, 2008, p. 7). This consideration is perfectly true and justified from all points of view. Man was created by God immortal and happy. These two coordinates: immortality and happiness are identity and intrinsic to human nature. However, the methods used by *homo transhumanus* to be immortal, from a biological point of view, are those that give rise to numerous bioethical debates and social controversies.

### **Transhumanist / technological immortality techniques**

Many cryobiologists believe that, just as in nature there are organisms that can survive in a state similar to death for some time, so biomedical technology can transfer this process onto humans. One is referring above all to the following instances:

- a) the North American forest frog that blocks its vital functions, its heart stops beating and its body freezes from winter to summer when it thaws and comes back to life (Cron, 2014, p.3);
- b) Another case considered encouraging by contemporary researchers is *Turritopsis dohrnii* or *the immortal jellyfish*, found in the waters of the Mediterranean Sea and in those of Japan. From what is known so far, it is the only organism able to return to the larval stage after passing through the stage of maturity (Matsumoto, Piraino & Miglietta, 2019).

Based on these evidences and the technological advancement, more and more researchers, scientists and bioethicists hope that the chances of cryonics are greater than zero; so, they argue, cryonics must be a promoted and supported field (Moen, 2015). There are also other techniques and technologies to be developed, through which man can become biologically immortal. We can mention here:

- a) *mind uploading* or digitizing brain information on a computer;
- b) *gene therapy* that prevents aging by stopping the disintegration of genes (Cron, 2014, p.3).

In addition to these techniques, cryobiologists also rely on certain empirical evidence related to some cases when certain organisms have been brought back to life under hypothermic conditions:

- a) For example, in 1955, a rat was brought back to life after being kept at 0° C and its brain activity was completely absent during the experiment (Lovelock, 1955).
- b) Another experimental validation is the case of pigs, an experiment successfully performed in 2006 (Alam et al., 2006).
- c) From 2015, at the UPMC Presbyterian Hospital in Pittsburgh, victims of severe illness, so that they are stabilized and the traumas do not get too intense, their blood is being replaced with a cold saline solution, meanwhile brain activities stop, doctors treat the condition, then reintroduce the blood into the body and the body is reheated (Moen, 2015; Thompson, 2016). This procedure is based on the empirical demonstration of drowning in cold water, when rapid cooling leads to fewer or less severe brain trauma. By these means there were people who were brought back to life after 66 minutes (Bolte, & Black, 1988, p. 377).
- d) Cryopreservation, thawing and recovery of sperm, eggs or tissues are also discussed, so, as the advocates of cryonics claim, contemporary cryobiology is not a new practice nor a complex approach, but a practice present already in society, which, however, must be refined to produce spectacular results (Best, 2008; Moen, 2015, p. 678).
- e) Of all these techniques and procedures, the vitrification process is increasingly used in emergency rooms and laboratories, because unlike the freezing process, during which the organs may suffer considerable damage, in the vitrification, the cells do not freeze, but are cryopreserved with antifreeze-like chemicals called cryoprotectants, *e. g.* glutaraldehyde, without the risk ice crystals forming and instantaneous degradation. In

this sense, there have been offered empirical demonstrations on rabbit kidneys (Fahy et al, 2009; McIntyre & Fahy, 2015).

f) Medical biostasis(de Grey, 2020, p. 191) — “an experimental procedure that induces metabolic arrest at cryogenic temperatures to allow terminally ill patients to benefit from future medical advances and restore them to good health” (de Wolf, 2019, p. 191).

### **Cryonics**

Cryonics, one of the most important techniques proposed by transhumanists,<sup>1</sup> is the science of using ultra-cold temperature to preserve an organism with the intention of bringing it back to life and restoring its health, when the development of technology and medicine allows this (Minerva & Sandberg, 2017). In other words, cryonics is the practice by which an organism is brought to very low temperatures in the hope of being brought back to life in the future when there may be a cure for the disease due to which it has reached the end of life (Merriam-Webster, 2021). Cryopreservation involves the process of vitrification (from the Latin word *vitrium* — “glass”) when the patient is placed in an ice bath immediately after the death is legally pronounced, with the purpose of cooling his body down to 0°C. Respiration and blood circulation are artificially restored and maintained through medical equipment that takes over the functions of the heart and lungs. Substances such as heparin are injected to protect the cells from ischemic damage and to prevent blood from clotting. During a procedure that lasts for almost two weeks, the blood is gradually replaced with a cryoprotective chemical solution that preserves the body, prevents the appearance of ice crystals inside and other fractures, until it reaches a glassy state at about -120°C. The whole body is then cooled and immersed in liquid nitrogen until the temperature drops to -196°C (Moen, 2015; Alcor, n.d.).

### **Cryothanasia**

Hundreds of people in the terminal stage of an incurable disease are currently turning to the services of cryogenics institutes (Alcor News, 2019), hoping that in the future, with the advancement of medical technology, they will be *awakened* and healed (Shaw, 2009). The cryogenic process ideally begins in the first moments after the person’s heart stops beating. Otherwise, if this moment is delayed, the cells and organs begin to deteriorate and, once the body begins to freeze, there is a high chance that organs such as the brain will be severely or irreparably damaged. That is why many cryogenics advocates, cryobiologists or transhumanists advocate for both legislative and medical permission for the patient to be euthanized and then cryogenically treated while dying as a “modern will to master the time and manner of death” (Cohen, 2020, p. 2). In this sense, people on the deathbed are recommended to be hospitalized in palliative care centers near cryonics centers, just so that the team of specialists can start the cryopreservation procedures from the moment of death, where the law allows a form of assisted death (See case: Norman Hardy)(Cohen, 2020, p.1).

If cryopreservation is possible today only after the declaration of death(Shaw, 2009; Moen, 2015), the right of premature cryopreservation by euthanasia — *cryothanasia*, by which it is assumed that death could become a reversible process, is demanded (Shaw, 2009; Moen, 2015). According to bioethicists Francesca Minerva and Anders Sandberg, even if euthanasia and cryothanasia aim to end the life of a patient whose suffering is unbearable, in the case of cryothanasia, the goal is also related to the possibility of resuming life: “Cryothanasia would offer the option of ending the patient’s suffering by inducing a cryopreservation, which is a state of (hopefully) reversible biostasis. It achieves the positive

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<sup>1</sup> There are five major cryonics institutes in the world: Alcor, Cryonics Institute, and Oregon Cryonics located in the United States; KrioRus in Russia and Southern Cryonics / Stasis System Australia in Australia.

goal of euthanasia (ending suffering) without its negative instrumental side-effect (permanent cessation of life). Even if it turns out to cause information-theoretic death, the intention is clearly to extend life” (Minerva & Sandberg, 2017, p. 528).

### **Trap statements in the debate on cryoethanasia**

In bioethical debates on sensitive issues such as abortion, assisted death or cryopreservation, there is a number of ambiguous statements made by promoters, supporters and advocates of certain causes they represent. The viability of projects that from the very beginning have certain synopses is knowingly asserted. The warnings, especially from the side of the opponents, are also being ignored. Usually, when warnings become deeds, this topic is covered by denying the facts or by directing the attention to other, seemingly much more important issues. As we will see, neither cryonics nor cryoethanasia overcome this obstacle of the trap statements.

1) First of all, in an age when disease eradication and death conquest through the so-called institutes of immortality and cryogenic centers, nanorobots and smart drugs, represent a rising trend, cryoethanasia appears as a progressive solution for man’s desire and struggle to be biologically immortal. Moreover, “Most cryonics members, and life extensionists in general, aim not only for the defeat of death, but the reversal of aging as well” (Cohen, 2020, p. 8). *Homo transhumanus* wants to know eternity here on earth. Cryonics or cryoethanasia, mind uploading or gene therapy appear to him as viable solutions in his plans. Proposing and promoting euthanasia combined with cryogenics is part of the same mechanism devised by *homo transhumanus* who, when he cannot overcome death, he tries at least to postpone it or pretends to postpone it.

However, murder, disguised as euthanasia, remains an ethically, morally and legally reprehensible act. Euthanasia has become a legal and medical practice in many states and the consequences of this procedure can be seen in all areas: medical, social, legal, spiritual etc. The same condemnation and at least moral, if not legal, guilt also characterizes cryonics. In the absence of unequivocal morality and empirical and scientific evidence, this process is at least damnable. The promise of scientists that people who have been cryopreserved can be brought back to life and healed is, for the same reasons, scientifically unjustified, unethical, and ultimately inhuman. This kind of promise urges unethical experiments, illusions, pressures and revolt. Of course, there are financiers who want to have results in the shortest possible time. This pressure translates into unethical experiments, the concealment of medical truth, and overestimated results. In the end, the lack of concrete results and unethical experiments will lead to an acceptance of the precedent and the normalization of evil. The human habit of this type of approach is, in fact, the target of these experiments, not biological immortality.

2) Second, advocates of cryoethanasia say that *slippery slopes*, present in the case of euthanasia or abortion, would not exist in the case of cryoethanasia. Basically, we are told that in the case of cryoethanasia, the cessation of suffering, pain and disease specific to euthanasia will be doubled by the lack of definitive cessation of life. All the hopes attributed to cryoethanasia would be, according to them, harmless, and even there would be only advantages. Questions such as: *What is the scientific basis for these promises? Are these attempts by advocates of cryoethanasia morally justified? Is there transparency in the empirical demonstrations, in the results of cryonic experiments, in the management of the funds of this process?* are discredited.

However, the *slippery slopes* visible in the case of euthanasia and its *surrogates* (assisted suicide and medically assisted suicide) are amplified in the case of cryoethanasia, doubling the number of dangerous effects, because through cryoethanasia we reach an acceptance of all unethical activities *that gain time*, even a few months (Zechert, 2015;

Minerva & Sandberg, 2017). Actually, we accept any unethical act only on the basis of a promise. Illusion, not deed, riddle, not science, are at the root of this phenomenon of transhumanism. The funds invested in this process of cryopreservation of man and in other related experiments motivated by the possibility of an ulterior revival could be reasonably used in other certain activities of cryopreservation, which would be of real use for human life and which would have results in time, without putting pressure on finance, science and, above all, on morality. Any doubt must be answered to by a double assurance, precisely to prevent the mistakes that scientists made in the 20th century, when, in their conscience, notions such as eugenics prevailed instead of discernment and morality. Therefore, *slippery slopes* become realities of human cryopreservation, before the expected results can be concretely observed.

3) Thirdly, cryoethanasia, just like assisted death, is also a desire of *homo Deus* and *homo transhumanus* to arbitrarily control life and death, the adamic and luciferic desire to be exactly like God. Euthanasia and its *surrogates* refer to the non-acceptance of death, pain, suffering, disease, the meaning of life and death, the salvation and the Last Judgment as well as to revolt. It is a revolt against his own inability to accept biological death and the return of man to the earth from which he was made. For this reason, man chooses the path of self-suppression by means of accelerating death: suicide, medically assisted suicide, assisted suicide, euthanasia etc.

Cryoethanasia overcomes this non-acceptance of the phenomenon of assisted death into a denial of the reality of life and death in another attempt by man — *playing God*. The phrase *playing God* does not refer to a repulsive attitude toward progress or to a condemnation of science and technological progress, but it shows astonishment and concern for the divine power with which people associate in the actions by which they violate “God’s prescriptive natural law” and “God’s purposes as they are manifested in the natural order”, without having “the wisdom of God [...] and the lack of uncontrollability and uncertainty of the consequences of human interference with the natural order” (*Splicing Life*, 1982, p. 55, 58).

The meaning we use in this work for the phrase *playing God* is that of omnipotent behavior that *homo transhumanus* arrogates to himself without any real basis, without any justification. One has no longer inhibitions or limits regarding their intervention in the creation, while one “trying to invade God’s privileges and prerogatives”, therefore, euthanasia and cryoethanasia violate the creative, providence and ruling act of God, considering that the “old God” no longer exists and that His place must be taken by someone else (Fletcher, 1974 as cited in Shannon, 2005). Only on the basis of the technological advancement, man cannot call himself Creator and God; one remains, by the will and word of God, only the icon of all creation without full rights. Life as a gift from God, not as an autonomous property, gives man, that is, its bearer, the status of bearer-economist, and not of his own or self-creator, nor that of arbitrary and absolute master, which is why living and dying, the beginning and the end of his life depend on and belong entirely to God (Hauerwas, & Bondi, 1976), for “In whose hand is the soul of every living thing, and the breath of all mankind” (Job 12: 10, KJV). God reveals to the human being the vocation, the way, the orientation and the care to protect, to defend and respect his life by participating and contributing to God’s dominion over creation, but not as an absolute and causal, subjective and arbitrary mastery of self-fulfillment of desires and against the God’s economy, but a discerning, responsible and right mastery of the moral, wise and conscious man of the creation: “And ordained man through thy wisdom, that he should have dominion over the creatures which thou hast made. And order the world according to equity and righteousness, and execute judgment with an upright heart” (Wisdom of Solomon 9: 2-3, KJV) (Papa Ioan Paul al II-lea, 1995). In this exercise of the iconic powers of creation with discernment and

morality, the human being must be aware, protect, and act according to His will and with the will of God, with discernment, morality, and deep respect for the privileged quality of being free and hardworking, to discover and bear the gift of freedom (Popa, 2019, p. 492).

4) Advocates of cryoethanasia and transhumanists put science at the forefront, sometimes pseudo-science, since we cannot speak of science without obvious results, only with vain promises or illusions packed as certainties. Science is at the forefront and the scientist plays the role of centralizing the power, of making and modeling the matter, of deciding over life and death: “Modern man has begun to relate to the world in an outward way, at the discretion of the world in his name, not of God, with his own criteria, not with God’s own criteria. He gradually gave up seeing the world through the «eyes» of God and he began to look at it only through the eyes of his autonomous and self-sufficient scientific research. That is why he does not see in the world a spiritual purpose, but only a material object: the world becomes a good to be exploited for the material progress of mankind, the spiritual dimension of the world or the materials of the world being thus suspended” (Ioja, 2016, p. 77).

In this context, science is born as a religion of crime and chaos, without an order and a symmetry of ethical decisions and actions, in which researchers and scientists become masters and decision-makers in matters of life and death, and the beginning and end of the life of others among their concerns and decisions. There are enough cases of multiple crimes committed by specialists to show us that the unwise and unethical profession can turn some people into masters of life and death (Kinnell, 2000). Again, I left the lessons of history to history. Lack of ethics and discernment has already resulted in hundreds of millions of casualties, world wars, the Holocaust, the Gulag, nuclear bombs, embryo selection, the ecological crisis, the liberalization of abortion and assisted death, which should warn us that one has to reflect more before proceeding to action.

## Conclusions

What is the target of *homo transhumanus*? As I mentioned, *homo transhumanus* longs to become biologically eternal. In general, people have turned their face away from authentic morality, in which norm, law and order come from and belong exclusively to God. The autonomous individual denies the morality and God, then he, as the sole judge, transforms and lives only in the sphere of the biological. One detaches themselves from the spiritual side and lives in and only for the body, transforming the purpose of living forever and being happy into that of knowing pleasure. Thus, his search and ideals are no longer related to eternity and the salvation of the soul, but to the eternity of the body and its salvation in the biological sense. In case of failure, the life of the body must be suppressed by means of accelerating biological death, and, if possible, the body must be burned, precisely to prove that, ultimately, throughout life, *homo hedonicus* did not value neither his soul nor his body. After earthly life, there is nothing left for it, so matter does not have to exist.

As long as technology did not allow it, *homo hedonicus* limited herself or himself to experiencing pleasure only here on earth. Technological advancement fueled his dream of becoming biologically immortal. Moreover, it led him to believe, totally unjustifiably, that he could be like God, the creator of life and the ruler of nature. *Homo transhumanus* is dissatisfied with the few pleasures of *homo hedonicus*, just as *homo Deus* is dissatisfied with the limitations of *homo transhumanus*. Therefore, euthanasia displeased *homo hedonicus*, which led to the supremacy of *homo transhumanus* and their cryonics with the aim of completing his work of awakening and healing.

This burning desire is quite old. From the Holy Scriptures we know the reason for the fall of our forefathers Adam and Eve, namely, their desire to be exactly like God. In the second book of Genesis, chapter two, we are told that “the Lord God ordered Adam, «You

are free to eat from any of the trees from the garden of Heaven; but you must not eat from the tree of the knowledge of good and evil, for when you eat from it you will certainly die» (Genesis 2: 16-17, KJV). Wanting to be “like God, knowing good and evil” Adam and Eve ate from the tree of life, and instead of being like God, they knew death (Genesis 3: 5, 19, KJV). So, nothing new under the sun. The same Adamic desire in a different age. The results of this desire and the facts that will accompany it will be the same.

For these reasons, discernment and ethics must be at the heart of our actions. Along with these, we come to the wisdom and the awareness of our quality as created beings, of certain boundaries necessary for our actions and of the primary purpose of medicine, science and (bio) technology, namely that of being in the service of and for the benefit of man: In the words of P. Ramsey, “Men ought not to play God before they learn to be men, and after they have learned to be men they will not play God” (Ramsey, 1970, as cited in Shannon, 2005, p.24). The Creator planted in man the search *ad infinitum* to find out as much as possible about Him and to act exactly like Him as well as the vocation to resemble Him in order to be saved. This also means participation in His creative and masterful work, although without arbitrary, full and authoritarian control from man’s side, without a competition between the created being and the Creator, therefore, the role, not the game, entails actually an active work by which man is neither forbidden nor afraid to intervene in nature (Shannon, 2005, p.28). However, one has to recognize and to limit any reductionist or utilitarian interventions and to act ethically, with discernment and in obedience to divine commandments, for this is part of his natural work of resemblance to God (Shannon, 2005, p.28).

In conclusion, good death and immortality do not imply any direct intervention in the natural process of dying or the deferral of death by cryoethanasia, because in both cases (ethanasia and cryoethanasia), man arrogates an authority, power and dominion that belong only to God. In both cases, there is a change in the direction and mission of the specialists. And in the case of cryoethanasia, *slippery slopes* are just realities waiting to be confirmed.

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# MEDICAL BIOTECHNOLOGIES FROM THE ETHICAL PERSPECTIVE OF THE RESPONSIBILITY OF THE COMMON GOOD

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## Abstract

An essential component of quality of life is accessible and performant medical care, provided through responsible medical acts which guarantee the safety and security of the patient. The substantial increase in the medical needs of man and society lead to the development of various medical fields which, in turn, generated a wide area of applicability for biomedical technologies, thus facilitating new perspectives in the world wide management of health issues. Currently, ensuring an adequate standard of the medical act using new technologies is conditioned by standards of medical practice in accordance with internationally and locally accepted ethical and legal directions. In the public space, the advances achieved with the help of biomedical technologies are generally associated with the common good at dimensions amplified by a level of expectation sometimes too high. Moreover, practical evidence accumulated at a provable level, enable the statement that under the influence of science and technologies, moral changes are constantly generated in the lives of the actors involved (medical staff, patients). The potential of medical biotechnologies to change the perception of good and of responsibility towards the human body appeals to the involvement of an ethical determinism in practical applications. In the current paper we will investigate the manner in which the usage and management of biomedical technologies acknowledges the necessity of assessing the common good in an ethical framework, the essence of which is given by the defining principles for the social and professional responsibility.

**Keywords:** ethics, biotechnology, common good, responsibility

## Introduction

An essential component of quality of life in the contemporary society is accessible and performant medical care, ensured through a responsible medical act, which would guarantee the safety and security of the patient. Currently, ensuring an adequate level of the medical act through biomedical technologies based on individual needs, with the potential to increase the quality of medical care to an advanced level, is conditioned by standards of medical practice aligned with the ethical and legal orientations accepted at the international, as well as local level.

Inclusion of ethics in providing healthcare services and institutionalization in medical units (hospitals) aim to provide fair policies and procedures which would maximize the probability to do good, following ethical and moral values. But scientific progress, maintained by the application of biomedical technologies for treatment, prevention, as well as research is assailed by many ethical challenges and moral issues (Dresser, 2010). Ethical debates on therapeutic or reproductive human cloning, genetic engineering or *in vitro* fertilization are but a few examples which relate to the manner in which biotechnologies

redefine concepts such as beginning and end of life, statute and rights of the human embryo, and physical integrity of the individuals (Luca et al., 2015). Moreover, the ethical discussion provides a multidisciplinary forum where opinions and points of view from the medical, legal and political fields may coagulate for the analysis and approach of the manner of applying ethical standards involved in patient biotechnology based care. Furthermore, we have to mention the concern for the professional education of the medical staff and the interests of the medical community, which contribute significantly, from the ethical perspective, to the quality of the medical act.

The purpose of this debate focuses on the rights of the patients which are to be protected and promoted through health policies and equitable procedures, centered on the patient, in order to maximize the probability of obtaining good results. In order to attain these goals, a unified approach is necessary, targeting the establishment and maintenance of a balance between the respect for the rights and obligations of the patients *versus* the rights and obligations of the medical staff. Thus, the premise for an ethical climate is created, which emphasizes the importance of a double involvement of ethics, respectively in:

- ✓ promoting the climate between professionals in healthcare and between them and institutions which provide healthcare,
- ✓ as well as in the extension of its involvement in promoting transparency and predictability in making decisions, and promoting measures of lack of conditioning for the medical act and its quality (Asveld, Osseweijer & Posada, 2020).

The ethical supervision of the technologic environment is mandatory, especially when biotechnologies are articulated to the human good, at the individual level, as well as to the common good, in the community. In the circumstances where, existentially, life in the XXI century has become a reality marked by technological immersion, generating a series of bioethical issues and a form of ethical (im)potency in the medical and social culture.

### **Philosophical perspective on the applicability of medical biotechnologies**

*Gabriel Marcel, french philosopher, (1963)*, refers to medical biotechnologies even before the affirmation of bioethics and considers them a set of optimistic promissory notes. In the opinion of Marcel, the issue of biotechnology in the ethical discussion is addressed to the understanding of what happens to the human dignity in the technicality process delivered to today's man (Marcel, 1963).

*Ben Mitchell, (2007)*, provides a careful and well substantiated ethical perspective on the new developments in biotechnology such as genetic engineering, cloning, nanotechnologies and cybernetics. The author underlines, on one side, the utility and value of biotechnology but, on the other side, cautions on the potential morally damaging and corrosive consequences. Moreover, he draws the attention on the necessity of a clear distinction between approaches with therapeutic and medical improvement purposes, stating with good arguments that technology should be used in order to reestablish human health or in order to treat disease, and not for the improvement of human features (Mitchell et al., 2011).

*Pellegrino, (2008)*, refines these opinions, declaring that biotechnology and bioethics, together, transform what it means to be human and what the human being actually is. Thus, biotechnology has expanded beyond any imagination, such as its powers threaten to overshadow humanity itself. But, simultaneously, bioethics has expanded as well beyond its medical limits, specifically in order to challenge the pretensions of humanity to a unique dignity and to the moral rights that such a statute entails (Pellegrino, 2008).

*Julian Savulescu, (2014)*, philosopher comes with a more pragmatic perspective on the manner in which science, through biotechnology, can improve the life of man, especially when nature has not been too generous on the individual. Concerned with this theme,

Savulescu discusses subjects in which he values the human being at the interface with ethics and genetic interventions, trying to provide answers to questions referring to the manner in which one could control deviations. Or if, through genetic therapies, parents could choose for their child to have longer arms, for example, in order to have more strengths. Summarizing, the questions focus on the establishment of limits in the application of biotechnologies, specifically in order to avoid their expansion *how far*, which (may) become *too far*? Furthermore, people often ask themselves, what are the limits of such a program which could make every one of us better, or our children, because *whatever a good life means to you, science can help!* (?) (Savulescu, 2016).

In this dual context of good and evil, an ethical framework is mandatory for the acceptance of such experiments, a framework developed on the basis of bioethical principles which would provide a guideline for the moral assessment and for the regulation of new technologies. Also, equally as necessary are estimates regarding their impact on society, as well as ethical responses to social expectations, sometimes too high and unrealistic, with respect to the application of medical biotechnologies (van de Poel, 2016).

### **Medical biotechnologies in the ethical perspective**

1. *Benefaction* and *do-no-harm*, fundamental principles of classical ethics become, through the perspective of normative ethics, the foundation of healthcare for the medical staff, destined to ensure protection of welfare and rights of afflicted individuals, as well as of those with whom professional interaction is achieved. Benefaction and do-no-harm are the result of concerted action through which the avoidance or solution is possible, in a responsible and fair manner, for a series of conflicts between the concerns, the rights and obligations of the medical staff and the rights and obligations of the patient. In this manner, prejudice resulting from the actions of the staff working in healthcare is avoided and/or minimized. Simultaneously, the production of effects regarding professional actions and decisions which may afflict the life of others is prevented.

*The ethical standards of benefaction and do-no-harm* principle in providing healthcare appeal to the deontology, since we are interested in the measures through which benefits can be obtained and risks can be avoided. Moreover, in the ethical language of standards, utility is also called for, in the sense of the classical theory of utilitarianism, *of the greatest good for most people*. This approach involves solicitude and responsible solidarity, as premises for security and welfare, in direct relationship with professional integrity (Tsioumani, 2021).

2. *Professional competence*, defined by the law as the ability to accomplish the activities required by the work place, at the level of quality specified in the occupational standard. From the ethical perspective, the term comes with a distinction for the rigors of the medical profession of theoretic and practical training, associated with honesty, sincerity and committed responsibility for the situations which may lead to distrust in the medical act. The partnership with the professional integrity, the morality of which, from the double perspective of personal and professional aspect, both in the relationship with the patients, as well as with respect to colleagues and within the team and the institution where the activity is performed can bring added value in confirming professional competence.

*Ethical standards of competence* capitalize, by promoting altruism, solidarity and integrity, the ethical essence of the concept of healthcare, namely, *care*, through the respect for the promises for the quality of the medical act, while avoiding the application of unwise or unclear decision. It is noteworthy the distinction between *care* and the expression *medical care*, which is not always a participative activity, the involvement in the medical act being limited only to assistance. This distinction brings forward the need for the customized subjective standard, which would respect the promises for the subjective standard. Thus,

premises are created for the insurance and promotion of the professional climate, which prevents the conditioning of the medical act and, implicitly, its quality. An increased attention must be granted to the cultivation of the therapeutic privilege, only applicable for the purpose of minimizing negative effects and, through options and approaches, ethically justified, regarding non-disclosure of truth. Moreover, promotion of measures to rectify distrust or the damaging effects resulting from the conditioning of the medical act and its quality, brings more value to the ethical standards of competence (Treanor et al., 2021).

3. *Professional responsibility*, manifested in relation to the responsibility towards patients, widens the inclusive circle of the actors within the professional community and of society towards the medical profession. At a symbolic level, these unions, through the binding of the relationships based on collaboration, trust and cooperation between professionals and specialized institution are concurring for the common purpose, of serving the best interest of the patient. We must also take into account the degree of conformity with the professional experience corresponding to the specialization and qualification earned.

*Ethical standards* of the professional responsibility imply standards of responsible professional conduct, which imply, on one hand, the professional aspect, and on the other, the limits of professional competence and performance, with delineations and partitions in accordance with the principle of subsidiarity and the common objective of security in matters of public health (Snell, 2009).

4. *Observance of human rights* is adopted and explored from the ethical perspective, even if their paternity is acknowledged by legal sciences, both in theory and, recently, in practice, since it refers to:

- ✓ compliance with personal values and dignity;
- ✓ compliance with the rights of the natural person to a private life, confidentiality and self-determination;
- ✓ protection of rights and welfare of individuals and communities whose vulnerabilities interfere with the process of taking autonomous decisions;
- ✓ individual and collective vulnerabilities

All these aspects are important due to their significant impact on the decisional process, especially in situations of confrontation with issues regarding the compliance with autonomy and the rights specific to the culture to whom the individual belongs to.

*Ethical standards* imply the need for special measures for the protection of vulnerabilities, as a form of assertion and compliance with the principle of non-discrimination, of cultural differences, national origins, religious orientations, disabilities, social and economic status, etc. The observance of personal preferences of the patient, in according with and correlated with the obligations of the health staff, represent another ethical request for the standard. Moreover, another manner of affirmation of this right is the right to autonomous choice, which value the promotion of professional correctness, through measures of interdiction for intimidation and nullification of coercion (Shah, 2021).

5. *Social responsibility* In an ascending approach, from the basis to the top of the healthcare system, the social responsibility focuses, as purpose, on the protection of public health, observed on the axis of respect for the human being, of protection for the human rights, trust, security and quality of the medical act, in the context of social solidarity and mutual support, in a social framework which would ensure the protection of public health. A society which undertakes such a purpose, the exertion of the right to benefit from medical care according to necessities, must identify the limits and creation of premises to promote this right at social level, with the observance of the principle of equality in the insurance and protection of the right to health.

*Ethical standards* of social responsibilities focus on the common good in the achievement there of being involved:

- ✓ individual *responsibility*,
- ✓ *confidentiality* medical act;
- ✓ *inappropriate risks* for the health of others; in the clinical applications of medical technologies the principle do-no-harm states, as a supplementary ethical dimension, the need for medical competence at the level of professional standards;
- ✓ *distributive justice* – through granting *equal chances*, *the complex ethical principle of distributive justice becomes an area of ethical sensibility* because, within the clinical setting, application of justice is often a challenge which requires constant vigilance, in order to ensure that its intentions are supported;
- ✓ the identification of the limits of accessibility to the *right to health care* and correlation with adequate social measures;
- ✓ respect for *cultural diversity*;
- ✓ *diminution of disparities* and offsets between the medical performance and the degree of absorption and the ability of social usage of medical progress;
- ✓ social measures which would prevent *discrimination* in the exertion of the right to health on the basis of differences generated by affiliation to specific social groups;
- ✓ *social responsibility* regarding the right to unhindered access to health care;

Benefaction, as foundation of health care based on application of medical technologies, has as objective the suppression of the distress of the patients and the promotion of their welfare. The sense of helping, of providing individual or collective benefits, exuded by the benefit of applying medical technologies, bestows to this principle, through the moral distinction of its practical utility, an ethical signification that must be interpreted in correlation with equity and equality of chances (Bouchaut & Asveld, 2020).

## Conclusions

Within the context of modern medicine, where biomedical technologies may change the significance and the manner in which we experience health and disease, the way in which we live and die, ethics makes inquiries regarding the complex interaction between science, technology and the human life.

Taking this framework into account, to the questions regarding the manner in which the morality of a biotechnological intervention is established and the modality through which the individuals using biomedical technologies gain moral knowledge, we expect answers which would promote within the public space the moral comprehension of scientific progress in the field of medical assistance.

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## ETHICAL CONSIDERATIONS IN ASSISTED REPRODUCTIVE TECHNOLOGY

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### Abstract

Our study aims to summarize the evidence on the ethical considerations of assisted human reproduction procedures and see what these techniques look like through the eyes of the women who experience them. Our research comprises the experiences of 50 women who used such technologies to have a child and detailed their related experiences (i.e., "If you have already resorted to assisted human reproduction treatments, please detail the experience"). The participants' answers, which were consistent with the previous literature, among the difficulties they faced, the bad patient-doctor relationship (the right to life and equal treatment), the multitude of contradictory information in the public space (the right to be informed), the feeling that experiments are being done on the patient's body (the right to be advised), medical errors that led to pregnancy loss (the right to life), the feeling that private clinics are just businesses that have to make money, but not to take into account the patient's life (marketing), and the high economic costs (economy) were among the most frequent. Our results concluded that decision-making concerning assisted reproductive technologies cannot be based only on clinical and economic considerations but also require considering a series of ethical principles, social norms, and religious beliefs.

**Keywords:** fertilization in vitro, assisted reproduction technologies, ethics

### Introduction

Having a child is a goal of many women or couples. Almost 1 in 7 couples can't have a naturally conceived baby, depending on their medical condition. Because of this, medical technics have been developing in the last decades, giving these couples or women chances to become parents. Many will avail of Assisted Reproductive Technology [ART] to achieve this goal. This decision is often made due to various social influences, seeing childlessness as "abnormal" and stigmatizing infertility (Nadimpally & Venkatachalam, 2016). At the same time, private infertility care clinics capitalize on the existing cultural norms and values, through marketing campaigns, with the aim, above all, to increase their turnover (Mukherjee & Nadimpally, 2006; Nadimpally & Venkatachalam, 2016).

ARTs are a group of reproductive technologies which assist conception and pregnancy. The technologies used for assisting reproduction range from simple or 'low-tech' methods like artificial insemination to 'high-tech' methods such as In Vitro Fertilization [IVF] in all its variation (Sama, 2006, as cited in Mukherjee & Nadimpally, 2006). Techniques that ARTs refer to, are: (a) artificial insemination (AI); (b) in vitro fertilization (IVF); (c) intracytoplasmic sperm injection (ICSI); (d) gamete intrafallopian tube transfer (GIFT) and (e) zygote intrafallopian tube transfer (ZIFT). However, these techniques raise several ethical issues about which Edwards (Edwards & Sharpe, 1971; Edwards, 1974), the pioneer of ART, said it is important to resolve. Among the areas that address the ethical issues involved in ART are but are not limited to religious beliefs, genetic medicine, the right to life (even a good life), the financial field, the right to a family, the right to privacy and marketing.

In terms of the right to a good life, ESHRE's Task Force Ethics and Law (2007) has defended a 'reasonable welfare standard,' according to which fertility professionals should refrain from participating in reproduction only in cases where there would be a high risk that the future child would have a seriously diminished quality of life. The need for previously psychological and social screening of intended parents was mentioned. Also, regarding the child's life, among the ethical questions raised by Shalev et al. (2016) notes the question of whether or not children have the right to know the identity of their genetic progenitors and whether or not they have the right to know the identity of their gestational mother.

The same authors mention that Inter-country, Medically Assisted Reproduction [IMAR] transforms reproductive relations' personal and intimate nature into contractual and labor relations. Market-driven reproductive technology may impact the future of humanity and human nature itself. The deep concerns are about the moral limits of markets, given the foreseeable technological developments that would allow genetic selection and modification of human embryos (Shalev et al., 2016).

Also, regarding the "contractual" relation, there are many debates on the commercialization of IVF. The most significant worries are the reimbursement of gamete donors (egg donors in particular), the selling of embryos, and the use of IVF for commercial surrogacy purposes. Ethical questions often raised in the debate include fairness, the possible exploitation of need and hope, genuinely informed consent, and the many components of marketing ethics (Asplund, 2020).

Another critical issue in the ethics field is the communication between clinical genetics, IVF teams, and patients, namely the lack of information provided to intended parents about the preconception and prenatal genomic testing (preimplantation genetic diagnosis (PGD) and preimplantation genetic screening (PGS) (Harper et al., 2013). Truly informed consent is needed in all the stages of the procedure – before, during, and after. Equal access to medically assisted reproduction in Europe and beyond was mentioned as mandatory by Harper et al. (2013). This would involve cheaper, affordable treatments or even free of charge.

Regarding the right to a family, there are three directions of interest: the single woman case (Záchia et al., 2011), same-sex couples (Asplund, 2020), and solo reproduction within Vitro-created gametes (Cutas & Smajdor, 2017). All three cases differ in practice depending on the laws of each country (Kooli, 2020; Asplund, 2020). After we summarize the evidence on the ethical considerations of assisted human reproduction procedures, we wanted to see what these techniques look like through the eyes of women who experience them.

### **Study design, measurement tools, and the features of the participants**

This study is based on an online sample. Data were collected between April and June 2021 through Google Forms. Participation in the survey was voluntary and anonymous, and a participation agreement was obtained from all participants before data collection. The main selection criteria for the study are female gender. This study is part of a more extensive study, which involved a more significant number of participants. This study is part of a more comprehensive study, which involved a more substantial number of participants. For the data analysis related to this research, we selected the participants who chose to share their experience with ART, a total of 50 women. They all were asked to answer the question: "If you have already resorted to assisted human reproduction treatments, please detail the experience here."

The age of our participants ranged from 22 to 41, with a mean age of 33.48 (SD = 4.05). Most of them come from urban areas (74%), are orthodox (88%), finished their master's studies (54%), work as employees in executive positions (58%), are married (90%),

are childless (80%), not pregnant (88%) and still want an (another) baby (92%). Only three of them said they had overcome infertility and conceived naturally.

### Overview of statistical analysis

The data analysis was performed with the help of Nvivo 12, because it consisted of qualitative data. The principle according to which the qualitative data was grouped was the following: the elements placed in the same group must be as similar as possible to each other and as different as possible from the elements identified in other groups. The literature mentions five methods for qualitative coding data: open coding (sometimes called conceptual or thematic coding), axial coding, selective coding, accurate coding, and interpretive coding. For our study, we will use open and axial coding. In open coding we formed the initial categories without making a priori assumptions about what kind of categories could be identified. After that, we used axial coding for grouping the previous codes into different themes.

The main themes that emerged, after axial coding, were the following:

- a) the underlying causes of negative emotional response
- b) coping strategies
- c) the magnitude of the desire to become a mother
- d) the effect of treatment on the emotional response
- e) the needs these women have.

A subcategory of the underlying causes of negative emotional reactions was the ethical issues that women faced during the procedures. The codes are detailed in the Table 1.

Table 1. Ethical issues subthemes

Name	N
Business as aim (marketing)	4
Defective patient-doctor relation (medical errors, lack of information)	9
High costs	20
Lack of information in public space	3
Public health services problems	6

### Results

As seen in Table 1., among the difficulties mentioned by the women involved in our research, who went through an ART experience (n=50), we say the terrible patient-doctor relationship and the medical errors, the multitude of information in the public space that is contradictory, the feeling that experiments are being done on the patient's body and the risks of the treatment, the feeling that private clinics are just businesses that have to make money, but not to take into account the patient's life. Last but not least, the costs of these techniques seem to be a real problem, given that treatments paid for by public health services are hard to access.

Regarding the doctor-patient relationship, we detail below some of the shared experiences:

**30 years-old, married, childless:** *“I lost my pregnancy due to a medical error. I was scared at first but brave, thinking that this was the only way to have a child, but the medical mistake disappointed me enormously. I still suffer, and it is unfair. Doctors should pay more attention to the fact that such a medical error can lead to suicide or even serious mental health problems.”*

**23 years-old, married, childless** *“Our chances were 100% and 0% simultaneously; unfortunately, choosing an untrained doctor in a hurry made the 0% chance to win.”*

**34 years-old, in a stable relationship, childless:** “(...) it's hard to find a good doctor to take an interest in.”

**37 years-old, married, childless:** “(...) my husband has been facing a bacterium in the sperm culture for eight months, and until he made antibiotic injections, he did not escape, treatment finally given by a very old doctor (other than our infertility doctor).”

**36 years-old, married, childless:** “Slightly frustrated by the disorganization/lack of information from the clinic/doctor I will have IVF with.”

Regarding the feeling that experiments are being done on the patient's body and the risks of the treatment, four of our participants told us:

**35 years-old, married, childless:** “Now, with IVF already done, I no longer have the strength to understand why I can't transfer any embryos: the stimulation brought me an endometrial polyp that I didn't expect; I thought I would be pregnant by now.”

**37 years-old, married, childless:** “For only four years, I have been struggling with IVF, and I have faced many unpleasant situations. I have low immunity; I take the bacteria continuously; my husband has been facing a bacterium in the sperm culture for eight months....”

**35 years-old, married, childless:** “(...) but embryo transfers remain to be performed, which are still delayed due to problems with hormonal stimulation.”

**23 years-old, married, childless:** “As the procedure to follow is difficult for me as a woman mentally and physically because I had some problems that appeared as a surprise.”

Considering the ethical marketing issues, one of our participants, a childless, 30 years-old woman told us “... (the doctors and the clinics must) ... give up the idea of a "band." I understand that a private clinic is a business like a watch store, but it's about the patient's life!"; “Many doctors call you at their private practice, of course, for the money.”

Regarding the usefulness of advertising, one of the participants, a childless, 26 years-old woman said: “I think it should be more publicized because not everyone knows and can't understand. I had co-workers who told me I didn't know when to have sex so that I couldn't get pregnant.”

Furthermore, almost half of the participants complained about the costs of these procedures (20 out of 50 mentioned this issue). They talked about how much the system cost them, but they also spoke about the consequences of these high costs on their emotional health.

**37 years-old, married, childless:** “It's different every time; the higher costs that bring you to your knees matter greatly. There are countries where you can do these procedures at no cost, a situation that helps you mentally for a long time.”. She also said that, “unfortunately, money is a real problem. In vain, you get along well with your psyche and motivate yourself if you don't have the money.”, and “I am convinced that there are many girls who want and cannot even dream of such procedures due to the material situation.”

**23 years-old, married, childless:** “As for costs, I can say that these procedures cost a lot, considering our salaries.”

**39 years-old, in a stable relationship, childless:** “Very high costs, beyond our financial possibilities - about 7000 euros spent (analysis, investigations, oocytes, procedure, roads, accommodation).”

**23 years-old, married, childless:** “The money was borrowed from the bank.”

**31 years-old, married, mother of one:** “It was a difficult experience, which required much financial effort.”

Another fundamental problem is that ART treatments are not fully covered under the public health service, and this fact makes them inaccessible to many women or couples, a fact confirmed by our participants: *“I was disappointed by the high costs and the minimal support offered by public health service.”* (31-year old female participant). *“The public health service does not help you. You also pay for the HIV or pap smear test.”* The waiting periods for an appointment are also an important issue. One participant (female, childless, 37 years-old) told us that *“Plus, you've been waiting for months for an appointment at the state hospital. There are even four months of waiting for the first appointment with an infertility doctor, which is not ok. After the tests (many tests must be done on certain days of the menstrual cycle), wait a few months for interpretation, and if there is a problem with the tests, start treatment and wait months until the next appointment. It's cruel.”*

All this information helps us get an overview of the impact of the ethical implications of ARTs on every woman or couple who wants to become a parent.

## Discussion

Undoubtedly, pregnancy is the ultimate desire of all women and couples who use such techniques, but no one anticipates the problems that may arise. As we can see, even if the ethical issues weren't so often mentioned, as were the feelings they faced during these experiences, they are an essential aspect of becoming a mother. These problems bring emotional instability and can even lead to abandoning the dream of becoming a parent.

Given the side effects impact on patients, we believe the physician must discuss the risks of all medicines and treatment with the patient. At the same time, perhaps a set of written materials, along with or in the form of informed consent, offered to the patient would help him make many better-informed decisions. This way, the problems related to ethics in the patient-doctor relationship can be reduced. These ideas are also supported by previous research (Shanner & Nisker, 2001; Etchells et al., 1996).

It also seems that fair marketing is not incomprehensible to people interested in assisted human reproduction techniques. However, market values may not be the proper basis for raising families, as Patrizio et al. (2022) concluded. It is entirely unethical to take advantage of their willingness to become parents and speculate on social norms (Nadimpally & Venkatachalam, 2016; Mukherjee & Nadimpally, 2006). Returning to the previous idea, it is essential that people who turn to the services of specialized clinics feel safe, meaningful, and properly cared for. When it comes to people's lives, women/couples should be seen more than those customers who buy a product that leads to an increase in the company's turnover; empathy is essential in such a business.

The idea of Harper et al. (2013) about the need for equal access to medically assisted reproduction is supported by our study. Cheaper, affordable, or even free treatments would make the ART road easier. Caring about the amount of money needed for each stage of treatment can affect a woman's emotional health, so it must be considered financial support for the couples/women who cannot become pregnant naturally.

## Conclusion

ARTs are more than drugs, tests, and procedures. They are also about feeling safe in your relationship with your doctor, being well informed, receiving financial support, and feeling that your health is paramount on this path that is very difficult to deal with emotionally. It seems that decision-making concerning IVF cannot be based only on clinical and economic considerations. Ethical principles, social norms, political relations, and religious beliefs are mandatory. Legal harmonization in ART worldwide and even access to treatment for infertility are required to avoid ethical issues.

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## ETHICAL IMPLICATIONS REGARDING THE USE OF BIOTECHNOLOGIES IN TERMINAL PATIENT CARE

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### Abstract

Modern medicine has made significant progress regarding the use of medical biotechnologies in order to support and reduce the suffering of terminally ill patients. The developments of the 21st century have brought new certainties in the medical field regarding the capacity to support or replace the main function of affected organs, offering new opportunities for end-of-life care.

From another perspective, a debatable area concerning the benefits of implementation of medical devices in end-of-life raises various ethical disputes. The excessive use of life support techniques in case of terminal patients can lead to a health worsening and a low quality of life. Cultural and religious beliefs of patients' and health care providers' also have a great influence on decisions regarding their end-of-life. The ethical and deontological justification for a reasonable usage of life support biotechnologies is the basis of improving the end-of-life decision-making process.

The purpose of this paper is to determinate the ethical justification of the use of life support biotechnologies that lead to a mechanization of the death process. Therefore, we will focus on the morality of the decisions regarding the sustaining or withdrawing the life sustaining techniques, which will provide a major conclusive force towards more rational and reliable end-of-life decisions.

**Keywords:** ethics, biotechnology, mechanization, terminal patient, palliative care

### The implications of biotechnologies throughout the history

Along with the art of healing, springing from the urgent need to help the suffering ones, "empirical practice has always preceded theory" (Riga & Călin, 2008) guiding the meaning, the hopes and the finality of the human search towards an increase of the quality of life along with the wish of prolonging it. If, from an intuitive theoretical perspective, life still had a meaning and a signification, death, as an obviously disconcerting reality, continued to remain an impenetrable mystery for man. From a thanatological perspective, it is difficult to achieve a medical certification of the phenomenon of death, because very often, moving from the theoretical conceptualization to the concrete medical facts, we must recognize that "the importance of risk awareness increases with the assertion of the impossibility of eliminating these risks" (Beck, 1992).

Biotechnology is a concept that brings together both living organisms and technology in one. It is a science that existed in the far past and is expanding in the present. The first example of biotechnology was provided by the evidence found in Gobeklitepe, Anatolia and it shows that man carried out fermentation in 10.000 BC (Memisoglu, 2020).

When referring to the father of medicine, Hippocrates and continuing with Herophilos, Erasistratos, Galen, Avicenna or Vesalius, the need to discover the structure of human body arose from the presence of physical suffering. The development of medicine

needed to be accompanied by the elaboration of ethical principles and anthropogenic sedimentation of moral conscience, in order to establish methods of properly using the accomplished knowledge and practicing of modern medicine.

Although extraordinary advances in medicine, including anatomical and histological descriptions, were made, a clear pathophysiology of the disease was not crystallized at that time. Rudolf Virchow's pathology school firstly linked the outbreak of disease to a histological injury and specific symptoms and its causal influences from the external environment. These assertions have proved their validity criteria together with the hypotheses launched in the seventeenth century, the time when the concept itself evolved from "symptom-disease" towards "disease-syndrome" (Dewhurst, 1966), thanks to the contributions of the English physician Thomas Sydenham (1624- 1689), which finally led to the terminologically evolution of the concept of disease in modern medicine: "nosological entity".

The nineteenth and twentieth centuries were characterized by the cognitive development offered by the dominant mechanistic philosophy (Trousson, 1997). The research conducted by scientists of that time is characterized by the expansion of studies on the "small infinity" of the universe (Prigogine & Stengers, 1984). One of the most noticeable events of the year 1665 is the discovery of the cell, made by Robert Hooke. Moreover, important discoveries were also made in the fields of biochemistry (Mohan & Neacșu, 1992) by Robert Koch and Louis Pasteur. The scientific achievements in genetics, were also noticeable due to the description of the structure of the double helix model of DNA, in 1953, by Francis Crick and Jim Watson (Lecourt, 2005). Through these innovations, the confidence in the claims of materialism started to lose popularity and the biological model was transposed into medical practice.

In the twentieth century, Jean-Paul Sartre considered the man as being "condemned to be free" despite of the reality of death. If death terminates man's transcendence and forecloses his possibilities, then it also limits his freedom. It is the argument of this work that freedom has its limitations and the greatest of such is death (Iwuagwu, 2019). These ideas were already projecting the coordinates of the Sisyphean archetype of suffering and damnation on the canvas of existentialism, a context in which the horizon of lovers of wisdom opened themselves to the new personalist current, the noetic space where, axiologically, the human person was positioned as a central value.

### **Ethical considerations of biotechnologies nowadays**

What does biotechnologies, which are as old as human history, have to do with modern ethics? First of all, technology, in general, leads to social transformation. As Postman states in his book, technology can transform people into healthier individuals and extend their lives. On the other hand, companies tend to focus on financial benefits, while moving away from moral responsibility and developing a subculture without moral foundation (Postman, 2011).

When referring to the implications of biotechnologies in assessing terminally ill patients, a lot of debatable questions could occur. Do we really want to live longer? What if the person, whose life has been prolonged, is the one who will cause damage to the world? Should the prolongation of life only apply to rich societies? Isn't access to medicine produced with advanced technology and healthy living the fundamental right of all people? Such questions indicate the necessity of not only taking into consideration the biological needs, but also paying attention to psychological, spiritual, moral and deontological aspects of prolonging life artificially (Memisoglu, 2020).

At present, on the contrary, the problem of postmodernity lies in discrediting eternity and in the radical temporalization of existence. Due to these reasons, many issues emerge, when approaching actual medical problems that are exacerbated by the SARS CoV19

pandemic. The human being is forced - through economic and pseudo-cultural mechanisms, - to wear the coat of an individual who finds himself in a filthy rupture of the canvas of time. The world we live in tends to become out of substance and to be the generator of a superficial human model, reduced to the immediate surface of reality, which makes the pragmatism of science be accompanied by a state of recoil at the moral level of human consciousness. It is becoming increasingly clear that humanity is part of a concerted action that leads to a dilution of ethical responsibility.

The paradoxes of the history of medicine do not completely capture the particularities of the life-death dichotomy and therefore, even if there is a certain process of determining and declaring death, its perception is different depending on the human factor and the performance of medical equipment. From an epistemic perspective, these referential remarks lead to the theme of "mechanization of death", which, besides focusing on the actual pandemic context, is an introspective diachronic return to the history of medicine. In order to better understand the relationship between biological, psychological, ethical, social, technical and spiritual factors in the case of terminal illness, it is necessary to open oneself to an apprehensive horizon in which we can use the principle of modeling, taken from IT, thus simplifying schematically, a process always situated between comprehension and explanation (Riedel, 1989). It can be rendered not only by the symbolic expressiveness of "1" and the almost improbable "0", but precisely when, by revealing the possible relations in their fractal infinity, Mandelbrot (2010) demonstrated that one can speak of the whole Universe as of about a computational process. This is also the analytical framework where the concept of death proteomically crosses a plurality of anthropological, sociological and religious fields, frequently imposing the impression of over-determination. Therefore, the contribution of morphopathology to the research of the phenomenon of death is not negligible, although, out of epistemological caution, many thanatologists have abandoned theories that intersect metaphysics and science at the ontological level and have focused research on psychoethics.

Science has always promoted human assistance in the process of death of the ill. This process became part of a medical act and the need of ethical and deontological criteria for regulating it started to increase. Especially nowadays, due to the technological developments, the use of medical equipment in order to maintain and also to prolong led to various ethical debates. Thus, the actual regulations for hospitals require intensive care units (ICU) to be equipped with various life support medical devices including: defibrillators, patient monitors, pulse oximeters, ventilators.

The availability of technology may create a sense of moral obligation to use it based on a belief that to treat is to care. Nevertheless, the professional norms of the medical acts define certain circumstances in which some heroic measures are not obligatory. For example, cardiopulmonary resuscitation in terminal cancer patients is not endorsed because of its violation of the dignity of the irremediably ill, and its unproductive cost to society. Moving back from this extreme, the availability and effectiveness of life-prolonging treatments, such as ventilators, dialysis, and implantable mechanical hearts, moves into a domain where the boundary limit of the obligation to preserve life is less clearly defined. When the continuing intervention of caregivers is essential to the prolongation of life, but the outcome and quality of residual life has deteriorated far below everyone's expectations when the treatment was initiated, caregivers are morally troubled as their treatments prolong the process of dying (Reynolds, 2007).

### **The general access to technology: a moral obligation?**

The assertion that the care of the dying and the assistance of death remain *sine qua non* obligations, which can be discursively positioned at the same level as the Hippocratic Oath. From an analytical point of view, death cannot have an independent existence because

it is linked to life. Death is not an abstract notion which is beyond the material or spiritual reality. The meaning of death can only be found facing and confronting life and the sufferance associated with it, especially in the presence diseases known for their terminal phase which can include conditions like: comatose states and immobilization in bed, impossibility of oral administration of medication, difficulties by administering fluids (Ellershaw, Ward, 2003).

Determined by a paradigm shift structured on three axes, ICU protocols in hospital units, have overcome the biomedical model based only on etiology, pathology and symptoms, increasingly taking into considerations aspects such as: 1- the model of medical rehabilitation as a bio-psycho-social approach of patients with disabilities, according to the International Classification of Functioning, Disability and Health (ICF) classification, 2- the transition from a medical paternalism to patient-centered medicine, 3- the focus on the axiological topic of life (expressing the level of mentalities, cultural diversity or spiritual-religious structure). Practical considerations required the development of Core Sets which are also applicable in the clinical monitoring routine.

An intensive care unit must be equipped with the most advance medical tools, in order to achieve proper clinical protocols for terminal patients, especially for the ones facing imminent death. The principles of palliative care are based on the actual legislation in Romania, which regulates the rights of a patient (Law no. 46/2 Jan. 2003, updated on June 6, 2009).

The availability of technology may create a sense of moral obligation to use it based on a belief that to treat is to care. Taking this idea into consideration, clinicians could be faced with the trap of valuing technology more “than competent compassionate care at the end of life” (Nelson, 2001). The palliative care staff often feels morally obligated to continue technologic support of life, despite unlikely survival. In developed countries, the natural process of death was changed by the decisions made by health care providers, who have the possibility to prolong life or even to choose the time of death: “Whereas nature once decided who would live or die, our technological capacities have come to play that role” (Callahan, 2000). In countries with fewer technologic resources, end-of-life decisions are made with less certainty and conflict (Reynolds, 2007).

### **Ethics of using biotechnologies to prolong life for palliative care patients. Withdrawing versus withholding life support**

With advances in medical technology and therapeutics allowing the seemingly limitless maintenance of life, the exact time of death of an individual patient is often determined by the decision to limit life support. How to care for patients at the end of life is not only a medical problem but also a social, ethical, and legal issue. A lot of factors, besides culture, come into play in determining a person’s ethical attitudes or behaviors, such as experience, education, religion, individual attributes, and economic considerations (Li, 2013).

Withdrawing life-supporting technology from patients who are irremediably ill can raise many moral problems for caregivers, patients, and families. Interventions that enable clinicians to delay death may lead to situations in which the dignity and comfort of dying patients may be sacrificed in order to make a decision that only makes sense for professionals and families, one that may spare them from their elemental fear of death. Understanding the limits of treatment, expertise in palliation of symptoms, skillful communication, and careful orchestration of controllable events can help to manage the withdrawal of life support appropriately (Reynolds, 2007).

Despite consensus that there is no ethical or legal distinction between withholding and withdrawing treatment (Beauchamp, 2001; Gostin, 1997), caregivers experience a disturbing experience when being faced to choose between the two options (Gordon, 2004; Seymour,

1997). The feeling of responsibility and culpability for the death caused by the caregiver who took part in the withdraw process is almost inescapable despite theoretical distinctions, professional endorsements, and legal precedents. Seymour followed ICU physicians on their daily rounds and observed their end-of-life decision-making processes (Seymour, 1997). Unless the patient was very close to death, physicians were not comfortable withdrawing support even though they had earlier acknowledged a negative prognosis. The health providers could find a justification of administrating the withdrawing treatment only when “it becomes clear that death will occur in spite of any further treatment maneuvers. In this way a causative link between non-treatment and death is avoided.” To withdraw life support is to recognize that the underlying disease process cannot be reversed. The intention is not to kill, although death certainly ensues. The intention is to acknowledge the limits of medicine. The death that follows, even if immediate, indicates the severity of the disease state and uncovers the inability of the patient’s body to survive (Reynolds et al., 2007).

The decision-making capacity is often affected in case of dying patients. This process may be complex and emotionally draining for the terminal patient, its family and for the health care providers. Advanced directives, when available, should guide the decision-making process, although it is often a medical team decision (Mercadante et al., 2018). Patients’ families may experience psychological and physical distress, including depression, fear, anxiety, fatigue, anorexia, and early posttraumatic stress symptoms (Davidson et al., 2017).

Palliative care is patient and family-centered care with the aim of improving quality of life by addressing the patient’s suffering, providing a comprehensive management of patients facing incurable diseases. Moreover, palliative not only focuses on the physical aspects, but also on the psychological and spiritual characteristics, providing a personalized approach (Aslakson et al., 2017; Byock, 2006). Ethical and legal aspects of decision making, transition planning, care during the dying process, and family support including grief and bereavement care complete the pattern of palliative care competencies. Therefore, many families have the chance to be present at the time of death, for example by the withdrawal of mechanical ventilation or extubation, which allows them to easily accept the loss of a loved one.

Although, attitudes and behaviours to the end of life are frequently influenced by cultural aspects. There are many various religious points of view regarding on end-of-life decisions (Bülow et al., 2008). Therefore, the patient’s personal beliefs should be taken into consideration when deciding whether to sustain or to withdraw life support. For example, it has been shown that physicians with a Catholic background were less likely to withhold and withdraw therapy than their Protestant or agnostic counterparts (Mercadante et al., 2015). Korean Americans believe that life support should always be considered even though this is not what they would choose for themselves. African Americans believe that life-sustaining interventions could be forgone, yet they themselves want such interventions. Within the Chinese culture it is considered rude and courting bad luck to disclose a fatal diagnosis to a patient, obviating direct discussion of withdrawal (Desai et al., 2011). Health care providers should pay attention to these personal belief systems in order to make the decision which suits the patient’s beliefs and expectations.

Death, although studied for thousands of years empirically or scientifically, remains "an entity which is continuous and inseparable from life- being immanent to life" (Bernea, 1996). The irreducibility of phenomena of life and death make sense only linked to the irreducibility of existence itself, including its specific mystery. Taking this idea into consideration, irreducibility does not separate but, on the contrary, it unites. This relationship between life and death outline the importance of establishing a set of ethical and moral principles which should properly regulate implications of use of medical technologies in the process of death (Skolka, 2004).

## Conclusions

Ethical dilemmas will continue to appear as long as humanity exists. Referring to the dilemma of the implications of biotechnologies for prolonging life, what if the decision considered to be “right” by the medical provider does not take into consideration the spiritual and cultural needs of the terminal patient? As Shakespeare said, death is a “necessary end”, an inevitable reality that the patient, together with his family and physicians need to accept and to embrace. Prolonging life with the well-motivated use of biotechnologies could also become a degrading activity, which affects the dignity of the patient. The reasonable usage of life support biotechnologies is the basis of improving the end-of-life decisions for the common good of all the people involved in this process.

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## ETHICAL ASPECTS IN ROAD TRAFFIC SAFETY AND DRIVING BEHAVIOR CHANGE

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### Abstract

Road traffic injuries are a major global health and development problem, are the third leading cause of death for young people aged 15-29 years old worldwide. Less attention is paid to the prevention of road injuries considering ethical principles, even if everyone who shares a road can contribute to improving road safety by his/her responsibility, that refers to consciousness, individual responsibility, and proper behavior. Despite the government's efforts in reducing road accidents and injuries, however, the behavior and attitude of the participants in the traffic remain irresponsible. Government has a major responsibility for traffic safety, including road infrastructure, the adoption and enforcement of traffic laws, the taxation of fuel, and the education of drivers. On the other hand, road users are responsible for knowing the law and traffic rules, respect and attention in traffic, responsible behavior as a driver or pedestrian. Drivers have the moral duty while driving to use a seat belt, comply with road traffic rules and safety requirements and have a duty not to harm- to avoid putting yourself and others in danger by not observing safety measures. An ethical way to prevent harm due to injuries and death in traffic would be by understanding modifiable risk factors (behavior), increasing awareness of responsibility in traffic, and increasing respect for all participants in traffic, without causing any damage. This paper provides a background for a discussion of the ethical aspects applied in maintaining road safety.

**Keywords:** Road traffic injuries, duty not to harm, moral responsibility, road safety, behavior change.

### Introduction

Road traffic injuries are a widespread public health problem, particularly in low- and middle-income countries (Etco et al, 2014; Heydari et al., 2019; Cociu et al., 2020). According to WHO, Global Status Report on Road Safety, the number of deaths on the world's roads remains unacceptably high, with an estimated 1.35 million people dying each year (Evans, 2008, WHO, 2018). Road traffic injuries are now the leading cause of death for children and young adults aged 5–29 years and more than half of all road traffic deaths are among vulnerable road users: pedestrians, cyclists and motorcyclists (WHO, 2018). Global Burden of Disease Collaborative Network, 2019 estimate that road injury ranks 8th after the main causes of death and according to forecasts will rank 5th by 2030. According to the Sustainable Development Goals, adopted by the UN General Assembly in 2017, our country assumes that by 2030 to reduce by 50% of deaths and injuries due to road accidents according to objective 3 (Health and well-being) (ONU, 2010) and according to Objective 11 (Sustainable Cities and Communities) - by 2030, ensuring access to safe, fair, affordable and sustainable transport systems for all, improving road safety, in particular by expanding public transport networks. At the global level, 12 Voluntary Global Performance Goals are set for the road with a focus on safety risk factors and service delivery mechanisms. The issue of

road injury is reflected in the legislative, normative and methodological framework of the country of the Republic of Moldova and support the "Zero Progressive Vision", from vision to strategy, "no deaths in road accidents", which has become an important component of the new concept of public health - "Healthy Cities".

The Republic of Moldova is characterized by a high mortality from road accidents, the most vulnerable group in this regard are men aged 20-29 and 50-59 years. A recent analysis (Cociu & Cebanu, 2019) of the causes of accidents underline that the human factor remains the most important and represents 50-90% of all causes of accidents. Children and people over the age of 50 are more likely to fall victim to a collision, and in the 15-39 age group they have a higher risk of dying behind the wheel or being a passenger in a transport unit. The majority (34%) of the deceased are pedestrians, followed by car passengers (33%) and drivers (25%), motorcyclists and cyclists - 4% and 2% respectively. Some actions in education of traffic behavior includes such issues as speeding, seat belt use, and child car seat, prevention of driving under the influence of alcohol and other substances with similar effects, protection of the most vulnerable road users - pedestrians, children and cyclists. Data analysis on road injuries shows the necessity of taking measures to target interventions for prevention and treatment, thus reducing mortality and morbidity injured population.

Data from a recent prospective study (Cociu, 2020), identify 324 cases of injury which reported traffic related mechanism at the Emergency Department during a year; half of the patients it was unknown if seatbelt was used, 14% did not, while only 36% - use seatbelt; child safety restrains were used in only 17%, in 76%- not known and in 7% -not used. Data concerning deaths and morbidity of children and adults resulting from road accidents form another study showed a downward trend of 30.3%, although it is an urgent need to further develop actions to prevent road injuries and to strengthen the multidisciplinary efforts of all actors in different competent bodies and structures (Cazacu-Stratu et al, 2021).

More government interventions, policies and programs have been proposed in order to prevent road injuries, decision makers still accept injury and death due to road traffic, even knowing that those may save lives thought comprehensive prevention. So, far, this problem was less approached by applying and respecting ethical aspects among all the participants in traffic. In nowadays, the roads may be safer, because of technologies such as seat belts, but the future holds many more ways that technology can save and improve lives on the road. Raising awareness of population regarding elementary methods of protection on road safety could considerably contribute to achieving the proposed goal. In the same context, an intervention in the road traffic injury prevention could serve to apply an ethical approach to this, such as moral responsibility or duty to respect others in relation to all participants in traffic.

### **What we can do to improve?**

So many actions have been done in the regard of insuring the safety of traffic participants, most of them are related to governmental programs, laws and regulation, or high fees for traffic violations. All of which have been successful in some countries and less successful in others. Several questions may follow: are nowadays measures, policies and technologies ethically justifiable to achieve the goal of save people's lives? should ethical concern such as moral and social responsibility, and no harm (non-maleficence) improve the road safety in the country? If so, may that argue a cost-effective model in the prevention of road injuries? Applying the PICO tool, I will follow with this research question: *Can ethical concerns lead to effective traffic safety policies? Can ethical concerns lead to changing and improving the driver behavior?*

## **Justification**

Road traffic injuries can be prevented, and many preventative interventions have been implemented over the last decades, especially in high-income countries. Life and its quality depend on each one of us. It is impossible to change people's attitude if he/she does not want that. From the medical perspective there should be developed the professional self-confidence and skills to know where and when to productively intervene. These productive interventions could develop cooperative partnerships which will allow not only evaluating the physical mechanisms of injury, but also underlining risk factors and understanding them. Even so, knowing that using seat belts for ex. is a zero cost intervention with regret, but still many do not use it. A major objective in the prevention of road trauma would be that the message to reach the population using different methods so that to be understandable that injuries are a health risk and that it can be prevented by joint effort and major involvement of all actors from the country. Each participant in road traffic can contribute at the same time to improving and endangering road traffic safety, which means its responsibility, is twice. Ethical aspects in regard to road traffic have not received largely attention so far, even if those can be prevented by applying individual protection measures and observing the traffic rules established by law. The key to the effectiveness of a safe ethic is humanizing the population and building relationships with respect for the human being. The challenge for the community in ensuring safety is to understand the impact and contribute to safety and risk management in traffic. Discussion of policies and regulations from the ethical perspective in road safety is not covered largely. The increased attention of professionals, researchers but also of individuals in civil society on ethical issues related to injury and death in traffic has the potential to generate enormous reductions in damage, much greater than these from ongoing safety programs.

## **Ethical aspects in road traffic prevention.**

It is known that, ethics deals with issues of rights, obligations, duties, and responsibilities, also theories and discussions about what activity is right or wrong. All these concepts and issues can be applied in the field of the road traffic safety. A basic norm of the traffic ethics is: "Think of yourself and others!" (Elvebakk, 2005).

Is there a driver moral responsibility to prevent harm while is using and sharing a road with others? The principle of not doing harm means that you have an obligation to avoid actions which could reasonably be foreseen to harm damage of any kind to another person or for yourself. This means that you must anticipate the risks when we are in traffic and take care, by respecting the road rules, to prevent possible injuries or damages to yourself or other person involved in the traffic.

The harm principle is prominent in discussions of public health, including injury prevention (Ameratunga et al., 2019). Road traffic causes "much harm", personal vehicle use is one of the major sources of harm in the modern world (Husak, 2004). We have a moral duty while driving (seat belt use, compliance with road traffic rules, safety requirements) and duty not to harm (non- maleficence) - to avoid putting yourself and others in danger by not observing safety measures. We have a duty to ourselves and the people who rely on us to maintain our health and functional status by avoiding harm. We have duties to other in our society to avoid harming, (a) others and (b) their property, and thereby using an unjust share of public resources to repair the damage to people and property.

What legal duties does a driver have? Drivers are required to be careful not to injure anyone (duty not to harm) else on the road. That means: to drive respecting the legal norms of the country, be attentive/careful and cautious when getting behind the wheel and check the technical control of the permanent vehicle.

Sharing the same road, we have duties to be responsible. Traffic accidents harm us, others, and property, so we need to be responsible and maintain the road safety. We have a duty to prevent traffic accidents to prevent all of those harms and costs. With regard to the economic losses as a result of road accidents, it is difficult to estimate (Heydari et al., 2019), the countries announce a large number of hospitalization, a big number of people who remain with the sequelae for the rest of their life due to a road accident and need care, large amount are imposed by the state to be allocated, but separate studies on this issue are certainly needed.

Behavioral factors in traffic has an increased risk to crashes and injuries. This is a need to be considered, moral responsibility and moral judgment for those who drive aggressive and put his and others life in danger (Elvebakk, 2005). Does those need to be supported by policy? Dilemma: if the morality refers to personal responsibility, may it help to reduce the road traffic harm within the policy implication, only to punish those who do harm (mostly unintentionally, unreeling their risky behavioral).

On the one hand, drivers are those who bear the personal moral responsibility not to harm others (Evans, 2008), but are drivers or pedestrians aware that illegal driving is a threat to others? Are they correctly informed about? Who participates in these information processes, who creates this environment / conditions for traffic participants? The driver is the final agent, and institutions / environment indirectly contribute to the driver's behavior and thus directly contribute to trauma and traffic accidents.

In the Fahlquist (2009) opinion, there seems to be a fundamental difference between privacy in your own home, in your own car and privacy on the road. The high degree of risk exposure associated with driving may imply that the expectation of confidentiality on the road is unreasonable. Justice referring to the fact that humane infrastructure protects vulnerable road users, for example children, the elderly and disabled people; but responsibility for traffic safety- individuals driving safely and that accidents are caused by drivers (Fahlquist, 2009).

Public education is effective in changing behavior and attitudes that lead to traffic accidents. *Health promotion and health education in injuries prevention* has a huge role (Cebanu et al., 2020). Authors mention, that in the Republic of Moldova, activities for teaching health promotion are provided for all study programs within the “Nicolae Testemitanu” State University of Medicine and Pharmacy (SUMPh), the is prevention and injury control course aiming to promote injury prevention among the population by having trained students and doctors. Starting with 2020, within the Program of Continuing Medical Education we conduct Health Promotion and Behavior Change course in close collaboration with the National Agency for Public Health, Healthy Life Project: reducing the burden of non-communicable diseases. Also, several informative events were organized in partnership with National Patrol Inspectorate, which promote a responsible traffic behavior in the country. Another injury prevention action was the Novateca Project, through which public libraries across the country were involved in informing the population about methods of injuries prevention, intoxications and poisoning among children, as well as in distributing informative materials to the population. If injury prevention were considered fundamental by many health promotion practitioners, if more attention were offered to the promotion part, perhaps we could have prevented much more of these injuries, deaths and disabilities.

### **Behavioral change intervention for road injuries prevention (COM-B)**

The COM-B model of behavior (Capability, Opportunity and Motivation), proposed by Michie et al. 2011, is the one I will bring arguments for application in road injuries prevention (Michie et al., 2014). This is a tool for a better understanding behaviors and make the behavioral diagnosis: define the problem in behavioral terms, select the target behavior, specify the target behavior and identify what needs to change. This instrument was

studied and applied in the Republic of Moldova in the fight against the burden of non-communicable diseases, in planning interventions of behavior change, identifying risk factors, empowering communities, as well as for various final purposes (Sécula et al., 2020; Curteanu et al., 2021).

What knowledge supports us for a better understanding of the content of the current intervention? Knowing the fact that preventing road injuries is a public health priority, so we must not forget that the process of the public health system it is a continuous cycle of collecting and analyzing information, making decisions, carrying out actions and evaluation procedures. It is also important to find in which way the Causes and effect correlates to identify the reasons for Road Accidents/Traffic Problem. In the Fig.1 are illustrated the main causes and effects using the Fishbone Diagram (Cociu et al, 2021). Previous studies on risk factors in road accidents and road injuries highlight 3 major factors: the human factor and its behavior, the condition of the road and environmental factors, and the factors conditioned by the vehicle (Cociu et al., 2021; Cociu et al, 2020; Staton et al.,2016; Mohanty & Gupta, 2015; Razzaghi et al., 2009; Waller, 2001).

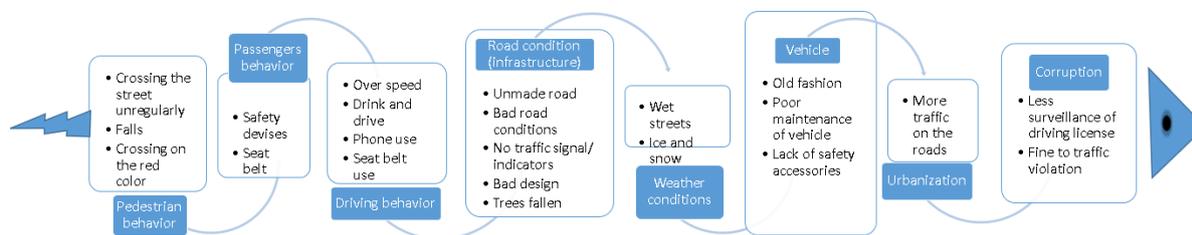


Fig.1. Cause- Effect. Fishbone Diagram. Reasons for Road Accidents/Traffic Problem

In the literature, numerous factors are described that contribute to the occurrence of road accidents and injuries due to that (Etco & Moroşanu, 2014; WHO, 2018). According to the World Health Organization's Global Road Safety Report (WHO, 2009; WHO, 2018), the main causes of road trauma are traffic violations, drunkenness, road conditions and environmental factors (ice, fog, technical vehicle defections, time of year, street lighting s.a.).

The key principles for planning behavior change interventions can also be applied as criteria for self-assessing the quality of the intervention project developed. When do so, is important to justify thought data, asses data to understand behaviors; change one behavior at a time; the behavior you want to change or want to achieve must be specific; start with a small result (start with little to achieve and continue); behaviors take place within behavioral systems, which you also need to understand; behavior change can occur at different levels and in different locations; behavior change is iterative (relapses are possible!).

When planning the intervention, think about what would be the first thing to do when you decide to take action in road safety within your country. Also, from where do we get good road safety data/ information. Following the COM-B model, you need to define the problem in behavioral terms (step 1):

- What is the problematic behavior you want to change? (ex. driving a car under the influence of alcohol, or drivers exceed the maximum allowable speed limit)
- Who is involved in the manifestation of the behavior? (ex. Drivers)
- Where does the behavior take place? (ex. in car, driving)

After assessing the problematic behaviour, need to see what conclusions from *scientific evidence* or literature review support this problem? Ex. From the above data:

- Men aged 20-29 years old and 50-59 years old were identified at higher risk of dying being a driver or being a passenger in a transport unit.

- Most accidents occurred in October, and the number of deaths is significant for May and September
- Distribution of road injuries by days of the week underline that both injuries and death are on Friday
- Most accidents with injuries occurred between 12.00 and 20.00, and most deaths occurred between 18.00 and 6.00.
- The most common causes of road injury or death were: failure to give priority to other vehicles and to pedestrian, failure to change lanes or direction of travel, incorrect turn, non-compliance with the distance between vehicles and inadequate speed, visibility, environmental conditions, road infrastructure.
- Some of the factors that influence the occurrence of road accidents are: insufficient organization of activities in the field of passenger transport, incorrect systematization use of road traffic and irresponsibility of road users.

The step 2 will focus on creating a *long list of desired behaviors: (ex.):*

- The Government of the Republic of Moldova is making efforts in support of promoting road safety reforms
- The competent evidence bodies have a better evidence and monitoring of the traffic violation and of the road injury surveillance.
- The state will ensure that new roads meet technical standards.
- Driver instructors train future drivers at the highest level
- Drivers are following all the basic rules while driving
- Drivers are not speaking at the phone while driving
- Drivers will use the seat belts while driving
- Car passengers use the safety devices in car
- Pedestrian crossing the road regulatory

The list of behaviors may be longer as we mentioned within the cause –effect diagraph. The next step will be to choose the target behavior: What is the "desired" behavior you want to achieve? From the long list of behaviors whose list you just generated, for ex. We choose 2 of them to examine and evaluate according to 3 questions: which will be the impact of behaviour change, which will be the propability of change and what may be the effect.

Potential target behavior	The impact of behavior change	Probability of change	Spreading effects
The Government of the Republic of Moldova is making efforts in support of promoting road safety reforms.	High (will affect the entire population)	From small to medium? How easily will you be able to make legislative changes?	Positive: limits and restrictions will be promoted for excessive speed, phone use, seat belt use Negative: drivers will not comply with the rules in force
Drivers use the seat belts while driving	Medium (will affect drivers and passengers)	Medium (how easily you will be able to create the ability of drivers to use the seat belt and its benefits	Positive: effect on the whole family Negative: hospitals will have fewer patients with road trauma

Step 3, based on this evaluation we choose a single behaviour (ex. Drivers use the seat belts while driving) and try to make it as specific as possible in accordance with the principle 3 (The behavior you want to change or reach must be as specific as possible) and describe the target behavior according to who needs to do, what, when, where, how often and with whom.

Who should adopt this behavior?	Target group ( drivers )
What do they have to do differently to achieve the desired change?	to use the seat belts while driving
When should he do this?	All the time when driving a car
Where should he do this?	In community/ city
How often should he do this?	All the time
With whom should he do this with?	Individually, friends

Next, step 4 we need to understand what components of behavior need to change, identify what needs to change to get the desired behavior (ex. Drivers use the seat belts all the time while driving). At this stage will be applied the *COM-B components* (capability, opportunities and motivation). *Capability* refers to the fact if the person or persons affected by the change in behavior must have physical strength, knowledge, skills, stamina, etc. to perform the behavior; it refers to physical capability (physical skill) and psychological capability (the capacity to engage in the necessary thought processes -comprehension, reasoning). There must be a "*opportunity*" for this behavior to take place in terms of a favorable physical and social environment (ex. it must be physically accessible, financially accessible, socially acceptable and there must be sufficient time); it refers to physical opportunity (opportunity afforded by the environment) and social opportunity (opportunity afforded by the cultural milieu that dictates the way that we think about things). At the same time, there must be sufficient strong "*motivation*", people must be more motivated to adopt the behavior at the relevant time than not to do the behavior or to engage in competitive behavior; it refers to reflective motivation (beliefs about what is good and bad, conscious intentions, decisions and plans) and automatic motivation (emotional responses, desires, impulses and habits resulting from associative learning and physiological states).

COM-B Components	What we know (data / evidence)	What needs to happen to generate the desired behavior?	Is a change needed?
<b>Physical capability</b>	target group can use their seat belts	drivers trained to have knowledge and to be educated	Yes
<b>Psychological capability</b>	are unaware of the harms of not using a seat belt and the benefits of using it	accumulation of knowledge	Yes
<b>Physical opportunity</b>	drivers have access to information about the benefits of using a seat belt?	to provide this information	Yes

<b>Social opportunity</b>	there is no perception of the need to use a seat belt	to send messages / information about	Yes
<b>Reflective motivation</b>	drivers are not aware of the need to wear a seat belt (permanently)	applying and disseminating the desire for change recommendations	Yes
<b>Automatic motivation</b>	the existence of drivers who promote the use of seat belts permanently when driving	drivers use the seat belts all the time while driving	Yes

Taking into account the above analyses, the next steps will be to propose an intervention based on the COM-B analysis, choose team members to implement the intervention and mapping stakeholders and partners, establish the time frame for intervention and a preliminary budget.

Interventions must be chosen based on evidence. However, the interventions and/or the messages employed to support them in the community must be tailored to local culture and beliefs. Here are some good practice elements for road safety management (Bliss & Breen, 2013):

- ✓ Adopting a Safe System approach to addressing road safety
- ✓ Undertaking a road safety management capacity review and implementing the findings
- ✓ Providing strong road safety leadership through a “lead agency”
- ✓ Establishing a road safety management framework with Key Performance Indicators (KPIs), including the requirement for data collection strategies to effectively plan and monitor road safety activity and outcomes
- ✓ Building road safety capacity across the sector
- ✓ Developing and adopting ambitious strategies and road safety targets with regular reporting on progress.

### **Which is the best way to assess drivers' attitudes, modify or change driving behaviors?**

Is it necessary to involve social possibilities (are the way and tactics of proper conduct accepted in the community? what are the cultural aspects and how to set the safe driving from the insecure one, which could harm. Once we do not have individual roads, and we use the roads together, then we must all comply and use them responsibly. The practices show that most of the time the drivers' education is related to the knowledge of the laws and rules but less to the attitudes and responsibilities of maintaining road safety. Once you pass the car exam and you get your driver's license, they look at traffic respect and the humane attitude between drivers who use the same road. Driving should be perceived as a responsible joint activity and without harming anyone during the period of driving a car. It is definitely necessary to share good attitudes, responsibility in traffic, to create more awareness of one's own behavior towards others, to reduce road trauma, to live longer without being influenced by the risky behavior of one of the participants in traffic.

The National Road Safety Strategy is based on the Safe System approach adopted in Australia by improving road safety. This involves a holistic view of the road transport system and the interactions among roads and roadsides, travel speeds, vehicles and road users. It is an inclusive approach that caters for all groups using the road system, including drivers, motorcyclists, passengers, pedestrians, cyclists, and commercial and heavy vehicle drivers. Key inputs to the Safe System (Safe system diagram adapted from Safer Roads, Safer Queensland: Queensland's Road Safety Strategy 2015–21) are:

- using data, research and evaluation to understand crashes and risks
- developing road rules and enforcement strategies to encourage compliance and manage non-compliance with the road rules
- managing access to the road through licensing drivers and riders and registering vehicles
- providing education and information
- being open to and seeking innovation
- developing standards for safe vehicles, roads and equipment
- good management and coordination

Within the National Road Safety Conference, 2019 were also discussed the impact of behavior change and the use of behavior change techniques in road safety interventions. Prof. Paul Norman, University of Sheffield come up with three important factors in changing road safety behavior: attitude, subjective norm and perceived behavior control; referring to speed limit while driving that may result in less injuries and accidents, less risk for pedestrian, less air pollution, and it makes easier to detect hazards. He concludes that changing behavioral may influence positive the road safety. It was also discussed that young drivers are more likely to get injured because of lack of sufficient experience in driving and understanding this behavior may prevent injuries by setting up effective specific interventions (Tingval & Haworth, 1999; Government Offices of Sweden, 2019).

It is important to realize that in the prevention of road trauma a complex approach is needed between the parties involved: people, vehicles and road infrastructure. A secure approach to the system ensures their interaction in a way that creates a high level of security, by anticipating and adjusting human errors. It is shown that in all accidents, speed is a key element that determines the forces that hurt people. Speed management is essential to improve the interaction of the three parts of the road transport system. Speed, whether driving at an inappropriate speed for the prevailing conditions or driving at a speed above the limit, contributes to the risk of accidents and their severity. Even if the vehicle speed is within the displayed speed limit and was not considered the cause of an accident, the kinetic energy transfer affects the severity of the injury.

Whose responsibility is this? A liability on the part of all those involved is necessary, so that the probability of an accident is reduced to a minimum, as a result of a fatal or serious injury. solutions must be sought throughout the system, and not just driver's / road manager's / car builders, law enforcement, police, anyone who has a direct or indirect contribution to road trauma (duty not to harm)

One of the best practice action, is the long term goal Vision Zero was set up by Sweden, the global leader in road safety performance, with 2.8 deaths per 100,000 inhabitants, decreasing by 66% the number of road deaths in 1990-2015. Vision Zero states that the loss of human life and health is unacceptable and therefore the road transport system should be designed in a way that such events do not occur. This means that safety is a more important area than other issues in the road transport system (except for health-related environmental issues). Mobility therefore should follow from safety and cannot be obtained at the expense of safety. Vision Zero means no one will be killed or seriously injured within the road transport system, in contrast, Vision Zero explicitly states that the responsibility is shared by the system designers and the road user. The guiding principles behind this approach are that people do make mistakes but this should not take or cost anyone's life; and the car safe system should be known and applied (when a crash is happened and that will continue to occur because people make mistakes, all the elements within the safe system should work together to ensure the forces created in the crash do not exceed the physical limits of our bodies and result in a fatal or serious injury. Vision Zero emphasizes that every human being is unique and irreplaceable (it is not good to take any harm or damage) and

involves research by identifying physical abilities and opportunities in road design, but also other aspects that can keep people safe (Australian Government, n.d.). The vision zero in Danish road safety strategy is even "Every accident is one too many and whenever someone is killed or seriously injured, necessary steps must be taken to avoid a similar event" (Elvebakk, 2005).

Starting from the point that the Vision zero – zero fatalities, no one shall be killed or seriously injured within the transport system, or that will violate the ethical aspect to not harm. The countries that have adopted this system maintain about 5 pillars: stakeholder's implication, ethical concept, shared responsibility while you are road user, safety philosophy and driving change.

By the stakeholder's implication, means that a better outcome is higher if a joint vision is united to fight for a common action (prevent injurie, no harm, no suffering), it is necessary a clear vision and the establishment of a coherent and targeted plan, and not only sporadic actions that have effect only for the moment related to, so, traffic safety involves to share the responsibility involving all the stakeholders.

Ethical concept, means that human life and health is paramount, life and health cannot, in the long run, be traded against other benefits, no life should be loosed on the roads, no harm, if those could be prevented.

Responsibility should be shared between each road users and system designers, comprehensive involvement, like: politicians, community planners, road managers, vehicle manufacturers, health sector, police, rescue forces, transport companies and everyone who professionally uses roads and streets (Fahlquist, 2009). Although human error is considered the most important cause in road crashes and injuries (Petridou & Moustaki, 2000), inadequate road design are also influences to road crashes and cause injuries and people are dying on the roads (Evans, 2008; Fahlquist, 2009). Emerging the responsibility of the drivers, road users is well reflected within the zero vision, which more and countries are attended to. For ex.: health professionals have a role in helping future drivers to achieve the knowledge in the way to be able to manage their safety on the roads; or parents contribute significantly to the road safety education of their children, by direct supervision as a learner driver, by applying and sharing the knowledge's and road user behavior daily; or teachers promote education campaign at school with children by promotion safe crossing streets, ability to perceive safe participation in traffic. Fahlquist (2009), is giving an example: if a driver got behind the wheel but drank alcohol before getting behind the wheel, then he certainly did not show responsibility. This situation could create an accident, injury or even loss of life, so it is necessary to involve regulations prohibiting the consumption of alcohol while driving, smart cars that would not allow the person who consumed alcohol to start the car. Government and the competent organs are in charge most to influence the driver's behavior and their responsibility and have a core duty to prevent the harm to other. It seems that this would be a solution to prevent trauma, but it still doesn't work and we see a lack of responsibility. In order to ensure a safer road traffic environment, it is necessary to involve different actors and a comprehensive collaboration.

In the other hand, could we explore the social opportunities in regard to social acceptance, cultural issues among the traffic participates as a motivation that would increase road safety. By understanding and showing responsibility that could lead to no death on the roads, no injured persons, for that is needed an ethical way of thinking to be developed and promoting of an early code of conduct while sharing the road.

Safety philosophy- although many actions have been taken to ensure safe roads in recent years, these are not yet as safe as they should be, like vehicle design, effective legislation, safety campaigns, driving behavior- still a challenge. Car system designers should be guide by ethical rules, and understand that "life and health can never be exchanged for

other benefits within the society” and “whenever someone is killed or seriously injured, necessary steps must be taken to avoid a similar event” (Fahlquist, 2009).

Driving change - there is a need to improve the road safety by using the smart cars, to improve the capacity of drivers, to follow best practices in infrastructure and designing the roads and increasing in traffic control (Husak, 2004; McPherson & Mladenović, 2014).

## Conclusions

Over the years, have been done many actions in prevention of injuries and deaths from road accidents, governments and local government have intervened with various projects and control interventions, but the problem still persists and is far from being reached in LMIC countries or speaking of LIC, so measures must be revised, evaluated, and properly set up. In order to improve the road traffic safety, it is necessary to involve all the stakeholders, involve all the required resource; it is necessary to change the behavior and make the population responsible, because even if we have better roads, smart vehicles, good laws and regulation, efficient strategies, but they will not be properly applied, then we will not have a result.

Car accidents and road traffic related injuries can be prevented, each can help improve road safety and avoid risks and damage. Each of involved in the road traffic can contribute in improving the road safety by his/her responsibility, which refers to consciousness, morality, ethics and ethical behavior, culture. Culture and responsibility can be achieved through continuing education, starting from home, school, university, work and this to be a continuous process for all current and future traffic participants.

An ethical way to prevent harm due to injuries and death in traffic would be by understanding modifiable risk factors (behavior), increasing psychological capacity and benefits and avoiding risks, investing in educational campaigns, effective communication, social support and encouragement, increase awareness of responsibility in traffic and increasing respect for all participants in traffic, without causing any damage. Drivers have the moral duty while driving to use seat belt, comply with road traffic rules and safety requirements and have duty not to harm- to avoid putting yourself and others in danger by not observing safety measures.

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## DIVERSITY AND INCLUSION 3.0

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### Abstract

Promoting diversity and inclusion (D&I) is increasingly perceived as a societal imperative and many organisations are putting in place D&I policies and practices.

However, as necessary as they are, a lot more could be achieved through D&I programmes. One reason is that when most organisations talk about D&I, they are really referring to what the author labels D&I 1.0, missing out on opportunities to augmenting it with D&I 2.0 and D&I 3.0. D&I 1.0 focuses on external (or visible) diversity. Combatting prejudice and discrimination against certain groups of people, and promoting equal opportunity constitutes its primary goal. D&I 1.0 is informed by social psychology as well as by anthropology and traditional interculturalism. It is not solely a matter of ethics. In a time of great resignation/attrition, organisations can ill afford to shun the talents of diverse groups of people.

D&I 2.0 refers to internal (or cognitive) diversity. At this stage, the categorical thinking that potentially gives rise to stereotyping and discrimination is avoided. Beyond demographics, D&I 2.0 focuses on diverse mental models. Inclusion at this level is about the synthesis of cultural differences ('and' versus 'or') to promote unity in diversity. People don't only feel welcomed and respected. They have the sense that their different viewpoints are seen as opportunities rather than as threats. They feel they belong and can thrive, in the interests of all parties and stakeholders.

D&I 3.0 considers implicit (or hidden) diversity. Inclusion at the 3.0 level is about tapping into our unconscious diversity potential and leveraging it, individually and collectively. This concept can notably be put into practice when coaching teams in order to remove cultural blindspots and access teams' hidden cultural potential. An apparent homogeneous team could indeed still be considered diverse and heterogeneous, albeit in an implicit, enfolded sense.

Intercultural coaching applies to all forms of diversity. Systematically weaving a cultural perspective into coaching represents a formidable opportunity to deploy the human potential in its rich cultural diversity, even when these cultural differences are still latent rather than unfolded. In practice, intercultural coaching for D&I combines D&I 1.0, 2.0 and 3.0 as appropriate and necessary in the situation. Intercultural coaching allows us to be more ambitious in what we can all expect from D&I programmes, by unleashing the full richness of diversity.

**Keywords:** diversity, inclusion, intercultural coaching, diversity and inclusion

Promoting diversity and inclusion (D&I) is increasingly perceived as a societal imperative and many organisations are putting in place D&I policies and practices.

However, an important difficulty with the concept of diversity is that various things exist under this headline (Harrison & Klein, 2007; Meyer, 2017). Likewise, D&I can be understood at different levels.

When most organisations talk about D&I, they are really referring to what I would label D&I 1.0. As necessary as these efforts are, a lot more could be achieved through diversity and inclusion programmes. Augmenting D&I 1.0 with D&I 2.0 and then D&I 3.0

represents a formidable yet still underused opportunity to boost creativity, flourishing and unity, for greater impact.

### **D&I 1.0: External (or visible) diversity**

Combating prejudice and discrimination against certain groups of people, and promoting equal opportunity constitutes the primary goal of D&I 1.0.

**Social psychology** is particularly helpful to understand how the social context shapes individual attitudes and behaviours, and can give rise to phenomena such as polarisation, exclusion, and racism.

Social categories turn out to be much blurrier than we think (Herbes-Sommers et al., 2003; Thomas, 2005; Plous, 2020). Who is a Black person? Someone with 1/8<sup>th</sup> Black ancestry? 1/16<sup>th</sup>? Any Black ancestry? All-Black ancestry? There is not a unique answer. Still, the ambiguity does not prevent people from thinking in terms of ‘us’ versus ‘them’.

Henri Tajfel showed that it is easy to trigger ‘ingroup bias’ (or ‘ingroup favouritism’) even when the groups are constituted randomly: those in our group constitute the ‘ingroup’ and those outside are the ‘outgroup’ (Tajfel, 1970).

Stereotyping is a common tendency, which is about minimising differences in the outgroup (i.e., ‘outgroup homogeneity bias’) and exaggerating differences between the outgroup and our ingroup (Wilder, 1986).

As Gordon Allport argued (1954), there is a slippery slope: this categorical thinking gives rise to prejudice, which is a ‘preconceived negative judgment of a group and its individual members’. While prejudice is a negative *attitude*, it often leads to discrimination, which is an ‘unjustified negative *behaviour* toward a group of people’ (Myers & Twenge, 2019).

Racism typically involves prejudice and discrimination vis-à-vis certain people, viewed as belonging to a different ‘race’. Racist acts can be characterised not only by their severity but also by the authors’ drives: rage and hatred, blind obedience (i.e., following orders), bystander effect/diffusion of responsibility (i.e., not intervening). Social psychology research (e.g., Milgram, 1974; Latané and Darley, 1970) has revealed that we are more prone to blind obedience and diffusion of responsibility than we think.

Once we become aware of these dynamics, we don’t need to fall prey to the detrimental phenomena and can learn instead to act responsibly and humanely. We can promote inclusion, which amounts to making our ingroup larger – possibly to embrace all humanity.

What is more, Mahzarin Banaji has shown with her Implicit Association Test (Banaji & Greenwald, 2013) that our biases may be unconscious, operating like ‘blindspots in our minds’. We may be unconsciously prejudiced against certain people without being consciously aware of it. Raising awareness is key again and it is also a matter of ‘feeding our brain the right stuff’: information and images of what reality is like in all its nuances, beyond limiting stereotypes (Plous, 2020).

**Anthropology and traditional interculturalism** are also very helpful here to describe cultural differences among nationalities and other groups. Geert Hofstede (2001) has, among others, compared cultural characteristics between various countries. Other researchers have contrasted different generations (e.g., Generation X, Generation Y, Baby Boomers). The intention is to become mindful of differences; to avoid judging people solely by our standards but strive instead to understand their worldview. We promote inclusion by welcoming and integrating people from different cultures.

D&I 1.0 is concerned with hiring/gathering people from various groups (e.g., avoiding leaving out minorities) as well as with promoting mutual understanding and respect. This is

done notably by facilitating genuine human encounters between people from diverse backgrounds.

The case for D&I 1.0 is not solely a matter of ethics. It is not only about striving for equality, or even for equity: ‘treating everyone justly according to their circumstances’, which involves ‘addressing imbalance’ (Milken Institute School of Public Health, 2020). Attracting and retaining talent has become a challenge after the Covid pandemic. This phenomenon has been referred to as the ‘Great Resignation’ (Cook, 2021) and the ‘Great Attrition’ (De Smet et al., 2021). Aaron De Smet and his colleagues report: ‘The top three factors employees cited as reasons for quitting were that they didn’t feel valued by their organisations (54%) or their managers (52%) or because they didn’t feel a sense of belonging at work (51%). Notably, employees who classified themselves as non-White or multiracial were more likely than their White counterparts to say that they had left because they didn’t feel they belonged at their companies’ (De Smet et al., 2021). In a time of great resignation/attrition, organisations can ill afford to shun the talents of diverse groups of people.

D&I 1.0 is still much needed and constitutes the majority of D&I initiatives. To institutionalise D&I 1.0 in an effective and sustainable fashion, education in social psychology and in anthropology is essential. Hopefully these disciplines will become part of coaches’ and managers’ educational curricula, but in the meantime the knowledge is already freely available for anyone ready to make the effort to acquire it.

#### **Case study**

I was invited to coach an international executive team (primarily European). The team was composed of 11 members representing six different nationalities. Although there were more men than women (eight versus three respectively), the regional director of the company and several other senior executives were women. In this team, D&I 1.0 seemed quite natural. However, this is not to say that the company as a whole was immune from racism. Building on the momentum of the Black Lives Matter movement, the company took new measures, notably hiring and empowering more local managers in various continents.

#### **D&I 2.0: Internal (or cognitive) diversity**

At this stage, the categorical thinking that potentially gives rise to stereotyping and discrimination is avoided. Beyond demographics, D&I 2.0 focuses on diverse mental models.

Cass Sunstein has shown that diversity ‘in terms of ideas and perspectives, not necessarily along demographic lines’ (i.e., cognitive diversity) allows the promotion of creativity and innovation (2015).

**Intercultural coaching** (Rosinski, 2003) is meant to do this in practice, by unleashing the power that resides in cultural diversity, regardless of its demographic origin. The Cultural Orientations Framework (COF) assessment (Rosinski, 2018) facilitates the understanding of salient cultural characteristics (such as time management approaches, organisational arrangements, communication patterns, modes of thinking, etc.) for individuals, teams and organisations. It also offers a concrete way to leverage cultural differences.

Inclusion at this level is about the synthesis of cultural differences (‘and’ versus ‘or’) to promote unity in diversity. People don’t only feel welcomed and respected. They have the sense that their different viewpoints are seen as opportunities rather than as threats. They feel they belong and can thrive, in the interests of all parties and stakeholders.

#### **Case study (continued)**

This team was quite heterogeneous regarding preferences for direct and indirect communication. The COF assessment revealed that the full spectrum was represented with members preferring direct communication (clarity matters most when delivering a difficult message, at the risk of offending or hurting) and indirect communication (sensitivity matters

most, at the risk of misunderstanding). Furthermore, over 60% of the team scored unfavourably on the ability to communicate directly and close to 50% scored unfavourably for indirect communication.

In the preliminary one-on-one interviews I had with members of the team, some complained that certain members were too direct, which they perceived as aggressive. Others, upset by colleagues, would passively accept the situation without confronting their peers through fear of alienating them.

Seeing the COF team histograms allowed team members to reframe issues that had become personal into a cultural misunderstanding and offered them a path to bridge the gap: leveraging direct and indirect communication patterns can be achieved when you are clear on the content and sensitive in the form. For example, one member with a clear orientation for indirect communication mustered the courage to speak up to confront colleagues, when necessary, while another member with a clear orientation for direct communication made an effort to soften their tone. The team achieved D&I 2.0 by taking the best of both cultural perspectives while sacrificing neither.

Unattended internal diversity regarding direct and indirect communication had been a source of misunderstanding, frustration and conflict. When leveraged, it became a source of creativity. The open and constructive exchange of ideas was now possible because team members had learned to be mindful of differences and to speak both candidly and tactfully.

### **D&I 3.0: Implicit (or hidden) diversity**

Cultural diversity may be external (visible differences such as ethnicity, gender or age) and internal (cultural preferences regarding time management, communication, thinking, organising and so on). This dichotomy is related to the known surface-level/deep-level diversity distinction (Meyer, 2017) and to the associated D&I 1.0 and D&I 2.0 approaches described above.

This distinction is useful in that it allows us to describe and then enlarge our inner territory. By expanding our worldview, we access new external choices and become more effective. The separation is apparently an illusion, however, and reality is not that simple. It is more interconnected and complex than we think. In line with the holographic/complexity/organic paradigm (Bohm, 1980; Talbot, 1991; Morin, 2005; Rosinski, 2010) that transcends the still-prevalent mechanistic worldview without excluding it, I have proposed a complementary dichotomy (2019): cultural diversity is explicit (manifested) or implicit (hidden but nevertheless potentially available). In other words, for example, a team might come across as relatively homogeneous and would not be considered diverse under the usual definitions (referring to visible characteristics or to internal/cognitive diversity). However, from a holographic standpoint – which accounts for notions such as Carl Jung’s collective unconscious as well as coaching’s belief in the vast, yet largely untapped, human potential – this apparent homogeneous team would be still considered diverse and heterogeneous, albeit in an implicit, enfolded sense.

Inclusion at the 3.0 level is about tapping into our unconscious diversity potential and leveraging it, individually and collectively. I have shown how this concept can be put into practice when coaching teams in order to remove cultural blindspots and access teams’ hidden cultural potential (Rosinski, 2019).

#### **Case study (continued)**

Despite being made up of various nationalities and comprising other demographic differences, the team was rather homogeneous with respect to the hierarchy-equality cultural dimension. The COF assessment showed that the dominant culture was glaringly equalitarian (73% favouring equality – 46% clearly and 27% mildly – and 27% neutral, with no one

favouring hierarchy). The ability for hierarchy was also low, with over 60% of responses unfavourable (versus just 9% for equality).

The team leader was no exception. During the interviews, his leadership style was consistently described as 'laissez-faire', even if those specific words were not used. This worked well for the most senior members in the team, who felt fully empowered and unencumbered by unnecessary interventionism. Others appreciated the freedom to take the initiative. However, some complained about the leader's lack of guidance, his aversion to decisively settle conflicts and his insufficient confrontation with those who were not doing what they were supposed to.

I shared this feedback during the individual coaching with the team leader prior to the team retreat. He became aware of the necessity to flexibly adjust his leadership style in various situations: to venture outside his 'equalitarian' cultural preference to embrace a more 'hierarchical' directive approach at times.

During the team retreat, team members confronted their views on a particular topic. As a team coach, I often try to reconcile the various viewpoints. However, in this case, I realised that I was not going to be able to do so. It would have to be either one option or the other. I turned to the team leader and asked for his decision. He firmly announced his decision, and this was the end of the discussion. These behaviours were very unusual for the team, where endless debates had been the norm. Thanks to their new awareness of their individual and collective cultural profiles, and because they had come to realise the pitfalls of overlooking the hierarchical orientation, the team was able to move outside its comfort zone and to tap into its hidden hierarchical orientation. The team leader did so by being decisive, and the team members by accepting his decision without rebellion.

More generally, team members decided to alternate leadership and follower roles, learning to both take charge in the team and accept that others would do the same at other times. They started to hold themselves and each other more accountable for their actions. In sum, the team became more effective by leveraging equality (democratic) and hierarchy (directive).

D&I 3.0 refers to situations where the team appears to be homogeneous in how its members tend to handle certain situations. Diversity is hidden, thus still potentially available, rather than non-existent. One of the intercultural coach's key roles is precisely to unfold this implicit diversity.

Many people still view their cultural identity as a static concept and see their current cultural views as inevitable manifestations of their identity – declaring, for example, 'I speak directly because I am American', or conversely, 'I speak indirectly because I am Japanese'. Taken to an extreme, this inflexible view is at the heart of various forms of fanaticism, with deleterious impact.

In his acerbic essay on religion, originally published in *Parerga and Paralipomena* in 1851 (Schopenhauer, 2004), Arthur Schopenhauer offers this striking dialogue:

**Philalethes** How can genuine philosophical effort, sincere search after truth, the noblest calling of the noblest men, be let and hindered more completely than by a conventional system of metaphysics enjoying a State monopoly, the principles of which are impressed into every head in earliest youth, so earnestly, so deeply, and so firmly, that, unless the mind is miraculously elastic, they remain indelible. In this way the groundwork of all healthy reason is once for all deranged; that is to say, the capacity for original thought and unbiased judgment, which is weak enough in itself, is, in regard to those subjects to which it might be applied, forever paralyzed and ruined.

**Demopheles** Which means, I suppose, that people have arrived at a conviction which they won't give up in order to embrace yours instead.

**Philaethes** Ah! if it were only a conviction based on insight. Then one could bring arguments to bear, and the battle would be fought with equal weapons. But religions admittedly appeal, not to conviction as the result of argument, but to belief as demanded by revelation. And as the capacity for believing is strongest in childhood... If, in early childhood, certain fundamental views and doctrines are paraded with unusual solemnity, and an air of the greatest earnestness never before visible in anything else; if, at the same time, the possibility of a doubt about them be completely passed over, or touched upon only to indicate that doubt is the first step to eternal perdition, the resulting impression will be so deep that, as a rule, that is, in almost every case, doubt about them will be almost as impossible as doubt about one's own existence. Hardly one in ten thousand will have the strength of mind to ask himself seriously and earnestly – is that true?

These days, cultural conditioning often still appears hard to overcome and this phenomenon is certainly not limited to religion. However, the challenge is not as insurmountable as Schopenhauer believed.

Neuroscientific findings have confirmed that our brains do have remarkable plasticity (Hebb, 1949; Bliss & Lomo, 1973; Gazzaniga et al., 2019; McKay & Smith, 2021). Mental agility is widely available rather than being restricted to an elite. It is easy to understand that, had we been born with our same genes in a different cultural context, we would have learned other cultural habits. It is liberating to realise that we can still do so! We can learn from various cultural traditions, with a mind that is both open and critical.

Likewise, the potential for direct and indirect communications, or directive and consensual leadership, has been present all along, even if only one of the preferences has been activated in us for each cultural dimension. Cultural habits can be unlearned, relearned and most of all continuously enriched by enlarging our cultural repertoire (e.g., communicating both directly and indirectly, combining hierarchy and equality). In D&I 2.0, the underused cultural potential is revealed by engaging with colleagues with opposite cultural preferences. In D&I 3.0, it is brought to light by acquiring knowledge about the existence and the merits of contrasting cultural preferences, even if these are not explicitly present in the team.

### **Combining D&I 1.0, 2.0 and 3.0**

Successive levels of D&I go together with increased complexity. Mastering D&I at the previous level is needed to effectively work at the next level. For example, if prejudice and discrimination still exist, it is unlikely that different viewpoints will be accepted, let alone celebrated. Combatting prejudice and discrimination (D&I 1.0) will pave the way for this acceptance but will usually be insufficient to promote creativity and innovation. The reverse is not true though: in my experience, D&I 2.0 and D&I 3.0 interventions also have a positive impact at the D&I 1.0 level. It is not by chance that a transgender participant chose one of our sessions to come out. Even though we had not explicitly addressed the theme of sexual orientation, we had promoted a safe climate of deep inclusion. However, this was possible because we were working from a foundation of existing implicit acceptance of diversity and readiness to be inclusive.

Intercultural coaching applies to all forms of diversity. Systematically weaving a cultural perspective into coaching represents a formidable opportunity to deploy the human potential in its rich cultural diversity, even when these cultural differences are still latent rather than unfolded.

In practice, intercultural coaching for D&I combines D&I 1.0, 2.0 and 3.0 as appropriate and necessary in the situation. Interventions can draw from a range of disciplines and be tailored to clients' unique contexts. Intercultural coaching allows us to be more

ambitious in what we can all expect from D&I programmes, by unleashing the full richness of diversity.

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## BOOK REVIEW

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### JIHADISM: FROM RADICALISM TO DE-RADICALISATION

Stefano Amodio, Paolo Cioni, Soud Sbai, Alexandra Radu (translator)

Detectiv Literar Publishing House, 2021, Bucharest, Romania

#### Importance of the issue

One of the most profound ethical issues is the killing of other beings. And the killing of other human beings can be seen as the great ethical issue of civilization. The transition from the age of barbarism to the age of civilization requires, among other things, that people understand the complexity of the Divine creation embodied in the human being. Civilized man must no longer destroy what he cannot rebuild. If we have only a limited ability to contribute to the preservation of life on Earth, we cannot risk to stop by violence the chain of transmission of the experience of previous generations.

A complex phenomenon in the world today is jihadism or terrorism. A team of researchers is trying to bring the scientific research issue into practice through the book *Jihadism: From radicalism to de-radicalisation*.

The main need covered by this book

Studying the literature, we notice that we do not have the minimum elements to implement a strategy that limits jihadism: there is no comprehensive definition, case studies are not relevant, understanding the motivations is too wide to be operational. Through the book *Jihadism: From Radicalism to De-radicalization*, this need is partially covered.

#### Structure of the book

*The Foreword* summarizes the importance of the problem, starting with the strong emotions caused by terrorist acts (shock, fear, indignation, anger) and continuing with the need to know the phenomenon. A fundamental truth is worth emphasizing: Knowledge fuels responsibility.

In the **Introduction**, we find a brief for the reader on the complexity of the jihadism by the historical method (a short presentation of relevant facts widely publicized at international level) and an explanation of the interdisciplinary context of the research theme.

Chapter 1 <***Looking for a definition of terrorism: A form of psychological war***> it provides, as the title suggests, the conceptual openness needed for a less rigorously researched area. We find in Chapter 1 a series of classifications, useful to understand the essence of the phenomenon under consideration, such as the immediate objective and the general objective of terror. The distinction between victim and opponent in the case of terrorist actions is particularly useful.

Chapter 2 is titled <***Psychology and terrorism: Barriers and gaps in research***> it presents a number of research problems in the area covered by the book. These are actually the challenges that the next pages of the book are looking at.

Chapter 3 <***In the terrorist's mind: An assumption of deviation***> it consists of 3 sections: frustration-aggressiveness, narcissism-aggressiveness, psychodynamic hypothesis.

Chapter 4 <***IED cycle. First phase: Involvement***> it opens a 4-phase analysis of the jihadist phenomenon. A chapter is devoted to each phase.

Chapter 5 <***IED cycle. Phase two: Engagement***> it comprises 3 sections: dehumanization and rationalization, depersonalization and justification, confidentiality and concealment.

Chapter 6 <***IED cycle. Phase three: Disengagement***> it consists of two sections: physical disengagement and psychological disengagement. Objective type referrals are presented for physical disengagement. Data sources, such as autobiographies, biographies, or interviews, are used to investigate specific issues of psychological disengagement.

An unnumbered chapter with the title appears < ***Notes on the psychology of terrorism***> for the purpose of the synthesis of chapters 3, 4, 5 and 6.

Chapter 7 < ***When terrorism has the face of a woman. Jihad from a female perspective***> it includes a comprehensive and multidisciplinary analysis of women's involvement in the jihadist phenomenon. The proper combination of theoretical considerations and case studies makes an important contribution to explaining and understanding the problems of contemporary terrorism. Chapter 7 has the following sections:

- Introduction to analysis
- Family Jihad and gender jihad
- The social characteristics of the communication
- Teenage girls in England
- The case of the girls in Vienna
- The Italian case: Maria Fatima Sergio of Torre del Greco
- Case study: The loss of virility by the Western man and the Manifesto of women
- The secondary role of women
- Ninive case study
- The conclusions of the woman's Manifesto
- Approaching the fall. Changing the social role
- Confession of the martyrdom
- The end of the dream. Escape from the cities
- The drama of the Yazid women
- The new militia jihadist women
- The current situation in Iraq.

### **Scientific importance**

This book makes use of innovative and interdisciplinary research and studies on a very complex issue with deep societal implications. At the same time, by means of the text presented, a series of myths are eliminated. One of these myths eliminated by authors refers to the ***historical dimension*** of the problem. The authors do not consider jihadism as part of a battle between civilizations or cultures. Due to the historical dimension of the issue, the book <***Jihadism: From radicalism to de-radicalisation***> makes an important contribution to understanding the phenomenon by presenting relevant events together with their entire human, social and political context. Jihadism thus has its own history.

One of the authors' merits is that they break the terrorist phenomenon into issues that are studied by various scientific disciplines. We find references to military management, strategic management, human resources management (in the matter of recruiting followers), group psychology, organization management, social systems theory, the role of women in society, etc.

### **Personal feedbacks**

I liked in the book *<Jihadism: From radicalism to de-radicalisation>* the fact that there are no hidden aspects that facilitate the emergence of the harmful phenomenon of terrorism, the weakness of the Western economic, political and social systems. At the same time, there is a brief decipher of the strategy of terrorism. There is always an immediate objective and a general objective of the theory. From this, we have to understand the difference between the terror victim and his opponent. Also, in the mechanism to decipher terrorism, there are pertinent conclusions regarding the terrorists' care not to lose the support of the followers, including through senseless violence. Almost every terrorist act could thus be attached to a good reason for the groups of followers.

### **Recommendations for readers**

It is useful for readers to find out from the book that terrorist organizations are aware of the strategic importance of public opinion, the strength of the Internet and social networks, that they have the capacity to create a global field of events. Within the psychological war of terrorism, media visibility is mandatory. Terrorists benefit from both advances in communication and technology. The respective descriptions in the book bring our knowledge to the present day. Reading the book *<Jihadism: From radicalism to de-radicalisation>* we will achieve 3 objectives: we will find data on a widely publicized topic, we will understand a reality that marked our existence and we will take important steps towards a new type of social research, the interdisciplinary one. Thus, reading the book *<Jihadism: From radicalism to de-radicalisation>* we see that developments in different sciences can be useful if they are integrated into a unitary whole.

### **Further clarification of the authors**

Several questions were raised by the participants when the book was launched. The succinct answer of the authors to these questions helps to clarify the issues dealt with in the book.

1. Anarchists in Russia in the early 20th century can be classified as terrorists?
2. What about the Italian Mafia?
3. Was the alienation phenomenon that fuelled terrorism, objective or subjective? Could it be avoided or limited?
4. Did the reports of the Italian citizens who suffered the Anglo-American bombings of 1942-1943 show that they were considered to be subjected to terrorist attacks?

The anarchists in Russia aimed to kill an identified person, taking into account his particularities: public position, concrete activities previously carried out, political option. Russian anarchists identified and knew the victim well. Today's terrorists kill at random. They know nothing about the victims. The same can be said of the Italian Mafia. They identified and knew their victim. The killing, however, was on other grounds than those of Russian anarchists. The victim coincided with his opponent in the case of both anarchists in Russia and the Italian Mafia.

The phenomenon of alienation that has fuelled and continues to fuel terrorism is being studied. Only empirical analyses are now available. Integrated studies of terrorism are likely to be promoted after the publication of this book.

A country's participation in the war carries with it the risk of bombing its territory. Italian citizens view World War II bombings as specific events of an armed conflict.

