

6 Some Ethical Inculturation.

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COMPARATIVE BIOETHICS
(American and Eastern European bioethics)

Comparative bioethics is still not available, but the process of internationalization, of globalization of bioethics is under way. It calls into being the issues of universality and particularity of this process, of comparison of different morals, ethical and health care systems.

Bioethicists need these comparisons in order:

- a) to evaluate adequately the state and the future of their endeavors;
- b) to comprehend the effectiveness or the futility of the efforts bioethics and its requirements to be disseminated in various areas across the world.

The current bioethics is a typical American product. But whether it could spread as easily all over the world as Coca-cola remains to be seen. It is relatively readily propagated in countries with strong embedded liberal values and individualist traditions but collides with a lot of stumbling blocks in other regions. In Europe the borders of unimpeded spread of bioethics are the German and the Slavic worlds. The distinction between Western and Eastern world is a sign where the obstacles of bioethics are on the increase.

But at the same time we observe that the internationalization of bioethics takes place in a form of concentric waves beginning in

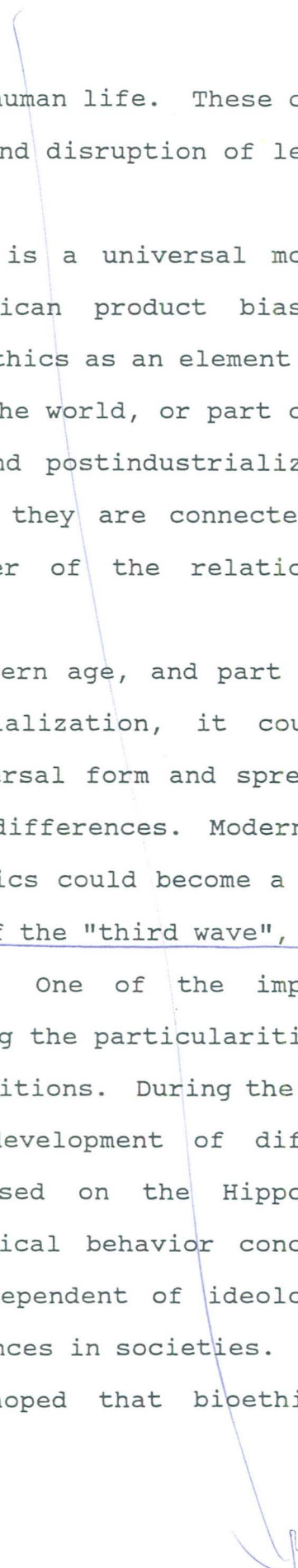
Definitions

the USA and encompassing increasingly new territories, Having older roots, but born in the 60's, bioethics, as the study of ethical issues in life sciences and as a substantive position in favor of liberal values and individualism, invaded at the outset the Anglo-Saxon world. Ten years later it penetrated in the countries with developed liberal democratic traditions and remnants of the different protestant attitudes to life where issues such as patient's rights, abortion, euthanasia, eugenics quickly started to appear frequently in newspapers, magazines and on television. Then in the 80's the bioethics wave blazed a trail into all countries of the European Community and there are some attempts to be transmuted into a part of the movement to united Europe. In March 1992 the chairmen of the ethics committees that make up the Council of Europe met in Madrid and adopted a draft of European Convention on Bioethics. This draft incorporated respect for human dignity, protection of individual integrity and the prohibition of all commercial agreements concerning the human body and its organs, etc. In the late 80's and early 90's bioethics advanced timidly into Eastern Europe prompted by special Eastern European Programs of The Hastings Center and The Center for Study of Philosophy and Health Care in Swansea. Passing through different countries and cultures bioethics was accommodated in different ways and varied agendas of the most important bioethical question have been outlined. Its movement was not without problems. The most salient example of these difficulties became Germany where bioethics developed under attacks from a diverse coalition of left wing organizations, disability groups, and some conservative defenders

of a strict doctrine of the sanctity of human life. These clashes led to the cancellation of conferences and disruption of lectures or classes on bioethics.¹

The question is whether bioethics is a universal movement meeting particular needs or an American product biased by particular cultural traditions. Is bioethics as an element of the larger processes of Americanization of the world, or part of much more mighty wave of democratization and postindustrialization. These are important questions, because they are connected with definite decisions about the character of the relationships between universals and particulars.

If bioethics is a child of the modern age, and part of the process of modernization and industrialization, it could be expected that it will appear in a universal form and spread all over the world rising above the cultural differences. Modernity is a time of "grand narratives" and bioethics could become a "grand narrative". ^{But} Bioethics is an offspring of the "third wave", of the postindustrial and postmodern world. One of the important peculiarities of this world is respecting the particularities and supporting the diversity of cultural traditions. During the age of industrialization and modernity the development of different variations of medical ethics was based on the Hippocratic philosophy as a universal code of ethical behavior concerning healthcare services. This code was independent of ideological, cultural, political, or economic differences in societies. In the post-Hippocratic world it would be hoped that bioethics as



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healthcare ethics is a product of postindustrial and postmodern life. That it is a universal movement, an important part of the life of the people, a tool of humanization and democratization. It will adjust to the particularities of different social and cultural circumstances. It will be an example of a great wave of change in the world. Investigation of the obstacles and diversities within this wave is an important goal and it will contribute to a higher stage of development of ethical, and bioethic knowledge.

In this paper I shall emphasize on the comparison of the opportunities for development of bioethics in the USA and Eastern Europe considering consecutively the following topics:

- the cultural basis of the different ethical views and health care systems.
- a distinction of three basic types health care systems including the peculiarities of the totalitarian health care systems.
- a perspectives of bioethics in Eastern Europe.

I

Individual and collective experiences of the world are always influenced by cultural traditions, religious heritage, beliefs, mores, interactions with the surrounding environment, authorities, economic and social status and social roles. Bioethics also has a background, and its issues and proposals can be seen through different cultures, ideologies and value positions. The different perceptions of bioethics are implicit or explicit constructions of

reality.]

There are several types of oppositions underlying the prevailing values in different cultures: rights vs. common good, individualism vs. communitarianism, freedom vs. equality, autonomy vs. paternalism. Similar oppositions are usually applied to the comparison of the liberal Western traditions and Asian and African morals, but they are applicable also in some variations to Eastern Europe and the remnants of the USSR. If some of these countries have closer connections with the Western traditions, different other reasons such as the strong catholic influence and the long totalitarian rule give them important features characteristic for all ex-communist countries. They could be found even in Germany, but are especially strong in the countries with Orthodox religious traditions.

1. Rights vs. Common Good. If the American tradition is strongly connected with individual rights of the people who arrange their relations through appropriate contracts, in Eastern Europe the traditional sets are of emphasis on common good (common interest) which is accepted as something given, not a result of a contract, but of established tradition, God, historical development, writings of the 'classics of marxism', etc. In fact contractarian and naturalist views of morality are in opposition. In some cases in the foreground is the common good of the family and kinship, in other cases, large social and political entities -- such as nation, class, party, state, etc. If we take just the deepest cultural attitudes, the general tendencies in a simplified

picture, we could say, that in the USA the people need their individual rights in order to be protected from abuses of the state or other large entities. In Eastern Europe people need virtues in order to pursue the common good ('common interests', 'state interests') and *****to serve their social and political institutions.

2. Individualist vs. collectivist attitudes are connected with different conceptions of person and personhood. In the first case person is a bundle of rights and the issue of the beginning of this person is a matter of beginning of the entitlement. In the other case person is a bundle of his social identities, affiliations, roles. The marxist ideology in this region for decades is underpinned by these beliefs in the social nature of human beings. Marx' phrase that 'the essence of man is nothing more than the aggregate of his social relationships' looks self evident. Bearer of rights vs. bearer of social relationships - this opposition is so strong that until the late 80's the political thinking and the mass consciousness in a large part of Eastern Europe and the USSR developed without a notion of individual rights. At the same time, the notion of qualities (virtues) of the socialist type of person was ubiquitous. In the debate on ethics in the USA*** the most spread starting point is 'what will I do and what should I do in this situation'. The starting point of ethical debates in Eastern Europe usually is 'what is and what should be the morality of one or another social group, class, society, historical stage of human development". The father figure of the Western liberal

philosophical thinking, John Rawls, could start to build his philosophical theory from the separated people behind the "veil of ignorance". Most of the descendants of Hegelian and Marxist thinking could never take this starting point because for them the individual is predetermined, any person takes his essence and his views from the existing society, class, group, community.

There is a well known distinction between Western (political, inclusive) and Eastern (cultural, exclusive) notion of nation. Similar distinction between inclusive liberal and exclusive non-liberal notions of morality could be drawn. Everyone could be included in the liberal moral community, because this community is a result of individual choice and agreement for the appropriate social contract. The participation in the Eastern moral community is exclusive, because it is considered not as a result of personal choices but as a product of past development, 'objective regularities', and being members of the society the people carry with them the most important characteristics of this common morality. They share these characteristics not as a result of personal choices, but because they are born in some group, class, community, and are affiliated with them.

3. Freedom vs. Equality. *Individual* Freedom is a main notion of the Western Liberal culture. ⁴Equality is much closer to the Eastern type of thinking. Different opinion polls in different times show that if you start from the USA and the United Kingdom and go to the East you could find increasingly the readiness to sacrifice freedom for equality and to accept some kind of welfarist or corporatist

ideologies. These are deeply rooted attitudes. That is why in Europe the conservatism and the neo-conservatism are connected with a great deal of traditional communitarian ideas while in the USA they have more individualist meanings. This egalitarian thinking was the ground of totalitarianism in Europe before the second world war. It was the ground also of the left totalitarianism.

It is true that the notion of freedom was wide spread and often used in the previous communist states. But it had totally different meaning compared with the liberal conception of freedom. First, in the language of the Eastern European people

the ideas of freedom of the nation, of "class liberation" were much more entrenched, while in the USA - freedom of person. Second, In Eastern Europe and the USSR the content of the notion of freedom was quite different. It was accepted as a "become aware necessity". But this necessity is objective, connected with some social regularities which cannot be uncovered by the common people. The communist party using 'scientific methodology' reveals the 'historic necessity', which is the content of the freedom, teach people what is this necessity, what is their freedom and take care for their freedom. In the liberal Western thinking freedom is first of all lack of coercion, of compulsion, of necessity while in Eastern European thinking it is knowledge, a volunteer acceptance of some necessity and actions in the course of this necessity.

4. Autonomy vs. Paternalism. Autonomy is one of the most important notions of the Western political and ethical thinking.

Up to now this concept doesn't exist in the language of the social thinkers, politicians, common people in Bulgaria and most of the other ex-communist states. It is used sometimes in a meaning of "autonomy of nation" or, "autonomy of territory" but never as a notion of autonomy of individual, autonomy of person. Lenin's idea that you 'can not live in a society and to be free from this society' reflects such attitudes.

It is true that the notion of paternalism also is missing in this language, but its content is ubiquitously in a form of expectation of the people that different collective bodies will take care of them, in a form of dependance of the individuals from their collective bodies-governments, parties, officials, physicians, etc. In a country where all property is governmental, anybody is dependant on the government and is governmental official, the government turns out the strongest paternalistic force in the human history. That is why neither the term nor the content of the concept of autonomy, underlying the whole building of western bioethics, could be found in Eastern Europe. But that means lack of the deepest ground in which bioethics has to be planted and raised.

We meet here two opposite paradigms of values. So presented they simplified in some sense the real wealth of the different cultures in which could be found lots of other trends, but these are the most ingrained in their heritage and cast of mind. These are most important reasons explaining why bioethics came into being and became fashionable in the USA and why it is so difficult to

penetrate east of Germany.

In a recent article "American Moralism and the Origin of Bioethics in the United States" Albert R. Johnsen holds that the original interest in bioethical issues and the approach to their analysis grew out of American moralism rooted in two streams of thought deeply affected the American mentality - Puritanism and Jansenism.² He points out that peculiarity of this thought are the beliefs in clear, unambiguous moral principles, in the ability of common sense to grasp those principles and this is the ground of the American approach to ethical analysis, mainly the application of a few clear and distinct principles to the problems of bioethics - autonomy, beneficence, nonmaleficence, justice.

May be there is some truth in this comprehension of the origin and the peculiarities of the American bioethics, but my question is why marxist-leninist ethics in Bulgaria and the USSR also claimed that communist morality is a set of clear and unambiguous moral principles which have to be applied to all moral situations of the everyday life and at the same time these countries has the tradition of morality of Orthodox church which has not these peculiarities. Why does American moralist tradition remain important until now?

To my mind there are more important, more strongly embedded factors for the origin of bioethics and its distinctions from Eastern European style of moral thinking on that score. I would like to point out two most important groups of factors.

The first group refers to the different role and place of the

different social studies in various societies. Some cultures have great need of one type of reflections, other cultures find the answers of their questions in different investigations. There are more general attitudes determining special expectations from the efforts of some study to help people with most adequate analyses and orientations in the world. Ethics is a discipline which has as a subject matter first of all relationships of individuals. The relations between collective entities are its secondary concern. (It is true that different holistic and communitarian ethical teachings put emphasis on the moral significance of some collective subjects, but nevertheless in the long run their concern is how to influence with some rules and virtues over the separate individuals so that the behavior of these people to be in keeping with some common good. Morality stems from some common entities, but the accent is upon the relation of the individual to this common entity.) ***** That is why, societies with prevailing attitudes to comprehend reality as consisting in the first place from individuals and depending from individuals have much more developed needs of ethics as a discipline suggesting more adequate models to grasp the reality of there life. But there are at the same time cultures putting emphasis on the role of the groups, the classes, the nations and various other communities as active social subjects with high value, imposing their essence and their influence on the separate individuals. Therefore, it is more plausible that in these cultures a search for other kinds of intellectual models to allow them to comprehend their lives, prompts an increase in the

role of disciplines like political sciences, sociology, etc., which are of major interest in some collective entities. Even social sciences in America has often adopted a methodological individualism - that is why economics is more powerful than sociology here. This is one the main difference that we find between American and Eastern European societies.

The frame of reference of the American worldview are the individuals. They are (a) the most important value, (b) the most active social entities, (c) the starting point of all social theory. That is why ethics has a special position, it is an extremely necessary discipline. Its subject matter is very broad, and its interpretations are of value to all the other social sciences and everyday life.

In Eastern Europe we have another frame of reference in which collective entities (class, ethnic nation, family, kinship) are (a) very important, (b) the most active social subjects, (c) the starting point of all social theory. That means that the scope of ethics is limited in these societies. More important models in these societies are suggested by such disciplines as political science or sociology. It is significant that ethics did not exist in the ex-communist states until the 60's, and was not given much importance at that time. It was widely felt that ethics was a useless discipline. Because of these conditions there was no basis for the development of bioethics.

The second group of factors explaining the origin and proliferation of bioethics are connected with the relationship

between civil society and state. American uniqueness is expressed in its well developed and strong civil society with thousands of nongovernmental organizations, mechanisms of support, and self development. That is why a recurrent topic of public debate is the limitation of the government. This highly developed civil society of individualist oriented people from different countries, cultures and ethnic groups couldn't exist without highly developed informal, everyday rules, morals, patterns of coexistence between the people.

These are rules and norms of morality. In other parts of the world the past traditions and norms matter greatly, but a nation of newcomers and individualist morality needs special effort. That is why morality is so important for such people. They keep desperately their Puritan and Jansenist heritage or just create and support morality as a contract, a construction of the individuals who need it to coexist and interact.

In Europe and especially in Eastern Europe and the USSR it is quite the contrary. For the last decades the civil society there was engulfed by the state and reduced to a minimum. But the state in this region has always been very strong and inclined to limit the civil society. But, the major means the state has to influence its citizens is law or force. Morality is a regulator of the civil society and that means that it is replaced by other regulators of human behavior. As far as morality influences human behavior it is under strong political and legal pressure and for its communitarian characteristics it is not viewed as something which has to be invented or contracted.

As a result in the USA ethics has much more important role than in Eastern Europe. It not just supports the existence and the development of morality in the civil society but through enormous numbers of grass roots organizations it influences politicians, legislators and government officials, political parties, and so the requirements of morality turn into political discourse, laws, judicature. The way of development of moral principles and morals in American society is from "down" to " up". They are most important tool of the civil society for containment, for limitation of the state and the governmental officials. In Eastern Europe, especially during the totalitarian age, the way is the exact reverse, from "up" to "down", from politicians to civil society. There are no mechanisms to use morality of the citizens to influence the politicians.

Civil society and ethics have much more important place in the USA than in any other country. The result is this enormous development of all branches of applied ethics, providing their principles and rules to be used as guidelines by the individuals. This explains the outburst and the proliferation of applied ethics and ethics at large in this country leading to the evolution of research institutions such as The Hastings Center and the Kennedy Institute, etc. as strong and necessary means of the society to change human behavior, political life, legislators , etc.

This explains also the state of ethics in Eastern Europe. During Stalin's years it didn't exist as a special discipline. Society doesn't need it. During Kruschov's rule it began to be

developed in the Soviet Union and Eastern Europe but it remains more or less abstract discipline and doesn't influence real life.

As a matter of fact there is an important distinction of purposes and role of social sciences at all. In the totalitarian Eastern European societies, social science had to study the "objective laws" and support the government and the party to use these laws and to impose there requirements to the citizens who don't know and don't meet these requirements. One of the most important questions of the political life was "enhancement of the socialist conscientiousness" of the citizens, that is a control by the government of the morality of the citizens. In the USA on the contrary, people are concerned about the control by the citizens of morality of the government.

This find expressions even in the relationship between private and public life. In the USA the style of private life influences on public life and politicians and gives the flavor of unofficial relations. In Eastern Europe for decades the public life imposed on private life a style of official relationships. This is deeply rooted even in the language. In the USA the forms of official and friendly address are similar or the same - "you", "dear", etc. In the Bulgarian language, for instance, they are quite different - the addresses "thou" and "dear" are used in unofficial and friendly relations, and the addresses "you" and "honorable" are used in official relations, emphasizing respect or subordination.

II

Of course, we have to keep in mind the interaction between the

traditional paternalistic and authoritarian culture and the impulses of the totalitarian regimes for which this culture was a good basis and they reinforced the old attitudes.

The prevailing paradigms of value systems and cultural reconstructions of reality influence upon bioethics and healthcare morality, healthcare systems not just directly but also with the help of the presupposed by them political systems and healthcare systems. The latter reinforce the underlying values or contribute to their subversion if there are discrepancies between them. As a matter of fact this whole system of social reality is a ground of some kind of bioethics. The moral presuppositions and underlying ethical considerations of the existing forms of providing and administering health care in the various national settings are connected both with basic cultural values and political systems built over this system. Organizational structures and allocation strategies of national healthcare systems are deeply rooted in moral and cultural presuppositions and tradition. Health policy will be ineffective insofar as it fails directly to address the moral and cultural values and goals in existing systems, as well as their allocation procedures.³

From this point of view I shall discern three main types of systems grounding some views concerning bioethics. I could say that in some sense they are typical if not representative. They are liberal-individualistic, welfarist and totalitarian-paternalistic. More or less the welfarist system is a mixture or "middle road" between the other two models. Samples of this system

are the United States, Germany, and totalitarian regimes reigning in Eastern Europe and the USSR in our century. Lets take a look at four important characteristics of this societies underlying their abilities to give rise to some bioethical discourse and to support it.

1. Liberal-individualistic systems.

a. Most important values: individualism, individual rights, autonomy, freedom. Political and inclusive notion of nation, culture and morality prevails. The interests in equality are predominantly interests in political and legal equality. Liberal equality is first of all political equality while socialist equality is first of all economic equality. The limited political equality of liberal thinking leads to a permanent tension between the claims of liberty and these of equality, as the limited economic understanding of equality leads radical socialist theory to tensions between the claims of equality and those of liberty. Individual person in the typical liberal tradition is supreme being and its autonomy should not be compromised, even in the cases when it would be good for the patient. Social good can never take precedence over individual rights.⁴

b. Political system of liberal democracy. Unabated issue is how to get closer, to diminish the role and place of the state, of the government at the expense of civil society, of market economy and nongovernmental institutions. The attitudes to consider health as private value and healthcare system as a part of civil society, of market system and non governmental organizations are too strong.

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c. Healthcare system. It reflects the basic social values and it is built first of all over the ideas of freedom of supply and demand of healthcare service, private property, personal responsibility for health, political equality and economic inequality, dominating profit motives in health care system. The relation between patient and physician is grounded on contract. The government plays secondary or minimal role in the functioning of the health care system and this system is in a less extent concern of political debate than in Europe. Whereas the European nations seek to reduce the force of partisan politics in order to manage health policy reform, the United States faces the challenge of forcing the politicization of health care in order to place health care on the nation's agenda.⁵ The endeavor is providers of care to be directly rewarded according to market forces. Health care system is highly decentralized and it is not accessible to all people but first of all in keeping with patient capacity to pay.

The main ethical and political criticisms of this system are:

- The accent of the principle that it is good to maintain consumer and provider choice is at the expense of a great inequality in health care system and inaccessibility of this system for great number of people without health insurance.
- The prevailing profit motive and the desire to reinsure themselves against patients litigations get the physicians to order extra tests and treatments and as a result this system is the most expensive in the world.

d. Healthcare Ethics. For a long time medical ethics with its deeply roots in the Hippocratic tradition is relatively independent of the values and political life of society. In spite of the liberal and individualistic culture in the USA, some variation of the Hippocratic moral code keeps its validity until 1957 when The American Medical Association adopted a major revision of its principles of medical ethics. Later bioethics appears and develops and establishes new requirements in the medical sphere. These requirements fit much better to the common cultural values, liberal political philosophy and the shifts in medical technology and organization of health care.

The most important deviation from the Hippocratic code is the abandonment of the stance of medical authoritarianism and an emphasis of patient self determination , autonomy and his moral rights to participate in decisions that affect him.

It is no chance that this basic for contemporary bioethics idea is largely a product of American thinking. There is a growing contradiction between the traditional Hippocratic precept that major goal of the physician is the good of the patient and the profit motivation connected with the character of the healthcare system. Not just the growing emphasis of the right of person connected with the neoconservative wave for the last decades is the cause, but the peculiarities of economic relations between providers and consumers in healthcare system. If these relations are founded on contract and personal choice, the patient has to

have enough information and autonomy to take part as equal in this relationship to prevent overtreatment and to spend his money in the most proper way. As in all other contracts he has to have the opportunity to address the legal system if he is discontented and disaffected by health care providers. If you pay for your health and life and if you take responsibility for them, you need moral and legal mechanisms to prevent provider's abuses which could be a result of the dominant profit motivation. These are your life and your health and you want the right to dispose of them.

As a result ethics commissions appear, which are also deeply connected with the existing cultural values and peculiarities of healthcare systems. According to Hans-Martin Sass these are "consent and compromise oriented commissions", which are based on a philosophy of contractualism, consent, and compromise and work toward identifying and assessing mutual benefits and common interests beyond the interests of certain groups or subgroups in a pluralistic society⁶.

2. Welfarist (German type) systems.

a. Most important values: solidarity, justice, freedom. Strong paternalistic and communitarian values mixed after the Second world war with values of Anglo-Saxon liberal democracy. But up to now you could find robust tendencies connected with an exclusive notion of nation and morality. According this notion you could become a person not by contract, but by "blood". That is why Germany paid great amount of money to "buy" from the Romanian dictator Chauschesco Romanian citizens, descendants of people with

German origin but at the same time sends back Romanian Gypsies. This is the birth place and culture of the two most famous holistic philosophers - Hegel and Marx. According to Hegel the individual is incommensurable less important than the state and he in fact gets his content from the state. For Marx the individual is first of all representative of some class or group. It is no accident that Germany was a territory of a terrible totalitarianism. The totalitarianism was a great perversion of important cultural values. The most eminent political philosophers in the USA for the last two decades were liberal individualist thinkers as Rawls and Nozick, while in Germany much more famous are communitarian oriented authors as Habermas looking for moral ground of society in the communication of the people. In a communitarian society your health and life are first of all not your care, but care of the society. Not just the Nazi's past but deeper factors underpin the strong reaction against any idea of euthanasia.

b. Political systems of social democracy. It is much more communitarian. The democratic values are united with more active role of the state which takes care of the social security of its citizens. This system is grounded on different forms of property and developed market. That is why the state is not the only force and enough social space exists also to resist to the government and if it is necessary to limit its endeavors. As a matter of fact the origin of the welfarist care of the state for its citizens could be found first in the Bismarck's attempt in 1883 to stem the growing socialist influence among German workers. This is more

corporativist oriented system with a lot of social benefits of the citizens from the state and elaborate regulators of the market, which is not so competitive, with not so much risky, venture capital. Regardless of who rules Germany this care of the state for its citizens is a distinguishing feature.

c. Health care system. The main requirement is that we should secure access for all to the services of the healthcare system irrelevant of private economic ability and it is considered as a defense of fundamental ideals of solidarity and justice In the USA your health is your problem, in Germany your health is a social problem and the state creates a social system to take care of the health of the people. Even you don't like to do it, you are forced by the insurance system to take care.

The insurance system covers nearly the entire population by compulsory membership in one of the 1200 sick-funds for all citizens up to a particularly salary limit, above which membership is voluntary and you could opt for a private insurance. You have to be rich enough to turn your health into your entirely personal problem.

Health is considered as a special good, basic and preconditional to other values and it is important purpose of the state providing it directly by governmental healthcare institutions or indirectly by strict regulation. That is why medicine and healthcare are much more closely connected with politics than with market. The peculiarities of this healthcare system find

expression also in the more strong emphasis on the social and the attitude to be taken precedence of the social good over individual rights. The nature and the purpose of medicine are considered with much stronger accent of social aspects at the expense of health and disease of individual person as it is in the USA.

d. Health care ethics. Medical ethics in Germany not just keeps its strong formulation of the Hippocratic tradition, but the existing health care system and mass expectations support this tradition. That is why biomedical ethics is in an embryonic stage far behind bioethics in the United States. Some of the main issues of the American bioethics are met with a strong negative reaction between different parts of population. The easy access to health care have contributed to the development of a welfare mentality which avoids or only indirectly deals with the medical ethics. The cultural and political climate is not conducive enough to the transformation of the traditional Hippocratic ethics into bioethics of a pluralist society of educated citizens.⁷ That is why and the purposes, are different from these in the USA and are connected with support of traditional paternalistic medical ethics where the good of the patient is the first concern.

3. Totalitarian - paternalistic systems.

a. Most important values. In the Soviet Union and Eastern Europe in this century the traditional state authoritarianism, and peasant egalitarian and communitarian values were incorporated in an ubiquitous industrial state and precepts for loyalty to the larger political and social entities of an specific society.

Equality in economic terms is a fundamental value. Common good which overrides any other values is accepted through the state or through the party. In the existing discourse, "common good", "common interest", "pursuing communist ideals" are interchangeable terms. Individual is a social being and is first of all personified form of some social relations. He is a part of a group, class, nation, state. Major moral principles imposed on the individual require his loyalty to some nonindividual entity. None of the principles of the so called "moral code of the builder of the communist society", disseminated between the 60's and the 80's in the Soviet Union and Eastern Europe was connected with individual rights and defence of the individual. All of them require his loyalty to the communism, the group, the friends, the family, the socialist fatherland, the nation and the world socialism. You are not a separated being which contracts with other individual beings and creates the appropriate collective entities. Your own content is social and this your social nature turns in your personal destiny and presupposes your inclusion and loyalty in some social, in some collective body. You are born and raised as a representative of some class, group, nation and it is taken into consideration. That is why when the communist state collapsed the loyalty to it was replaced by increased loyalty to the ethnic nation and rising nationalism.

Common interest is represented by the state and even when your personal interest is in collision with the requirements of this state (and the party) you have to sacrifice your personal interest.

In order to comprehend the premises of some relations concerning the health care system we have to keep in mind and the values brought by the churches and the religious movements. There is a great difference in this field between the role of the catholic and the orthodox churches. In a country like Poland with robust catholic influence bioethics could penetrate through a strong sensitivity connected with the abortion debate. This is in fact the case in all catholic countries in Europe.⁸ In Bulgaria, Serbia, Greece, Romania, Russia, the Ukraine, and Byelorus, the Orthodox church is connected with the prevailing cultural tradition. In contrast to the Catholic church the Orthodox church has no tradition of engagement in medical field - nurses, doctors, hospitals ruled by the church and considered as an important part of religious activity. That is why it has not developed special rules and requirements concerning this field and could not take part in some biomedical debate. It concerns especially abortion. The abortion in the tradition of these countries is not moral question and in many cases the Western abortion debates are accepted as incomprehensible, and ridiculous and funny phenomenon.

b. Political system of totalitarian communism. If the radical political equality needs liberal state, the realization of the radical economic equality needs totalitarian state to redistribute the economic wealth. The main feature of this system is that the government (the party) is the real owner of almost all property. It gives its an enormous power and destroys the opportunity for action of the market forces. If the government (party) owns all

material power is almost impossible to appear other political power. It is no an accident that the changes in the Soviet Union started not from "down" but from "above" and then they spread across the whole communist world. Other way is impossible, because the state is ubiquitous reality, it engulfs the civil society, acts as superindividual and super value. All people are governmental officials, their existence hinges on the state which is an universal employer and benefactor.

The place of the civil society is made well narrower in a limited area of intimate family and friend's relations. It means also that it is made narrower and the area of morality. On the other side, the state endeavors to moralize all relations between its bodies and the citizens in order to secure their loyalty. In this sense politics dominates over morality and defines content and limits of morality. All professional codes are politicized. In this system the main direction of influence is from top governmental and party officials to the society, to the citizens and not from the citizens to the governmental and party leaders. As a matter of fact even the concept of "citizen" is difficult to be applied if all people are state servants, public employees. That is why not morality of this servants limits the politics of the government and the party leaders, but the politics of the government and party leaders is directed to define and limits morality, to prescribe what is moral and what is immoral, what is good and what is bad, what is in the best interest of the individual and what is in his worst interest.

This is a high form of paternalistic ideology because some people or structures embodying the state take care of everything and of all. At the same time it looks as if a high form of communitarianism, because all people are compelled to serve to one common large political entity and its goals.

It has to be pointed out that there are different forms of paternalism and communitarianism hinging upon the subjects with which they are connected. The kinds of communitarianism could be: totalitarian-communist when the state is an only owner, benefactor and locus of activity; totalitarian-non communist; religious, connected with an affiliation to common ideal community; political, connected with common political affiliations; cooperative, connected with cooperative ownership; communicative (Habermas), etc. It has to be pointed out that in some sense totalitarianism, in spite of its collectivist and corporativis ideology of practice is connected with a lack of real communities and full expression of mass society in which most secondary associations are destroyed and almost nothing stands between the state (party) and the individual.

The same distinction could be made between different kinds of paternalism depending on the subject who plays the role of benefactor, of provider of care: state, party, church, family, local community, older people, different organizations, medical providers, etc. They may be different and depending on the extent of paternalistic influence and the boundaries of free choice. There is a great difference between welfarist and totalitarian paternalism.

Paternalism and communitarianism of the totalitarian state look as the highest possible form of paternalism and communitarianism. But to my mind speaking about totalitarianism we find out a characteristic paradox when the extreme form of one state leads to something opposite. My claim is that unintentional result of the totalitarianism rule is an unusual form of paternalist individualism.

In this society the "invisible hand" of Adam Smith is replaced by resolutions of politburo of the communist party. But when no one is a real owner of the existing property (even the top officials) then everyone accepts himself as a hired servant alienated from the property and all economic decisions. Then the result is erosion of all social ties. All decisions are made by some collective body-high benefactor and the individuals are just passive objects of care. They are included in a strong system of "vertical" relations, while their set of "horizontal" economic, political, etc. relations is too weak. But this means lacks of "horizontal" relations between the individuals. The politicized morality imposed from "above" is without real ground to function as morals and turns only into verbal but not behavioral reality. The fast industrialization and urbanization during the communist rules destroyed the old neighborly and family links, but they don't create the necessary new bonds.

So a situation appears of coexistence of paternalism and specific individualism. Paternalism, because the state takes care of everything, creates enormous system of social security and it is

a total benefactor. Individualism, because of the lack of individual responsibility to this common good which the government proposes and missing the "horizontal" ties between these individuals which are especially significant to any viable community. If none takes care for some common interest this is not communitarianism. If nobody takes care of nothing

people become atoms. But these are not the atoms of the liberal individualistic world because the latter are connected with their contractarian morality and their free choices to keep this morality. Paternalistic individualism is the individualism of people united by there common benefactor and employer, who are not adjusted to participate in equal mutual relations and to take enough care of themselves and other people.

c. Healthcare system. In the totalitarian systems health is not just personal or private phenomenon but very important social value. And because "social" and "state" are used most often as interchangeable words, health is promulgated for first rate state value and the government takes direct responsibility for it. Healthcare system is entirely state one. Healthcare is property, tool, body, means of the state and healthcare relations reflect political relations in the state. This is characteristic for all totalitarian systems. In Spain Franco introduced in 1942-1943 compulsory health insurance for all workers and built it on the classical principle of beneficence in its extremely paternalistic sense. But under totalitarian communism the healthcare system

becomes just one of the bodies of totalitarian state. The funds in this system are not collected by health insurance, but are just allocated from the governmental budget. In keeping with the Public Health Care Law enacted by the National Assembly of Bulgaria in 1973 and valid up to now the major principles of healthcare are:

- state character and unity of the healthcare system;
- planned development of the system;
- priority on preventive medicine;
- universally accessible and free of charge healthcare;
- wide participation of the population and the community;
- unity between medical sciences and practice.

Similar are the principles of the healthcare systems in all ex-communist countries. These are totally centralized systems suffering from bureaucratic dominance and lack of incentives among the providers.

d. Healthcare ethics.

In the healthcare system the traditions of the Hippocratic paternalism coincides with the peculiarities of the totalitarian paternalism. The result is a new kind of totalitarian medical paternalism. It includes the well known features of medical paternalism when the doctors know better than the patients what is their best interest and the ill people feel themselves weak, helpless and are treated as little children. But it includes something more than the Hippocratic tradition. This is the role of the state as paternalistic subject and the role of the physician not as separate person treating ill people but as a part of the

governmental machine. So the meeting of the patient with the doctor is a meeting of the patient with the state. Healthcare is a part of the universal care of the state for the individuals.

This kind of unequal relations between provider and consumer, between benefactor and favored don't need developed legal forms of regulation. The legal system doesn't take part in the reassurance of this relations because they are not founded on some contract.

This totalitarian paternalism of the healthcare system is best expressed in regard to death and euthanasia. Death is considered not just as a personal and private event, but as a social phenomenon concerning social creature. That means that it is acceptable only if it is a sacrifice "in behalf of" important social values, and not just as the end of isolated individual. That is why euthanasia is radically refused and as the Hippocratic oath as well the established governmental demand use of all possible efforts to be saved a human life. You are social being, your life is social value and could be sacrificed only for other more important social value, and not just for some personal reasons of the individual.

Similar is the relation to abortion. It is a problem not of private choice, but of governmental demographic policy. If person is viewed as "an aggregate of social relations" the problem whether the embryo or the fetus is person is a matter of his social significance, of the social need from it, and the issue of his personhood could not be decided divided from this social aspect.

The healthcare system is developed according to Marxist

principle "to everyone according to one's needs". Everybody should have equal access to it. This find expression in the fact that none pay for this treatment. It is an outset however of much troubles. The qualification of the physicians is not equal, the quality of care in various hospitals is different. For the shortage of resources it is impossible to satisfy all needs of all people in the same manner, to find the best and necessary medicines, to use the best technologies, to be treated by the best doctors. This kind of equality is out of reach even for the richest countries. So officially are promulgated the principles of universality and equality of the healthcare system but unofficially take place two mechanisms of inequality concerning the different quality of delivery of healthcare. The first one is political. People occupying higher places in the political hierarchy and with more power could get preferential treatment easily, to be patients of the best doctors, use the best imported from abroad medicines, be tested by more sophisticated medical technologies. Second mechanism of unequal delivery becomes the personal ties with some physicians or some informal types of gratification to doctors. This is one of the most important moral contradictions, connected with conflict of equality and shortage of healthcare resources. But nevertheless the universal access to healthcare creates sense of satisfaction by this system between significant part of population. Even after the break down of the communism when this system was put under severe criticism and called into doubt, in 1991 an opinion poll in Czechoslovakia shows that 34% of the respondents state that they

are fully satisfied and 51% are satisfied with some objections with the physicians, only 26% of the respondents claim that the major of healthcare is an ill-mannered or wrong approach to patients by health personnel.⁹

As a matter of fact the specific status of the patient in this type of system could explain in a better way why it is difficult or impossible to come up with the questions which are peculiar to American bioethics, especially the questions of patient's rights. This patient gets his health delivery free. It looks like a natural phenomenon. As air is used to breathe, the sun to shine, the healthcare system is used to treat him. His life and health are of state value and the government takes care of them. It does mass screenings, inoculate him, treat him. The patient is not in an active position to this system. He gets his healthcare as a gift and it is much less plausible to be suspicious or pretentious to the gift of his benefactor. The thought, for instance, that he could sue his benefactor or to have some litigations is quite difficult to come to his mind. He gets used to the idea some other to decide instead of him. That is why it is much more difficult or even impossible to come into being the issues of the Western bioethics.

But what about the moral behavior of the physicians? It is connected first of all with the peculiarities of their motivation. The system is established to exclude any profit motive in their behavior. They take their hard salaries from the governmental budget, they have their secure jobs in a society without

unemployment and it is presupposed that in their relations with patients should miss any economic impetus. So one could conjecture that the only possible or dominant will be the moral motivation. And this is the expectation of the official ideology. Physicians should do everything for the good of their patients. But in a system in which the only link between patient and physician is the patient's feeling of need, moral appeals are just not enough to secure appropriate responsibility and care of the providers. If in the USA healthcare system the physician is overly motivated by the profit, by his economic link with the patient and result is often overtreatment of patients and high cost of the healthcare, in the totalitarian healthcare system the picture is an opposite: the physicians are undermotivated economically and the result is undertreatment of the patients. (Here I leave aside the difficult theoretical question "What is normal care?" and have in mind mass attitudes and perceptions of overtreatment and undertreatment which are the basis of wide spread moral evaluations of this systems.)

As an offset of this discrepancy it comes up expression of gratitude or some kind of tipping. A doctor's "right to gratitude" appears unofficially and medical ethics is accepted first of all as concerning to "the deviations from socialist morality" in the forms of tipping or undertreatment.

As a result almost at the same time when in the USA was growing the wave of bioethics, in Eastern Europe and the Soviet Union were raised the questions of medical ethics, but not as issues of bioethics, but as issues of deontology. The context and

the reasons of these interests are entirely different. In 1969 the first large conference on medical deontology is held in Moscow and in the 70's in all Eastern European countries are adopted ethical codes and moral oaths of the physicians. These codes and oaths are paternalistic variations of traditional medical deontology - some kind of mixture of the Hippocratic tradition and contemporary totalitarian reality. Medical deontology is seen as a sets of norms, which are obligatory in the professional activity of the physicians.

In Poland special moral code of physician is promulgated in 1978 and in Bulgaria in 1973. These codes are considered as an application of the general requirements of the "communist morality" to a concrete field. There first rule is the "active participation of the doctor in the development of socialist society". The good of the patient is considered as a major value in the healthcare delivery and it is seen as a care not just of the sickness but of the whole person, as an accent of preventive measures, struggle for patient's life in any circumstances and keeping of confidentiality. Euthanasia is unacceptable in any form. There are no rules at all concerning the rights and the role of the patients and their autonomy.

The Trade Unions of Healthcare Workers in the different countries were in charge of special ethics committees which had to observe the application of the ethical codes by the physicians and to control any deviations from these codes. The role of these committees is entirely different from the role of the committees in

the USA. The one type of committees observes the rule of medical deontology, the other type - of bioethics. First, they are attached to the Trade (Professional) Unions which are under the strict control of the governments and the parties. Second, their goals are no decisions of any conflicts or dilemmas but control. They are fully control-oriented to keep standards of good paternalistic care and not rights of the patients as autonomous and responsible individuals. In the long run these committees suffer from formalism, bureaucratism and ideologisation of the whole system and in the most cases their activity is limited to writing annual reports about the role of the "socialist moral norms" for the physicians and the struggle against some "deviations from these norms".

It has to be pointed out that the specific position makes the physicians one of the most frustrated and revolutionary forces in the totalitarian societies. This position is connected with a peculiar contradiction between power and economic opportunities. Physicians are representatives of a profession with a great power over the people. Only the party leaders have greater power. From their paternalistic stance grounded not only on Hippocratic tradition, but on their role of representatives of the benefactor providing free one of the most important goods, they reign over the life and health of people, who are dependent on them as children. The patients have no real legal, neither economic opportunities to control the physicians. The doctors are in a similar way out of control as the top rank officials. But while the politicians wield

power only over the life way of the people, the physicians exercise their power over more important values - life and health. This is a specific power not only of knowledgeable people but of people who are not under serious control.

At this same time their wages and salaries are incommensurable with this sense of power. They receive not just absolutely but relatively much less than their colleagues in other countries. They are in economically disadvantaged state compared with a lot of blue collar workers with low qualifications. With this power the physician is a mighty individual, with his salary he is nobody. This results in a strong frustration. That is why the physicians were part of the most active social groups taking part in the overthrow of the communist regime in (for example) Bulgaria. They created the first independent trade union which was in opposition to the government and now they are its backbone. They are one of the most important political forces in the country. Physicians are a lot of the politicians and the political leaders.

In fact, it wouldn't be exaggeration to say that some contradictions which in the Western world are considered as bioethical were the fuse stirred up the beginning of political changes in Bulgaria. One of the typical features of the totalitarian communism is the unmerciful exploitation of nature leading to fast degradation of the environment. The fact that the government is the only owner and none could control it precludes the establishment of effective control over the contaminator. All this takes place just for two or three decades in conditions of

increasing industrialization and the contrast between the clean peasant natural world and the contaminated industrialized world looks much stronger because the people have not enough time to adjust to these changes. That is why at the beginning of the political shift the first questions raised are ecological and all opposition organizations are ecological. This is just a starting point of the changes. Now other questions are coming to the fore.

III

We come to the question now, what is the future of bioethics in Eastern Europe after the collapse of the old totalitarian political systems. Great changes are underway now in this region in all areas of social life in conditions of severe economic and moral crisis. It is difficult to forecast the exact way of this shift.

The endeavor is changes to be introduced also in the health care systems. Different drafts of a new health care legislation are being prepared. Under these circumstances the most urgent question is the shortage and the allocation of health care resources. More or less in all Eastern European countries up to now the old state health care systems existed, but at the same time a private practice of the physicians is permitted and if some patients are dissatisfied with the state healthcare, they can pay. They might go to the physicians who often have jobs in the state hospitals and work as private specialists during their free time.

It could be held that the fate of bioethics in Eastern Europe is inseparable from the fate of the democratization, because the

spread of bioethics is a part of the wave of democratization. It is impossible to have democracy and human rights in the healthcare system if violations of these rights take place in the society as a whole. That is why in countries passing fast from totalitarian to democratic systems it is much easier to influence the society with Western bioethics. It is observed for instance in Spain, where the democratic patterns accelerate the spread of the bioethics discourse.


The situation of transition in Eastern Europe is much more complicated and the perspective of democratization meets enormous obstacles. The mass attitudes of paternalistic individualism have double and contradictory outcomes. On the one hand, a specific individualism of marginalized people in a form of torn and lost ties between them favors the swing of the political and psychological pendulum on the extreme right position which results in a noisy rhetoric about unlimited free market, liberal democracy and attempts to undertake monetaristic economic policy. On the other hand, however, quite strong and deep paternalistic attitudes exist. In a situation of growing insecurity and depression it gives rise to populism and desire for a "strong hand", for order and security, for benefaction. If you realize that the vast majority of property belongs to the government and despite the ambitious projects on privatization it will still hold the larger part of the property for the next decade, it means that the economic basis of the old system still exists and continues to be one of the important reasons for strong authoritarian and

neototalitarian tendencies. It is a well known fact that in cases of breaking down of one system and high insecurity, people tend to regressive behavior, they long for return to forgoing stages of their life. Faced with a situation of anxiety, a result of the quick social changes, they attempt to deal with the increased insecurity by strengthening their adherence to their ethnic origin (nationalism), their religion (religious outburst), older forms of authoritarian behavior or some transformed variant of the old totalitarianism. All their older attitudes as far as they are connected with their basic cultural values, are communitarian and paternalistic. After the collapse of the communism the main values underlying the social life keep their existence in some form and manifest themselves even by the behavior of political forces which most strongly declare their anticommunism and their engagement with liberal ideas. Not just because the most fierce anticommunism is at the other side of the coin (the same authoritarian culture, persons and intolerance), but because in countries like Russia, Bulgaria, Ukraina, Romania, Serbia there never existed strongly developed liberal thinking. It is difficult to find political and moral philosophers considering as their spiritual predecessors Locke, Hume, Hobbes, Paine, J.S. Mill, and the liberal social philosophy, which as a starting point for grasping the reality comes from the individual.

Given this situation it is not plausible to introduce in a middle term or even in a long term health care systems similar to the American one in these societies.

In the current debates the major issue is what will be the optimal way of allocation of health-care resources and what kind of systems would be morally accepted by the majority of the population. Some people talk about radical privatization of the health care system. But they hold this proposal in a time of growing shortages of medical resources and enormous impoverishment of the population, when 60-80% of the people are not earning a living wage, and in countries such as Bulgaria, two thirds of the population are pensioners and children. Therefore, it is impossible to introduce even the German type of insurance system, because it is necessary to have a lot of time to collect enough money to support this effort. The situation of mass impoverishment has enhanced the strength of the egalitarian stereotypes. The most plausible opportunity for all Eastern European countries, until the end of the century, would be to develop some kinds of health care systems which are something in the middle of the German one and their current systems.

Under the existing circumstances it would be difficult for a lot of strong debated in the USA bioethical issues to make their way in these countries. Especially the growing questions which are direct results of the liberal individualistic background and of high technologies will appear to poor people in these societies as a luxury. It is significant for example that the sociological surveys in Bulgaria show fast growing numbers of people (and they are the prevailing part) say that they prefer "security and order" before democracy.



On the other hand, in countries like Bulgaria it is possible to be put in motion specific mechanism referring to bioethics due to its symbolic meaning - just because it comes from the West, from the US and the reach toward the West is a dream of a society which has to be created. On the place of the communist utopia as a vision of their future has come the American dream and bioethics could be part of this dream accepted as the mass culture, Moon's sect, pornography, Coca-cola, the bright clothes, etc. People rush to all these things viewed as signs of a new ideal replacing the old one. But here the problem is that the worsening economic situation is leading to quick loss of whatever dreams, to disappointment, despair and cynical pessimism.

What should be done in this situation? It is meaningful to keep on with the efforts to spread bioethics in this region. It is, because this is part of a much more important process of support of democracy and moral, just, humanistic relations in the health care system and they are inseparable part of this movement to democracy.

At the same time it is impossible to wait for the wide range of questions and decisions in bioethics grounded in the specific American situation or to expect them to be received warmly, as meaningful in this region. On the one hand, we have to respect cultural values and morals that may differ from our own. On the second hand, the negligence to these values could get in the way of the spread of the achievements of the American bioethics. Thirdly, the intrusion of Western medical models and rigid individualism could

erode important local values which have not to be lost and should not be lost as we keep the diversity of the living world.

From this point of view I think that the American ethics has some important traits which allow its combination with the values of quite divergent cultures. These traits are connected with its internal plurality, with its diversity. There is a dominant paradigmatic individualistic trend in Bioethics, but there are also other trends which could be a basis for future convergence of the three main types of existing healthcare systems.

The different communitarian views would be much closer to the traditions of Eastern Europe. In this context I think that the orientation to the common good which is found in the latest books of two eminent American bioethicists is hopeful. Daniel Callahan proposes the introduction of universal healthcare and a shift in priorities of the healthcare system from meeting individual curative needs to promotion of general public health, and a change in the goals of medicine from emphasis on curative medicine to emphasis on caring (preventative medicine and meeting some fundamental individual needs).¹⁰ These priorities are part of the European and East European healthcare traditions. The same is valid also for the main idea of E. Pellegrino and D.C. Thomasina¹¹ who argue for restoration of beneficence (re-interpreted as beneficence-in-trust) to its place as the fundamental principle of medical ethics.

I think that these books are significant indications of new approaches for American bioethics toward values which are wide

spread in other parts of the world and first of all in Europe. New thinking about the goals of medicine is impossible without comparison of the different traditions, achievements and shortcomings of the existing systems. The interchange of values in contemporary world will diminish the disparities between American, German, and East European traditions. The spread of bioethics in Eastern Europe has a future, this future will also have an impact on the current thinking in American bioethics, influencing its main goals and undertakings.

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