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MANAGING THE MIGRATION OF THE DOCTORS IN A MULTICULTURAL CONTEXT

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Abstract

In the cultural intersection of globalization, the adjustment to the new social and cultural context and the embracing of pluralism are actions which converge towards the essence of the ethical principles of autonomy and equity, and the considerations of justice on human rights. The ethical issue regard the manner in which the migrating doctor could maintain his or her own values but also develop authentic respect for a multitude of values, traditions and experiences produced by various professional and social circumstances. Primarily, we will extract the main ethical issues that the interconnection between globalization, migration of doctors and the multicultural context involves in the medical field. We will show how these matters are reflected or not in the specific national context. In order to achieve a realist image of the local situation, we will analyze the information obtained through participatory observations and comprehensive interviews applied at two job fairs for doctors for the representatives of the recruitment firms, doctors who attended the fair and doctors who exerted or are exerting their profession abroad. All the aspects regarding the empirical investigation will be correlated with the debates in the literature and the legal framework. In conclusion we will highlight the situations deemed as representative for the manner in which the migrating doctors adjusts and integrates professionally in the cultural diversity.

Keywords: medical migration, multiculturalism, globalization, ethical issues

Context

In a pluralist definition of contemporary globalization, Rennen and Martens (2003) offer a conceptualization of the term, while they reveal within the complexity of the phenomenon aspects that characterize the relationship between globalization and health (Maud, Pim, & Hilderink, 2005). Globalization develops on a conceptual framework integrated at international level and is opened to debate regarding the implications of the phenomenon on the right to healthcare (Martens, Huynen, Akin, Hilderink, & Soskolin, 2001). From the philosophical origin of the term until the theoretical syntheses, globalization covers alternate significations reflected in the interface between the migration of the doctors and ethical relativism, implying a recognition of multiculturalism. In a globalized world that intensifies and renders unavoidable the close contacts between various societies and cultures, the migration of the doctors and the ethical relativism are confronted with the issue of integration of the cultural diversity, based on fundamental rights and freedoms. It is important to clarify at the meeting with the ethnocultural patient the manner in which the doctor may maintain his/her own values as well as true respect for a multitude of values, traditions and experiences resulted from various professional and social circumstances. In the context of cultural intersections and globalization, the adjusting to the new social, cultural and professional context and embracing pluralism are actions converging towards the essence of the ethical principles of autonomy, equity and considerations of social justice regarding

human rights, namely, the right to healthcare (Nunes, Nunes, & Rego, 2017). The investigation of the way in which the migrating doctor is professionally integrated in cultural diversity seeks to develop a better understanding of the phenomenon of migration of the doctors. Starting from the assertion that differences between national cultures condition fundamental values, it is important to know how the migrating doctor relates to the contents of the new context within which the structure tendencies of multiculturalism take place as a response to the challenge of ethnocultural diversity (Antonsich & Petrillo, 2019).

The aim of this paper is to investigate the interconnection between multiculturalism and the migration of the doctors in global context and to identify the aspects that condition the manner to relate to fundamental values within the meetings with the ethnocultural patient. The main issues brought into discussion refer to the priorities engaged by the multicultural context of globalization with respect to the right to healthcare and which are the ethical aspects at the interface between the migration of the doctors and cultural diversity.

From the **methodological point of view**, we focused on an approach from the constructivist perspective, as well as a contextualized one, deriving from social, human and professional diversity in the migration of the doctors (Ramalho, Adams, Huggard, & Hoare 2015; Clarke et al., 2017). A critical presentation of the literature will allow the description of the phenomenon with the possibility to interpret data and, most of all, to explore the ethical significations relevant for the multicultural global context. Starting from the classification of the approaches that cover the study area, we aimed to explore the space between the right to healthcare and providing healthcare services for patients from different cultural environments, extracting ethical significations as values associated to the migration of the doctors in the context of contemporary globalization. We followed the manner in which the variables of the conceptual units selected from the domains of interest correlate, highlighting the ethical dimension imposed on healthcare systems in order to ensure the right to healthcare, as well as the way in which this information may be used to expand the current knowledge on the migration of the doctors in the current context of globalization. The practical note of the interaction between the migration of the doctors and the multicultural context was surprised during the observational study at the job fair “Careers in white” (which took place in Iași) in the questionnaire applied on the participants to the event, as well as in the responses selected from the interviews with the organizers of the event and the doctors who activated or still activate in countries from the EU.

Migration of the doctors – theoretical framework

From the theoretical perspective, the identification of a direction to follow the migration of the doctors in the social perception area, where the impact is very strong, will point out conflictual aspects, changes in approaches, as well as evolutions imposed by the economical context, specific law regulations, and social and cultural aspects. In a chronological order, the first scientific contribution on the concept of migration was that of Ravestein, who formulated in 1885 the laws of migration, mainly correlated with a set of determinist rules, on the basis of which the theoretical frameworks for international migration were built. The later evolutions went for refined formulations, while keeping the contents focused on the economical factor related to the differences in the monthly pay between two geographical locations (Portes, 1998). Later, an expansion translated the approach towards the social space, with an emphasis on the factor of price equalization (Jennissen, 2007). Thus, the context is set for the occurrence of the push / pull model, according to which migration is caused by specific factors, called push factors, which determine migrants (namely doctors) to leave their home country – and factors which attract migrants towards the host country, called pull factors. For migration in healthcare, these factors were exhaustively described by James Buchan (Buchan, 2010). A conclusion on the phenomenon of migration is achieved by Lin,

through the 1988 theory of social resources, concentrating on the ratio between costs and benefits (Lin, 2001).

For Romania, in the opinions specific for the Romanian context, the medical migration is presented in various formulations by authors dedicated to the issue (Giurgiuca, 2018; Sandu, 2010; Stănică, 2007; Voicu, 2004), mainly highlighting the social and economical factors, and significations resulting from the brain drain phenomenon. This formulation of the migration of the highly educated and qualified work force from poor to rich countries falls in line with another general conclusion according to which migration tries to explain the dynamics between commercial globalization and interaction between various societies, focusing as well on the component of integrating cultural diversity and fundamental values within ethnocultural encounters with patients.

From the point of view of bioethics, the respect for cultural diversity is an imperative (Zahedi, 2009; Chattopadhyay & De Vries, 2013). With respect to the cultural diversity, bioethics attempts to manage, through systematic analysis, the values, the accuracy or imprecision of some actions involved in providing healthcare assistance in various health systems, referring to autonomy and individual rights, as well as informed consent, respect for the individual, communication, and patient-doctor relationship. Moreover, it is important that patients in various cultures give different meanings to similar concepts and principles, in circumstances where these unknown concepts and principles may be the central elements of the moral substance. Furthermore, many cultures are based on a value system where the principle of family, community or the entire society prevails over the individual, which is recognized as autonomous, as an alternate value for the good of the community, while basic principles of medical ethics (informed consent, respect and dignity of the individual) may be opposed to certain cultural values and individual rights of the patient.

The aspects approached in the *practical part of the paper* focused on the observational analysis at the job fair “Careers in white”, following the representation manner of ethical aspects at the interface between migration of the doctors and multicultural context. We chose for analysis a series of situations deemed as representative frames for the interactions between migrating doctors and ethnocultural patients: the style of presentation for the recruiting firms for medical staff (doctors), interviews with their representatives, questionnaires applied to participating doctors and interviews with doctors who activated or activate abroad.

Addressability, with a participation figure recording approximately 500 persons, the diversity of the participants (students, residents, doctors, families of doctors, families of doctors with children, doctors at the end of their career etc.) and the offers specific for the event (destination countries, medical specialties, medical institutions, and jobs) provided relevant information for the thematic documentation and the contents explored by the methodological mixture of quantity and quality. The theme of multiculturalism, approached in the presentation materials of the firms, is associated with mentions referring to the “kindness, interest towards what is new, availability to compromise”. From the candidates opting for a job in another country it is requested to “*accept and respect another mentality and culture*”, “*they are an unwritten code of a country where you will activate, since you will be working with colleagues from various nationalities*”.

The mode in which the migrating doctor perceives the ethnocultural patient and the question if multiculturalism is an important aspect for the migration of the doctors were explored through questions included in the questionnaire applied on the participants. At the question “*which are the risks to which doctors working abroad are exposed*”, most of the respondents (84%) relate to the “*risk of maladjustment in a foreign country*” by itself or associated to other professional risks such as the “*risk of overworking*”, or “*on a position inferior to training*”, until “*difficulties of promoting oneself in another cultural*

environment". If the multicultural composition of the European states may create some issues for doctors and patients coming from various environments, conversely, the recruiting firms make their "*contribution*" to the finalization of the decision to migrate through offers with extremely attractive social contents (transport, boarding, communication, language courses, paycheck) and well exploited with respect to the main motivations converging in the statement "*financial nature*" taken from the interview with the organizer of the event. For the way in which the migrating doctor perceives the ethnocultural patient, we will describe the opinions of the doctors who had contact and acquired professional experience in the multicultural context of the countries in the EU: starting from reactions with institutional and professional impact in the destination country, *L* perceives the contact as a "cultural shock" (*resident, France*). *A.D., specialist, Belgium*, appreciates uniformly the diversity "*they are different*", "they are completely different, special" (colleagues, patients) while *S, primary physician, France* is impressed how "preoccupied, mobilized and careful they are (the medical staff) when they have a patient who is not one of them..." These opinions designate the conceptual leap in professional approaches with multicultural specific by passing from an individualist attitude regarding ethical issues in the doctor-patient relationship to conceptualization of collective rights and identification of the social justice issues at the global level regarding healthcare, the medical act and the multicultural environment (Paasche-Orlow, 2004). Starting from the assessment of the argumentations on how should the medical act happen in global context to the analogy of the situations involving intercultural contacts in providing healthcare, we may observe within the selected representation frameworks, the importance given to medical information with details on diagnosis, prognosis, and treatment options, "*it is very much insisted upon the diagnostic documentation and the interdisciplinary consult*", involvement of biotechnologies available in destination countries versus trust of fear towards sophisticated medical technologies ("*it seems to me that in certain situation technology is too much involved*" or "*patients, especially those from other countries, are reluctant to certain medical procedures*) until the role of the family in taking important decisions and that of religious beliefs in the persistence for the application of specific medical procedures and continuing vital support in cases therapeutically overcome (Koehn, 2006) . Transnational migration of doctors, classified in the multicultural global territory recognizes the increasing importance of the involved actors (medic, patient, family, friends) beyond government organization and intergovernmental agencies. Starting from these empirical data selected for the analysis, it is not hard to realize why it is difficult to converge on a normative response regarding the right to healthcare according to the challenges represented by the social and professional fact of cultural diversity. Equity in cultural diversity as a concept of social justice contests the idea of always respecting all beliefs and practices in every cultural group. Respect for cultural diversity and tolerance are mandatory for beliefs and practices of other people, but some situations of excessive tolerance may cause prejudice to the patients. Some examples from the geography of cultures in the European space, the most frequent ethical aspects within cultural intersections in the medical domain are generated by three concepts: absolutism, relativism and universalism (Berry, Poortinga, Segall & Dasen, 1992). Absolutism states that moral truths are obvious and expand beyond limitations of space and time, relativism shares the point of view of the diversity of moral systems, while universalism ascertains the moral value of each individual (Paasche-Orlow, 2004). This is why it is mandatory to carefully analyze in order to determine which cultural values are relative and which are based on universal ethical standards, internationally irreducible, in order for all societies and cultural communities to be respected.

Conclusions

Ethical challenges launched by the phenomenon of migration of the doctors at the global level requires careful deliberation on theoretical and practical arguments, followed by concerted actions at the national and international level for the integrated understanding of all key component and processes involved in achieving the right to healthcare in the current multicultural context. Through its ethical dimension, *the right to healthcare* demands exigence for healthcare systems in ensuring the professional resource (numerically and in professional training), associated with material equipment as guarantees for the respect for the dignity of the individual as a patient, who must benefit in an equitable manner of the best healthcare. Within the context of globalization, the migration of the doctors demands an unified analysis of the ethical principles in the field of social justice, benefaction, do-no-harm principle, and individual autonomy, conceptualized beyond standards of clinical practice. In order to avoid the strong opposition of bioethics physicians who defend the principle of respect towards difference and tolerance, the ethics of diversity appeals to the unity in diversity through which doctors are invited to critically examine cultural norms of their own practices and to manifest openness towards other paradigms through which they may expand their knowledge o human suffering and may find “wisdom” for and within different cultural practices.

References

1. Antonsich, M, & Petrillo, E. R. (2019). Ethno-cultural diversity and the limits of the inclusive nation. *Global Studies in Culture and Power*, 26(6), 706-724.
2. Berry, J. W., Poortinga, Y. H., Segall, M. H., & Dasen, P. R. (1992). *Cross-cultural psychology: Research and applications*. New York: Cambridge University Press.
3. Buchan, J. (2010). Reviewing The Benefits of Health Workforce Stability. *Human Resources for Health*, 8(29).
4. Chattopadhyay, S. & De Vries, R. (2013). Respect for cultural diversity in bioethics is an ethical imperative. *Med Health Care Philos*, 16(4). doi: 10.1007/s11019-012-9433-5.
5. Clarke, N., Crowe, S., Humphries, N., et al. (2017). Factors influencing trainee doctor emigration in a high income country: a mixed methods study. *Human Resources for Health*, 15(66), 1-12.
6. Giurgiucă, A., Rosca, A.E., Matei, V.P., Giurgi-Onocu, C., Zgarbura, R., Szalontay, A.S., & Pinto Da Costa, M. (2018). European Union Mobility, Income and Brain Drain. The Attitudes towards Migration of Romanian Psychiatric Trainees. *Revista de Cercetare si Interventie Sociala*, 63, 268-278.
7. Jennissen, R. (2007). Causality Chains in the International Migration Systems Approach. *Population Research and Policy Review*, 26(4), 411 – 436.
8. Koehn, PH. (2006). Globalization, migration health, and educational preparation for transnational medical encounters. *Globalization and Health*, 2(2).
9. Lin, N. (2001). *Social Capital. A Theory of Social Structure and Action*. Cambridge, UK: Cambridge University Press.
10. Martens, P., Huynen, M., Akin, S., Hilderink, & Soskoln, C.L. (2001). Globalisation and human health complexity, links and research gaps. *Human Health and Global Environmental Chang*. IHDP Update Issue 1(1), 1-6
11. Maud, M. H., Pim M., & Hilderink, H.B.M. (2005). The health impacts of globalisation: a conceptual framework. *Globalization and Health*, 1(14).
12. Nunes, R., Nunes, S., & Rego, G. (2017). Health care as a universal right. *J Public Health*, 25, 1–9.
13. Paasche-Orlow, M. (2004). The Ethics of Cultural Competence. *Acad Med*, 79(4).
14. Portes, A. (1998). Social Capital: Its Origins and Applications in Modern Sociology. *Annual Review of Sociology*, 24, 1-24

15. Ramalho, R., Adams, P., Huggard, P., & Hoare, P. (2015). Literature Review and Constructivist Grounded Theory Methodology. *Forum Qualitative Sozialforschung*, 16(3), 19, 1-14.
16. Ravenstein, E.G. (1885). The Laws of Migration. *Journal of the Royal Statistical Society*, 52, 241-305.
17. Rennen W. & Martens P. (2003). The Globalisation Timeline. *Integrated Assessment*, 4(3), 137–144
18. Sandu, D. (2010). Home orientation in transnational spaces of Romanian migration. *Studia Sociologia*, 2, 15–36. Retrieved from <http://studia.ubbcluj.ro/download/pdf/560.pdf>
19. Stănică, S.I. (2007). Abordări, modele, teorii privind fenomenul brain drain. *Revista de cercetare si interventie Sociala*, 19, 61-68.
20. Voicu, M. (2006). Valori și comportamente religioase în spațiul urban românesc: o abordare longitudinală. In D. Sandu (Ed.), *Viața socială în România urbană*. Iași: Editura Polirom.
21. Zahedi, F., & Larijani, B. (2009). Common Principles and Multiculturalism. *J Med Ethics Hist Med*, 2, 6.