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## Special Editor

### Professor Beatrice Gabriela Ioan, PhD, MD

Grigore T.Popa University of Medicine and Pharmacy of Iasi, Romania

E-mail: ioanbml@yahoo.com

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# THE CONTRIBUTION OF ETHICS TO THE DEVELOPMENT OF THE HEALTHCARE SYSTEM

Cornelia Margareta Găspărel

Independent researcher, Iași, România

E-mail: gasparelc@yahoo.com

## Abstract

Physicians know best the value of *time* and *costs* of maintaining the health of a patient or of a certain category of the population, in other words, the costs of *the quality of life of the population*. In the medical field, the best example of how certain institutions emerge and develop is the story of the International Red Cross and the Swiss Jean-Henry Dunant. SARS-CoV2 is not the battle for the city of Solferino in northern Italy, but it can become a context that contributes to the development of the healthcare system, focusing on service *quality*, on *ethical risk management* based on *the principles of the Caux Round Table* and, last but not least, on valuing *human development*. The writing of the book „A Memory of Solferino” and the initiation of the *International Committee for Relief to the Wounded* caused Henry Dunant a series of financial difficulties, which in time led to poverty and loss of respect in society, but the organization he created has developed, and his basic ideas have been gradually accepted, which is why we are talking today about the International Red Cross. For his work and efforts, Henry Dunant<sup>i</sup> would be awarded the Nobel Peace Prize (1901) by the Norwegian Nobel Committee. The paper entitled „The contribution of ethics to the development of the healthcare system” will be a theoretical and practical approach to initiating and applying ethics in the activity and institutional development of the public health system. People have emotions, feelings and resources that are limited in time, but human communities can be an unlimited resource of knowledge, support and creativity. *Digitalization, teleworking, telemedicine* will bring a number of fundamental changes in the structure and operation of many societies. There is talk today of corporate governance, risk management, the role of leadership and quality standards. Ethics will connect to these norms, regulations and to the new European provisions and requirements, and will protect the freedom, dignity and integrity of individuals/citizens, be they specialists or patients.

**Keywords:** ethics, values, health, reward, achievement, the principles of the Caux Round Table, "ethical risk management".

Throughout my professional life I have seen much suffering, illness and poverty and maybe I have felt and glimpsed just as much happiness, wealth, philanthropy, kindness and generosity. In other words, I could see that we have seen vulnerable people and happy, fulfilled people. If I were to answer the question, „What were these people like?”, do not expect a direct answer. Instead, the answer can to be found in the thoughts and numerous perspectives of this *text*, in the meanings and what will follow after the text is *received*.

I thought long before I wrote this article, which is part of a new book project. I reflected much on how I would like to communicate with people and specialists in the medical field. How could ethics contribute to the construction and development of an institution? There are many ways, but the most sustainable are those that value trust, prestige and well-being. *Prestige* and *well-being* are two *institutional values* created by people, in which "morality acts in a hierarchical manner, propagating from top to bottom, from abstract

but universal ideals, to principles and standards, descending, from there, to objectives and, ultimately, to actions" (Young, 2009, pp. 18). This is how any action aimed at the prestige of the medical act and the well-being of an institution that ultimately feeds on "limited resources" will be viewed.

*Digitalization, teleworking, telemedicine* will bring a number of fundamental changes in the structure and operation of many societies. There is talk today of corporate governance, risk management, the role of leadership and quality standards. Environment, society and corporate governance, this is the conceptual triad that includes the set of rules that investors take into account in the investment process, and which concern not only the business environment, but especially the medical field. Ethics will connect to these norms, regulations and to the new European provisions and requirements, and will protect the freedom, dignity and integrity of individuals/citizens, be they specialists or patients.

*Engagement, prevention and responsibility* are but a few of the medical expertise in the relationship between environment and society. We are on the verge of paradigm shifts, of medical and institutional strategies<sup>ii</sup>, that cannot overlook what is happening in the community or at national, European and global level. Stephen Young's lens of observation and analysis as regards the situation of ethics in Romania is a first invitation to reflection and introspection in your own professional and institutional-academic life.

"In countries like Romania, which are in transition, the communist regime had a minimal contribution to the value system. The values proposed by communism were rejected or lost their appeal over time, no longer gaining adherents. In the transition countries, one of the consequences of this reality was that, amid the fall of the communist regime, the collapse of the value system was not followed by the adoption of a new set of solid values. People were deprived of values to relate to, their behaviour and decisions being often guided by their own material interests. Such countries have fallen into a kind of nihilistic chaos, into a crisis of values. In such situations, many turn to religion to find balance and support. I have witnessed a return to Catholicism in Poland and to Orthodoxy in countries such as Russia and Serbia. In China, the Communist Party leadership proposed a new moral code, called the Harmonious Society, a modified version of Confucianism, to turn the Chinese people away from greed and selfishness.

Therefore, in today's Romania, a return to the values and traditions that existed before the years during the communist regime is welcome" (Young, 2009, pp. 12-13).

Having *reminded* the reader all of the above, I can only plead in favour of human and professional development and bring arguments in support of ethics, which in turn can not ignore the realities and importance of economic and medical decision-makers. We hear today of a *moral partnership* between institutions and citizens, of *cultural equity* and last but not least of "corporate governance as a moral compass."<sup>iii</sup> What kind of compass do we have in increasing the quality of medical services? What are the expectations of the population from medicine and what are the realities of medical life in Romania? Here are just a few pillars on which the prestige and role of specialists in reconsolidating the Romanian healthcare system can be defined.

### **1. "Good and Evil, useful and true: in money we trust"<sup>iv</sup>**

"Any economy has a "speed limit" in the short term, a relatively constant capacity of producing goods and services. In the short term, we have finite stocks of things that the economy requires as it develops: land, labour, steel, yoga instructors, and so on" (Wheelan, 2020, pp. 122). In the other register of interpretation and analogy we must not forget that people have limited emotions, feelings, and resources over time, but human communities can be an unlimited resource of thought, support, and creativity. To access this resource, we need a space for dialogue and mutual support based on trust and values that are "unalterable"

through change and time. What I mean here is that trust and human development are the pillars of a sustainable institution. How do we represent *the good* in health? How do we define *health* as a state and an institutional foundation? What is the boundary between *usefulness* and *truth* when it comes to access to resources?

The perception of *values*, *responsibility* and *work* is closely linked to institutions and the contractual form of employment. And here comes another pragmatic element related to our ability to understand the relationship between the work factor and man as a *citizen* or *employee*. In this context, however, we are dealing with an intention to approach the increased responsibility of the human resource and the investment in people. A concept that may belong to the European set of values, but which is at the same time necessary. Let us not forget the debates that are now taking place at European level on labour legislation and the major changes that will occur in this register of consequences of the SARS-Cov2 pandemic. And so we arrived to the economic analysis of labour developed by David Ellerman.

Do we hire people or do we rent services? Is *duration* a distinct, defining criterion in employment relations? How can we explain the differences in quality between services provided by private healthcare institutions and state-run institutions? This would be another direction for analysis, which will be developed in the second part of this paper, *Marriage and divorce: health and money*.

*We rent cars, we rent apartments, but we hire human beings*, states David Ellerman in order to draw attention to living related costs that make the difference between *hiring* and *renting*". Just to get people to say that it's the renting of human beings is difficult. They say, no, it's the hiring of human beings. We rent cars, we rent apartments, but we hire human beings. But it's exactly the same thing. In the UK, a rental car is called a "hire car." Google it. An economist will tell you that you buy an entity or you buy its services. So you buy a car or you rent - or hire -a car. Renting or hiring a car means you're buying so many car days or car months. When you rent an apartment, you're not buying the apartment, you're buying the services of the apartment for a month or three days or whatever it is. It's the same with human beings. You can't buy human beings anymore, but you can rent them. And that means you buy their person hours. But just that understanding is difficult for people. They're so trained to see a difference between these words hire and rent"<sup>v</sup> (Ellerman, 2018, pp. 55-56).

In order to be fair and honest at least "also" in terms of Adam Smith's thinking, we will need to rethink how we relate to *man* as a *living being* and the work factor or indicator, that index that is often quantified in the quantity and quality of products on the market. Institutions are formed and maintained by people, by the human resource, but people have their own characters and moral motivations, and therefore the concept of corporate governance is also applicable to the healthcare system. People respond and react in the short, medium and long term according to their own moral motivations, but let's not forget that *man* and *the economy* only have limited resources.

## 2. Marriage and divorce: health and money<sup>vi</sup>

Sometimes we are fated to know the hidden nature of things and of events and incidents through others, of those similar to them, so that by the disorderly accumulation of knowledge we come to an understanding of the structure of *patterns*. We live in a social, economic and human context that forces us to think in perspective, under the pressure of major changes. "There is a remarkable, almost mysterious, one-sided relationship between nations and their currencies. Money and nations go hand in hand. (...) But although there are unified international systems of weights and units of time, length and weight (the latter expressed in two forms: imperial and metric), there is no single world currency" (King, 2017, p. 221). We do not have unitary legislative policies and perhaps the very tradition of medical

institutions varies from one country to another. However, reputation and prestige remain criteria that validate the act of work in large institutions and companies.

Do we need *trust* and *prestige*? How can the healthcare system regain these qualities in the medical act and in the relationship with society? Are *relativism* and *universalism* impediments to cooperation between institutions and specialists? These are just some of the big issues in how this relationship between institutions and the moral division of labour should be viewed. But what is moral divide and how should it be understood in terms of corporate governance or the moral organization of work? In other words, the moral organization of work refers to the moral values and principles that guide work, the distribution of resources, and the relationship with society. And here we need a brief overview of the three *dimensions*<sup>vii</sup> that influence the moral division of labour:

- *The micro-dimension*: with reference to the difference or dissensions (between religious, political beliefs and various sexual orientations) that may arise between individual and organizational moral values.
- *The meso-dimension*: this would be the difference between moral values, principles, individual orientations and those values that frame the corporate / institutional culture as a whole and where the person in question works.
- *The macro-dimension*: the effects of the transition through practices, medical policies with the corresponding moral values between the two institutions, countries, more precisely the transition from the value system of the country of origin and the values and principles of the host country.

Ethical dilemmas, conflicts and organizational customs are often related to *meaning*, *practice* and the *distribution* of work with the corresponding degrees of responsibility and hierarchical involvement. And here we have in mind the following: <sup>viii</sup> *conceptual frameworks*, ie rational processes, the perception of time and space; *codes of conduct* (good manners and habits, culinary preferences, personal hygiene, attitude towards environmental protection); *shared meanings and perceptions* (verbal and non-verbal language - facial expression, eye contact, gestures, contextual positions, etc.); *symbols and rituals* (religious meanings and symbols attributed to colours and actions); and last but not least, the set of *ethical values and standards*. The importance of those listed above can only be understood in the conduct of life and work in a *private* or *state* institution, I would say that the differences that occur here are due to the mode of employment - to job security.

Lasting partnerships most often start from love and are sustained by a strengthened respect for *freedom*, *prosperity* and *trust*. *Marriage and divorce: money and nations* (King, 2017, pp. 220-258) is the title that inspired me to understand the period we are going through, with its specific fluctuations and asymmetries. I do not write for the sake of writing, but I have boundless confidence in people and their ability to think, act and feel. Happy people are alike, while unhappy people carry their own unhappiness in terms of power or helplessness. The reasoning of *love contracts* is found on the reverse of any separation process, but the causative factor is often focused on health in all its meanings, and on excess financial resource or on the verge of survival. "The parable of the talents" or "the rich man whose land bore fruit" are the expressions of the way we choose to be in the most important spaces of our lives, but let's not forget that everything pays off, because "pain and pleasure are not twins, nor the image in the mirror of the other, at least not in terms of their roles as survival devices" (Damasio, 2005, p. 299). And in medical practice one can concisely assess the distinction between *utility*, *relativism* and *universalism* as values that generate *life*, *well-being* and *health*.

Kahneman and Tversky say that the function that determines value (utility) is S-shaped, concave for gains, and convex for losses (Kahneman & Tversky, 1979, p. 279). The function has the property that "the response to losses is more extreme than the response to

gains," that is, "the displeasure associated with losing a sum of money is generally greater than the pleasure associated with winning the same amount" (Tversky & Kahneman, 1982, p. 454). In other words, decisions are affected by a certain loss aversion. With these things clarified, I can say that Knut Wicksell was the first to say that the loss of a given amount of money hurts more than enjoying the same amount."<sup>ix</sup>

In medicine, lack of oxygen can cause death or irreversible neuronal destruction. Doctors know best *the value of time* in the onset of symptoms and in the treatment of certain diseases. The human resource in the medical system is vital for the manner in which the moral organization / division of labour will be (re) constructed. Health is and will be one of the pillars of any society and the projection of the future depends on it. The environment is constantly changing, and moral behaviour is a precondition for the way institutions operate and prosper. There is something here related to the mystery of how some nations are richer than others.

"The ability to make moral decisions is a condition of human dignity. On this ability depends our moral sense and everything that helps us overcome the Darwinian natural state and live in a civilised society. It is not moral capitalism, but individuals themselves who are responsible for the unfortunate decisions they sometimes make" (Young, 2009, p. 179). In order to overcome the crisis and lay the foundations for a future dialogue on the resources and potential of the healthcare system, it will be necessary to take a few steps back together and individually, not in order to "observe social distancing", but to look back with the scientific, human, social, cultural and technological *set of tools* that we have today. The managerial perspective of the corporate and healthcare system will be reflected in the well-being of the community. The welfare and the well-being of the organization are important criteria in the standards that investors follow. *Duration, stability, predictability, and confidence* are fundamental to the moral organization of work and to a future equity of the pension system. When we look at the quality factors of an institution, it is recommendable to evaluate how this quality is obtained, how *performance standards* are met.

### 3. The role of ethics in the (re) construction and prestige of an institution

The contribution of ethics to the development of the medical system presupposes first of all *human and institutional development*. In these terms, ethics will be seen in its essence as a field, as a *moral compass* of life in a community. To know the *cardinal points* of life in the community in which you carry out your profession, to know the *values, principles* and *the people* who build this ethos.

Ethics is not *a profession without professionals, a marginal, speculative and worthless field<sup>x</sup>*, but it is what a considerable part of the countries of the former communist bloc lacked. There is not *an ethic of business* and *another ethic of the medical, university, cultural system*, etc. However, there are traditions, cultures, values and various types of activity that the various professional communities relate to, by evolving or by stagnating.

"There is a fairly widespread prejudice according to which corporate ethics and social responsibility would only involve costs for the business environment, which is why only those companies with a significant capital flow would behave ethically and responsibly. This prejudice reflects a misunderstanding of the notion of business ethics. From this perspective, ethics is nothing more than a form of charity dependent on the existence of sufficient sums of money to be shared with those who fight for a good cause. In reality, ethics is more than acts of charity. Business ethics is about how companies are run and how relationships between companies and stakeholders are managed (...) the manner in which a company's values are put into practice" (Young, 2009, p. 12).

*Risk management* is essentially a well-understood and applied ethics. To know what kind of ethics work in our institutional system, I invite you to ask the question: *Employees:*

*simple wheels of a gear or moral agents?* and you will have a perspective on a significant percentage of the citizens of a community. Reflect on the number of medical institutions in a city to realize how to build the *prestige* and *ethos* of a community in larger and smaller cities in Romania.

"In terms of hospital comfort, the fight must be fought against three major ills, which the patient must avoid: noise, unnecessary waiting for patients, bacteriological contamination (intra-hospital infections)" (Duțescu, 1979, p. 17). And a lucid evaluation of medical institutions, accompanied by ethical reasoning, will increase the accountability of the bodies empowered to make decisions and review medical policy in the light of new changes in the future.

*The Caux Round Table principles* concern the relations between *employer* and *employee* from the perspective of employee theory, as the first factor in building, developing and maintaining welfare in an institution. From the perspective of the *Caux Round Table Principles*, employees will consider the following criteria in meeting objectives:

- *To acquire and implement the mission, objectives, principles and values specific to the institution.*
- *To consider not only the short-term benefits gained from the work done, but also to be concerned about the long-term well-being of the institution.*
- *To be really concerned about the constant improvement of the quality of the services offered by the institution.*
- *To know exactly what their job entails and strive to improve.*
- *Not to abuse the authority given by seniority in work and not to replace the work rules already established with their own rules.*
- *To avoid any conflict-generating behaviour or unproductive competitiveness between departments, within them or in the relationship with the managers; in everything they do at work to show team spirit and take into account the common good of all those who work in the company* (Young, 2009, p. 188).

Nevertheless, it is good to keep in mind that ethics cannot be summarised solely in terms of *rules, norms, principles, consequences* and *performance standards*, because institutions are created and maintained, developed by people, and their shaping occurs through intentions and motivations. *Ethical creativity, social intelligence* and *capitalism*, in other words, well-being and sustainable development, are the paths that leaders take. And the managers who truly know the human and material resources of the institution in which they operate will be able to effectively combine the relationship between *costs* and *benefits*, by extending governance to the social, cultural and business community they belong to.

## Conclusions

### **Each institution has its own *Secret Garden*** <sup>xi</sup>

Doctors know best the value of *time* and the costs of maintaining the health of a patient or a certain category of the population, in other words, *the costs of the quality of life of the population*. In 1859, a battle took place in the town of Solferino in northern Italy. There, businessman Henry Dunant saw thousands of Swiss, Italian, French and Austrian soldiers killing and mutilating each other. Then, on his own initiative, he organized what we find today under the name of medical care in war situations. He later wrote a book entitled "A Memory of Solferino," which also contained a support plan for the sick no matter which side they belonged to. It was an invitation to form associations with the purpose of providing medical assistance to all the wounded. The result of writing his book was the establishment of the *International Committee of the Red Cross* in 1863 and the adoption of the *Geneva Convention* the following year. Henry Dunant established that all soldiers wounded in a ground war should be treated as friends - *as patients*. He considered that medical staff should

be protected by the "red cross" symbol on a "field of white". And the financial difficulties and loss of social respect that affected Henry Dunant did not diminish the role and importance of the organization he helped create. Today we no longer talk about Henry Dunant, but we benefit from the efforts of the Red Cross and the medical services specific to each country, in times of peace or war and pandemics. Eventually, Henry Dunant would be rewarded for his efforts and his work throughout his life by the Norwegian Nobel Prize Committee – he was awarded the Nobel Peace Prize.

Research, human development and technology will bring considerable changes in the medical society, which will have to cope with the effects of the SARS-Cov2 pandemic and the wave of changes in Romanian society. A multitude of terms will circulate in the Romanian society, such as: *ninjo*, *kyosei giri-on* (Japan), *tai he* (China) *corporate governance*, etc. but in essence it will be about the quality of human life in institutions and society - about the relationship between *work*, *pay* and *people*. Since we spend most of our time in favour of financial gain, these terms will reorder the very essence of the internal functioning of work and institutions.

"The creation of moral capitalism is an act of culture. Based on this assumption, *the "Caux Round Table" Business Principles* were published in 1994 in order to improve the global business culture. The Caux Round Table first met in 1986. That year, Frederick Philips, president of Philips, a family-based electronics and light bulb company founded in the Netherlands, invited Japanese, European, and American colleagues to discuss about ways to respond to the xenophobic attitudes that were dividing the electronics and car industries at the time. It was a moment of triumph for Japanese industries in international markets. Then Frederick Philips initiated a dialogue trying to temper the feelings of anger that kept Japanese companies out of the markets of Europe and America and American companies away from the Japanese market. Olivier Giscard d'Estaing, vice-president of INSEAD, a prestigious business school in France, joined him in this effort. In this attempt at reconciliation, Philips proved to be an idealist, but not a naive one. He believed that, as a rule, people act correctly when they consider the real circumstances of their actions, are able to identify their "self-interest from a whole perspective" and can devote much of their effort to create more good . In the aftermath of World War II, Philips attended several meetings in Caux, a small town in the Swiss Alps, in a bid to reconcile the French and German nations in order to prevent a future conflict between the two hereditary enemies. From these meetings was born the state of trust that led to the creation of the European Coal and Steel Community, which later became the European Economic Community and, finally, the European Union" (Young, 2009, pp. 139-140).

*Realism and vision - we need ethics and academic integrity in the university curriculum*, but most of all we need training and accountability of the human factor regarding life and the environment, be it medical, social and economic, etc. Without a moral-human foundation, we build forms devoid of contents for which the system itself will be responsible over time. The pandemic crisis and the institutional model after 1989 are landmarks that will determine major changes in the operation of the medical society, where we will have to not only purchase high-performance equipment, but also look at the training and development of human resources. I trust in the moral values and in the life principles of the academic medical community, in the reasoning and the long-term vision on this project of ethics in the *(re)construction and development of the prestige of the Romanian medical system*.

#### References:

- Damasio, A. (2005). *Eroarea lui Descartes Emoțiile, rațiunea și creierul uman [Descartes' Error: Emotion, Reason, and the Human Brain]*. București: Humanitas.
- Dăianu, D. & Vrâncianu, R. (2006). *Frontiere etice ale capitalismului*, Iasi: Polirom.

- Dunant H. (1986). *Amintiri de la Solferino [A Memory of Solferino]*, București: Editura Militară.
- Duțescu, B. (1979) *Etos în medicină*, București: Editura Medicală.
- Găspărel, C.M. (2018) *Colocvii Filosofice [Colloquia Philosophica]*, Iasi: Editura „Gr. T. Popa”.
- King, M. (2017). *Sfârșitul alchimiei, Banii, Băncile și Viitorul Economiei Mondiale [The End of Alchemy: Money, Banking and the Future of the Global Economy]*. București: Comunicare.ro.
- Young, S. (2009) *Capitalism moral. O reconciliere a interesului privat cu binele public [Moral Capitalism: Reconciling Private Interest with the Public Good]*. București: Curtea Veche.

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<sup>i</sup> „Having joined, at his father's urging, the banking business, he left in 1853 for Algeria, which had been conquered by France in 1830, where he initiated extensive projects for the cultivation of cereals and the construction of mills with modern equipment. In 1858 he succeeded in building such a mill in Djemila (Constantine province) and founded a joint-stock company. In his relationship with the native population, Henry Dunant manifested much humanity, speaking out and taking a stand against slavery. Having difficulty obtaining land, Henry Dunant returned to Europe in 1859 to meet the Emperor of France, Napoleon III, whose support he sought. When Henry Dunant returned from Algeria, the French emperor was at war with the Habsburg Empire, with military operations taking place in the north of the Italian Peninsula, where the vast Lombardo-Venice region was under the control of the Court of Vienna.” Excerpt from the foreword to the Romanian edition of „A Memory of Solferino” by Henry Dunant, Romanian edition published by Editura Militară, Bucharest, 1986, p. 6.

<sup>ii</sup> "The concept of corporate governance, used in abundance lately, has become a buzzword, people no longer know what we mean, whether it is a concept for everyone or only for those who are managing billions of euros. I believe that, in essence, it is a set of rules and values that each of us operates with, both at the level of listed or unlisted companies and at the individual level". Andreea Pipernea, CEO, NN Pensii./ *România poate să crească pe trei piloni: atragerea de investiții, transformarea într-un hotspot antreprenorial și identificare unui model de bună guvernare. (Romania can grow based on three pillars: attracting investment, turning into an entrepreneurial hotspot and identifying a good governance model)* Source: <https://www.zf.ro/companii/romania-poate-sa-creasca-pe-trei-piloni-atragerea-de-investitii-19718784>, Accessed on 20.11.2020, at 15:00.

<sup>iii</sup> *România poate să crească pe trei piloni: atragerea de investiții, transformarea într-un hotspot antreprenorial și identificare unui model de bună guvernare (Romania can grow based on three pillars: attracting investment, turning into an entrepreneurial hotspot and identifying a good governance model)* Source: <https://www.zf.ro/companii/romania-poate-sa-creasca-pe-trei-piloni-atragerea-de-investitii-19718784>, accessed on 20.11.2020, at 15:14.

<sup>iv</sup> The title is a paraphrase of a chapter named *Good and Evil: in money we trust* in Mervyn King's "The End of Alchemy: Money, Banking and the Future of the Global Economy", Romanian edition published by Comunicare.ro, 2017, Bucharest, pp.52-89.

<sup>v</sup> David Ellerman, *Against the Renting of Persons: David Ellerman in conversation with The Straddler*, in "Colocvii filosofice", Cornelia Margareta Găspărel (Coord.), "Gr. T. Popa" U. M. Ph. Iași Press, 2018, pp. 55-56.

<sup>vi</sup> The title is a paraphrase of a chapter named *Marriage and divorce: money and nations* in Mervyn King, *The End of Alchemy: Money, Banking and the Future of the Global Economy*, Romanian edition published by Comunicare.ro, 2017, Bucharest, pp. 220-258.

<sup>vii</sup> Nicoletta Ferro, *Moral divide in International Business: a descriptive framework*, in Daniel Dăianu, Radu Vrânceanu, "Frontiere etice ale capitalismului", Polirom Publishing, 2006, pp. 110-111.

<sup>viii</sup> *Idem*, p. 111.

<sup>ix</sup> Lucian Croitoru, *Două contribuții extraordinare mai puțin cunoscute pe care Wicksell le-a făcut pentru noi (Two lesser-known extraordinary contributions that Wicksell has made)*, published on 2 January 2017, Source: <http://luciancroitoru.ro/2017/01/02/doua-contributii-extraordinare-mai-putin-cunoscute-pe-care-wicksell-le-a-facut-pentru-noi/21.10.2020/ora> 15:55.

<sup>x</sup> Mihaela Moga, Bogdan Diaconu, *Notes on the edition and version*, the Romanian edition of Stephen Young's, *Moral Capitalism: Reconciling Private Interest with the Public Good*, Curtea Veche, Bucharest, 2009, p. 16.

<sup>xi</sup> Reference to the motion picture *The Secret Garden* (1993).