



Journal of Intercultural Management and Ethics

JIME

ISSN 2601 - 5749, ISSN-L 2601 - 5749

published by

Center for Socio-Economic Studies and Multiculturalism
Iasi, Romania
www.csesm.warter.ro

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TABLE OF CONTENT

Editorial	5
Liviu Warter	
A Treatise on the Jackass in Academe: How Arrogance and Self-Centeredness Destroy the Credibility of Higher Education	9
Hershey H. Friedman, Linda Weiser Friedman	
Necessary New Competencies for the Future Generations at Work	29
Fons Trompenaars	
Plagiarism in Scientific Articles. A Brief Review	47
Oana Isailă, Hostiuc Sorin	
From Knowledge Enrichment to Career Development: The Case of Higher Education in Israel.....	53
Tamar Almor, Avi Shnider	
Insights Into Plagiarism	65
Bianca Hanganu, Beatrice Gabriela Ioan	
Empowering Changemakers for a Better Society: The Case of Iéseg School of Management, France	73
Grant Douglas	
The Role of Medical Higher Education in Promoting Nondiscrimination - The Sibiu Experience	81
Silviu Morar	
Building a Culture of Integrity.....	95
Thomas D. Zweifel	
A Brief Conversation on Quality and Ethics in Higher Education	105
Ioan Chirila, Iulian Warter	
The Nexus Between Ethics and Quality in Higher Education. Case Study	113
Iulian Warter	
Cold War Ain't Over Yet (Political Correctness and the Academic Caste).....	143
Slawomir Magala	

Authorship Criteria for Scientific Articles	153
Hostiuc Sorin, Oana Isailă, Maria Aluaş	
How Perceive the Students on Political Sciences the Academic Performance and Integrity? Exploratory Case Study	159
Silviu-Petru Grecu	
The Impact of Organizational Culture in Higher Education. Case Study.....	173
Liviu Warter	
Letter to the Editor.....	201
Cristian G. Curcă	
Letter to the Editor.....	205
Hershey H. Friedman, Frimette Kass-Shraibman	
Book Review	209
Aurelian Virgil Băluţă	

LETTER TO THE EDITOR

MORAL VALUES IN MEDICAL PRACTICE: MEDICAL ETHICS IN PRACTICE AND THE ACADEMIC STUDY OF MEDICINE

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It is an opportunity to write about the culture of quality and ethics in education, higher education and the academic field. Nevertheless, it is a challenge for a doctor and a professor of ethics to have an opinion about medical ethics that he teaches. Additionally, is a warm occasion to speak about the doctor-patient relationship and its moral values in the era of modern medicine: a lot of topics to debate.

First, morality is inherent to us. Ethics in its philosophical understanding of morality asking always “Why?” and in its argumentative and rational answers however is to be teaches in the formative effort of which ultimate scope is, well, us as humans. Knowing what is good and what is bad is inherent to a human being and to human conscience as a final level, somehow an expected phylogenetic event, mostly like a response to the teaching of morality and a measure of human becoming correspondently to a fully growth human being. Morality is the knowhow for “What to do?” but ethics asking “Why?” is the background for arguments. Thus, theoretically, we receive a formative education of morality, but we still have to have a culture of ethics. Even more a culture of morality and a knowledge of ethics is always in actuality, especially in a globalized society like ours. Human beings are prone to repeat their mistakes and that is why is never beyond practicality to have remembrances and explanations beyond apologies for what was wrongly happened. Present moral values change only slightly through millenniums and as for professional ethics even less.

Second, quality and ethics are tasks not just tasks for superior education and academic field only but for the entire education system. We may even consider that especially in the general education system or lower grade system it may be the most important place for a formative training of such culture of quality and ethics in order to imprint good and correct thinking and behaviors in green and sponge form ready to grow consciences of the youth. As for higher education system and in growing consciences academic integrity teaching looks to be very useful as a teaching because temper competitiveness and establish a fair play into a field, research, which is less than a sport but more as a way of living and thus enhancing a free of conflict of interest field.

Third, if we turn the direction and point out to the medical field, things change. Not everything that may be done in medicine is moral and not everything is moral is still useful.

Morality is said to be a complicate endeavor in modern medicine because in a bioethical workout brings together more systems of moral values: the doctor and their professional ethics, the patient and his/hers family if the patient is family-orientated, then the society as all those involved in are citizens and also because society strive to construct an efficient medical system and to provide medical care legally oriented with respect of justice and human rights, the church and the theological values and beliefs, as for the church, universally speaking, we are all church’s children despite the backing-off and secularization

of society that started in the XVIII century and last but not least, social and economic resources and finances which aim to build a prosper society able to have access to modern medicine which is more specific and therefore more expensive, leaving behind currently many citizens unable to keep the pace as vulnerable persons. The entire activity of doctors is to support life, health and human being integrity, no discrimination with high respect for human dignity and value in as much as the interest and wellbeing of the human being is beyond the interest of society and science there are some concepts and principles that are embedded to the medical practice throughout the time.

It is not easy to accept that in the beginning of the medical ethics curricula young medical students are mostly utilitarian in their view saying that at limit the society may sacrifice a life for the sake of others. Utilitarian in thinking but not in concept because asked what are they doing in the week end as a socially-oriented activity they wonder and become confused saying, none. It is however rewarding to know that at the end of the medical ethics curricula their views change with the deontological approach and understanding of professional ethics, where it should be normally placed, as for “The health of my patient is my first consideration”, Declaration of Geneva, WMA, 1948.

As a professor of medical ethics teaching not only the doctor-patient relationship but also bioethics in its globalization effort to generate from a variety of moral values an ethical solution to disputes or problems of modern technology in medicine, I say that morality is not such a complicate endeavor in modern medicine or at least not more complicate than it was in past time and that is because at least two main reasons: (1) in any past moment that time was modern for that generation and doctors even then strived to be as modern as possible and up to date prepared as for their abilities and knowledge to be fit to heal or to prevent as many patients as possible and (2) no matter how many moral systems are near the patient bedside or in the medical team, the chief doctor in charge with the patient treatment has the moral and legal responsibility for all medical decisions morally, legally and ethically altogether with his legally competent patient and his/hers informed consent. Thus doctor-patient relationship is more than ever modern and in actuality as it was 2500 years before when Hippocrates and his school stated it for the time in his Aphorisms and his Oath, willingly to become ours to.

This relationship is actually multifold, actually having five folded sides: an altruist side, a deontological side, a professional side, an ethical and a legal side.

Altruism side is based on empathy, willing to do good, voluntariness and disposition for professional sacrifice, all moral values which are so much needed, trained and preserved for the practice medical profession. Indifference, passivity, non-involvement, cynicism, induce a deviant behavior which alienate the medical profession from its humanitarian course; coldness and a burn-out syndrome may determine immoral attitudes that jeopardize the best interest of the patient and alter the professional duty. However, responsibility may remain a moral issue if there are no consequences or prejudices.

Deontological side sustain the professional duty. Kantianism and the duty to perform our duty as the solely moral value of good as a base for deontology, merge with utilitarianism and its extended duty beyond the good of the patient maximizing good to be delivered to others to form a concept of modern deontology. Thus doctor-patient relationship become the core value of medical care where the patient, his health and his life are the most important values to defend as much as the fundamental right for life and dignity of the human being. The deontological side express that no matter what the doctor personal values are, he/she will always prioritize his professional duty over his beliefs keeping his practice free of conflict of interest and of any discrimination. Breaking deontology brings the doctor fully responsible in front of the professional body and jeopardize medical practice license.

Professional side is centered on competence and ethics of the professional service (i.e. medical care) which further on are centered on beneficence and the quality of the medical

service to define medical professionalism. There is a continuum of ethical professionalism and moral values in the medical practice to begin with the Hippocrates Oath. Breaking the medical professionalism, the doctor has moral, deontological and legal responsibility.

Ethical side view from bioethics horizon, is expressed by principlism concept which is a convergence of all four principles of bioethics as good in medical practice, and this are: (1) beneficence, as the good of the patient, (2) non-maleficence, as do not harm and to always choose in conflict with beneficence the wellbeing and the good of the patient which is above the society and science, (3) respect for autonomy and self-determination for any legally competent human being, (4) justice in medical care, in as much egalitarian (adminstrating the same amount of good to all patients) and equitable (aiming to each patient what is needed in respect with the only ethical criteria for distributing the needs which are medical criteria and without any discrimination). Medical ethics and bioethics pack together with professional ethics, deontologically-oriented to offer a service-oriented support that sustain social value of medicine. Prioritizing the good of the patient from the perspective of the exercise of the professional duty with respect for autonomy of the patient is a must for any doctor in a modern medicine. Breaking professional ethics, the doctor spoils the ethics of profession, bring prejudice to the good renown of profession and alter the essence of medical service and its societal usefulness.

Medical ethics is about doctor-physician relationship, doctor-society extended duties and doctor-doctor ethics and respecting colleagues, all valuable and important topics for a medical student. Medical deontology brings professional ethics into scene as a specific ethics connected to the exercise of medical service, its dilemmas and contradictions with social ethics. Both support health of the professional conscience of the medical student and also brings maturity in thinking and for using medical criteria to sustain correct decisions in a balanced deontological and utilitarian paradigms. Bioethics is highly important for medical residents and specialists aiming the diversity of moral values and the role and responsibility of the chief doctor in charge with the treatment of the patient.

I have the rare opportunity to teach medical ethics and bioethics as two separate curriculars in Legal Medicine Discipline in the Faculty of Medicine in Bucharest and this brings more than 3000 students and residents per year to these classes.

We have an offer for them: a space and a time for having different curriculars based on rational thinking, professional decision making, valuing human rights and promoting professional moral values; them placed in a continuum of values inside the professional body throughout time; them in front of a modern medicine to practice upholding the moral values of the noble profession of medicine; them as confreres educate to use competitiveness ethically in improving themselves for the best of their patients.

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