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Medical Education from Mass-Media

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Abstract: Education is the most important part of the human personality. It is a process that takes place in time. The unit is never daily basis as it is known to take years. However, education knows various types and forms. It covers social needs and helps us to integrate in the larger population. The medical education is a very important part of our personality. Nevertheless it is not mandatory but it appears more than valuable whenever medical situations occur by allowing us to better understand diagnostics, treatment procedures and facilitate the communication with the medical team. A side effect of the medical education is self-medication, an approach with significant side effects for the public health, too. The paper is focused on some issues that medical education produces/reflects on population. Future research is needed in order to identify and frame the pattern of certain medical conditions that occur in the medical education context.

Keywords: self-medication, medical education, autonomy, mass-media.

Introduction

Communication always ensured the agreement premises between individuals. In any form that communication would be run through its current vectors, in particular through media channels, it abounds in details. Quite often the information is beyond our power of understanding or rather beyond our power to process., through media channels, or via the Internet, books or any kind of quick information distribution channel, or rather the mass media, we are granted access to knowledge areas that were, until now, out of our reach. We become small experts in about anything, apparently well prepared and quite conceited to avoid contesting the scientific justification of what we learn through our own efforts. The eternal "believe

and do not doubt" suffered mutations to "find and do not investigate", "gather information and do not ask", "get informed and nothing else matters". The concept of "cogito ergo sum" turns its face from us and lets us unprotected and hooked as unreasoning gatherers, acting on instincts, reducing the social participative role to that of the survivor in an overwhelming world with amounts of more or less qualitative things. , based on the technological revolution the mass media channels have become milestones for the public thoughts, vertexes for the big public opinion currents, producing ideological mutations, more or less turning into weapons, silent mass controlling weapons, forces that currently matter quite a great deal when a message is released. These sources of information have a strong impact on the public judgment and bias, producing uncontrollable effects.

The most targeted senses by the mass-media are the hearing and the sight. That is why the information is released almost exclusively as static or dynamic images, as sounds in spoken statements, played or in any possible auditory way. Anything drawing attention and making us stop in our way is a successful message. Is informing actually the aim of the message release through the mass-media channels? Yes and no. Yes, the

process of informing is the very purpose if perceiving the message stops at brain level, our processing units, , and just fills up some spaces, covers educational necessities, or makes up for any lack in details on the topic of the message. No, the process of informing is a means and not an aim if the message has extended, commercial values. In this case it only intends to create patterns that apparently have no connections to certain (seemingly acute) needs. These patterns apparently have no connection to the psychological, informational, educational profile we all have. Their effects are felt later, when the population starts acquiring from the semantic area of the message or even products of the patron/sponsoring company. That way the message becomes effective. Basically, the messages and information via any mass-media channels have behavioral programming effects (1, 2). Either it is about a movie or a live show, about commercials or a message of public interest, the personality of the watcher/audience is, more or less, affected, with either immediate or long term effects. Often, the information consumers are tempted to practice what they hear or see on television. The senses work on low perception levels. The information is assimilated both consciously (at the cognitive level, continuously) and

immediately (unconsciously, at a subliminal level) (3).

The evolution of medicine cannot be questioned especially as the technological insertions allow the knowledge about patient to be extended at a level considered unreachable years ago. Currently, most individuals are, at least in their opinion, initiated in basic medical procedures or even above that. We confirm the value of certain medical procedures or methods for our health but we are not aware how we have come to discover them, all the more seeing that many of us have no medical background. Here is where the mass-media channels interfere, apparently representing medical team extensions, informing all around about certain medical conditions that, miraculously, so happen to have cures. Always or almost always, these cures are highly likely to have drugs forms, some panaceas undiscovered before. Now, it shows on the market for the greater public good and is sacrificed on the altar of medicine solely for the public health.

Mass-media, as informing and forming mean has some very important functions for the communication process such as:

- informing function that covers the general need for information, the need to stay updated, to find out the latest things in any field. This

necessity came after the informational blow that is defining the current society we are live in, one of knowledge and speed;

- interpretation function. The events are presented through some specific media productions, editorials, shows focused on certain topics, passing judgments, producing hierarchies with effects, especially when the message is structured on defects against a person's qualities. These hierarchies produce positive reactions about the person in discussion on the information consumers group if the good parts are presented first and negative reactions if the bad parts are exposed first.
- education, instruction and enlightenment function that is strongly connected with the other functions. The main aim is to facilitate education, to compensate, to support the education process seen as a continuous phenomenon, perpetual, different than the classic education process, or sometimes including it. The education in this context is similar to the informing effort, the fact the information can be currently a weapon being known. Controlling the information could allow success. At the same time the information control does not warrant the access to success. The message content

- might be vicious though, dynamic, not always objective, often unreal.
- social function. Through the equipment for mass-media communication, the communication channels move the process to the virtual world where the avatars take the place of the real persons, facilitating the socialization and integration into groups. New social connections arise. The mass-media channels socialization function increases with the interactive radio (4) or television shows and even with the online portals, more or less in real time. The important thing is the chance to reply and react to these messages;
 - the compensation function uses the mass-media channels to compensate personal failures. Such information consumers feel the need to escape from the cloudy current time and to embrace certain characters in front of the television, models from different domains, such as actors, public personalities, movie heroes, scientists, inventors etc.;

Medical education through mass-media

The mass media includes all mass informing technologies such as television, journals and papers, the internet, and the radio. The primary aim of the mass-media channels is to

inform and transfer knowledge on a certain topic. The commercial aim of the mass-media informing process is reached when the targeted consumers live on certain/in favorable contexts, where the topic of the message produces the expected effects and finds the proper location. Currently, the commercial dimension is the most important property/dimension/side of the mass-media messages.

Everything in these days is sold and bought through mass-media channels. These have the capacity to absorb the messages, at a smaller cost comparing to the advantages that the message produces on medium or long term. The advantages are actually on the account of the companies that produce the goods. On this background of aggressive commercialism, the audio-visual messages have been including more and more medical details in the recent years, offering information about drugs, about syrups or miraculous treatments that could cure more and more complex medical conditions that the traditional medicine could not do that much for. While the mass-media medical messages communication could represent an important source of information especially for those with limited access to wider sources or with limited power of understanding given the nonmedical background, the social differences the

medical informing brings through mass-media are debatable.

Several approaches of education for health are well-known easy to identify and highlight such as the medical approach based on the doctor-patient relationship, the one based on informing the population that will take their own health decisions, focused on the person, customized, working similarly to the relation between the customer and the health services provider that deliver support to the customer through specific methods and the social approach with effect on large groups such as the public health policies such as providing support to certain groups with special needs, or to the elders by offering some health advantages (5).

The medical education did not escape the mass-media involvement. The opportunity to inform the masses is a very important element for the public health policies. Various criteria are used on this context, such as the ones based on audio means/sources, video means/ sources (either text or image) or combinations of both as well as and electronics means/sources (the Internet, the short message services on mobiles).

Issues of using education through mass-media

Although the aim of this process of informing stems from the need to stay updated in order to solve current issues or to fill in educational blanks, subsequent medical issues that threaten the lives of those using self-treatment can be identified. The best-known approach of the medical education through mass-media is self-medication (6). It represents the purchase and consumption of medication or just following a therapy based on personal beliefs. Self-diagnosis is yet another concept to be found around this behavior. Drug intoxication is one of the most frequent outcomes of such an approach. It might trigger significant additional costs, more than it would be the case in a preliminary visit to a medical specialist meant to confirm a certain medical condition.

The use of unconfirmed treatments, based on one's own knowledge and personal research, could be divided into several subcategories: food treatments (7), alcohol treatments (often in the case of post-traumatic stress (8), psycho stimulants treatments (9), caffeine treatments, cannabis treatments (the most used illegal substance among those in depression (10), treatments involving opium and last but not least the treatments with medical drugs.

It is considered that the mass-media produces some very important effects such as the consent, the identification and internalization of the messages sent through the mass-media channels. The consent represents the personal conscious agreement to a message, or an opinion from the message. It comes up where the personal, individual values converge with those from the message and it is volatile, limited in time, always under one's own re-evaluation and re-validation with no effect on the personality. Additional information on a topic the person joined produces a breach and leads to reorientation on different topics or public opinion. The identification is the level of transition between free will as a form of one's own personality and consumerism, representing a projecting, mirroring and imitation process of the values promoted by a text or a message. Here we could mention the contemporary tendency to emulate, starting with dressing, speaking or behaving like public figures (11) around us and going to all the areas of our private lives, including landscaping according to various displays. The internalization is the control level of the mass-media, assuming that the proposed values and behavioral models are adopted by the public, the opinions that are released are taken and used without any validation, and carried on.

The commercials campaign effects could be mentioned here, or political campaigns lobbying for a new leader that influence the masses right away and produce a shift in opinion in his favor.

According to the relationship with the target audience, the education through mass-media could be divided into active education and passive education. The active education stimulates mostly the hearing and visual senses using dynamic materials, movies, commercials, success stories on customer reviews of various products. Most often these messages are focused on certain key words repeated over and over with wave effect, breaking biases, reshaping, using the power of individual habit. The assimilation as aim is reached quite fast, in a matter of weeks (a message that is repeated many times in a certain period produces commercial effects at the end of the period) (12). The deontology and correctness of the information are vital for the public health. They might create public health issue patterns based on the excessive use of certain miraculous drugs, especially when visiting a doctor is not recommended. Around the world, health promotion has been the concept driving such medical education (5) since '80s. The audio-video mass-media channels represent the fastest way of communication and

promotion. We could say that in Romania this concept has produced its effects in the last 20 years since the technological insertion increased dramatically in this part of the Europe as well.

On the other side, the passive education through mass-media puts more effort on the consumer that is searching for information on the medical condition he deals with. The informing sources are represented mostly by online articles (more or less scientifically validated), blogs, newspapers, medical journals, on one side and success stories heard from neighbors, relatives, or acquaintances, on the other side. Unfortunately, despite the fact that every single individual is a unique organism, an efficient treatment applied to a person doesn't necessary produce the same positive results on other people. Often, a working treatment in some cases is used as justification to apply it without medical specialist validation as long as the success story actually hides some visits to the doctor, the original source of good results being validated by blood tests or specialist consultations.

The media's act of communicating has led to inequalities/ a certain sense of inequity as well. The medical information through mass-media is conditioned by 3 key elements such as the interest for medical information,

the responsibility of offering the information through the mass-media channels (13) and the trust in mass-media.

A major issue while searching for and discovering treatments on our own is the self-medication that by definition excludes any relation with a medical specialist. The main reasons of such attitude are the comfort of one's own house or of a familiar location where online resources are available, the fear to meet the doctor, a bad history of the doctor-patient relationship, still full of paternalism in many areas, the confidence on one's own power of understanding and self-validation of any kind of information (14).

Despite the side effects that the medical education through mass-media reports, there are good expected results as well, such as the fast access to medication and treatment, the increase of the patient role on the therapy, thus validating the concepts of autonomy and self-determination and especially the decrease of the load/pressure on the public health system by limiting the visits to the doctor for common, small, insignificant medical conditions that could be handled autonomously, saving the patient time and money.

Conclusions

Education is a wide process and includes a lot more actions than those during the school years. The socio-cultural context influences the shaping and development of the human personality without tutors calling to those self-taught and causing a voluntary or involuntary molding. The current life dynamism/impetus makes the limited time necessary to study a topic of interest to be strongly compensated by the mass-media, by the Internet, all informing sources often not/seldom validated. The comfort of one's house eliminates/decreases the number of visits to the specialist on a certain medical condition. The process of informing implies two participants. A very important role is played by the professionalism of the mass-media communication channels. A method for control and validation of the message information is rather expected/wished for in order to avoid improvisations, at the same time with the professional deontology and limiting or avoiding completely any mass behavior manipulation. Unfortunately, or fortunately, depending on the point of view from which we approach this aspect, the value of the education through mass-media consists of the power of generating mass biases. Given that, the possibility to control the masses

offers to those that produce and release messages the chance to control the public personality, even framing some consumer profiles. Self-medication and self-treatment are only means of a commercial process. The commercial advantages of the media campaigns are strongly countered by the issues the consumers expose themselves to by using certain medication or treatment procedures without medical specialist validation, and by the education for health through mass-media that represent various and non-uniform instruments, thus producing public health issues. Moral and legal measures to control the commercial messages and articles content are justified and necessary in order to limit the side effects associated to self-medication and self-treatment as a consequence of the education through the mass-media.

References

1. Robertson TS, Wortzel LH. Consumer Behavior and Health Care Change: the Role of Mass Media. *Advances in Consumer Research*. 1978;5(1):525-7.
2. Wakefield MA, Loken B, Hornik RC. Use of mass media campaigns to change health behavior. *The Lancet*. 2010;376(9748):1261-71.
3. Carducci A, Alfani S, Sassi M, Cinin A, Calamusa A. Mass media health information: Quantitative and qualitative analysis of daily press coverage and its relation with public perceptions. *Patient Education and Counseling*. 2011;82(3):475-8.

4. Gray NJ, Cantrill JA, Noyce PR. Mass media health information available to young adults in the United Kingdom: (2) Television and radio. *International Journal of Pharmacy Practice*. 1998;6(4):188-95.
5. Dincă I. Introducere în educația pentru sănătate și promovarea sănătății. Promovarea sănătății și educație pentru sănătate. București, Romania: PUBLIC H PRESS; 2006.
6. Ruiz M. Risks of Self-Medication Practices. *Current Drug Safety CDS*. 2010Jan;5(4):315-23.
7. Finch LE, Tomiyama AJ. Comfort eating, psychological stress, and depressive symptoms in young adult women. *Appetite*. 2015;95:239-44.
8. Forbes MK, Flanagan JC, Barrett EL, Crome E, Baillie AJ, Mills KL, et al. Smoking, posttraumatic stress disorder, and alcohol use disorders in a nationally representative sample of Australian men and women. *Drug and Alcohol Dependence*. 2015;156:176-83.
9. Enevoldson TP. Recreational drugs and their neurological consequences. *Journal of Neurology, Neurosurgery & Psychiatry*. 2004Jan;75(suppl_3):iii9-iii15.
10. Aspis I, Feingold D, Weiser M, Rehm J, Shoval G, Lev-Ran S. Cannabis use and mental health-related quality of life among individuals with depressive disorders. *Psychiatry Research*. 2015;230(2):341-9.
11. Balgiu B. Impactul mass-media asupra imaginii corporale la adolescenți. *Revista Medicală Română*. LVII(4):253-5.
12. Petty RE, Cacioppo JT. The Elaboration Likelihood Model of Persuasion. *Advances in Experimental Social Psychology*. 1986:123-205.
13. Viswanath K, Ackerson LK. Race, Ethnicity, Language, Social Class, and Health Communication Inequalities: A Nationally-Representative Cross-Sectional Study. *PLoS ONE*. 2011;6(1):1-8.
14. Avc K, Cak R T, Av Ar Z, Ta HU. Examination of the mass media process and personal factors affecting the assessment of mass media-disseminated health information. *Global Health Promotion*. 2014Jul;22(2):20-30.