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Editorial. The Romanian College of Physicians Message. Being a Doctor, a Liberal Profession¹

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1. This speech has been presented in November 4th, 2016 at the General Assembly of the Romanian College of Physicians by Dr. Gheorghe Borcean, President of the Romanian College of Physicians

The same mature citizen who, on the one hand is allowed by the state to choose his political representatives on his own, is not, on the other side, the master of his own body. Health and care underwent a process of collectivization and socialization through the compulsory nature of insurance and its way of functioning. The nature, proportion and duration of its therapies are set not by the citizen, nor by his doctor, but by anonymous committees, most often remotely.

The system is overregulated. The very sovereigns of the system are no longer sovereigns. Even they are trapped and locked in the boundaries and errors of the constantly updated normative labyrinth. A party against another, a state against another, an association against the state, the state

against the party, the party against the administration, the administration against the clerk, the clerk against the system, the system against the patient. Everyone is against everyone, they are all against all. Health policy sees patients as groups, segments, categories and not as sick people, and people become statistically ill and are treated individually.

As long as he is healthy, man is not interested in anything we can discuss here. Can he believe in the promise of the administrator who tells him he will receive the best medical care? Can he believe that his doctor will only care for him based on the best medical knowledge, his conscience and "law artis"? Today the doctor cannot remove his dilemma: either he sets a diagnosis and proceeds to the right therapy, with the risk of

suffering economic loss, or he adapts to directives by resorting to standard medication by "joint committees" through guides and protocols in the hope that the patient might not notice. The patient does not know that by going to his doctor as confidently as before, he will not be diagnosed and treated according to their individual needs but by the authors of some guides and protocols on the basis of statistical restrictions most often economical, and that the one who actually treats him will be a "commission" to which he was not addressed.

A neologism with apparent implications in medicine is "evidence based medicine (EBM)." The term would bear some significance for our doctors, politicians, administrators, for the medical industrial complex. As long, of course, as the professional body applies to the EBM implementation, assumes responsibility for the rationalization of medicine. An ignorant has to expect more than what is hidden behind the three words, he will think that this includes diagnosis and "evidence-based" therapy, and that only these represent the scientific evidence of medicine.

False:

It is claimed that any medicine that is not based on that evidence is in a scientific vacuum.

It is claimed that doctors who do not practice in EBM provide performance with questionable value thus triggering unnecessary costs. It is claimed that consistent application of EBM increases quality and reduces costs.

It is claimed that EBM makes standardized care possible, holding considerable economic potential, and doctors unnecessarily increase costs by refusing to apply it consistently.

It is claimed that political-economical-administrative rationalizations are medically useful.

"Patient valuable medicine" - the concept we have been considering for a few years now, us being the Romanian College of Physicians, makes its triumphant entry into the health policies of Western countries. It is another expression of what we have always known: in diagnosis and therapy, the necessary, sufficient and fitting must exist at a reasonable cost for the intended purpose.

A topic of interest in Europe (The Standing Committee of European Doctors- CPME), the concept of defensive medicine, is subject to different definitions which broadly describe the practice of investigations, procedures, therapies that are not medically indicated or through which certain cases are turned down in order to judicially protect the

physician and the healthcare unit facing possible malpractice charges.

In the US, defensive medicine has been studied since the 1970s, and has shown the incidence of such behavior and its effects on the medical act, the patients, the system and the medical profession. More and more often we see how physicians "shield" themselves with investigations, which they exclusively regard as "objective data". Nearly no one considers the medical records that reflect the outcome of the clinical examination (palpation, percussion, auscultation ...) as scientific reference.

Under the pretext of the senior echelon competence, a significant number of cases are transferred, more for the doctor's legal security than for the patient's health security. The university clinics often solve possible conflicts only because they possess university authority. The economic factor is added to all this, which makes the manager urge doctors to rid themselves of the serious and implicitly costly cases, sending them to other parties. There is a joke saying that today the best doctor is the one who manages to transfer a patient the fastest.

Surely medicine has not progressed that way. Our masters were great because they did things that hadn't been done before them. They dealt with failures, suffering, with loss of

patients and loss of prestige and careers, but that is the only way they made medicine progress, for the benefit of patients and doctors. The following example comes to my mind: 25-30 years ago, there was no specialty in neonatology, not to mention intensive therapy in neonatology. Malformed newborns were largely lost. At that time, specialists started to talk about the end-of-life medicine in newborns. Then, as well as now, this was considered a monstrosity. A few enthusiasts, with the awareness of their value and in full responsibility, then began to operate on patients weighing 1-2 kg, immediately after birth or several days old, under pioneering conditions. They initially registered prohibitive mortality, they received reluctance from a segment of the medical world, and yet they continued to work and take risks, and they have reached unbelievable results. And the story goes further, also by offensive; today's medicine can be practiced in uterus.

I have seen administrative and legal aggression against doctors who have dared and dare still to practice pioneering medicine for vital purposes, not for scientific purposes or for fame. These peers, under well defined conditions, which are not the subject of this speech, benefit from all the support of our institution. The strangest thing is that this aggression

comes not from outside but from inside the system.

Coalitions of interests

The old "right-left" categories are outdated. In recent years, a coalition of global economic interests and political interests was born. Old left-wing - union circumstances lost their exclusivity in social policy, they joined the center and the right, believing that it is their right to take part in redistribution. Totally new partners joined. Global businesses have uncovered the virgin medical market for their economic interests. About € 6 billion are accessible a year. The global enterprise together with the political powers build the industrial medical complex. This new player in the market sees only the profit option. In this scheme, the real players, the physician and the patient, become mere pawns, the least which are important, moved around according to interest.

The future of doctors- a future for free professionals?

The decisive trivialization of the medical profession is, in my opinion, an economic and functional narrowing of the perception of this profession:

The doctor as a "service provider".

The doctor as a "repairer": in this option, the patient entrusts the

physician with the care of his body as if he were a car.

The doctor as an entrepreneur - the doctor acts like any other entrepreneur who wants to maximize his gain.

The doctor as an assembly line worker. Specialized, efficient, structured according to the "task to be done", as the economists say, master of small steps, perfectionist, keeps track of the cases by documenting how many operations were performed on knees and hips, how many consultations were made introduce catheters, which is the number of X-rays made, number of patients a week, which is the average of the earnings, the growth rate - in a word, a "hamster running on the wheel".

The medical services are not an industrial product, but an individual service, mostly based on the direct physician-patient relationship. State control over the acquisition and maintenance of the doctor's professional skills, the legal practice, and the observance of patients' rights must be strengthened. But the state does not have the right to induce the idea that only its structures guarantee health, it does not have to introduce regulations (malus bonus, for example), which might suggest to patients that certain medical decisions

are of material importance to the doctor.

The health system is not a health economy or an industry, doctors are not traders, patients are not clients, health and disease are not commodities, competition and market economy are not some cure, diagnosis and therapy need not be economic. If this is the image of the physician in the future, the illness would be trivialized as an accident or perversion of nature with repairable consequences, the risks of life as defects, uncertainties about the results of treatments as collateral damage or disease as a "case" more or less interchangeable. Health would lose the features of a public property from which no one should be excluded. People would be aware that it is possible for people to be deprived of their health. Or they might come to discuss the premature death tolerated by society. But what do people really want now? A combination of all of these or an awareness of the leader's image of a professional, a member of a community of professionals, a community that has undergone some scientific training and has constantly referred to the professionalism thus acquired? Sociologist Heinz Bude found that the physician himself assumes a non-definable accountability, that is established where science ends, within the day-to-day decisions that the doctor cannot

dodge. Involuntarily it so happens that a physician makes decisions under uncertainty. About this, he will note: "From this constellation of urgency comes the competence of a practical ethic of responsibility in the professional activities."

Autonomy as internal attitude

The autonomy of the medical staff as well as colleagues of professionals is a matter of their ability to understand shared values and a common professional ethics to which all are voluntarily subject, regardless of the consequences. In this regard, things do not seem to be too favourable.

The growing heterogeneity of the medical staff is rather conducive to maintaining a distance between them. The specialization and formation of smaller teams of medical specialists lead to the emergence of different interests and ultimately favors the centrifugal force among medical staff.

As if it were not enough: not only politics, but also physician contractors admit their chances of strengthening their own influence and sharing the medical staff into segments and thus increasing the risks of isolated physicians or groups. The loss of physician autonomy will be a consequence. This is how we move on to the relationship between the public good and self-employed physicians.

The doctor provides for every man and the whole society. This means that doctors' actions are directly or indirectly reflected on the whole of society. The pursuit of this job seeks not primarily, but not least either, an income. Doctors took the Hippocratic oath "not to ask more than their work is worth", we never swore to live in poverty.

The professional development frame is no longer appropriate

I think we have to show the public, as well as ourselves, especially now as it's a year when elections are scheduled, the reasons why "politics" wants to hinder the professional freedom of the doctor, as well as the way it tries to do so.

Since the Revolution, the leaders admitted the important role of the physician in society, the high degree of gratitude they receive from the community. We are a very important professional group. We have taken the responsibility to better care for our patients, to fight for their rights, to resist rationalization. For these reasons, we are deemed uncomfortable, as we promise and act accordingly. It is hard for our ministers to accept the idea that the medical profession is a liberal one. This is a model that contradicts the image of a "nationalized" medicine. In their uncertainty of how to divide the smaller resources of the system, they

have proposed the idea of competition. They know the weaker one loses. They know or feel that only the employee and the dependent physician could be a good one. They go from the idea of a doctor who only seeks some criteria in making a list of patients, especially from a financial point of view. They believe only the state has the possibility to decide which medical services are needed in each case. Wrong! The need for medical services is known individually in each case only by the physician and the patient. The system administrator should simply manage the Fund and grant access. Society has not yet understood the mechanism of this competition, but it is our duty to cast light upon it.

Physicians are pressured from three directions:

- the health economy, the competition and the desire to transform the system into an enterprise;

- narrowing the movement of doctors by routing;

- the pressure the media exert.

We have noticed that both the marketing trend and everything becoming a social right have led to contradictory and inconsistent reforms that place the medical professional freedom in great trials. Such a legislative and social framework is counterproductive to our profession. With each convulsive-

contorted, socio-political, and electoral episode, the "partners" on the market launch a new debate on the health and medical safety of citizens. This discussion always directs the patient's individual right to the system, forgetting to bring about the right of patients and citizens to the state and society.

I often felt that the discussion was less about the patients' rights and more about ensuring the comfort of self-titled "patient rights specialists", leaders, politicians, press, image athletes.

The problem is not that Romania has a poorly organized patient's right; the problem is that most citizens find it difficult to perceive objective, uncolored and uninfluenced information corresponding to their rights.

All those mentioned above are appointed protectors of the patients. However, they need no protection, since they are not endangered, they are not marginalized and incriminated.

The patients' rights, individually and collectively, must be recognized and respected before the doctor, the system and the state.

What needs to be done

We need a statement that claims the medical profession as a liberal one.

We have to prove that we are credible in our purposes, norms and values.

We need to inspire younger colleagues and guide our students in the spirit of a free profession, reminding them of great models of medicine that meet professional freedom.

We need to show the desire of politics for a regular medicine and show the society the serious consequences that will arise. On behalf of our patients we have to fight for the individuality of care, against standard care.

Let us resist regulation and bureaucracy that take our time meant for the patient's care and not respond to our system administrators' requests to participate or to develop new rules against our principles.

The medical profession must be defended in front of those who seek only money (firms, companies, businesses acting in the health environment). The self-management of the profession takes part in the development of a competition where even the weakest financially can win if competent.

Health professional bodies see daily impoverishment of the population, they see the alarming rates of infant morbidity and mortality, how the health of young people and their future are endangered by tobacco,

alcohol and drug use. Also, they see the social and biological degradation of families living in poverty and social insecurity.

The sadness of the old, sick and lonely. The suffering and death of the patient concerned and the tribulations that add to the following mourning period. They clearly see and feel the exclusion of the disadvantaged groups.

We find that public spending is being talked about today just to find a way of reducing it. We see how stigmatization takes the place of participation, criminalization takes the place of mediation, repression takes the place of negotiation and despair that of the perspective. We see the art of ignoring poverty and the art of bankrupting as many as possible. We see how poverty and disease are legally justified, without any hope of eradicating them.

The doctor is not necessarily a happy man. His contact with illness, suffering, poverty, despair, death and mourning cannot pass without leaving a trace. We always carry this burden with us and it is right that we do so. No matter how professionally competent a physician is, he is not complete if he does not see and say all he has seen if he does not show the patient, his family and society that he sees, understands and has

compassion. And these things are our duty to tell them among us, our societies and our rulers. The physician, by the nature of his profession, regardless of his specialty, must understand the psychology of disease. Animals get sick, too, but only people have consciousness and develop the psychology of the disease. Nietzsche said: "... And in terms of disease, it is so important that I do not even know what we would do without it." It is only in the state of illness that the human personality is completely defined.

In the name and under the pretext of freedom of information, of freedom of opinion, ill-intended information emerges, taken up and interpreted as absolute truth, never verified, on channels of great audience. There is public talk and condemnation, with no right of appeal, sometimes with tones and words that have nothing to do with the respectable art of journalism, destroy the reputation, career and even the life of a doctor. It is judged in ad hoc, emotionally, without arguments. What is worse is that after such attacks, online social networking is filled with frenzied posts, the approval of offenses, delays and "exposures." I assume what is going to happen after this discourse and I know there will be no favorable post, against the criticisms I will get but I have to say.

The University of Medicine and our professors- past and present- are the ones who teach medicine - only they and only in the University. They are the ones who practice and do research, leading to the progress of medicine. They are the ones who, during the post-graduate education process, provide professional and legal safety and comfort to young doctors. Everything that a doctor has in his career starts from his academic training on which, in the letter and spirit of what he has learned, with the example of the master in front, he builds his professional personality.

The training of a doctor is based on an unwavering tripod:

hard work, until self-sacrifice;

clinical discipline;

the worship towards the master.

In 2015, the figures that speak about the work of physicians in Romania and for which figures they thank the president of the National House for Health Insurance are the following:

Family medicine services:
111,650,857

Ambulatory services - clinical specialties: 22,756,591

Specialty ambulatory services - para-clinic: 40,798,387

Specialty ambulatory services- imaging: 1,409,888

One- day hospitalization reported:
3,322,268

Continued hospitalization reported:
3,761,879

All of these have been settled by the National House for Health Insurance after validation. To these, while maintaining the proportion of the private system's share in Romanian medicine, at least one fifth is added.

This, ladies and gentlemen, is your workload, for which allow me to thank you and congratulate you on behalf of the College of Physicians.

We, the ones present here, know the state of the health system better than the ones who analyze it from the outside. Under these circumstances, known only by us, we did the work reflected in the figures received from National House for Health Insurance. To this workload, we report statistically when we can talk about "health nonconformities."

The Romanian College of Physicians has been working for 8 months on the following projects:

New member certificates, which will be implemented from 1.04.2017.

Computerization of Romanian College of Physicians data base and the new national registry of doctors, which we believe will be able to implement from the second half of 2017.

We have been working over the last 3 months on changes to the Statute and the Romanian College of

Physicians Code, which we will continue to discuss.

We are constantly working on continual medical education, on professional, social and contracting jurisdiction, as well as accreditation. About a month ago, in addition to those we previously received, we also received, through GEO 45/2016, new and complex tasks regarding the admission of doctors from third countries.

We transmit the following opinions and messages as they result from our institution's experience.

Institution of the Ministry of Health

Under all the mandates I have known, it has always progressed to become what it is today, the court of final decisions in medicine: it organizes the residency exam, forms the residency curricula, it organizes the specialized and senior-ship examinations, draws up guides and protocols, elaborates, the Government Decision which is the Framework Contract together with National House for Health Insurance, prepares, by common order, the norms of the Framework Contract together with National House for Health Insurance, it organizes the activity of the malpractice commissions (according to Title XVI of Law 95/2006), regulates the activity of the National Medicines Agency, performs the anti-

epidemic health control activity, regulates the hiring contests of doctors, regulates the contests for obtaining the position for head of the department, coordinates the academic medical activity. It is responsible for the construction, equipment and significant repairs of hospitals, it controls the establishment and operation of medical offices, it establishes the necessary in medical offices according to specialties, it recognizes the doctors' degrees in medicine from foreign countries, has attributions in legal medicine and many more.

Can the Ministry of Health do all this and deliver the expected quality of services?

We believe that the Ministry of Health should pass regulatory acts, introduce them on the market, then step back follow their application. It should return with normative acts only when practice shows that there were elements not specified previously. The Ministry of Health should strengthen the third health pillar, that of anti-epidemic health control, prophylactic medicine, community medicine.

We have asked the Ministry of Health to appoint the College of Physicians to help define the meaning of the phrase "Ministry of Health in collaboration with the Romanian College of Physicians ". We are

willing to take on board all the requirements in other European countries for self-regulation of the medical profession.

I do not want to talk about recent government normative acts that have generated tensions that seemed quenched two weeks ago.

The Ministry of Health should not, by the magnitude of its attributions, give the impression that only the political (see the technocrat) is able to manage the health situation of the population. It would create a false impression in this respect.

Personally knowing all the ministers since the existence of the College of Physicians, we have found that the majority, whether physicians or not, politicians or come from the professional world, had a respectful attitude towards the health professional bodies and did not abruptly intervene in the specific activities of the College. Of course, all within the limits of their constraints, only natural in a government.

We understand the Government's need for an image and we do not enter a competition, since the medical profession does not need to self-validate daily.

Freedom of therapy

The legislator considered it necessary to see to the introduction in the system of catalogs, service

packages within social health insurance, implemented them, controlled their observance and reimbursed exclusively according to them. The Ministry of Health and National House for Health Insurance issue guidelines on the health care content, which are legally binding for all those involved. Thus, the traditional relationship in patient care almost turned into the opposite of what it was.

Who defines the physician's treatment assignment nowadays? The legislator, through catalog and service packages? The contract partner, through limited funding? The insured, by his choice? The last one, the doctor, by virtue of his professional prerogatives?

The National House for Health Insurance together with the Ministry of Health, it regulates, evaluates, controls and pays health benefits. That's how it does almost everything. These things happen in a budget that does not cover the health needs of an increasingly aging and sick population. There are always more costly technologies and, diagnostic and therapeutic tools. The citizens would be entitled to benefit from all the news, all the time and anywhere in the country. National House for Health Insurance knows this. The scarcity of resources leads to rationalizations, guidelines, lists,

prioritization ... none of these for medical purposes, all for economic purposes alone. Let us acknowledge this openly and try to identify other sources of income.

The doctors are not guilty of the multitude of therapeutic remedies and their price.

The doctors are not the ones who aged and got the people sick.

We do not cause health costs.

There is no proportionality in the attributions of National House for Health Insurance and Romanian College of Physicians. However, we are contractual partners. National House for Health Insurance holds the hegemony on service providers, mainly through funding. Faced with this unpleasant situation, the only hope is that, at least at a national level, the National House for Health Insurance's management has been co-operating within the limits of legal and budgetary constraints. Let us consider, for instance, the situations where the computer system has repeatedly failed to function. These were reported in real time to the House, which tried to reply, despite the technical deadlock, most often to no avail. The discussions during this summer on the value of the point in primary and secondary medicine were characterized by honesty and availability.

The Unions

Everyone generally has high expectations from institutions, than that the ones regulated. Romanian College of Physicians, as an institution governed by public law, performs only those tasks which are given to it by the law of establishment, organization and operation. All those and none more. Under Romanian College of Physicians, there is no trade union attribution. Romanian College of Physicians defends the interest of the medical profession, which is often not the same as the doctor's. We defend the image of doctors and their profession. We assist our colleagues in contracting with the Insurance House. Usually, the time and energy of the college institution are consumed for activities due to medical nonconformities or accusations of this kind.

In our opinion, unions are the most important social partner. Over the past 10 years, we have constantly wanted to have a partner in the trade union movement and acted as such. Any doctor is free to join any union. At least in the last few months, we have opened all our communication channels for Romanian College of Physicians members and made the announcements of all known unions.

We do not claim any superiority and monopoly except for the specific

attributions, legal duties of the college of doctors. We have no competition, image, or any kind of intent with our union partners. We believe our members can be affiliated to any form of alliance and that any physician, in an independent or organized way, can and should express their opinion on the practice of the profession.

The political environment

In general, we had a good relationship with the health commissions in the two chambers, which is why we thank them. They followed the procedures for summoning and consulting in drafting the normative acts. Our opinion has not always been shared by the Parliament. In the spirit of democracy, we understand that the Parliament is a politically elected body and must respect and fulfill the will of the electorate and the party and not necessarily ours, those working in health. We are at the disposal of this Parliament and the future Parliament with all our figures, statistics and expertise.

To the people

The Romanian College of Physicians is in charge of self-regulation of the medical profession and guarantees its freedom. These are not a gift that the

legislator has given to self-administering physicians but a guarantee for patients and the general population. Only the practice in professional freedom and in the spirit of the classical precepts of the medical profession can guarantee the quality and safety of the medical act. These are materialized by the Code of Ethics and the Statute of the Romanian College of Physicians.

Plea for medical professional liberalism

Discrediting and trivializing the medical profession have become unbearable. The centralization and rationalization of the health system as well as the integration of marketing and economic elements are utterly demoralizing.

The exodus of young colleagues in search of greener pastures in other countries is understandable, but we must not accept this situation. Escaping from the profession must threaten each and every one of us, it must motivate us to stress the values and traits of our liberal profession.

Only a free medical profession carried out in any form of organization can preserve a space of movement and save patients from standardized rational medicine.