

'THE COMPLEX WAY TO THE TRUTH': RESPONSIBLE CHOICES, GOALS AND VALUES. COMMENTARY ON ARTICLE 'SOVEREIGN DECISION' IN THE DISCOURSE OF MEDICAL ETHICS (MIHAILO LUKOVICH, KATARINA MEISTOROVICH, DUNJA KNEZHEVICH)

Firsov DE ✉

Yaroslavl State Medical University, Yaroslavl, Russia

In this article, 'Sovereign Decision' has been analyzed in the discourse of medical ethics (authors: Mihailo Lukovich, Katarina Meistorovich, Dunja Knezhevich). The interdisciplinary approach to the issue of axiological dissonance has been justified. It arises at the demarcation line of scientific private interests and society expectations and concerns implementation of research outcomes into the social practice. According to the authors, the 'sovereign decision', the key notion of the research, is a social phenomenon. In it, the legal sense of exclusive authorities becomes the imperative of an informed (ethical) choice in boundary situations of the subject's legal elimination in relation to whom the 'nominal' or 'exclusive' medical decision is taken. By analyzing the issue of the 'sovereign decision' using the examples of vaccine prevention and euthanasia, the authors reveal the dialectic nature of the responsible choice. The issues that go beyond the subject of research seem perspective as well.

Key words: axiological dissonance, medical ethics, responsible choice

✉ **Correspondence should be addressed:** Denis E. Firsov
Revolutionary, 5, Yaroslavl region, Yaroslavl, 150000, Russia; f300670@mail.ru

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«СЛОЖНЫЙ ПУТЬ К ИСТИНЕ»: ОТВЕТСТВЕННЫЙ ВЫБОР, ЦЕЛИ И ЦЕННОСТИ. КОММЕНТАРИЙ К СТАТЬЕ «СУВЕРЕННОЕ РЕШЕНИЕ» В ДИСКУРСЕ МЕДИЦИНСКОЙ ЭТИКИ (МИХАИЛО ЛУКОВИЧ, КАТАРИНА МАЙСТОРОВИЧ, ДУНЯ КНЕЖЕВИЧ)

Д. Е. Фирсов ✉

Ярославский государственный медицинский университет, Ярославль, Россия

В тексте анализируется работа «Суверенное решение» в дискурсе медицинской этики (авторы: Михаило Лукович, Катарина Майсторович, Дуня Кнежевич). Обосновывается междисциплинарный подход к проблеме аксиологического диссонанса, возникающего на линии демаркации частных интересов науки и ожиданий общества относительно внедрения результатов научного исследования в социальную практику. Ключевое понятие исследования М. Лукович, К. Майсторович и Д. Кнежевич «суверенное решение» интерпретируется как социальный феномен, в котором правовой смысл исключительных полномочий приобретает значение императива осознанного (этического) выбора в пограничных ситуациях юридической элиминации субъекта, относительно которого принимается «номинальное» или «эксклюзивное» медицинское решение. Отмечается, что рассматривая проблему «суверенного решения» на примерах вакцинопрофилактики и эвтаназии авторы выявляют по сути диалектический характер ответственного выбора. Выявляется перспективность актуализированных в работе проблем, выходящих за рамки предмета исследования.

Ключевые слова: аксиологический диссонанс, медицинская этика, ответственный выбор

✉ **Для корреспонденции:** Денис Евгеньевич Фирсов
Революционная, д. 5, Ярославская область, Ярославль, 150000, Россия; f300670@mail.ru

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In professional ethics, 'Kamen spoticanja' is a shift of common key axiological terms to the sphere of professional competencies. The effect produced by the psychocultural factor of perception of the predetermined value paradigm of collective (professional, corporate) dogmatic attitudes should be taken into account when specialists are prepared [1]. For this reason, prevented entry of bioethical knowledge to the peripheral biological expertise is one of the most complex tasks faced while teaching bioethics to medical students [2, 3].

Analysis of the axiological dissonance arising on the line of demarcation of private interests related to science and expectations of the society about how to apply the scientific research results to the social practice requires to review any issues evolved in the extensive subject field of historical, political, legal, and economic factors of interaction between an individual and society. In 'The sovereign decision in the discourse of medical ethics', M. Lukovich, K. Meistorovich, and D. Knezhevich review this issue in the context of a responsible choice. Compliance with the requirements

of vaccine prevention and conditions of euthanasia serves as an example.

According to the authors, the 'sovereign decision', the key notion of the research, is a social phenomenon. In it, the legal sense of exclusive authorities becomes the imperative of an informed (ethical) choice in boundary situations of the subject's legal elimination in relation to whom the 'nominal' or 'exclusive' medical decision is taken. Meanwhile, the authors stress that from a historical perspective, 'a sovereign decision belongs to someone who is above the law unlike the individual, who is in the state of natural law and is law subordinate. The freedom of will concerns separate individuals within the society who are subordinate to the laws and are not above them'.

As authors state, the 'complex way to the truth' in these issues is determined by the 'intellectual honesty (ethics)'. The truth is discovered in the 'historical, scientific, political and legal aspects'.

By analyzing the issue of the 'sovereign decision' using the examples of vaccine prevention and euthanasia, the authors

reveal the dialectic nature of the responsible choice. It happens because 'vaccination of children upon agreement with those who exercise the sovereign power is a free parental will', but 'the decision is only seems to be free, actually depriving the child from the freedom in relation to the disease the child should be protected from'. As far as euthanasia goes, 'a patient who has taken such a decision is not subject to any law. He will be dead at the time of the act, and the absentee (dead in this case) is not subject to the law, as he is above the law when the decision is taken'. 'By introducing the legislation that allows euthanasia, the legislator replaces the 'sovereign decision' by decision which is 'based on free will'.

Apart from the problem viewed by the authors of the article, the issues that go beyond the subject of research seem challenging as well. In particular, these are 'linguistic issues related to the definition and connotation of terms in medicine'. It should be admitted that in a number of cases, the structures of professional 'dictionaries' optimized for the needs of a certain area of research can display not just a wish to differentiate between the 'competent' and the 'profane', but also confer on them a meaning of something 'sacral and brutal'. This is how the mythologized status of competent knowledge is supported, which, in its turn, can result in a reverse expected social effect — misunderstanding and resulting distrust of a patient. Besides, the disposing logical demarcation can be the basis not just of legitimization of known faults within knowledge

itself and in its social interpretation, but also of the axiological substitution similar to 'sovereignization' in a separate field of science noted by the authors.

According to the authors, the 'common global tendency of law harmonization under the influence of neoliberal economics is far from the dream about the Perpetual Peace as seen by Kant two hundred years ago. Regular standards that form the basis of the social ethics occupy less space in the legislation just like the ethics itself, even if used as a corrective measure, with economic logics taking up a larger place. There will be a 'market price' for everything (Kant)'.

It can be assumed, however, that the efforts of the professional society made on the 'complex way to the truth' (which importance is stressed by the article authors) will be rewarded as cognition of truth being an objective of the professional specialist-patient interaction can be intentionally focused on truth as a value. In this case, correlation of highest theoretical objectives and objectively (or at least in a competent way) assessed capabilities of practical science will be the manifestation of truth in specific knowledge that influences the direction and goals of social processes. The actions of the individual and society concerning manifestations of any forms of care (about the children who need vaccination, patients with end-stage disease, etc.) can be defined within the frames of free conscious choice of the maximum practical mercy.

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