

TEACHING THE ETHICS OF HEALTHCARE COMMERCIALIZATION THROUGH ENGLISH-LANGUAGE CASE STUDIES: MEDICAL AND ECONOMICS STUDENTS' PERSPECTIVES

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This article explores the ethics of profit-focused healthcare by looking at English case studies intended for medical and business students. This study aims to find the main contradictions between a patient-centered approach to rendering medical aid and commercialized healthcare model in English texts, and to show why real-world case studies should be included into the process of teaching a foreign language to students majoring in Medicine and Economics. Typical case studies are analyzed in English. A physician or a healthcare manager has to choose between the patient's interests and requirements of cost effectiveness. It is shown that when included into the teaching of a foreign language to medical and economics students, the case studies don't only teach the professional English language, but also develop ethical thinking. It is concluded that the case study method is a perspective tool of teaching medical ethics to future professionals, who can recognize and resolve conflicts between patient care and market demands.

Keywords: medical ethics, medicine commercialization, case study method, patient-oriented medicine, ethical education, conflict of interests

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ЭТИЧЕСКИЕ АСПЕКТЫ КОММЕРЦИАЛИЗАЦИИ МЕДИЦИНЫ КАК ПРЕДМЕТ ИЗУЧЕНИЯ В АНГЛОЯЗЫЧНЫХ УЧЕБНЫХ КЕЙСАХ ДЛЯ СТУДЕНТОВ МЕДИЦИНСКИХ И ЭКОНОМИЧЕСКИХ СПЕЦИАЛЬНОСТЕЙ

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В статье рассматриваются этические аспекты коммерциализации медицины в аспекте изучения учебных кейсов на английском языке в процессе иноязычной подготовки студентов медицинских и экономических специальностей. Цель исследования — выявить ключевые противоречия между пациентоориентированным подходом к оказанию медицинской помощи и коммерциализированной моделью здравоохранения, отраженные в англоязычных материалах; методически обосновать целесообразность их включения посредством метода кейс-стади в иноязычную подготовку будущих специалистов в области медицины и экономики. Анализируются типичные сюжеты учебных кейсов на английском языке, в которых врач или менеджер здравоохранения вынужден выбирать между интересами пациента и требованиями экономической эффективности. Показано, что включение подобных кейсов в иноязычную подготовку обучающихся по специальностям медицинского и экономического профиля выполняет двойную функцию — обучения профессиональному английскому языку и формирования этического мышления. Делается вывод о том, что метод кейс-стади является перспективным инструментом интеграции медицинской этики в подготовку будущих специалистов, способных осознавать и разрешать конфликты между заботой о пациенте и рыночными императивами.

Ключевые слова: медицинская этика, коммерциализация медицины, метод кейс-стади, пациентоориентированная медицина, этическое образование, конфликт интересов

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The debate over commercialization of medicine has gone past science long time ago. It has turned into the major topic of public talks, litigation, legislative initiatives and public protests. Nevertheless, the issue is insufficiently explored in relation to higher medical and economic education through the prism of the formation of professional and ethical attitudes of future specialists by means of a foreign language.

It should be emphasized that core values and stable models of professional behavior, which subsequently determine the actions of a doctor or manager facing a hard ethical choice, are formed within the educational environment. When medical or

economics students who study a foreign language never come across case studies about financial interests of an organization versus patient care, they are not ready for real-world ethical conflicts.

This paper analyzes the conflict between patient-centered care and profit-focused medicine, widely represented in the works of domestic and foreign researchers [1–4], as well as the methodological potential of including the case studies into the process of teaching English to students majoring in Medicine and Economics.

The proposed case studies were formulated by the author utilizing open-access materials sourced from

reputable, specialized medical platforms and popular science repositories, including Academia.edu, EngagingPatients.org, and ResearchGate. A pedagogical approach dictates that special consideration should be given to both the nature of the conflict and its instrumental role in developing professional ethics among the students majoring in Medicine and Economics. This methodological analysis focuses both on the mere composition of the conflict, and its capacity to serve as a tool for shaping the professional ethics and value systems of future specialists.

ETHICAL ASPECTS OF HEALTHCARE COMMERCIALIZATION

Healthcare commercialization represents a shift in which market mechanisms come to determine not just financial structures, but the very substance, volume, and accessibility of medical services. Under a market-driven healthcare model, a patient's health is viewed as a financial asset, whereas provision of medical care becomes a primary source of profit for insurance providers, pharmaceutical firms, and private medical centers. In the late 20th century, a number of pioneering bioethicists and medical philosophers raised critical ethical concerns regarding commercialized healthcare models. Their primary objections included the commodification of healthcare at the expense of its status as a foundational social good, heightened conflicts of interest that compromise the physician-patient relationship, and the systemic motivation to artificially inflate diagnostic and therapeutic procedures for economic gain [5].

These aspects remain relevant in the 21st century. Furthermore, recent decades have witnessed the advent of novel commercialization pathways driven by digital technological advancements, proliferation of telemedicine, and the active market presence of major biotechnology corporations, thereby broadening the spectrum of emerging ethical dilemmas [6, 7].

In the early 21st century, healthcare commercialization evolved into a worldwide phenomenon. Many global healthcare systems have changed through reforms focused on budget savings, fewer rules, and private ownership. A survey of 1,781 students by researchers from three Turkish medical schools revealed that 87.2% supported at least one commercialized medicine viewpoint, and 20% agreed with over half of these statements [8]. The authors called the result alarming. They stated that this high level of acceptance of commercial medicine conflicts with the rules of medical ethics.

The idea of patient-centered care became official in a report by the US Institute of Medicine entitled "Crossing the Quality Chasm: A New Health System for the 21st Century." This report named it as one of the six main goals for modern healthcare. According to the document, the patient-oriented model of medical care postulates respect and consideration of individual preferences, needs and values of the patient [9].

M. L. Millenson and other authors present modern views on the patient-centered model. The study outlines a structured approach to involve patients and their families in care planning and rendering. This method aims to strengthen medical ethics and boost overall health results [10].

THE CASE STUDY METHOD AS A TOOL OF ETHICAL EDUCATION

In modern pedagogical literature, the case study method has been explored from many different points of view as an effective and technological teaching method [11–14]. Medical

education borrowed this approach from business schools, where it was used to teach managers how to make decisions. Subsequently, this method has become a standard part of courses devoted to medical ethics, bioethics, and health care management. The main idea of the method under study is to find a solution after analysis. The case study method consists of several elements such as building models and describing situations, analyzing and evaluating situations, identifying a problem, finding a solution, applying solutions to similar cases, and developing professional skills. An ethical case study outlines a real-world situation where a student must make a decision in the face of competing interests and ethical uncertainty.

The methodological value of an ethical case is determined by the ability to set up an unclear situation with hard questions that have no single clear answer.

According to the researchers who explored medical ethics, case ambiguity forces students to go beyond the learned algorithms and think about the core values of their future professional activity. Dealing with such case studies helps develop a specific mindset, which is subsequently activated automatically in real-world professional situations [15].

An analysis of medical and economics case studies devoted to healthcare commercialization reveals typical ethical dilemmas such as a conflict of interest arising when a doctor or administrator receives financial remuneration for prescribing specific drugs or procedures to a patient; denial of medical care on financial grounds; overtreatment when medical care is given based on profit and budgets; distribution of medical care based on economic criteria instead of actual patient health needs. Let's examine in detail how these situations can be presented in English case studies.

An ethical conflict often happens when a young doctor starts their career at a private multidisciplinary clinic. A 58-year-old male patient complains of back pain. The objective clinical results show that surgical intervention is not required and that conservative treatment and physiotherapy are highly effective. At the same time, the internal policy of the medical organization rewards doctors if they send their patients to an affiliated center for surgery. What should a doctor do? The described situation exceeds the individual moral responsibility and represents a systemic conflict inherent in a commercialized healthcare system.

In this aspect, the clinical case shared by T. Lemmens and P. A. Singer is a great learning tool for students. This practice involves a physician referring a patient to a privately owned clinic. Such self-referral for profit creates a financial incentive to perform unnecessary medical treatments [16]. Such situations are described in the research literature as a conflict of interest in which financial rewards may unknowingly influence clinical decisions. These case studies ask one core question: how does the conflict of interests between making a profit and caring for the patient affect the treatment process? This phrasing builds an axiological framework in which the interests of the patient serve as an unconditional foundation for evaluating any managerial or clinical decision.

Another common case is related to denial of medical care on financial grounds. Thus, an uninsured 45-year-old patient, who reports shortness of breath under mild exertion, swelling of the legs and occasional chest pain, seeks medical help. The primary survey results (physical examination, ECG, basic laboratory tests, and chest X-ray) were used to establish a preliminary diagnosis of chronic cardiovascular pathology requiring further examination and routine treatment.

To confirm the diagnosis and plan your next treatment steps, an extended diagnostics is required. The patient is unable to pay for additional examinations and long-term treatment, while the existing regulations of the medical institution allow to provide emergency medical care free of charge only in the presence of life-threatening conditions. The clinic administration reports that the patient can obtain the minimum amount of emergency care due to the existing financial constraints, while routine diagnostic procedures and follow-up therapy remain beyond the amount of insurance coverage. The attending physician faces a dilemma whether to follow the administrative and financial regulations of the institution, effectively leaving the patient without timely treatment that could prevent serious complications, or to look for other opportunities (search for charity programs, installment payments, involvement of public resources), going beyond the usual organizational procedures.

The central question of the case is a clash of professional duty to prevent a predictable deterioration of the patient's condition with the economic constraints of the system. Can a doctor justify an actual refusal to provide full medical care if the patient's inability to pay for treatment is the only obstacle? The described training case illustrates an ethical dilemma where a doctor's duty to stop a patient's health deterioration clashes with financial constraints and hospital rules.

According to A. Edelman and K. E. Adams, such conflicts occur in healthcare systems that do not guarantee an adequate amount of medical care for vulnerable populations, which raises the question of the obligations of both individual clinicians and medical organizations. The case under consideration illustrates the structural contradiction between economic barriers limiting access to planned care and the need for a doctor to find a balance between compliance with regulations and the implementation of principles of professional ethics [17].

The role of case studies in the training of students specializing in economics, healthcare management and health insurance, deserves separate consideration in the framework of this discussion. For them, the conflict between the principles of "patient-oriented care" and "commercialized healthcare" often appears not as a personal moral dilemma, but as a managerial task requiring to optimize processes and allocate resources. Nevertheless, we are talking about the same contradictions in terms of content. For example, the case when an insurance company refuses to cover an expensive drug, appeals to the previously outlined value system. Is it possible to justify the refusal of treatment for economic efficiency? What is "a medical necessity" when this concept is defined not by a doctor, but by an actuary?

The inclusion of case studies modeling the conflict between patient-centered medical care and a profit-oriented model of healthcare organization in the process of teaching professional English carries out several interrelated educational functions:

- a cognitive function: the case study shows students how real conflicts work. It explains which official rules and systems create a conflict between clinical and financial imperatives;
- a language function: the English-language case develops a professional vocabulary that allows you to talk about complex ethical issues in the language used by the international academic and professional community;
- axiological: while analyzing the case, the student identifies and defends his position, which contributes to the development of stable professional values.

It is advisable to mention the fundamental limitations of the case study method. By its nature, the case is a didactic tool that simplifies real multidimensional situations of a moral choice to a manageable classroom activity.

Genuine medical ethical dilemmas unfold in a more complex chronotope, including uncertainty, tight time frames, vertical management relationships and the influence of corporate norms. Consequently, the methodological value of the case study method lies in the formation of an algorithm for reasoning and ethical analysis of the situation, though the impossibility of simulating the full range of psycho-emotional experiences of the decision-maker belongs to its inherent limitation. Experts in ethical education recognize that active teaching methods, including the case study method, affect knowledge and attitudes of students, but their impact on real professional behavior requires further study. However, it would be wrong to underestimate the potential of this method. A study comparing the results of traditional and case-oriented learning showed that students who used active methods of study had significantly improved knowledge quality indicators, since the case method makes a student think and not just memorize [18].

Special attention should be paid to how conflicts of interest are treated in case studies, as it is one of the most common manifestations of commercialization of medicine. A conflict of interest arises when secondary interests, such as financial rewards, career considerations, or personal relationships may distort a doctor's professional judgment.

It is in this aspect that English-language cases on business ethics in healthcare seem to be a particularly valuable resource. Many of them directly reproduce situations when a doctor receives gifts, lecture fees, or sponsored trips from pharmaceutical companies, and then has to make a decision about prescribing a drug. The methodological value of such cases is determined primarily by their ability to transpose an abstract ethical principle into a specific professionally recognizable situation with which the student can relate his own future experience.

The cases addressed to economics students commonly look at the same problem from a fundamentally different point of view: not as a moral choice that must be confronted on a personal level, but as a managerial task that requires an institutional solution. The development of codes of ethics, disclosure systems on conflicts of interest and independent control mechanisms is taken as a response of a medical organization to systemic risks, and not as a moral choice of a doctor. This approach is no less valuable from the pedagogical point of view, as it teaches future healthcare managers to think structurally rather than individually, thereby including ethics into the logic of organizational management.

Two users of educational cases described above, including students who study Medicine and Economics, allows to start a challenging pedagogical experiment such as a joint review of the cases by various specialists. In such a model, a doctor and a future healthcare manager look at the same event from various perspectives. The doctor is interested in the best treatment for the patient. The manager wonders how the treatment fits into the organization's budget, and whether it is covered by insurance. When these opposing views meet, they help students think deeply about how they make professional choices.

However, merging these elements needs caution. The main risk is that in conditions of coeducation, the economic framework might take over, simply because it is

more operational, measurable, and familiar to the learning process. When the ethics of care is replaced by the ethics of cost and efficiency, experts see a major shift caused by turning medicine into a business that changes how doctors think.

Reproducing this transformation in the educational process, designed to counteract it, would ruin the main pedagogical goals of using real-life examples in class. Thus, it is essential that the cases used to jointly teach future doctors and economists maintain the axiological priority of the patient-oriented approach as a starting principle.

This provision does not imply ignoring economic realities. On the contrary, the case studies have the methodological value that they force the student to comprehend and integrate the existing constraints into the decision-making process, while these constraints should act as set conditions, and not influence the final decision. The answer to the question how a patient should be treated if the budget is limited is totally different from the one whether we should treat a patient if it is not profitable.

Teachers who work with cases in a foreign language often pay attention to the linguistic aspect, which is worth mentioning. English is the *lingua franca* used by the global medical and economic society. Studying English-language case studies develops not only the ethical, but also the linguistic competence of the student. The student can discuss complex professional situations in global English, which is especially important for planning an academic career, working with global partners, or joining international medical teams.

CONCLUSION

The following conclusions can be made based on the analysis. The conflict between patient-centered care and commercialized healthcare is not a theory, but a real-world challenge for doctors, nurses, and healthcare managers. The nature of this conflict is institutional, as it is determined by systemic incentives built in organizational structures and financing models.

Using ethical dilemmas in English learning cases has a great teaching value. It helps students learn how to make smart choices, explain their views, and build a strong professional and moral position. The case study method helps train professionals in three main ways. First, it builds cognitive skills by teaching the structure of conflict. Second, it builds language skills by teaching global professional vocabulary. Third, it builds values by shaping strong professional attitudes. The greatest pedagogical effect is achieved when the case study method is integrated into a broader educational strategy that includes discussion of health policy, funding models, and institutional mechanisms for managing conflicts of interest.

Ethical education in the field of medicine and health economics is indispensable if it allows to preserve the axiological priority of the patient's interests. Economic constraints define the conditions of the task, whereas ethical principles determine the criteria for its solution. A strong teaching case ensures productive interaction of both registers. Following the training, a specialist is able both to apply the learned algorithms, and also to critically assess the conditions under which they stop working.

References

1. Krasova YeV, Sverchkova AD. Kommercheskaya meditsina v Rossii: tenden-tsii razvitiya i faktory sprosa. Sotsial'nyye aspekty zdorov'ya naseleniya. 2022; 4 (68). Available from URL: http://vestnik.mednet.ru/content/view/1398/30/lang_ru/. DOI: 10.21045/2071-5021-2022-68-4-8 (accessed: 16.05.2026). Russian.
2. Khal'fin RA, Mad'yanova VV, Kachkova OYe, Demina ID, Krishtaleva TI, Dombrovskaya YeN, et al. Patsiyentooriyentirovannaya meditsina: predposylki k transformatsii i komponenty. Vestnik RUDN. Seriya: Meditsina. 2019; 23 (1): 104–114. Russian.
3. Burgers JS, van der Weijden T, Bischoff EWMA. Challenges of Research on Person-Centered Care in General Practice: A Scoping Review. Frontiers in Medicine. 2021; (8): 1–9. PMID: 34249968; PMCID: PMC8264253.
4. Hansson SO, Fröding B. Ethical conflicts in patient-centred care. Clinical Eth-ics. 2020; (16): 1–12. DOI: 10.1177/1477750920962356.
5. Brock DW, & Buchanan, A. Ethical Issues in For-profit Health Care. In B. H. Gray (Ed.), For-profit Enterprise in Health Care. National Academies Press. 1986; 224–249.
6. Ivanshkevich K. A. Problemy kommersializatsii vnedreniya tsifrovyykh tekhnologiy v zdravookhraneni. Dialog. Nauchno-prakticheskiy zhurnal. 2025; (20): 4–7. Available from URL: <https://www.npzhdialog.ru/gallery/47202025.pdf> (accessed: 16.05.2026). Russian.
7. Kochetova YU. YU. Eticheskiye problemy telemeditsiny. Znaniye. Poni-maniye. Umeniye. 2025; (3): 113–123. Available from URL: <https://cyberleninka.ru/article/n/eticheskie-problemy-telemeditsiny> (accessed: 16.05.2026). Russian.
8. Civaner M, Balcioglu H, Vatansever K. Medical students' opinions about the commercialization of healthcare: A cross-sectional survey. Journal of Bioethical Inquiry. 2016; 13(2): 261–272. DOI: 10.1007/s11673-016-9704-6.
9. Institute of Medicine. Crossing the Quality Chasm: A New Health System for the 21st Century. Washington, DC: National Academies Press, 2001. Available from URL: <https://www.nationalacademies.org/read/10027> (accessed: 16.05.2026).
10. Millenson ML, Shapiro E, Greenhouse PK, DiGioia AM III. Patient- and Fam-ily-Centered Care: A Systematic Approach to Better Ethics and Care. AMA J Eth-ics. 2017; 18(1): 49–55. DOI: 10.1001/journalofethics.2017.18.1.stas1-1601.
11. Baranova MV. Keys stadi kak tekhnologicheskii metod obucheniya. Sovre-mennaya nauka i obrazovaniye. 2017; (3): 55–60. Russian.
12. Iksanova MG, Krasil'nikova YeV, Vorob'yeva NV. Primeneniye metoda «keys-stadi» v obuchenii (na materiale distsipliny «Psikhologiya obshcheniya»). Psikhologiya obucheniya. 2022; (4): 115–122. Russian.
13. Legotin AV. Metod keys stadi v obuchenii professional'noy etike. Sovremennyye problemy nauki i obrazovaniya. 2018; (2): 145–152.
14. Mitrahovich OA, Ponomareva MA. Case study as a method for evaluating invariants of a specialist's managerial competence. Nauchnyye trudy Belorusskogo gosudarstvennogo universiteta. 2021; (21): 134–140. Russian.
15. Matyushenko SV, Frik OA, Pantyukhin AN. Metodicheskaya skhema raboty s keysom v kontekste prepodavaniya etiki. Sovremennyye naukoymkiye tekhnologii. 2024; (7): 38–43. Russian.
16. Lemmens T, Singer PA. Bioethics for clinicians: Conflict of interest in research, education and patient care. Canadian Medical Association Journal (CMAJ). 1998; 159 (8): 960–965.
17. Edelman A, Adams KE. Ethics surrounding the impoverished patient. J Am Med Womens Assoc. 2004; 59(1): 14–6. PMID: 14768980.
18. Odinayev ShF, Abdulloyeva SN, Fayziyeva DSh. Sravnitel'naya peda-gogicheskaya effektivnost' traditsionnogo i case based learning podkhodov v obuchenii klinicheskomu myshleniyu studentov medikov. Nauka i obrazovaniye. 2025; 2(3): 262–274. DOI: 10.25005/3078-5022-2025-2-3-262-274. Russian.

Литература

1. Красова Е. В., Сверчкова А. Д. Коммерческая медицина в России: тенденции развития и факторы спроса. Социальные аспекты здоровья населения. 2022; 4 (68). Режим доступа: <http://vestnik.mednet.ru/content/view/1398/30/lang, ru/>. DOI: 10.21045/2071-5021-2022-68-4-8 (дата обращения: 16.05.2026).
2. Хальфин Р. А., Мадьянова В. В., Качкова О. Е., Демина И. Д., Кришталева Т. И., Домбровская Е. Н. и др. Пациентоориентированная медицина: предпосылки к трансформации и компоненты. Вестник РУДН. Серия: Медицина. 2019; 23 (1): 104–114.
3. Burgers JS, van der Weijden T, Bischoff EWMA. Challenges of Research on Person-Centered Care in General Practice: A Scoping Review. *Frontiers in Medicine*. 2021; (8): 1–9. PMID: 34249968; PMCID: PMC8264253.
4. Hansson SO, Fröding B. Ethical conflicts in patient-centred care. *Clinical Ethics*. 2020; (16): 1–12. DOI: 10.1177/1477750920962356.
5. Brock DW, & Buchanan, A. Ethical Issues in For-profit Health Care. In B. H. Gray (Ed.), *For-profit Enterprise in Health Care*. National Academies Press. 1986; 224–249.
6. Иваншкевич К. А. Проблемы коммерциализации внедрения цифровых технологий в здравоохранении. Диалог. Научно-практический журнал. 2025; (20): 4–7. Режим доступа: <https://www.npzhdialog.ru/gallery/47202025.pdf> (дата обращения: 16.05.2026).
7. Кочетова Ю. Ю. Этические проблемы телемедицины. Знание. Понимание. Умение. 2025; (3): 113–123. Режим доступа: <https://cyberleninka.ru/article/n/eticheskie-problemy-telemeditsiny> (дата обращения: 16.05.2026).
8. Civaner M, Balcioglu H, Vatansever K. Medical students' opinions about the commercialization of healthcare: A cross-sectional survey. *Journal of Bioethical Inquiry*. 2016; 13(2): 261–272. DOI: 10.1007/s11673-016-9704-6.
9. Institute of Medicine. *Crossing the Quality Chasm: A New Health System for the 21st Century*. Washington, DC: National Academies Press, 2001. Режим доступа: <https://www.nationalacademies.org/read/10027> (дата обращения: 16.05.2026).
10. Millenson ML, Shapiro E, Greenhouse PK, DiGioia AM III. Patient- and Family-Centered Care: A Systematic Approach to Better Ethics and Care. *AMA J Ethics*. 2017; 18(1): 49–55. DOI: 10.1001/journalofethics.2017.18.1.stas1-1601.
11. Баранова М. В. Кейс-стади как технологический метод обучения. Современная наука и образование. 2017; (3): 55–60.
12. Иксанова М. Г., Красильникова Е. В., Воробьева Н. В. Применение метода «кейс-стади» в обучении (на материале дисциплины «Психология общения»). Психология обучения. 2022; (4): 115–122.
13. Леготин А. В. Метод кейс-стади в обучении профессиональной этике. Современные проблемы науки и образования. 2018; (2): 145–152.
14. Митрахович О. А., Пономарева М. А. Case study as a method for evaluating invariants of a specialist's managerial competence. Научные труды Белорусского государственного университета. 2021; (21): 134–140.
15. Матюшенко С. В., Фрик О. А., Пантюхин А. Н. Методическая схема работы с кейсом в контексте преподавания этики. Современные наукоемкие технологии. 2024; (7): 38–43.
16. Lemmens T, Singer PA. Bioethics for clinicians: 17. Conflict of interest in research, education and patient care. *Canadian Medical Association Journal (CMAJ)*. 1998; 159 (8): 960–965.
17. Edelman A, Adams KE. Ethics surrounding the impoverished patient. *J Am Med Womens Assoc*. 2004; 59(1): 14–6. PMID: 14768980.
18. Одинаев Ш. Ф., Абдуллоева С. Н., Файзиева Д. Ш. Сравнительная педагогическая эффективность традиционного и case-based learning подходов в обучении клиническому мышлению студентов-медиков. Наука и образование. 2025; 2(3): 262–274. DOI: 10.25005/3078-5022-2025-2-3-262-274.