

ональном и международном уровнях. Наш главный партнер – Центр медицинской этики в Норвегии – это учреждение с более чем 30 исследователями и преподавателями, имеющими большой опыт в области образования, а также в различных областях исследований. Слабым местом является то, что мы не разработали достаточно образовательный аспект в соответствии с ожиданиями экспертного комитета DIKU.

Г.А. *Будь у вас неограниченные ресурсы (время, деньги, технология, люди), каким проектом бы занялись?*

Ф.В. Работая в медицинском учебном заведении, я буду продолжать работать над проектами институционального развития – расширением исследовательских и преподавательских возможностей, разработкой учебной программы курса по биоэтике. Но меня также интересуют другие темы исследований в области биоэтики, такие как влияние фармацевтической системы на здоровье, изучение социальных явлений, таких как курение и употребление наркотиков, *humanenhancement*, а также феномен допинга у спортсменов.

Спасибо за интервью, Виктория. Я уверена, что наш консорциум и усилия еще получают позитивную отдачу и поддержку!

Ссылки

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HISTORICAL EXPERIENCE OF LACK OF COMPETENCE OF MORAL JUDGMENT IN MEDICAL RESEARCHES

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ИСТОРИЧЕСКИЙ ОПЫТ ДЕФИЦИТА КОМПЕТЕНЦИИ ПРАВСТВЕННОГО СУЖДЕНИЯ В МЕДИЦИНСКИХ ИССЛЕДОВАНИЯХ

Оценка исторического опыта медицинских исследований выявляет повторяющийся характер неэтичного поведения медицинских исследователей

дователей что отражает системную проблему некомпетентности в профессиональном нравственном суждении.

Assessment of historical experience of medical researches reveals recurrent failures in professional moral judgement raising concern of systematic nature of research misconduct. Some most ethically dubious known cases of the research misconduct comprise Tuskegee study in the United States, lasted from 1932 to 1972, the mustard gas experiments during 1940th in Britain, Australia, Canada and the US on their own soldiers, numerous Nazi human experiments (twin experiments; sterilization and artificial insemination experiments; bone, muscle and nerve transplantation experiments; freezing experiments; sulfanilamide experiments; sea water experiments; poisons experiments; incendiary bomb experiments; high altitude experiments), Willowbrook hepatitis studies on retarded children during 1950th -70th in the US, studies on X-Ray irradiation on human spermatogenesis on prisoners in the US from 1963 to 1973. It is also essential to mention crimes against humanity conducted by Japanese medical doctors during Second World War, especially well documented and horrifyingly notorious Unit 731.

While different in many regards these cases have some common bases for research misconduct and medical inhumane practices to occur. Foremost it is radical eugenic vision of own social group grandeur and dehumanizing diminishing of the specific `others` groups. This eugenic vision has intrinsic motivation of asserting own group superiority and gain on behave of the `others` groups. Powerful drive to assert own group interests motivates to plot `scientifically` appealing social theory of superior rights of the own group and `proved` inferiority, deficiency of the `others`. Furthermore, dehumanizing of the `others` came very handy to justify motivation and practice to gain on behave of the `others`. Also there is common strong desire to belong to the privileged group and a fear to fall into deprived group of the `others`. To support `natural` superiority of own group over the groups of the `others` the theory of social Darwinism appealed strongly to the public mind. Build on this eugenic vision ideology transforms into policy and become a political strategy and social and medical practice. Inhumane social and medical practises supported by xenophobic law and criminal medical practises soon follow. Then, medical professional approach to different social groups with very different moral judgement, one is humane toward privileged group and another inhumane toward deprived

group of the `others`. Raising concern about the inhumane policies and practices get eugenic explanation, historical `justification` and scientific `prove`. These informational manipulations obtain excuse, silence critique and satisfy general public to fall asleep both personal and social conscience. Next is development of specific social policies and medical regulations to implement eugenic ideology into social engineering practices. Analysis of inhumane medical practices reveals failure to adhere to scientific chastity and medical ethics integrity thus demonstrating general incompetence of moral judgement.

Specific failures to conduct medical ethics humane standards manifest violation of human rights, exclusion of specific groups from otherwise obligatory medical regulations of protecting human subjects of medical research, lack of informed consent, lack of respect for patient autonomy, lack of legal responsibility of medical personal for wellbeing of the patients. There are also other documented misconducts of inhumane medical research: fabrication and falsification of scientific data, reference to or plagiarism of the other false scientific researches, non-compliance to research design, contravention of inclusion and exclusion criteria, ignorance of adverse events, unresolved conflicts of interests. Dehumanization, utilitarianism and relativism speak through these medical research misconducts.

Assessment of historical experience of medical researches and recurrent failure in professional moral judgement highlights essential demands to develop competence of professional and social moral judgement within medical professional and the whole general public to secure future humane standing of scientific medical researches and to protect the whole society wellbeing.

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SECURITATEA INFORMAȚIONALĂ ȘI BIOETICA

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INFORMATION SECURITY AND BIOETICS

Depending on the technologies used and the evolution in time of the concerns that concern it, the information security can be approached from the perspective of a greater or lesser number of generations. The present analysis represents some benchmarks along the lines of security and bioethics information. With the desire to raise awareness of the important interconnection between security and bioethics information, we consider it absolutely necessary to deal with the problems given in the socio-human sciences as a priority.

Fenomenul securității informaționale și bioeticii înregistrează în ultimele decenii o expansiune generală. Aceasta deoarece informația, fiind considerată a treia formă de manifestare a existenței umane, la confluența dintre milenii, a devenit cea mai apreciată comoară a omenirii. Cu mult temei, s-a făcut afirmația de către japonezi că fericiții stăpâni ai informației de la sfârșitul secolului XX vor fi și stăpânii lumii [2]. Nu energiile con-