

Interactive Cases of Bioethics and Public Health: by the Examples of Counteraction to Xenophobia, Discrimination and Inequality

Interaktywne zagadnienia z bioetyki i zdrowia publicznego na przykładach przeciwdziałania ksenofobii, dyskryminacji i nierówności

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SUMMARY

Aim: This article examines how bioethicists can make a significant contribution to mediation, public discourse, research, educating, learning, policy-making and academic impact in response to troubling and persistent models of xenophobia, racism and 'pretentious' prejudice. In order to make a meaningful contribution to these issues, bioethicists need training, awareness that they can play an important educational role in cooperation with other specialists and social spheres.

Materials and Methods: An understanding of these issues from the perspective of bioethics is important in terms of the methodological approach that is used in its explanations. For example, in education, public health, etc. In the course of the research the bibliographic, biblisemantic method, the method of system analysis.

Conclusions: The main mechanism for combating xenophobia is the development of personal and social tolerance. Tolerance does not require an obligatory love to «our own» and to «others», but offers recognition of the real pluralism of cultures and ways of life, Professional training of/for bioethicists as partners/trainers who work together with the community to create solutions. Thus, as bioethicists, we create new educational and cultural programmes based on the knowledge gained through the integration of previous projects in various layers of society. They stimulate ethical and creative thinking, create conditions for team learning and encourage people in teams to find innovative ways of operating in contexts of high uncertainty and complexity of the 21st century. We therefore assume that bioethicists, as agents of change, are able to operate on various educational levels (starting from the primary level), contributing to increasing awareness and tolerance of one country's population by communicating key bioethical messages. The purpose of bioethicists as educational tutors will be not only to understand the social and psychological sources of xenophobia and discrimination manifestations, but also to corroborate existing negative attitudes and stereotypes prevalent in the modern society.

Key words: bioethicist, xenophobia, antisemitism, discrimination, cases and bioethical tools

Słowa kluczowe: bioetyk, ksenofobia, antysemityzm, dyskryminacja, przypadki i narzędzia bioetyczne

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INTRODUCTION

Sociologists and sociological surveys [1-4] confirm that the level of xenophobia in Ukraine tends to grow. Our country does not differ much from European countries in this regard. In particular, the European Commission against Racism and Intolerance (ECRI) published an opinion which we fully subscribe to: «In many countries, ECRI observes that the elaborate development of strategies and extensive central-level consultations have not always been translated into tangible results on the ground [5]». Why have strategies of taking down xenophobia and racially-motivated violence, implemented at the highest levels, often failed to meet the expected results? In the world, as well as in Ukraine, the implementation of

strategies to address these socially unacceptable phenomena seem to be only declarative. In Ukraine, we can witness an active xenophobic attitude, an atmosphere of intolerance towards «Others», «Aliens», because this is also mostly connected with the social and political processes happening inside of the country and in the whole world.

It should be noted that the need for development of a new ethical concept of coexistence, different moral practices and a corresponding ethical doctrine of moral relevance became unavoidable. An important component of this concept, in our view, is the concept of the difference in moral stance depending on the degree of social distance. This concept must inevitably be based on the analysis of the concepts

of the «Other» that can be traced in ethical thought from Martin Buber through Hannah Arendt and Emanuel Levinas to Charles Taylor and Alasdair McIntyre.

Our position relies on the fact that the moral decision should not be so much determined by the social structure, as by the way we participate in this structure and possibly change it on the grounds of counter factuality [6]. All other more socially distant ethical relationships must be built on relationships with others, as a foundation, without such a foundation they will be too thin and not only unreliable, but above all, unpractical and, for the most part, inevitably tend towards declarativeness. After all, it is our relations with our next of kin that are most regular and that must be judged most ethically strictly – on their basis we build our habits which, «having sown them, we reap character» and ultimately form our virtues. Further contractual relations (including moral-conventional relations) and post-conventional relations, i.e. universal moral maxims, can be developed on this ground.

AIM

This article examines how bioethicists can make a significant contribution to mediation, public discourse, research, educating, learning, policy-making and academic impact in response to troubling and persistent models of xenophobia, racism and 'pretentious' prejudice. In order to make a meaningful contribution to these issues, bioethicists need training, awareness that they can play an important educational role in cooperation with other specialists and social spheres.

MATERIALS AND METHODS

DATA. IDENTIFICATION OF THE GENERAL LEVEL OF XENOPHOBIA IN UKRAINE

Using the data received by domestic researchers with the assistance of international law-enforcement organizations, it should be noted that the level of xenophobia in Ukraine has increased by several fluctuations: From 1994 to 2007, it increased from 3.5 to 4.3 points; from 2008 to 2013 the index decreased to 4.0 points, but in November 2019 it rose again to 5.41 points (researchers connect this tendency with the annexation of the Crimea and the military conflict in Donbas)(we refer to the measurement according to the Bogardus social distance scale). The problem of xenophobia against both – representatives of other countries and some Ukrainians, who are subjectively part of the "alien" group becomes particularly acute [7].

A sociological study was conducted in 2019 by the Kyiv International Institute of Sociology. As a result of data processing, Ukraine has the lowest social distance to Ukrainian-speaking and Russian-speaking Ukrainians (index 2.2 and 2.7, respectively). Respondents were thus willing to accept the representatives of these groups as members of their families and close friends. Next in the social distance were Belarusians (3.2) and Russians (3.6), followed by Poles, Jews, Crimean Tatars, Canadians, Americans and Germans. In these groups, the indicator of social distance is approximately

the same – 4.1-4.3. The French (4.4), Romanians (4.7) and Africans (5.2) round out the social distance hierarchy. The greatest social distance in Ukrainian society is observed for the Roma ethnic group (5.4) [8].

In order to create a clearer picture of the causes of hostile and intolerant behavior among different groups of the Ukrainian population, we also used a degree scale of xenophobic attitudes expression [9]. The use of the analytical approach and bioethical tools applied to the survey conducted by Ukrainian sociologists allow to make certain assumptions about the factors that have the greatest impact on the level of anti-Semitism and xenophobia.

FACTORS AFFECTING THE LEVEL OF ANTI-SEMITISM AND XENOPHOBIA

The general level of xenophobia and the level of anti-Semitism are inherently dependent on the level of education – the higher is the level of education, the lower is the level of xenophobia and anti-Semitism.

The level of anti-Semitism depends on the type of locality: in the city it is lower than in the village, and the level of anti-Semitism drops with the escalation of the city (V. Paniotto) [10].

The age dependance of xenophobia. V. Paniotto found out that there is a correlation between the attitude to people of «different» ethnic groups and the age of the respondents. While the xenophobia index was 3.7 among 18–20-year-olds, the index was 4.1 among people over 70.

The gender dependance. It is no coincident that, in the scientific works of Balibar and Wallerstein [11] racism is discussed alongside with sexism. Scientists have shown that the possibility of the exploitation of «colored» men in the countries of the former Third World is based on the unenumerated (and unmeasured) female labour. Male workers are able to maintain their ability to work because «there is a female worker on hand to work the field that the male worker is feeding on».

Influence of configuration of power. Power associated with the right to name, to give names (Pierre Bourdieu describes this phenomenon as a «monopoly on nomination» [12]). In power is the one who does the naming, and the subordinate is the one who is being named. It is worth underlining the lack of symmetry between the racism of the subordinates and the racism of the ruling; the subordinates exist in a clear no-win position, since their counterparts are being supported by a system of relations crystallized through the centuries.

The influence of art on the perception of social inequalities. Individuals' self-assessment of their position in the public space. Art has a universal language. It is true because the dialogue involves communication and interpretation of understanding, context, creative intuition and intentions, including moral ones. The tolerance of art allows the him/ the dialogue to take in the previous experience not only of their own culture but also the experience of other culture's worldview, this contributes to the harmonization of human relations, the development of intercultural dialogue, the search for an ethno-confessional consensus and the forging of new

approaches to resolving discrimination and racism. We have identified this factor as a valuable element in our reflection on this article.

REVIEW

THE PATH OF CHANGE: CASES AND BIOETHICAL TOOLS

Why is it important to start with education? What is the impact of bioethicists in the medical field and in everyday life? The main task of the bioethicist in this research perspective is 1) to change the focus on (bio)ethical analysis, paying more attention to social determinants of health and the impact of racism on human health and social well-being; 2) Offer resolution tools to reduce anti-Semitism and xenophobia. Thus, we propose that through the above-described factors, affecting the level of anti-Semitism and xenophobia, to describe the cases and bioethical instruments to address them:

The general level of xenophobia and the level of anti-Semitism are strictly dependent on the level of education – the higher the level of education, the lower the level of xenophobia and anti-Semitism

Case: Project Implicit by Lester Darryl Geneviève, Andrea Martani, David Shaw, Bernice Simone Elger & Tenzin Wangmo is exactly about improving education in the health sector. The authors of the Project Implicit see the improvement of primary care education in the increased focus on understanding the impact of stigma in the field of medicine. It is important not only to increase the number of minority representatives as physicians, researchers and other health professionals, but also to engage these practitioners to see their routine clinical work in a new light when dealing with stigmatized people. A practical option for assessing the degree of implicit racial superiority of minority groups is the Project Implicit Association Test, which aims to educate the population about implicit racial superiority. Project Implicit data have already been used to show how racial bias negatively impacts black women's fertility outcomes in the United States, or even the prevalence of implicit bias against LGBT people. These tests can help clinicians better identify and then challenge appropriate treatment choices for members of minority groups [13].

Tool: The case study by Project Implicit has brought into light the impact of education in the medical field and is a truly practical case study. In the table below we would like to present the tools used by the authors of this article by bioethicists in Ukraine in transdisciplinary projects in formal and non-formal education (Table 1).

The level of antisemitism depends on the type of settlement: in a city it is lower than in a village, and the level of antisemitism drops with the size of the city (V. Paniotto)

Case: One of the areas of research on social determinants, studied by scientists, is the actual location of the population, namely access to health care in rural areas and its quality level [14] state, an almost 400 million indigenous people around the world have poor health. Poor health is related to poverty, malnutrition, poor hygiene, environmental pollution and widespread infections. Lack of clinical support for health improvement and poor disease prevention make

the situation worse. Some indigenous groups, moving from traditional to transitional and modern lifestyles, quickly develop lifestyle-related diseases such as obesity, cardiovascular disease and type 2 diabetes, as well as physical, social and mental health problems associated with alcohol and drug use [15].

Tool: Addressing these injustices requires increased awareness, political acceptance and recognition, rather than exclusion, of these serious and complex issues. Indigenous people need to be encouraged, trained and empowered to get more involved in solving these problems.

In Ukraine, one of the tools of a bioethicist in the context of reducing the level of discrimination in small communities may become the involvement of local community leaders into cooperation and dialogue. These communities are gaining more and more autonomy now, in accordance with the law on decentralization. In this context, beneficial could be not only educational activities but also the experience of cooperation between community leaders and representatives of community organizations that strive to solve community problems. Thanks to the "Access to Medicine" programme, people in rural areas have begun to receive access to medical care. This has a positive impact on the level of trust in the community leader, the outpatient clinic doctor, who (in their turn) are agents for change, conveying to the community the ideas of openness, tolerance, gender equality, cooperation and friendship.

DISCUSSION

THE DEPENDENCE OF XENOPHOBIA ON AGE

Case: A 22-year-old Crimean Tatar girl who graduated from the medical university in Vinnytsia was upset by the employer's rejection. The main arguments of the head of the regional hospital department were her young age, lack of experience in the field and, at the same time, the assertion that she (as a Muslim) would marry very soon and have a child. The employer will thus be forced to look for another employee to take the place of the woman going on maternity leave. Assurance and reassurance of the young woman that in spite of her age and nationality she wasn't going neither to get married, nor much less to go on maternity leave for the next few years, did not have an impact on the employer [16].

Tool: Influence through community organizations, representatives of the authorities and representatives of employers: meetings and discussions on the topic of discrimination and genderism. These social campaigns aim to dispel the stereotype that age matters and that young people are incapable of generating new ideas, starting up their own business and acquiring new skills. The project includes a summer internship programme, a series of motivational stories and expert interviews with collaborators, opinion leaders and ordinary Ukrainians who have changed their lives at a respectable age. Despite the positive shifts in this issue, we must note the unwillingness of the media to speak broadly about issues of discrimination and intolerance. Sometimes, even the representatives of some TV companies or news websites keep on using the language of hate ascribing certain

Table 1. Bioethical tools in transdisciplinary projects in formal and non-formal education

Influence area	Bioethicists tools
Schooling	<p>Advanced training of teachers. Through the activities of the Bioethics NGO, which is headed by one of the authors of this article, we joined EDCamp Ukraine (EDCamp Ukraine is a unique independent educational movement for the professional development of teachers in Ukraine). Two years in a row (2018, 2019), were held educational meetings with the expert community of Ukraine and Germany in the field of teaching in the process of this cooperation. In the meetings we used teaching methods and trainings against bullying and discrimination. A total of more than 400 people were involved in the event: teachers, the expert community of formal and informal education, and non-governmental organizations.</p> <p>MAIN TASKS OF THIS ACTIVITY: education, anti-discriminatory educational initiative; possibility of participation in state reforms, formation of public opinion in the values of respect and integrity, partnership, gender equality and non-discrimination, inclusion; Organizing regional (un)conferences for educators and local communities, supporting the organization and implementation of professional development programs, master classes, training programs, exhibitions, competitions, etc. Creation of original training module for schools through the support of the Tolerance Space Education Center in the project «Validation Controversies. Continuation» in partnership with CRISP Conflict Simulation and Auswärtiges Amt (Ministry of foreign affairs). A total of 23 modules will be created and tested in the project.</p> <p>OBJECTIVE OF THE PROJECT: To acquaint the educators/youth with interactive resources for working with historical subjects (the role of the bioethicist in this module sides with historical subjects of bioethical dilemmas), to provide techniques for creating educational modules on the basis of these tools and jointly develop an approach that can be used by other teachers. The project will culminate in a set of finalized teaching modules for in-service use; the creation of mini-projects designed and implemented with the students</p>
Higher education	<p>Signature training programme for public health students, „Bioethical aspects of public health strategies“ (Department of Public Health of the Medical Institute (Sumy State University (SSU)), Sumy, Ukraine).</p> <p>Programmes of the National University of Health Protection of Ukraine named after P.L. Shupyk. «Humanitarian Basis of the Physician`s Activity»; «Bioethical and Ethical-Deontological Basis of the Physician`s Activity» for medical-interns; «Humanitarian Aspects of Clinical Thinking of a Physician» for physicians with practical experience in the sphere of health care.</p> <p>MAIN OBJECTIVES OF THE ACTIVITY: Humanization of medical activity, implementation of modern bioethical principles and principles of the Ukrainian Ethical Code in medical theory and practice; involvement of physicians of various specialties to trainings, symposiums, round tables on topics of non-discrimination, equality and respect. Typically, over 300 doctors and scientists are trained in these educational programmes. An independent ethics committee at the National University of Ukraine for Health Protection. MAIN TASKS OF ACTIVITY: Fostering the integration of ethical, bioethical and moral principles and values into biomedical, clinical and other scientific research and scientific articles, which are submitted for publication in scientific journals as a result of these studies, by conducting an independent ethical expertise. Protection of the rights, welfare, safety and integrity of the research subjects. Control over observance by the investigator of ethical and bioethical principles and values, legal requirements for the various types of research</p>
Expert activities	<p>Independent Commission on Ethics at the National University of Ukraine for Health Protection.</p> <p>THE MAIN OBJECTIVES OF ITS ACTIVITIES: promotion and integration of ethical, bioethical and moral principles and values into biomedical, clinical and other scientific research and scientific articles, which are submitted for publication in scientific journals as a result of these studies, by conducting an independent ethical expertise. Protection of the rights, welfare, safety and integrity of the research objects. Observance control of the investigator following the ethical and bioethical principles and values, legal requirements for the various types of research</p>

stereotypically related characteristics to representatives of the whole ethnoses.

The aim of the future evaluation is to build cooperation between bioethicists and the media, and to participate in various projects, shows and programmes to break stereotypes about the “other”, forming a positive public opinion on the possibility of merging of different social identities within a single society. Such interaction must be based on moral and bioethical values and rules.

LEVEL OF ANTI-SEMITISM AND XENOPHOBIA DEPENDING ON THE GENDER

Case: Valentina was 27 years old, married and the mother of one child. She had completed higher economic and financial education and was given a job at Nadra Bank. When she was hired, there were two similar vacancies in the organization and she and a man were hired to fill them. Despite a perfect work record, she later discovered that her male colleague had been paid a higher salary than her, despite their positions

being similar. When she challenged the bank's director, she was told that «men took no maternity leave» and so the higher salary was a «bonus for riskless behavior». A few months later she left her position [16].

Tool: Programmes on gender equality, change of stereotypes. Increased amount of research topics in universities and grant programmes. One of the best tools for the bioethicist was found in the Race, Bioethics, and Public Health Project (Yale Interdisciplinary Center for Bioethics (2020)): The “Race, Bioethics, and Public Health” project aims to provide an online resource library for students, researchers, practitioners, and other members of the community working at the intersection of bioethics, public health, and racial justice. The online archive offers a representative sample of scholarly and popular literature not commonly included in traditional bioethics curricula. By centering the perspectives of communities most impacted by structures of domination, the “Race, Bioethics, and Public Health” project draws primarily from the fields of Black feminism, Africana studies, decolonial thought, queer of color critique, and critical ethnic studies. Readings examine topics ranging from reproductive justice, clinical ethics, and access to health care to environmental justice, biopolitics, artificial intelligence and other medical technologies.

Social inequality shapes imbalances in health while racism and discrimination leave marks on the experience of people around the world, and inequality is being absorbed and inherited. Bioethicists point out that quite often racist, genderist and patriarchal ideologies can be the basis of medicine, science and technology.

In analyzing this tool, it should be noted that efforts to address inequality must be made through collaboration between different elements of society, mediated by bioethicist tutors. By making intolerance, discrimination and racism visible and negotiable, we aim to break these negative connotations of multiple societal inequality deeply rooted in historical, political and structural contexts.

THE IMPACT OF THE CONFIGURATION OF POWER

Case: Official institutions in Ukraine, especially medical and academic ones, tend to be very hierarchical. The attempts to build capacity in the field of bioethics within these hierarchical structures display a number of challenges. For example, even if a practitioner has obtained a bioethics qualification at a prestigious western university, it does not mean that he or she will be accepted on a full-time basis at his or her home institution. Especially if he or she has not yet received a doctoral degree (status in Ukraine also has a hierarchical stigma). Experienced professors may object to being «taught by younger people», even if (or especially if) the latter is generally more knowledgeable in the field. Also, one of the «pain points» of the potential conflict in this case is the development of training programmes. In designing new educational courses or programmes, the involvement of experienced local trainers is essential. However, these local trainers, more often than not, are not familiar with bioethics and the very idea of teaching older teachers can be politically sensitive. The very nature of bioethics causes friction and

opposition in power structures. In Ukraine we often expect that senior teachers and professors in hierarchically structured educational institutions will always know the «right answer». They will therefore choose “comfortable” topics of instruction rather than those that might cause confusion and fear in the population and raise doubts about their status.

Tool: *InPlatBio* is an integrative bioethics platform with online and offline forms. *InPlatBio* Integrative Bioethics Platform [17;18] ¹ is a structure that integrates knowledge on all aspects of bioethics / bioethics knowledge integration platform, which considers openness of scientific information to the general public. Examples of offline platforms in/for any field are training of bioethicists (courses, trainings, exchange of experience). The main idea of our online platform *InplatBio* is to highlight scientific, social and political solutions to ethical issues in today's world (these could be ethical codes, bioethical standards, civic participation projects, art initiatives, and so on).

Hence using *InplatBio*: (1) We have started and will continue to listen directly (via interviews) to our communities (currently, in the education sector) in order to understand their experiences on racism, discrimination and bioethics. (2) We suggest the creation of an interdisciplinary group to work on improving understanding of racism, discrimination and possible reactions. (3) We will initiate a review of training plans and programs, and (4) we will develop and share a plan of how to improve and promote the most effective anti-racism response at *InPlatBio*. We believe that it is crucial to educate experienced trainers in Ukraine for building institutional capacity in the field of bioethics and reducing hierarchical influence. Accordingly, there may be an impact on anti-discriminatory programmes. The influence of art on the perception of social nerves. Individuals' self-appraisal of their own position in the public space.

Case: How many people know about the art of dark-skinned people in Ukraine, or about the art of people with disabilities? This amount of people is close to zero. The inclusive artistic project «Chimaera We Exist» is a transdisciplinary project that combines the work of people with disabilities in theatre with a director, the work of a bioethicist on social inclusion and the work of an urban artist (who works on Mural in the project, together with the artist).

Tool: in the context of this case, we work with the methodology of *urban bioethics*. The term «urban», as opposed to other fields of biology, does not denote its distinct theoretical perspective [19]. Allowing the transfer of bioethics methods to the public sphere, where questions/discourses/dilemmas of ethical nature enrich the awareness of the citizen (without being dominated by it) [20]. In the opinion of Jeffrey Blustein, *urban bioethics* can be compared to clinical bioethics, we can understand it as we understand clinical bioethics – activity/practice using established ethical principles or solving practical problems that arise in the clinical sphere. Thus, the urban realm provides the same normative guidance for problems arising in the urban realm [21]. The participants have the opportunity to engage with the problems of inclusiveness through the structuring of actors as well as to investigate

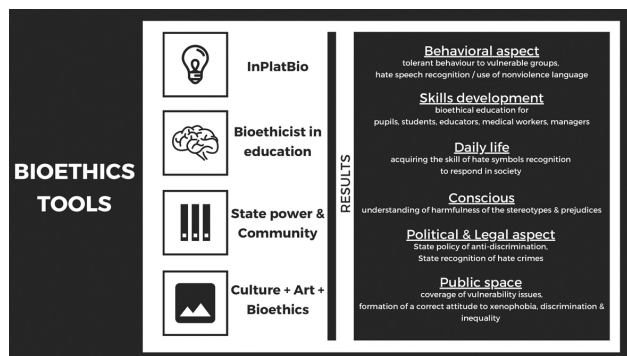


Figure 1. Bioethics tools

their own city and to improve it - to create their own unique place in the city – to work on the image of a Mural.

The cases we have described do not have a residual solution. Sometimes, as in life, they shuffle like cards in a «deck of multiple discriminations». But we have tried to find and to show you the optimal solution, which we thought through together in this article (which can have several effective solutions in different situations, cultures and factors). Of course, cases can constantly change because they are based on real facts, have real-life situations, and, therefore, we perceive them as a life-changing process. Our task now is to define a bioethical methodology for studying racism and xenophobia, which would enable us to systematize the information gathered through various indicators into a comprehensive algorithm for examining the state of inequalities in modern societies, particularly in the Ukrainian one. (Figure 1). In the picture we have gathered bioethical tools of change and results of implementation.

CONCLUSIONS

We wanted to emphasize the importance of moving beyond mere descriptions and definitions of problems regarding racial inferiority of groups and to move towards an unmediated inclusion and transformation/immersion of basic norms, values and practices of bioethics into the problematics of racism. The physical and psychological consequences of racial discrimination: stress, anxiety, depression, hypertonia are reactions mediated through neurobiological mechanisms [22]. Bioethicists can gather feedback from the fields of medicine, public health, students and so on to engage young people in dialogue (survivors of violence and those seeking their own path) in order to highlight these negative health impacts and behavioral changes [23].

The main mechanism for combating xenophobia is the development of personal and social tolerance. Tolerance does not require an obligatory love to «our own» and to «others», but offers recognition of the real pluralism of cultures and ways of life, which is a condition for peaceful co-existence through the proposed tools to reduce racism: education; deeper acquaintance with the culture, traditions of other people, ethnic groups, etc.; collection of empirical data to deepen the understanding of racism; Professional training of/for bioethicists as partners/trainers who work together with the community to create solutions.

Bioethicists, as agents of change, have the capacity to work at different levels of education (starting at the primary level), contributing to increasing awareness and tolerance of the population in the country by communicating key bioethical messages (see the example of the Tolerance Spaces project in this article). The purpose of bioethicists as educational tutors is not only to understand the social and psychological sources of manifestations of xenophobia and discrimination, but also to corroborate existing negative attitudes and stereotypes prevalent in the modern society.

Thus, as bioethicists, we create new educational and cultural programmes based on the knowledge gained through the integration of previous projects in various layers of society. These projects are implemented based on the principles of inclusiveness, transdisciplinarity and integrativeness. They stimulate ethical and creative thinking, create conditions for team learning and encourage people in teams to find innovative ways of operating in contexts of high uncertainty and complexity of the 21st century. This is now an active characteristic of modernity and a field of professional realization. It is our informed choice/perception that this context is our everyday/routine reality and the field of professional implementation/activity.

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