

## Ethics Education To Counter War

*Qui tacet, consentire videtur. The paper is a personal account of the attempt of one man—as a citizen and as a teacher - to create the field of bioethics in Croatia as a countermeasure to the experience of war . While acknowledging that ethics education alone cannot make future generations more moral, he believes that such an education should help future professionals to orient themselves in “the forest of contemporary ethical issues and dilemmas, as well as make them more competent to resolve complex moral problems in health care and medicine.”*

by Ivan Segota

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### Introduction

It was the end of the 1980s. Not even ten years had elapsed since Tito died, but his country—Yugoslavia—was disintegrating. Because Tito's Yugoslavia was composed of eight federated units where people belonging to the three major religions of the area, several minor religious groups, and six ethnic nations lived mingled together, they shared a long history of separatism and confrontation. But fifty years of unity under Tito had resulted in many “mixed” marriages and families and other shared experiences. While the fear of war was creeping into people, many were hopeful that war would not break out.

The hope dissolved as politicians, political party leaders, administrative officers and others began to gather at the death bed of the dying country giving war speeches, using the breakdown of socialism and its transition into capitalism in the Balkans in a balkan way by invading “foreign” territory and “privatizing” the former socialized economic resources, but only to the victorious group. The politicians were joined by newspaper reporters and, finally, by

radical groups driven by historical revenge. The “survival” of the “nation” called for assembly under national flags.

What were the professionals and the intellectuals to do in these circumstances? Join the powerful and serve them in order to survive? Raise their voices and expose themselves to the dangers of persecution, harassment, or even physical elimination? Or, be silent, sticking to the Latin proverb, “Inter arma musae silent”(In war, the muses are silent)?

The first group prostituted themselves, and I don't want to think about them. The second group, I admire, although their voices could be only a cry of a thirsty man in a desert. The third group, most of those who surrounded me, I joined. My silence gave birth to the topic I am dealing with in this article—ethics to counter war.

### The Beginning

In the beginning, I was in a deep moral dilemma. Though I refused to call for war and to prepare for it, “Qui tacet, consentire videtur” (silence gives consent). But when I realized that war cacophony deafened any voice of reason and that war initiators



from all parts of the dying country could use anything I said against me, I decided to keep silent.

That silence came from a fear for the fate of my children and my wife. I have two sons, both of whom were grown enough to be called to war. I had friends and colleagues in all the republics and belonging to all the nationalities whose children were mostly the same age as mine. Our children would meet, and some



became friends. Were our children to be among those young men who were taken by buses to the front lines? Were they supposed to shoot at each other in this senseless war in which everybody fought against everyone—Croats against Serbs, Serbs against Muslims, Muslims against Croats, etc.? The thought made my blood freeze.

And my wife. My wife was born in Bosnia where historical events resulted in an assemblage of Croats, Serbs, and Muslims so quarrelsome they were ready to start a war. Not a Croat, she not only was anxious about the children, but was also afraid of losing her job. Would she be able to get the indispensable document, the Certificate of Domicile, proving that she was a citizen of Croatia where she has lived since her childhood? Some of my acquaintances, senior officers in the police force in the new government, turned

their backs on us, refusing to help my wife, as a non-Croat, get the Certificate of Domicile and thus keep her job. I tried to comfort her, but she felt humiliated and lost. She would say, "Where do those who don't want to give me the Certificate of Domicile think I belong? I have here a Croat husband, Croat children, and I don't have anybody outside of Croatia. I have lived in Croatia since I can remember. What other fatherland could give me a Certificate of Domicile?"

She was also hurt by the xenophobia in the streets and homes of Croatia. Speeches of hatred for previous "brothers" in the common country spread nationwide. Even their music was not to be heard on the radio any more. That attitude also entered into some of our friends' homes, and our contacts with friends and relatives were not so frequent.

While my fear was based on concern for my family, my very deep hatred of war was based on my own history. It was only after my marriage and the birth of my first son when I was about thirty years old that I stopped having nightmares of war—bombs whistling in air-raids, corpses, ruined buildings. I would twitch in my sleep and wake up sweating. Perhaps the night crying of the baby and care for his sleep finally suppressed my nightmares which started on a sunny day in the Spring of 1945. It happened like this:

My parents and their four children, myself included, lived in Zagreb, the capital of

Croatia. I was not yet seven years old. WWII was nearly over. Only one and a half months passed between that Sunday and the arrival of Tito's partisans in Zagreb, marking the day of victory of anti-fascism over fascism. That Sunday, air raid sirens started to wail about 10:00. I happened to be in my neighbor's yard where I came several times a day to see their little dog, tied to a plum tree. It would always recognize me and jump happily when I came by. Holding the dog's paw, I looked at the sky. Airplanes flew overhead, leaving behind them small clouds of black smoke from anti-aircraft shells and whistling, falling bombs. All at once, a horrible explosion and—darkness. I was covered by the ruins of a house. Rescuers began to dig, and the digging lasted for several hours. During all that time, I lay there,



conscious. I heard yells and the cries of the rescuers as they dug out dead bodies, and then a scream as I was pulled out, the only child who survived on the street where nearly all the houses were destroyed. A man took me into his arms and, walking over the rubble of my former street, took me to a hospital. When we



passed by a corpse or pieces of a dismembered body, he covered my eyes so that I would not see. Nevertheless, I saw a lot. I cried for my mother and called for my sisters and brother, and the man cried with me, saying "They will come, they will come..." I have never seen that man again, nor my dead family, nor many others from my street, nor the little dog. I was among the rare survivors of the last air-raid of Zagreb in WWII. I want nothing like that to happen to others.

### Teaching Ethics to Counter War

When the war started, some physicians spoke on television, and what they had to say did not differ basically from what was said by politicians and soldiers who used war rhetoric to present their love of country and to build their images. There was a priest who walked around with a pistol at his belt, and, so armed, would say Mass and preach in churches. Stories from the front lines began to come to my attention. One of my students who came to study in Rijeka from Bosnia told me the following story: His father was a surgeon in a Bosnian village with a colleague of a different nationality. That colleague kept a pistol at his belt under his surgical scrubs. One day a slightly wounded ten-year-old boy of a third nationality was brought into surgery. The doctor became furious, pulled out his pistol, and shot the boy in the stomach. The boy soon died in the presence of a nurse and my student's father.

I was astounded when I

heard this story. The student, however, was persistent that it was true and finally gave me his father's telephone number to convince me. When I called a few days later, however, Croatia was already cut off from Bosnia and other parts of Yugoslavia.

Nurses who attended my sociology course told me about another case. According to them, some of their colleagues on the southern battlefield took blood from injured enemy soldiers and civilians to use for their "own" injured, leaving the others to die. I wondered what had happened to their professional ethics, and if any existed at all.

In this way, I became aware of some fundamental ethical issues, and I started to search for answers. I was surprised how poor, or nonexistent, was the understanding of medical professionals when I posed ethical questions. I was even more surprised when I found absolutely no books or articles on ethics, not even a work by Hippocrates, in the library of the Faculty of Medicine, where I work. I couldn't even find literature containing the Hippocratic Oath, which is referred to as the ethical bible not only by Croatian medical professionals, but also by many others all over the world.

When I established that the situation was not basically different at other Faculties of Medicine in Croatia and Yugoslavia, I told myself, "There is some business for you. Future generations of medical professionals should be better acquainted with the ethical issues of their profession than the present ones."

Following this idea, I offered the students of the 1991-92 class a course on "The Hippocratic Oath Today." Since the literature was not available, I asked my students to search for sources of particular topics for seminar discussions, translate them, retell, and make comments. They accepted the challenge enthusiastically, and soon we had the opportunity to get acquainted with numerous ethicists from the USA, England, Germany, and Italy, and with their theses. The classes became so interesting, that I often stayed with my students after class, continuing reasoned ethical dialogues on abortion, euthanasia, transplantation, etc. Writing the textbook for my new course, I felt an enormous need for ethical literature which was lacking in Croatia and which, being in a war, we could not afford to order. Rifles and bullets were more important than books, particularly ones on ethics.

Then I remembered that my wife and I used to send packages of books from our library to newly opened schools in the countryside. Was there a way that, this time, someone else might send books to me?

I wrote the following letter to the USA, Italy, Germany, and elsewhere: "If anything is contradictory to ethics, it is a war. And we - as a nation, as a state, as people, as intellectuals, as teachers, as students, as parents, as our parents' children - we were - and in some parts of the country, still are - at war. People are murdered daily among us and around us. They are murdered in a cruel and most



frightening way, inconceivable to a civilized population on the eve of the 21st century. Why? Among other things, because ethics, not only medical, but every aspect of ethics, is neglected and destroyed."

"One of the ways to fight this all-destructing evil is by resuscitating ethics. That is precisely the aim of my Department of Social Sciences at the Medical Faculty. We have started teaching ethics to our students. However, due to the war, our financial capacity is almost null, and we cannot afford either books or magazines."

"That is why we are applying to you to help us. Even a single book, or a single magazine, will help us in our effort not only to stop this war in Croatia, but to prevent other wars."

The letter had unexpected results. It was published in some American and Italian journals, newsletters, and newspapers. I received numerous replies from American and other ethicists with words of support, books, and journals. I learned that medical ethics was highly developed in Western countries, particularly in the USA and Canada where it is called bioethics. I also came to know about the Hastings Center in New York and the Kennedy Institute in Washington, D.C., and about leading Americans in the field, such as Edmund Pellegrino, Daniel Callahan, Robert Veatch, Tom Beauchamp, James Childress, and others.

I wanted to travel to learn from these scholars and institutes, but it was an illusion when our professors' wages had

dropped to several hundred dollars and while faculties could barely afford to buy paper and cover basic costs. However, my dream came true. The German Medical Association Ethics Committee offered me a round-trip plane ticket to New York, and the International Affairs Committee of the New York City Chapter of the National Association of Social Workers offered me a place to stay. This help was crucial for my research and was decisive for the results I, together with my assistants and students, have achieved. I will summarize some of them.

First, the University of Rijeka, Faculty of Medicine, was the first in Croatia and in the whole region of the former Yugoslavia to introduce medical ethics as a course on equal standing with other courses in the curriculum. It referred not only to medical and students, but also to the other students of the Faculty, to nurses, social workers, physiotherapists, medical radiologic engineers, and medical laboratory engineers. If we bear in mind that this has not been realized yet at some older universities in Europe, this fact is even more remarkable.

Second, my students have at their disposal numerous, recent, and valuable literature on medical ethics and bioethics in English, German, and Italian, including dictionaries, encyclopedias, journals, and newsletters, together with a video library consisting of professional films and appropriate documentary and feature films used for the development of the ethics imagination of the students.

Third, in 1996, the leading Croatian journal for social issues, *Drustvena Istrazivanja*, published a double issue dedicated to new medical ethics, which included papers from prominent American and other bioethicists. This double issue finally marked the entry of medical ethics into the wider scientific public of my country, with the result that five scientific meetings on medical ethics have been held in Croatia in the last two years. In 1999, we were successful in establishing a national organization devoted to medical ethics.

Fourth, my students and I started to present our activities in our newsletter, *Ethics and Medicine*. We have also started to make our own library, with twenty works on particular ethical issues authored not only by me, but by my assistants as well.

Fifth, two of my students and collaborators successfully conducted two studies, one on "Ethics and Abortion," the other on "Ethics and AIDS," funded by the Soros Foundation. One of these students has graduated and is working as my assistant while she works on her graduate thesis on informed consent. My original assistant is now a lecturer in medical ethics and has completed her doctoral thesis on "Bioethics education: Content, Methods and Models."

### Methods of Instruction

We have been developing the medical ethics phase of pre-clinical teaching with great hopes of extending it to become a standard component of clinical education in the near future.



Out of the total teaching hours for a course on medical ethics, approximately 35% are devoted to lectures, with the rest of the time spent in seminars and workshops. We use lectures to provide the information needed for the acquisition of theoretical knowledge, offering conceptual and historical attitudes in medical ethics. We focus on the development of the awareness of the complexity of moral decisions in modern medicine. In addition, we find that lectures work well to provide concrete illustrations to stimulate moral imagination and empathy (The Hasting Center, 2000 pp. 48-49) as an economic use of time, space, and didactic facilities, and as preparation for discussion in smaller groups. We use team and guest lecturers, and lectures are supplemented by documentary or other films covering themes such as AIDS, abortion, transplantation, human organ and tissue procurement, human experimentation, etc.

The goal of the seminars is the "recognition and definition of ethical problems and introducing the skill of analysis to students." In seminars, students acquire an understanding of attitudes and form opinions about the nature of bioethics, bioethics theories, regulations and principles, ethical problems of communication in medicine, duties of doctors and other health-care providers, attitudes to life (one's own personal life as well as the life of others), and cultural and historical distinctions in issues related to traditional and new medical ethics.

In the seminars, we intro-

duce students to the bioethics literature. By interpreting and reproducing ethical topics from the literature, the students gain an understanding of ethics problems and relevant issues and discuss ways of resolving ethical dilemmas. They often perceive the contradictions between what they think about an ethical problem and how it has been dealt with by bioethics scholars. By using the words of the scholars and explaining their own thoughts, students and teachers learn to recognize, define, and analyze ethical problems. In this activity, they also express their own sensibility, and thus they become co-creators of bioethics.

Sitting in a circle and conversing face to face, we proceed with our work in ethics workshops. Creativity, which has always had a special significance in ethics education and has already been initiated in the seminars, develops to its fullest extent in ethical workshops.

To create better group coherence and motivation, we like to begin the workshops with a game. A favorite game is to divide the students into small groups, giving each group a card with the name of a person familiar to all. The students then make up a biography of their person, which they present to the class without naming him or her, and the rest of the class tries to guess who it is. Names commonly used are Hippocrates, Asclepius, and a medical student, for example. In our experience, such an introduction helps to create a relaxed atmosphere in which students talk freely about their ideas.

We establish the rules of the workshop at the beginning. Although the students create the rules along with us, two of them are always that each idea deserves to be discussed, not evaluated negatively, ignored, or laughed at, and that everyone should participate in the discussions. The students then select the topics to be discussed.

For four successive years, students have shown an interest in the following topics and ethical problems: the Hippocratic Oath and Hippocratic tradition in ethics; ethical pluralism and abortion, euthanasia, quality of life and health; ethical issues in transplantation; ethics of human and animal experimentation; ethics in communication with patients; ethical issues of relationship to HIV-infected patients; ethics and genetics; the ethics of addictions, religion and bioethics; the historical development of bioethics in the world and in Croatia; the ethics of death and dying; feminist ethics; bioethics theories, principles, and rules; the ethics of relationship to the handicapped and disabled; ethics regarding the environment; population bioethics; and the ethics of care (The Hasting Center, 2000 p.50).

Students then search for various solutions for the topic and problem, find and research relevant literature, and examine cases to support the current significance of the topic. Taking into consideration the recommendation by American and Canadian teachers of medical ethics not to approach all topics in the same way, we choose the application of three variants of group work:



programmed teaching, conflicting groups, and case analysis.

We usually approach programmed teaching through group study of topics dealt with during lectures. We operationalize the method of conflicting groups by having two groups debate a topic while a third assumes the role of a jury. After the debate, the jury group presents a systematized list of reasons for and against and their observations on the manner of communication within and between the groups. Finally, the group as a whole discusses ethical pluralism regarding the debated issue. During case analysis, we give the students a case, which they have to solve as though they were the doctor and explain which essential components would be involved in their ethical decision.

My colleagues and I mutually exchange our thoughts with the students and analyze critically each of the presented ideas, the possibility of its realization, and ethical problems that would appear with their solutions. In workshop presentations, students' personality is expressed, their sensibility is manifested, their values are illustrated, the beauty and wisdom of human thoughts are transmitted, the ease or difficulty in communication is emphasized, ethical attitudes are opposed, emotions and duties are clarified, and, in the final part of the workshop, students express a wish to act in practice. Thus, in our mutual dialogue, all of us together "developed the feeling of moral duty and personal responsibility and learn to tolerate criti-

cism, disagreement in opinions, and contradictory attitudes" (The Hastings Center 2000 p.53).

We continue to search for appropriate content and methods of teaching. What has been established so far with certainty is the students' assessment of the course as useful and interesting. While student satisfaction is an essential prerequisite for the acceptance of bioethical instruction in Croatia, our ongoing challenge is to find new approaches and methods of bioethics education.

### Conclusion

While I avoid political speech and declaration, I am convinced that I have contributed to the struggle against war. I believe that introducing my students to ethical issues in their practice and spreading these ideas not only among professionals, but also among the lay public, and by organizing numerous seminars and workshops where actual ethical issues in medicine and society are debated, I have helped to create a greater ethical understanding among my students and the public. I hope that such reflections will help form the modern ethics conscience and serve as a brake to the drastic cases I mentioned and to war in general.

Maybe, in my case, my work has been more eloquent than anti-war speeches. Nevertheless, I have no illusions that ethics education alone can make new generations of Croatian medical professionals more moral. It is an illusion to set the aim of ethics education as moral

training of medical students, as it is an illusion that education in anatomy, physiology, or surgery will make them healthier or more immune to disease. I believe that ethics education should primarily help future medical professionals to orient themselves in the forest of contemporary ethical issues and dilemmas, as well as to make them competent to solve complex moral problems in health care and medicine. Of course, we should not neglect the possible impact of ethics on the moral behavior of students, as it would be logical to expect that their medical knowledge acquired during the course of study would have an influence on their behavior towards health and the choice of lifestyle. That is why we should hope that once an ethical conscience prevails in the heads of medical professionals owing to adequate education, it can, to a certain degree, direct their behavior. Therefore, I hope that my efforts have served the purpose of making peace in the region of the former Yugoslavia and that they will help preserve peace in the future. □

### References

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