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Richard T. De George
University of Kansas

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WESTERN MICHIGAN UNIVERSITY

Center for the Study of Ethics in Society



BIOMEDICAL ETHICS IN THE SOVIET UNION

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BIOMEDICAL ETHICS IN THE SOVIET UNION*

Richard T. De George
University of Kansas

*This is an abbreviated version of a paper presented first at a joint MIT-Harvard Faculty Seminar on the humanistic dimensions of Soviet Science on November 20, 1987, and then at the Western Michigan University Ethics Center on February 10, 1988. An expanded, fully documented version, under the title "Soviet Biomedical Ethics" will appear in a volume edited by Loren Graham, and tentatively entitled The Human Side of Soviet Science, Harvard University Press, 1989.

Biomedical ethics involves three areas: philosophy, biomedicine, and politics. Bioethical issues always arise in a certain social setting, and what is an issue or problem is in part a reflection of the society in which it arises. Hence what may be an issue in one society may or may not be recognized as an issue in another society. How the problem is handled, discussed, and resolved may also vary considerably from society to society.

In the Soviet Union bioethical theoretical discussions take place in the professional philosophical, biological, medical, and legal journals. In the popular literature of newspaper and journal reports, articles, and letters to the editors, we find the interplay of real conditions and practical bioethical problems--often very different from the discussions in the professional literature. In official statements and legislation we find the resolution of debated issues.

BACKGROUND

According to Soviet Marxist-Leninist theory, ethics is the study of morality. It provides the philosophical underpinning for communist morality, as well as spelling out the techniques for deciding

what is right and wrong, moral or immoral. Ethical theory, therefore, plays an important theoretical role in helping decide the content of communist morality, as well as in justifying that content, in the bio-medical as well as in other areas.

In the 1960's the field of Marxist-Leninist ethical theory blossomed under the impetus of the 22nd Party Congress and the Third Party Program, which promulgated the Moral Code for the builders of Communism, putting emphasis on morality as a motive force in the development of communism. Yet, the extension of Soviet ethical theory to relatively new issues, such as some of the newer aspects of bioethics, has not been as swift or as extensive as in the United States.

The critical approach to ethics present in the United States is absent for the most part in the Soviet Union. According to Marxist theory morality is always used as a means of social control. Thus it claims that in bourgeois countries the ruling class uses morality to protect its vested interests and to keep the masses relatively docile: but this use is veiled and denied. In the Soviet Union the Party leadership openly uses morality as a means of social control. Marxist doctrine justifies the Party's use of

morality in this way because the Party's stated aim is to promote the welfare of the people and to guide them towards the achievement of what they and implicitly all mankind desire.

In the Soviet Union the morality that is taught and inculcated is socialist morality, which is to be learned and followed, not questioned. To question the moral norms of the society is to question the leadership of the Party and the means it specifies for attaining communism. To do so openly or in print is to undermine the confidence of the people in the Party's leadership and in the validity of the moral norms. This does not mean that the norms do not develop and change as the society develops and changes. But it does mean that the changes are to come from above--as changes in law come from above. Hence the Soviet ethical literature presents conventional morality, with critical ethics little represented. Discussions of the morality of new practices are not the proper matter for public debate but for debate among those qualified to answer the questions that arise.

The foundation of morality in the Soviet Union are completely social, as are the norms developed. Marxist-Leninist doctrine holds that

what ultimately makes an action right is whether it leads to the development of communism. If it does, the action is morally justifiable: if it hinders communism, it is immoral. Since the Party guides the society on the road to communism, what it decides or commands is ipso facto moral. There is little, if any, emphasis on individual conscience in opposition to accepted social norms. Hence individuality in morality is neither fostered nor tolerated. One result is the Soviet approach to dissidents. Those who disagree with official government policy are immoral as well as politically dissident, because of the Marxist-Leninist doctrine of the moral-political unity of the Communist Party. According to this doctrine, the rules and action of the Party carry with them moral as well as political authority.

In the Soviet Union Communist morality is the official view and brooks no competition, even if religious or other views are present as remnants of capitalism. Since Marxism-Leninism is the only officially approved approach to ethical theory, it is the only one that is represented in print. Bioethical issues are discussed from various points of view in the United States, but from only one in the Soviet

Union. The result, predictably, is a great deal more diversity and discussion of bioethical issues in the United States than in the Soviet Union. The disagreements that do exist and are expressed in the Soviet Union are all couched in terms of Marxism-Leninism and are often subtly stated.

The difference between the United States and the Soviet Union with respect to bioethics is also a result of the different structures of science and medicine in the countries. Since Soviet physicians practice in government-run institutions--hospitals, clinics, polyclinics--there is little private practice and little room for individuality in their professional tasks. Private practice means less state control in the U.S. than in the U.S.S.R., and fewer imposed ethical norms.

If medical ethics is taught in a U.S. medical school, the emphasis is not so much on teaching a set of rules to be followed as on teaching students how to approach ethical issues in medicine and how to decide what to do on their own. Soviet medical students are taught medical deontology. This course covers the rules that physicians are to obey--rules that are inculcated into the medical students and that they do not seem to question in practice.

Some of the questions of bioethics are problems that have arisen from the development of biology. The possibility of organ transplants, of genetic engineering, or life-sustaining machines, and so on, are dependent on the development and availability of such techniques. Although they may be debated before actually practiced, the debate about their morality takes on urgency when such techniques are either in increasing use or capable of being widely used. Hence we can expect more debate and discussion in societies in which we find these conditions. In less developed countries these issues are submerged by more pressing problems. In general, biomedical techniques are more highly developed in the United States than in the Soviet Union, making many issues more pressing in the U.S. than in the U.S.S.R., even though such time lags may prove to be relatively short. More important, the Soviet Government exercises closer control on scientific investigation and application than does the U.S. Government. This control influences what biomedical issues are raised and debated in the Soviet Union.

This background sets the stage for a discussion of Soviet bioethics.

MEDICAL DEONTOLOGY

After the October Revolution the Hippocratic Oath was repudiated in the Soviet Union as being bourgeois and individualistic. Its statements about teaching, fees, abortion, and secrecy were all considered out of place for a Soviet doctor. Although some of the values and norms are the same for both Soviet and Western doctors, the Soviet physicians' code, like the Soviet moral code, is socially oriented. The good of society takes primacy over individual good if the two conflict, and the Communist Party, as the Official guardian of society's development, is the ultimate determiner of what is right and wrong.

Although Soviet ethical theory determines the morality of an action by its social impact and by its effect on the development of communism, in its practical approach to moral issues it is deontological. It emphasizes duty--the duty of the citizen, the duty of the professional, the duty of each of the roles people play in society. Thus, the Soviet version of medical ethics does not consist in debates about the

morality of medical practices but in the delineation of the duties and obligations of doctors, medical workers, and patients.

As employees of the State, doctors are to treat all equally, and are to perform their duties not as they see fit in their private consciences, but as they are told to do by authority or as they decide collectively. Doctors who practice medicine in clinics and hospitals are civil servants whose job is to protect the health of the workers. This role, and the organization of Soviet medicine, make the ethical issues of Soviet medicine somewhat different from those relating to medicine in the United States, except perhaps as practiced in the U.S. military.

Since there is little private practice, doctors are relieved of the difficulties and ethical issues relating to malpractice insurance. Malpractice is still an issue. For instance three doctors at Maternity Clinic No. 12 claim that "outright inattention or carelessness" on the part of medical employees is responsible for up to 20% of infant mortality. But malpractice is handled by the medical or state authorities and not usually by insurance or by individual suit. Since the state pays for medical care and subsidizes the cost of medicine, the doctor is

similarly relieved of some of the ethical conflict of interest issues that arise in private practice and HMO's in the United States.

Nonetheless, other issues arise from the nature of the system. Medicine tends to be bureaucratic, and some patients complain about the "pro forma approach, inattention and indifference of medical personnel." As a result, in the Dnepropetrovsk Province a court authorized a medical ethics board to enforce the moral principles of the medical profession--which include "an attentive, sensitive attitude towards patients."

Although doctors do not take the Hippocratic Oath, in 1971 the Supreme Soviet Presidium established a new oath for Soviet doctors. The oath includes the promise "to work in good conscience wherever it is required by society;. . . to relate to the patient attentively and carefully;. . . to preserve and develop the noble traditions of Soviet medicine, to be guided in all my actions by the principles of communist morality, and to always bear in mind the high calling of a Soviet physician and my responsibility to the people and to the Soviet state."

The approach to medical ethics is in many ways conservative, despite the fact that it is built on

the new communist morality. Thus, although professional ethics is subordinated to general ethics and the good of society, the old paternalistic tradition of lying to a patient for the patient's own good is still stoutly defended and enforced. Dying patients are not told they are dying, since to do so, it is claimed, would serve only to depress them and cause them to lose hope; and cancer patients are not told they have cancer, even when operated on. In such cases they are told the operation is for some other reason. Other aspects of medical ethics, such as subordinating the patient's right to confidentiality to the interests of the state are spelled out in the 1969 legislation on health care. These are not issues for professional discussion but for implementation of state policy by doctors. Since morality is social, socially enforced, and promulgated by the Party, there is no room for individual dissent. The emphasis in medical ethics as in general ethics is on conformity to socially promulgated moral norms rather than adherence to the dictates of one's conscience. For conscience is to be developed, corrected and guided, and if the dictates of one's conscience contradict the socially promulgated ethical norms, conscience must give way.

Common complaints concern violations of medical deontology, including the falsification of records to cover up mistakes or malpractice, the frequent necessity of bribes to doctors or medical practitioners to get service, operations or medicines; the paying of bribes for doctor's certificates excusing one from work; insensitivity of medical workers to patient's needs. None of these complaints raise ethical issues needing discussion or debate.

The allocation of scarce medical resources, such as dialysis machines, poses a problem for any nation that has the capacity to produce or buy such machines but that cannot make them available to all who need them. The allocation problem is a problem of social ethics and practice, not an ethical medical problem for an individual doctor. In the Soviet Union the problem is not bound up with ability to pay, since medical care is provided for all. Nonetheless there are complaints that the medical system is in fact a two-tiered one, with special clinics that serve Party Members, the military, members of the security police, and other members of the elite. No ethical defense, much less critical discussion, of the two-tiered system has appeared in the Soviet professional literature, presumably because the two-

tiered system does not officially exist.

The problems of the allocation of relatively sophisticated medical treatment is not a pressing problem in a society such as that of the Soviet Union in which Y. I. Chazov, USSR Minister of Public Health, in an interview in Sovetskaya Rossia, acknowledges shortages of the basics, including tweezers and disposable syringes. Artificial hearts and dialysis machines are purchased from abroad, and the artificial heart that the All-Union Medical Equipment Research and Testing Institute developed has been approved by the USSR Ministry of Public Health only for use on animals. Chazov also called for attention to quality rather than quantity, noting that although the USSR leads in the number of hospital beds, "Only 35% of rural district hospitals have hot running water, 27% have no sewerage system, and 17% have no running water. What good," he concludes, "are such hospitals for modern medical care?"

The reaction of the people in the Soviet Union at all levels to AIDS is noteworthy. In the United States AIDS is widely discussed, and the question of the rights of those suffering from AIDS as well as the rights of others who may be exposed

to it are debated in the professional, philosophical, and popular literature. In the Soviet Union not only is there very little discussion of the ethical issues raised, but, as is typical, little information is available.

V.I. Pokrovsky, President of the USSR Academy of Medicine and Director of the Central Epidemiology Research Institute, in an interview published in Izvestia states that in the Soviet Union there are 54 people infected with AIDS, but authorities do not know how many people are in the high-risk groups of prostitutes, drug addicts and homosexuals. He says, "In our country, all those activities are punishable crimes. . . . Whatever was declared illegal was simultaneously declared not to exist in the real world--at least where broad public opinion and the press are concerned." The popular reaction may be gauged from a letter D. Pokrovsky received from 16 graduates of a medical institute who wrote, ". . . We intend to do everything in our power to impede the search for ways to combat that noble epidemic. We are convinced that within a short time AIDS will destroy all drug addicts, homosexuals and prostitutes." On August 26, 1987, The Presidium of the USSR Supreme Soviet decreed

that persons suspected of being infected with AIDS can be obliged to undergo testing, that anyone "knowingly putting another person in danger of infection with the AIDS disease is punishable by deprivation of freedom for a term of up to five years" and that "Infection of another person with the AIDS disease by a person who knows that he or she is a carrier of the disease is punishable by deprivation of freedom for a term of up to eight years."

In a typical manner an official decree closed debate by proclaiming a policy. Soviet medical deontology, as in the case of other ethical areas, consists of teaching what is right as defined by the leaders of society. And once defined, critical discussion in print ceases.

DEATH

Problems related to death and dying are central to Western discussions of biomedical ethics.

Marxism-Leninism had long ignored questions about the meaning of life and death and criticized existentialism for its emphasis on crisis and death. The need for some answers in this sphere was recognized by Adam Schaff in Poland in 1961. Attention to these issues is still rare in the Soviet

philosophical literature. Soviet discussion of these issues, as of many others in the area of biomedical ethics, appear only after the problems have been raised and discussed in the West, and only when the pressure of practice forces them to emerge. In the Soviet Union the question of the meaning of death and the proper attitude towards it emerged in the philosophical literature only after the practical problem of determining the moment of death for medical purposes had been raised.

The Soviet discussion of how to determine the moment of death has followed lines similar to those the discussion has taken in other countries.

The debates in the Soviet Union took place in some of the professional philosophical, medical, and legal journals. In December, 1982, a conference of lawyers, philosophers, and members of the Academy of Medical Sciences discussed this issue as well as others having to do with ethical and ethico-legal questions of medicine. Although most doctors and lawyers argued in favor of the brain-death definition, others maintained that irreversible brain death was necessary but not a sufficient condition of death. In the various discussions some insisted on the ordinary means of determining death - - cessation

of heartbeat and breathing. While most others opted for brain death as the signal that life as a human being had ceased and hence the person was dead, they were divided as to whether to adopt a cortical brain death definition, which precludes consciousness, or a complete brain death definition, which precludes heart functioning and breathing as well. The issue of "reanimation" as well as the accuracy of the tests used to determine brain death and the guarantee that death was irreversible were also raised.

What is curious about the debate is not the arguments presented, since they are the standard ones, but the manner of resolution. With no indication of how or why the decision was taken, Academician N. Blokhin, President of the USSR Academy of Sciences, in November, 1986, stated that "We have adopted a decision on determining 'brain death' and have devised the criteria for defining it." In December the Presidium of the USSR Academy of Medicine announced the criteria for brain death and approved a set of appropriate regulations.

On a related issue, a noted Soviet philosopher, I. T. Frolov, has raised the question of

whether it is justifiable to protect the life of the aged who have lost their intellectual faculties. In a society of relative scarcity, he argues, it is more important to pay attention to newborns than to prolonging life. That judgment is clearly in line with the potential future contributions of each of the two groups to society. But left unanswered is the difficult ethical question of where to draw the line in prolonging life, providing operations and medication to the aged, and otherwise caring for them. The elderly cannot simply be written off, even when they no longer contribute to society. In dealing with those who no longer contribute to society, how much weight is to be placed on their past contributions and interactions with society, how much respect does Marxist humanism demand for such people, and how many resources are to be expended in extending their life? These questions remain unraised in the Soviet literature.

Marxist-Leninist moral philosophers might find palatable the position that no extreme measures are required in prolonging life; but thus far they have not articulated or defended that position. They have not discussed how to define "extreme measures," nor have they entered the debate about

the difference between killing people and letting them die. Soviet moral philosophers have not directly addressed or spelled out the principles that should apply in resolving these difficult biomedical ethical questions in a socialist society, nor have they provided socialist society with much in the way of help in resolving this issue. The typical article ends with the statement of belief that only socialism can resolve these issues in a humanistic way and that the solutions will be amicably agreed on, in contrast with the fiercely opposing views with which the West struggles.

TRANSPLANTS AND EXPERIMENTATION

The problems of defining death and of doing transplants are connected. For if essential organs such as the heart are to be transplanted, they must be taken only from those who are legally dead, yet they must be fresh enough to survive being transplanted into another human body.

The Soviet Union does many fewer transplants than other developed countries, but the inhibitions seem to be technical rather than ethical.



Y. I. Chazov says, "Today, kidney transplants could save the lives of thousands of patients in whom this very important organ has failed. But last year we performed less than 400 such operations. In other developed countries, they do 10 times that number. Our country has several research institutes looking for new antibiotics, but our public health system lacks the most effective drugs."

The first heart transplant in the Soviet Union took place in 1968, but the patient died after 33 hours. The next officially approved heart transplant was 18 years later, October 27, 1986. Unofficial heart transplants in the intervening years were not successful. The decision to transplant organs, e.g., from accident victims, is considered a medical decision and may be made without prior written consent of the victim and without informing, much less seeking permission from, the next of kin. Nor is permission required to perform an autopsy. The view that the medical profession has the authority to make decisions about the transplantation of organs and tissues holds sway. M. Kuzin, director of the USSR Academy of Medicine's A. V. Vishnevsky Institute of Surgery advises against discussion of transplant operations in the popular press, asserting



the traditional view that "Medicine is not a field that needs openness."

The use of fetuses for experimental purposes is not discussed in the Soviet literature, although there is some indication that they are quietly so used. The notion that fetuses are not persons because personhood comes only with acceptance into the social community would seem to permit free experimentation on aborted fetuses. The fact that such experimentation is done quietly seems to be an indication that popular reaction might be negative, and that the decision is one to be made by the competent experimenter and does not require popular acceptance.

The use of fetuses for organ transplants is a related topic that has not been discussed in the literature. The issue of whether those in need of an organ transplant should through artificial insemination or other means produce a fetus whose organs can be transplanted to them safely because of natural compatibility is unlikely to arise in fact--at least for some time- given the relatively small number of transplants performed in the Soviet Union and the need for permission from the appropriate Ministry. Any moral objection to the practice from

the point of view of Soviet morality cannot be based on the rights or personhood of the fetus, and the practice would presumably be opposed because of adverse consequences for the woman who bore the fetus for this purpose (what if it were she who needed the transplant?) and for society as a whole.

The tendency of Soviet philosophers is not to speculate on topics of this type, which they consider abstract and divorced from the actual needs of society. If they follow past practice, as these questions become more and more discussed in the West they will learn from the discussions, and, if international standards are adopted, they will tend to accept them.

Nonetheless, new techniques of reproduction are receiving some attention in the Soviet Union. On May 13, 1987 Public Directive No. 669 of the USSR Ministry of Public Health expanded the permitted experimental use of artificial insemination in Moscow, Kharkov, and Leningrad. Any healthy man between 20 and 40 can become a donor. The use of artificial insemination and of "semen banks" for the positive eugenic purpose of increasing the number of offspring with certain positive characteristics is not presently defended or practiced.

The possibility of future developments along these lines, however, is not ruled out.

Other problems, such as surrogate motherhood, have not yet arisen and are not yet discussed in the legal or philosophical literature.

GENETIC ENGINEERING

One area on which a good body of literature has developed is genetic engineering.

In the Soviet Union genetics suffered from the inheritance of T. D. Lysenko and his supporters, and according to Maksim Karpinsky, "only genetic engineering and biotechnology are being energetically developed in the country today," and even there the genes worked on are imported from abroad. At the 1986 Congress on Molecular Plant Genetics there were only three representatives of the USSR, as opposed to 1,800 from the United States, and Karpinsky claims that ratio is accurate, with "barely 50 geneticists. . . who are doing research at a contemporary level." A. A. Sozinov, Director of the USSR Academy of Agricultural Sciences' N. I.

Vavilov Institute of General Genetics, writing in Kommunist, cites a shortage of skilled specialists and calls the situation "alarming."

In a series of meetings of and papers by philosophers and geneticists prior to 1975, two positions rose to the fore. A. A. Neifakh defended not only genetic engineering but cloning as well, as a means of preserving the best of human genotypes. Efroimson argued in favor of genetic engineering but not of cloning. The major critic of genetic engineering for eugenic purposes was N. P. Dubinin, who argued that the moral consequences were totally unacceptable. In a series of articles he has developed an extended argument based on the dual aspect of man--the biological, which makes possible the development of his ability to reason; and the social, which is transmitted not through genes but through education. Dubinin argues against eugenic utopias, but argues for work on medical genetics with the aim of promoting the health of people with adverse heredity. There now seems to be general agreement that eugenics, which aims at improving the general population through selection of certain genetic traits, is unethical as well as

scientifically unsound at the present time.

After the 1975 Asilomar Conference, at which were discussed the dangers of genetic engineering and the conditions under which it could be safely practiced and the self-imposed moratorium on such research could be lifted, both the Soviet practitioners and theoreticians accepted the international guidelines for research that were developed. In general Soviet geneticists have been willing to adopt international guidelines, and they hope thereby to keep their research free from political, philosophical, and popular intervention and control.

I. T. Frolov has reviewed and reported on both the Western literature and the comparatively sparse Soviet literature on biomedical ethics. He has raised the right questions. But he and his colleagues provide few solutions that are of help to those in the West. Thus he says that under socialism "alternatives that are often disturbing to scientists and dangerous for mankind are avoided as a matter of principle, since a real and many-sided social control is provided over research activities, including activities in the field of genetic research." He similarly quotes A. A. Baev: "We are convinced that

common sense and good will prevail in this area, at least in our own socialist country."

Frolov convincingly argues that all must struggle against the possible utilization of biogenetic research for military purposes and for a prohibition against new biological weapons. He notes that the debates among Soviets is in many ways similar to those that take place in the West. The difference, he emphasizes, is that in the Soviet Union state control is real, the objectives and means used are profoundly humanistic, and the principles of socialism are geared to the full development of man. In capitalist society freedom of research and social responsibility are separate and conflict.

CONCLUSIONS

Despite areas of similarity and several common problems, there are significant differences between biomedical ethics in the Soviet Union and the United States. One of these stems from the dissimilar approaches to ethics. Adopting the view that social norms should dominate and that individuals are taken care of by taking care of society

keeps many disputes from even arising in the Soviet Union. The moral-political unity of the leaders of the State and Party also makes many moral decisions into political ones, and vice-versa. When one adds that disputes with state decisions are not allowed free expression, and that many issues and disagreements are kept out of print and out of the popular press, the relative paucity of dispute and of literature on bioethical issues is understandable.

In general Soviet discussions postdate similar discussions in the West. It is difficult to say whether the discussions on given topics would have taken place simply as a result of the presence of the problems and possibilities, if the discussions had not already taken place elsewhere. But in none of the areas of bioethics have Soviet discussions been initiated on topics not previously discussed in bioethical literature elsewhere. To this extent the Soviet Union has not played a leading role in such discussions. The Soviet discussions acknowledge the Western debates, while criticizing one or another position proposed by those in the West. Frequently it is through such criticism that the issues are first raised in the Soviet literature.

The social dimension of personhood and the

overall good of society override all other considerations in Soviet discussions. The assertion that the problems that arise in Western countries will not be problems in the Soviet Union because whatever promotes the social good will prevail, does not solve the problem of how the social good is determined in specific cases, and it hides rather than clarifies a host of problems. This approach operates from the dual assumption that it is always clear what the social good is, and that the social good always properly overrides individual good. There is thus little in the way of real argument or real grappling with issues that give rise to a great deal of discussion in the United States. From an outside point of view Soviet moral philosophers too docilely accept whatever is decided by the authorities, as if being so decided guarantees that the decision is automatically in the general good.

Despite significant differences in approach and in solutions to biomedical ethical issues, what those in the West can learn from the Soviet discussions and decisions is their emphasis on social consequences. Since the social dimension in Soviet society takes precedence, discussions there may serve as an antidote to what is sometimes an

overemphasis on the individual and individual rights in the West.

Richard T. De George, University Distinguished Professor of Philosophy at the University of Kansas, is the author of *Business Ethics* and the author or editor of thirteen other books covering a wide range of philosophical areas and movements.

FALL 1988 PRESENTATIONS

- SEPT. 19** **Lea Stewart**, Chair, Department of
Communication,
Rutgers University
Noon, 10th floor Sprau Tower
"Breaking the Rules in Organizations:
Women as Whistleblowers"
7:30 p.m., 1010 Fetzer Center
"Developing a National Data Base of
Whistleblowing Incidents"
- Oct. 14** **WMU Peace and Global
Futures Panel:**
University Responsibility on Issues
of War & Peace
*3:00 p.m., Faculty Lounge,
Bernhard Center*
Ronald Kramer, Sociology, Chair
Kenneth Dahlberg, Political
Science & Environmental Studies
Arnold Gerstein, General Studies -
Humanities
Shirley Van Hoeven,
Communication
- Oct. 21** **Arthur Elstein**, Center for
Educational Development,
University of Illinois-Chicago
3:00 p.m., 3020 Friedman Hall
"Should Nazi Experimental Data Be
Used in Medical Research?"

- Oct. 26** **Michael Davis**, Philosophy, Illinois
Institute of Technology
7:30 p.m., 1010 Fetzer Center
"Codes of Ethics in Business"
- Oct. 27** **Michael Davis**
10:00 a.m., 3020 Friedman Hall
"Punishment Theory Today"
7:30-9:00 p.m., 2750 Knauss Hall
"How to Keep Good Apples from
Going Bad"
- Nov. 8** **Peter Yeager**,
Sociology, Boston University
7:00 p.m., Red Room,
Bernhard Center
"Ethical Decision-Making in
Business:
Assessing the Organizational
Dimension"
- Nov. 28** **Charles Blatz**,
Visiting Associate Professor of
Educational Policy Studies, U-Illinois
-Urbana
3:00 p.m., International Room,
205 Bernhard Center
"Ecology, Epistemology, Ethics:
Getting It Right One Case at a Time"
- Dec. 2** **Shirley Bach**, WMU
General Studies-Science
3:00 p.m., Faculty Lounge,
Bernhard Center
"Patient Decision-Making in High
Risk/High Gain Therapy"

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