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The Ethnic Plots of Bioethics

SUMMARY

Bioethics of the ethnos has meanings that reflect the history and culture of a particular people. At the same time, the ethnos in its existence realizes the general bioethical principles and norms that integrate into ethnic bioethics. The ratio of these modifications of bioethics can ensure the self-preserving behavior of the ethnos and help maintain the genetic diversity of mankind.

The assessment and standards in modern bioethics cannot be exactly the same for all countries and peoples; they must match the ethnic age of this particular ethnic group. Thus, scientifically-invariant biomedical ethics always functionally acts as a cultural reflection of the national model of medicine. On the other hand, the normative bioethical regulation allows adapting the National standards of medicine as a cultural complex to international requirements. The article shows the options for the ethical support of various ethnic parameters in medicine.

Keywords: bioethics, ethnos, ethnic time, ethnic diseases, personalized medicine, ethnomedicine.

1. Introduction

Ethnoses, as we know, differ from each other in the following ways: the territory of settlement, the genetic certainty provided by endogamy, the language, and the common culture, the unity of economic life, the self-designation, and self-consciousness (2).

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Since the ethnos has a biosocial nature, therefore, both health and disease, and the corresponding cultural complexes, formed around these values, have ethnic specifics. Proceeding from this, it can be assumed that the socio-cultural portrait of health and disease in different countries has its own national characteristics. However, corporate relations in medicine are supranational.

Suffice it to say that medical language is international because it is based on Latin and Greek terminology. Moreover, the training of doctors is carried out in different countries on the basis of interstate treaties. It is logical to assume that there can be conflicting situations in the adaptation to the different ethnic system of medical values. On the other hand, there is a danger of absolutization of the operational part of medicine since there is no need for a consensus on the values in the field of health and diseases of different ethnic groups. *Therefore, the question of the personification of the correlation of ethnic and supranational values of medicine is socially significant and requires the development of a unified approach. Bioethics can become such an approach if its ethnic meanings are explicated.*

Theoretical basis of the research. The development of the concept of ethnic bioethics has not been undertaken yet, but a large amount of theoretical material has been collected for its creation. First of all, these are the works of the classics of bioethics, starting with the "bioethical imperative" by Fritz Jahr (7). The ratio of ethnic processes and globalization can be analyzed on the ideas of V.R. Potter in his late works (13). Ethnic peculiarities of the implementation of bioethical principles can be inferred from the fundamental principles from the works of Beauchamp T.L. and Childress J. F. (1).

The ideas of Tristram Engelhardt are very important for our research. We use his works which focused on discussing explanatory models in modern medicine, developing the theory of the moral foundations of a "limited state" in aspects related to national health and reflections on morality and bioethics in today's world (9). One of the authors of this article was fortunate enough to discuss these questions with this great scientist personally.

In recent years, more and more scientists have become interested in the particular problems of ethnobioethics. For example, the ethnic problems of bioethics are presented in Leigh Turner's studies, but his works cover mainly the issues of medical tourism and health care globalization (12). The ethnic plots of bioethics are reflected in the research of Dennis H. McPherson and J. Douglas Rabb, but their interest is concentrated on the ethnic groups of American Indians, although the philosophical methodology of their earlier work allows making interesting generalizations on such limited material (5). The recent works of Hans-Martin Sass are very important, as he has argued that health includes the modification and improvement of individual

genetic, social and environmental properties. Therefore, it is logical that he is interested in the field of cross-cultural bioethics, heuristic ideas on the fundamental issues of bioethics of various cultures (10).

In dealing with particular issues of the study we turned to the works of other authors, whose names are indicated directly in the text.

Research methods. To consider philosophical, bioethical and medical issues in a single scientific field, it is best to apply the method of descriptive analysis. We also used comparative analysis, a historical approach and elements of content analysis.

Results and discussion. In accordance with the essential characteristics of the ethnos, it is possible to single out the biogenetic, culturological and linguistic meanings of bioethics, which determine its modifications in different ethnic communities while preserving the invariant of the value hierarchy.

2. The biological (genetic) meaning

Very little attention was paid to the ethnic components of health and disease in the national science since the issue itself in the Soviet era was considered apolitical. The research in the field of genetics in recent years has made such concepts as "ethnomedicine", "ethnic diseases", "ethnoepidemiology", "ethnicity and health" sufficiently recognizable (15). But to reduce the problem to the statement of the ethnic location of genetic changes would be extremely incorrect. The ethnos is a biosocial entity. Both natural and cultural-historical contents are in an integrative unity. But so far, there is not a single categorical apparatus for describing the role of ethnic factors in medicine. The search for the methodology for combining all approaches into one problem does not give the desired effect because physicians do not have the tools of social sciences, and sociologists do not work with the genetic and clinical information. Therefore, the problem can be solved, based on the research in the field of bioethics. Based on the content analysis of Internet sources, we tried to differentiate the role of the ethnic factor in the causes, frequency and course of some diseases. The results presented below are hypothetical, but they contain the material for further searches.

The first group demonstrates the role of ethnic components in the metabolism and related diseases (hypolactasia, mucoviscidosis, phenylketonuria, celiac disease, alcoholism). Here ethnicity is represented as a factor in the prevalence of certain diseases. The main thing in this approach is the allocation of determinative cultural and economic characteristics of ethnic groups as stimulating the prevalence of certain diseases.

The second group demonstrates the genetic nature of ethnic certainty of certain diseases (Tay-Sachs disease, cystic fibrosis, diseases caused by a difference in the activity of genes). Here the genetic certainty of ethnoses is fixed, which, in turn, is associated with some genetic diseases or with a genetic predisposition to them. But these two factors - disease and predisposition - are not clearly differentiated.

The third group shows the genetic homomorphism "ethnos - disease" (Gaucher's Disease, Periodic Illness). The gene mutation, leading to the disease, facilitated the evolutionary selection of individuals with this defect that determined the prevalence of this mutation in one of the ethnic groups.

The fourth group is the ethnic variants of one group of diseases (lysosomal accumulation diseases: diseases of lipid accumulation in Evreev-Ashkenazi, mannosidosis and aspartylglucosaminuria in Scandinavians, juvenile form of sialidosis in the Japanese ethnos). Here genetic mechanisms are certainly determinants, and exogenous factors (cultural-historical, territorial, climatic conditions of life of ethnic groups) do not play any noticeable role. At the same time, with a fixed constancy of a set of ethnic groups among which these diseases are common there are a lot of options for linking the pathology to a particular ethnic group.

The fifth group illustrates the racial and ethnic options of one disease (eg. sarcoidosis). It is impossible to assert the ethnic prevalence of a specific disease, based only on epidemiological and genetic material. It is necessary to involve the data from social sciences for explaining exogenous factors. But this is not the subject of medical science, so the question of the ethnic nature of disease remains unclear.

The sixth group is distinguished by the criterion of the ethnically differentiated effect of various drugs on the body (inhibitors of angiotensin converting enzyme (ACE), thrombolytics, antihypertensives, anticoagulants). If there are ethnic diseases, there must be "ethnic drugs". But enough convincing material from the field of clinical pharmacology is not supported by appropriate ethnological studies because the authors needing them do not possess the appropriate tools. On the other hand, ethnologists are not able to comprehend the data of pharmacology and pharmacoepidemiology. The synthesis of knowledge from these different areas can be carried out by bioethical assessments. One can hope that this will be promoted by the development of personalized medicine when it comes out of the "diapers" of pharmacogenetics.

In *the seventh group*, the role of the ethnic factor in the occurrence, course, and treatment of those diseases that clearly do not have an ethnogenetic nature (for example, multiple sclerosis or malignant neoplasms) has been singled out. Here the researchers clearly set the task of considering the medical context of the disease in

the relation to all the features of the ethnos, which is very promising, but it requires a special tool that includes bioethical criteria.

The results, obtained for this block of studies, are extremely important as the predisposition to certain diseases is related to ethnicity, but it is due not only to genetics, but mainly to socio-economic conditions for the existence of the ethnos and its cultural stereotypes. We can say that ethnoses have a genetic predisposition to certain pathologies, but this possibility can be realized or not realized, depending on the conditions of existence of this ethnos. *The bioethical regulation in this case is necessary to minimize the risks of the manifestation of the ethnogenetic pathology and humanization of the attitude towards it.*

It is necessary to strictly restrict the field of the action of the ethnic factor in different fields of medicine. Where the ethnogenetic nature of the disease is not fixed, one can speak about the ethnic components of the culture of health and the culture of disease. But here the question arises: what determines the culture – the traditions of upbringing, including the ethnic component, or the general civilizational patterns of the development of public health and medicine?

3. The culturological meaning

Bioethics does not arise as a "successor" to the medical ethics, but it arises as a new cultural phenomenon implicitly associated with all other cultural values (4). But the system of universal culture exists most likely conventionally, and in reality we are dealing with the ethnodynamics of different cultures. In this respect it is easy to see that, for example, in the Slavic peoples, all periods of the development of both culture in general and medical ethics in particular differ from all-European peoples in their axiological and, therefore, semantic content. We believe that among the Slavic peoples bioethics originated much earlier than in Western countries as a religious, literary, philosophical reflection on the problems of life and health. Even the legitimization of medical ethics as a corporate segment of bioethics shows its differences from the classical Western scheme. The fact is that the ethical value of life, death, health among the Slavs was determined by the correlation with traditional national philosophical values. The Slavic philosophy of culture is characterized by irrationality, especially in metaphysical problems. The ideas about the moral value of life, death and health were formed on the basis of the Christian (mostly Orthodox) humanistic paradigm of this culture philosophy. Most clearly, this process can be traced to the example of fiction. The hermeneutical and literary analyses allow us to trace the history of the formation of attitudes towards health, determined by ethno-cultural characteristics.

In the Slavic ethnos, the attitude to health as a value is ethnically defined by: a) the territory of the ethnos, b) the language culture of the ethnos, c) the features of the economic life of the ethnos. The detailed analysis of these variables shows that in the culture of Slavic peoples bioethics occurs long before it gets its name in science. It is structured as a cultural complex, immanently associated with the cultural configuration of medicine. It can fulfill its mission of maintaining a highly moral attitude to life, death and health only in this aspect. The attempts of the normative reduction of bioethics are a consequence of the attitude toward it in Western culture. By itself, such a reduction is useful and timely, but it should not eliminate the axiological meaning of bioethics. *In Slavic culture, bioethics is based on the tradition of anthropology, and artistic forms of comprehension and feeling of bioethical values contribute actively to this.* Therefore, any borrowing of the Western normative of bioethical constructs must be subjected to humanitarian expertise in the categories of the national philosophy of culture.

4. The linguistic meaning

The axiological meaning of health and disease has distinct differences in ethnic languages. So, for example, in Russia until the 16th century, health proper (in the modern sense) was considered as not physical, but moral well-being; a condition opposite to an ailment was understood as a blessing or a gift and a reward *for mental and social health.* To be "healthy" meant rather "to be a kind person" than simply "not to be sick." Health did not oppose disease, but existed parallel to it. Health opposed suffering (primarily in its moral aspect), while ailment opposed good. Like the notions of health, the views of the ancient Slavs on the phenomenon of disease were differentiated gradually in the course of a long cultural and historical development. Initially, the concept of disease was not clearly defined and was not used in live Russian speech. The verb "to be sick" was formed from the adjective and expressed a new quality – the motivation for an action, as a result of which health was acquired. As the importance of impotence is fixed for the disease, it is concretized in the ethnic consciousness that generates the polyvariety of its definitions in the absence of single, holistic understanding of it (19).

Similarly, in the language of each nation, ethnic stereotypes of health and disease characteristics can be found. They are associated with the moral awareness of these phenomena precisely in this and in no other society.

Actually, medical terminology, formed on the basis of Latin and Greek vocabulary, is, on the contrary, an internationalizing factor of health protection. The trouble is that doctors of different nationalities are able to understand each other, but a doctor

and a patient of different nationalities do not always understand each other. By the way, in the current situation of activation of migration and tourism processes this misunderstanding turns into a problem, which is not as much ethical as legal. So far, it has been successful only in one version – the organization of medical care for foreigners in the framework of medical tourism, where the clinic is implicitly associated with the service that includes the services of interpreters. But in any case, the "difficulties of translation" create a moral discomfort, affecting the results of treatment.

The ethno-linguistic problems in bioethics itself have not been specifically discussed anywhere, whereas the semantics and semiotics of ethnic languages can change (and change!) interpretative stories of bioethics. Thus, for example, all Russian-language translation programs translate "BIOETHCS" as "ethics of biological research".

In general, with the spread of English as the language of international communication, there is a problem with the identification of the ethnic meaning of bioethical texts in analytical and synthetic languages. The difference between these languages is known and easily demonstrated by one example:

English	Russian	Emotional content
I love you	Ya lyublyu tebya	*Statement of the fact*
	Ya tebya lyublyu	*Personification of the affirmation*
	Lyublyu tebya ya	*Emphasizing the role of the subject*
	Lyublyu ya tebya	*Emphasizing the nature of the relationship*
	Tebya ya lyublyu	*Emphasizing the role of the object*
	Tebya lyublyu ya	*Emphasizing the connection between the subject and the object*

This feature is also due to the fact that, for example, narrative bioethics is actively developing in the Anglo-Saxon tradition, and literary bioethics is developing in the Slavonic tradition.

5. The specification of ethnic meanings of bioethics

Let us consider how the ethnic meanings of bioethics for a particular people are revealed (on the example of the Russian ethnos).

Ethnocultural and historical peculiarities of Russia's development presuppose the following factors in the creation of an effective system of ethical regulation in

health and medicine: a) polyethnicity, b) multi-confessional c) the influence of the historical traditions of the patriarchal community on the way of life of Russians, d) the orientation in moral attitudes towards the authority of the individual, e) the ambivalent attitude to power, f) the prolonged existence of totalitarian regimes (autocracy + Soviet power).

It is important to point out the peculiarities of the development of the Russian mentality. They include: a) the leading role of anthropocentrism in the development of natural science and medicine; b) a particularly significant role of moral ideals and principles in the life of society; c) the primacy of interpersonal relations over legal relations; d) "theurgical anxiety" inherent in the Russian intelligentsia in general, and doctors in a greater degree; e) the prevalence of Orthodox moral values in the mass consciousness (14).

Ethics as a science consists of two parts: axiology (the science of values and evaluations) and deontology (the science of norms). In Russia there is a tradition of orientation mainly on moral values, and not on the values of positive law. Therefore, in Russian bioethics, the axiological component is more important than the deontological component. In Western bioethics, deontology plays more important role.

6. Bioethics and ethnic time

Ethnic time is a very important factor that is rarely taken into account, if taken into account at all. The fact is that peoples, like persons, are born, reach maturity and go to eternity. It would be sad if the peoples' life was commensurate with the life of a person or even one generation. But it is immeasurably greater, and no one is allowed to see, feel, and survive the birth or death of an ethnos.

The Great Russian scientist Lev Gumilev gave very interesting ideas about this. He believed the life of the ethnos is approximately 1500 years. At the same time, he referred the peoples of Europe to more "old", and the Slavic peoples to "younger" (8). French, Germans, British, and other Europeans are already known to us for about 1000-1200 years, we are still only about 500. It is believed that, for example, the modern Russian ethnos was formed before the 16th century. Prior to this, there was also a Russian people, but this people was different – at first a set of East Slavic tribes, then this set was divided into three ethnic entities (Russians, Byelorussians, Ukrainians), then a new subethnos was formed, where they were included as separate peoples. The ethnic merger did not happen, but the state became single. The changes in the Russian ethnos continue to this day.

Generally, the formation of an ethnos takes a long time: on a certain territory, adhering to the laws of endogamy, ten generations of people must live, and only after that one could speak of them as an ethnic group. And the life of one generation in science is measured by twenty-five years. So at least 250 years (if nothing hurts!) must pass before a new people appear on the planet.

Self-preserving behavior of an ethnos is a natural process. Ethnic extinction is felt as a certain discomfort in various spheres; private measures are taken to eliminate it. And that is why there are the modifications of ethical standards and changes in legislation. The liberal attitude to cloning, euthanasia, surrogate motherhood and paternity, homosexuality, etc. is the essence of manifestations of such self-preserving behavior. It is ethically justified for aging ethnic groups, but it is very problematic for young ethnoses. Therefore, assessments and norms in modern bioethics cannot be unambiguously identical for all countries and peoples; they must correspond to the ethnic age of the people.

Bioethics is an independent part of culture; it has its own foundations in the philosophy of culture and its own developmental features, determined by cultural and historical events (16). Therefore, national bioethics always reflects the national health model. On the other hand, the bioethical normative regulation makes it possible to adapt national standards of medicine as a cultural complex to international requirements.

Before talking about the role of bioethics in preserving ethnic groups, one question must be answered: should they be preserved? The modern era is the age of the ethnic paradox when the growth of ethnic self-awareness is a reaction to the processes of globalization. Why is this happening? It is happening because the ethnic division preserves the genetic diversity. The ethnic unification will lead to the degeneration of mankind. Not soon, but still it is necessary to think about this right now.

At the same time, modern bioethics is undergoing a process of unification, not only because it is oriented towards universal human values, but also because it must develop a unified regulation for the introduction of new biotechnologies. This, in turn, involves the selection of subjects-carriers of bioethical values and the objects of bioethical regulation corresponding to them. The methodology of such structuring is based on a philosophical interpretation of the categories of *general*, *particular*, and *individual* (Aristotle, Hegel). Detailing of this approach is desirable, but it is not yet possible, because the logic of communication between social actors is being lost.

If we assume that *general* in the subject field of bioethics is a society, and *individual* is an individuum, then *particular*, obviously, will be represented by a social group. But social groups are distinguished for different reasons; the same people are in different social groups, many of which have nothing to do with the world of bioethics.

Therefore, the type of social group should be chosen as a transitive (between *general* and *individual*) element. This type of social group corresponds to the meaning and content of bioethics, both as a science, as a socio-cultural normative regulation, and as a personal maxim of human behavior in relation to living. Therefore, such a group must itself have a biosocial nature. In human society, only one type of social group – ethnos – matches this criterion.

So far, bioethics, oriented toward ethnic groups, has been poorly developed in connection with the reassessment of the risks of political correctness. Ethnic differences are often assessed on the scale "better – worse", which is completely unacceptable since the uniqueness of each ethnic formation is invaluable and the indicated comparison of the individual ethnic groups is unproven and does not have any criterion. At the same time, ordinary consciousness and refined political correctness often prevent scientists from searching for ethno-differentiating features. A kind of vicious circle of ethical prescriptions arises. It is necessary to develop ethical standards of health protection for certain ethnic groups, but the existence of such norms can be considered as unethical (immoral) attitude to the idea of equality. It is logical to assume that here it is necessary to introduce the notion of measure: what prescriptions must be, how to exclude a conflict of interests, etc. These problems are actualized in *biomedical* ethics because it directly regulates the rules of the intervention in the human body.

But it would be incorrect to recall bioethics only when the ethnic component is actualized in addressing health and disease problems. Obviously, there must be a natural connection between the life of the ethnos and its bioethical reflection. Now we cannot unambiguously define it, but we can find the bioethical component in each of the parameters of the ethnos. Sometimes they are called signs of the ethnos, but this concept is vaguer and with its help it is more difficult to obtain reliable knowledge.

As it is known, there are five principal parameters of ethnoses that distinguish them from each other (2). We insist on the need to introduce the sixth parameter. All these parameters determine the boundaries of the ethnic group at the genetic, biospheric and social levels of its existence. It is logical to assume that bioethical arrangement is necessary for each of these parameters. How can it be represented?

The genetic nature of the ethnos. In respect of groups of diseases, the sufficient material has been accumulated in ethnogenetics (4, 11, 14, 18, 19, etc.). The identification of genetic differences in ethnic groups and populations was conducted by studying polymorphic genetic markers. Different classes of DNA markers were studied, with the greatest attention being paid to non-recombinant lines of mtDNA and Y-chromosomes. It is proved that on the share of interpopulation differences on

a global scale, if we compare populations of different continents, we have 10-15% of the genetic diversity of man. In other words, the value of Wright's fixation index (Fst coefficient) in assessing the global level of the genetic differentiation of human populations is 0.10-0.15.

This interval includes the values obtained for most genetic markers of classical and molecular population genetics of the person – blood group, protein polymorphism, RFLP, Alu-repeats, hypervariable segments of mtDNA. Exceptions are highly-resilient microsatellites (STR), in which the level of genetic differentiation is significantly lower (4-5%), and the Y-chromosome, which variants differ much more in populations (20-30%) than other marker systems (16). The relations "gene-gene" and "gene-environment" are proved to be of fundamental importance for the genetic identification of ethnoses. It is obvious that the study of genetic differences of ethnoses is of particular importance for the development of personalized medicine. But the application of this knowledge in it is impossible without the appropriate bioethical comprehension. Here we can identify several problems for bioethics:

- The ethical risks of treating genetic differences according to the principle "better – worse".
- The identification of more viable and less viable ethnoses is clinically advisable, but ethically incorrect.
- The possible hyperbolization of ethical risks in the interpretation of ethnogenetics data.

The territory of the settlement. This is an outdated definition because it is necessary to take into account the entire biosphere complex of the range of the ethnos. The usual data of medical geography is only a statistical block of this parameter. The biospheric nature of the ethnos is well described by L. Gumilev (8), so we will not talk about this again. Note the value of this parameter for medicine. First of all, the territory of the settlement of the ethnos is the main variable in theoretical and practical epidemiology. And now it is also one of the variables in personalized medicine. This makes it possible to formulate bioethical problems that correlate with this ethnic parameter:

- The risks of juxtaposition of indigenous and non-indigenous peoples in the sphere of health protection and in medical care.
- The problem of rights to health protection for non-indigenous ethnic groups and migrants.
- The preservation of natural factors of health (connection with ecological ethics).

Language. Ethnic peculiarities of the linguistic design of medical activity have already been considered above, so here we note briefly the problems for medicine and the problems for bioethics. For medicine it is, first of all, a dialogue with the patient, the maintenance of medical records, and international communications in the medical community. Bioethics is necessary in the following cases:

- In the practice of medical linguistics.
- When analyzing medical errors due to language unadaptedness.
- In the situation of a doctor and/or patient in a foreign environment.

The unity of economic life. Here it is already possible to talk about the social parameter, although, at first glance, the unity of economic life is a combination of purely economic components. But it is only at first glance as the concept of "economic life» includes the traditions, the culture of self-reliance of the ethnos, the technology, the degree of integration into the world community, inter-ethnic ties, and much more (3).

For medicine this characteristic also has, first of all, social significance. It determines the level of the development of health care, the level of medical care and its structure, the level of scientific provision of medicine, the availability of medical care. However, biological regulation in latent form is present here. So, for example, the design of health care system and the degree of the development of various medical fields largely depend on the ethnic picture of health. The ethnos "orders" certain forms and methods of medical care. Of course, the economic and political determinants of a state are of primary importance because a state may be multiethnic, have a large number of migrants, adhere to the principles of multiculturalism or enculturation. But precisely here arise the ethical problems of the status of ethnic groups in the public health system. To solve these problems it is necessary to apply the methods of comparative bioethics. These problems include:

- *The observation of equity in health financing.*
- *The complementarity/non-complementarity of national health care models.*
- *The efficiency/inefficiency of medical care to small ethnic groups.*
- *The ethical incentives for the development of national medical schools.*

The community of culture. This parameter of existence of an ethnos is manifested in folk medicine, which is often even called ethnic medicine. The etiology of the concept of "ethnomedicine" is well considered by M. Djereshtieva (6). She conducted the content analysis of 242 Internet sources on the keywords "ethnomedicine", "ethnic diseases", "ethnoepidemiology", "ethnicity and health". There was a fundamental

difference in these concepts in terms of volume and content. So, ethnomedicine is understood as a synonym for folk medicine and has the specific historical and narrowly operational meaning, while ethnoepidemiology accumulates not only medical, but also social components, taking into account non-medical factors in their influence on the body, morbidity, and epidemic situation. The concept of "ethnic diseases" is directly related to genetics. The phrase "ethnicity and health" denotes the cultural patterns of the relationship of a person to his/her body. Thus, ethnomedicine, as a synonym for folk medicine, has nothing to do with ethnoepidemiology. This is a special socio-cultural complex. For medicine, therefore, the unity of the ethnos culture is important in such aspects as a) cultural traditions that determine the internal picture of disease, b) the attitude to medicine in general and to doctors as a social group, c) traditional medicine. The problems that arise here, requiring bioethical expertise, could be schematically described as follows:

- *The limits of using folk medicine.*
- *The traditional status of health care providers and its deformation.*
- *The self-treatment issues (traditions and new technologies).*
- *Problems of stigmatization in socially significant (and not only!) diseases.*
- *The ethnically determined hierarchy of healing models.*

Self-consciousness and self-designation. It would seem that this parameter of being of an ethnos has little relation to medicine. But this is only at first glance. Self-identification of an individual with an ethnic group is an alternative focus in studies of ethnic differences in health. This approach focuses attention on the active and constructive differentiation, based on such integrations as the history, culture and identity of the parents. However, in ethnomedicine, "distinction as diversity" is more common than "distinction as an opposition".

The ethnic distinction in the world today is very difficult, and the vast unprocessed categories used in censuses can serve to hide such a difference. Here there may be a need for various types of information that are not reducible to categorization. For some groups, the main determinant is religion; it is more often used than categorization through regional national identity (for example, Indians, Pakistanis, Bangladeshis). Nevertheless, religious identification is manifested in the context of ethnonational identifications and suggests the need for religious determinants as complementary to national identities (17). The categorization of an ethnic group in bioethics presupposes the need for different approaches, often based on self-identified ethnicity, rather than on racial categories. Populations of mixed origin are often ignored in medico-sociological studies on the collection of ethnic data. The choice and number of racial/ethnic categories and the distribution of persons of "mixed"

or multi-racial origin should be identified as key results attributed to demographic data. Most people who identify themselves as persons of "mixed" origin consider this position unsatisfactory and require changes in the method of constructing ethnic categories.

When providing medical care, for medicine, therefore, it is important to take into account the nationality of the patient, ethnically organized data from medical statistics, ethnic differences in the structuring of medical tourism services. Therefore, the related bioethical problems are obvious:

- *The self-identification in the process of consumption of medical services (especially in the case of children born in inter-ethnic marriages).*
- *The ethnic preferences of doctors in the process of medical care.*

7. Conclusion

The ethnic evolution is based on the differentiation; the social evolution is based on the integration. Before the stage of automated production, these two tendencies were somehow combined, but now they come into conflict. Ethnoses, which lose their distinctive features, resist the tendency of integration by all means. But technological and economic needs, presenting in political form, suppress ethnic uniqueness. If the ethnic division disappears, the genetic diversity will gradually disappear. To save it is one of the tasks of bioethics.

The bioethical regulation in the context of the ethnic approach includes 1) the invariant based on universal values and supranational sense of medical activity, and 2) the consideration of ethnic parameters: natural and social. The advantage of bioethics in preserving ethnic diversity lies in the fact that it can develop a generalized axiological matrix of ethno-health that includes both clinical and sociocultural variables. In addition, ethnic bioethics (or bioethics of ethnos?) is necessary for the transition from unified medicine standards to personalized medicine.

These findings are of particular importance in connection with the active introduction of new biotechnologies into medical practice. The elements of the ethnic approach are already present in personalized medicine. The inclusion of ethnic components in the practice of assistive reproductive technologies is also obvious. It can be assumed that researchers in the field of editing the genome of the human embryo will face the problem of violating the boundaries of ethnicity. This means that now it is necessary to organize the educational process in the field of bioethics in the way that it takes into account ethnic components. The model of such an educational process was proposed by N. Sedova at the tenth International Conference of the UNESCO

Department of Bioethics "Bioethics, Medical Law and Public Health" (Jerusalem, Israel, 2015) in her report "Ethnic bioethics in education":

	Theoretical bioethics	*Practical bioethics*	*Applied bioethics*
Universal context	Knowledge and values	Norms and patterns of international bioethical regulation	Personal maxims of conduct, approved by the society
Confessional context	Religious traditions	Religious restrictions normative regulation in medicine	Correction of personal Maxim of conduct religious beliefs
Ethnic context	Cultural traditions of the ethnic group	Normative structure of national health systems	Implementation in the behavior of ethnic identity

Certainly, this model needs to be improved, but it is worth discussing.

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Etnički zapleti bioetike

SAŽETAK

Bioetika etnosa ima značenja koja odražavaju povijest i kulturu određenih ljudi. Istodobno, etnos u svom postojanju ostvaruje opće bioetičke principe i norme koji se integriraju u etničku bioetiku. Odnos tih modifikacija bioetike može osigurati samoodrživo ponašanje etnosa i pomoći u održavanju genetske raznolikosti čovječanstva. Procjena i standardi u modernoj bioetici ne mogu biti potpuno jednaki za sve zemlje i narode; oni moraju odgovarati etničkoj dobi ove posebne etničke skupine. Dakle, znanstveno nepromjenjiva biomedicinska etika uvijek funkcionalno djeluje kao kulturalni odraz nacionalnog modela medicine. S druge strane, normativni bioetički propisi dozvoljavaju prilagodbu nacionalnih standarda medicine kao kulturalnog kompleksa prema međunarodnim zahtjevima. U članku se prikazuju mogućnosti za etičku podršku različitih etničkih parametara u medicini.

Ključne riječi: bioetika, etnos, etničko vrijeme, etničke bolesti, personalizirana medicina, etnomedicina.