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BIOETHICS IN PHYSIOTHERAPY AND NURSING SCHOOLS' PROGRAMS¹

Abstract

The interest in ethical and bioethical topics in society is always present. However, the question arises as to how are ethical and bioethical problems of broad spectrum presented to the public, starting from issues related to health, medicine, technology, genetics, to issues about economy and politics. If ethical-bioethical issues will be addressed in different fields of social life without systematic methodological preparation, we could easily be trapped in ethics and bioethics speeches, which would be presented in a way that suits somebody at a certain point. When talking about educational institutions like College or Polytechnic with medical and health-related study programs, it would certainly be useful to make an analysis about the ethical-bioethical topics and subjects they are offering to students. Recently, there is a high interest of high school graduates in enrolling to professional study programs like Physiotherapy and Nursing. Bioethics is an obligatory subject within the framework of those study programs. However, lecturers of different profiles are chair professors of Bioethics at the aforementioned institutions, starting from physicians, through philosophers, theologians, sociologists, and lawyers. Of course, that is possible because a scientist can deal with various scientific challenges through his career, but it would certainly be important to at least equate syllabi, as well as plans

1 Article is a product of Centre of Excellence for Integrative Bioethics on Faculty of Humanities and Social Sciences, University of Zagreb.

and programs of Bioethics in Physiotherapy and Nursing study program. It is important to note that in Physiotherapy programs, besides subjects from the field of bio-medicine, a significant part of the program is based on the science of movement and especially therapeutic exercises, which point out the need to include the field of kinesiology into the Bioethics plan and program.

■ **Key words:** ethics, bioethics, physiotherapy, nursing, kinesitherapy

Introduction: In short on the history and creation of bioethics

Bioethics, as such, was created as a moral reflection in a new situation in which the medical practice found itself (Čović, 2004: 112). After that, a process ensued, which was followed by an undreamt speed of the development of bioethics in which bioethics set itself up as the “bridge towards future” in Potter terms, on the way from “new medicinal ethics” to the “ethics of life”. The creation of bioethics is usually connected to 1962 and the foundation of the bioethical committee (Šegota, 1998: 159-161). The composition of the “committee” was of a heterogenous character and only two doctors entered it, which gave way to suspicion that certain questions in medicine are no longer possible to solve only in a professional circle, but that a wider scientific and social community should be included. Hrvoje Jurić and Ivana Zagorac confirm this when speaking on the topic *Bioethics in Croatia* where they believe that the cause of the creation of bioethics was the accelerated advance of science and technology (primarily in the area of biomedical sciences and clinical medicine) and where they also note that the demands of citizens for greater supervising and influence in the system of treatment and healthcare often resulted in organized action (Zagorac and Jurić, 2008: 601-611). The reason for creation of bioethics can, therefore, be seen in the increased development of biomedical sciences and technology accompanying them, but also to the anti-nuclear movement created in the first decades after World War II (Zagorac and Jurić, 2008: 601-611). Along with the already mentioned “bioethical committee”, Jurić and Zagorac mention that signs of bioethics can be seen further back in history, with Fritz Jahr (“bio-ethics”, BioEthik), Albert Schweitzer (“ethics of awe for life”, Ethik der Ehrfurcht vor dem Leben) or Aldo Leopold (land ethics), but that, finally, one can only talk about the foundation of bioethics in today’s sense with the 1960s. The very name bioethics, but also the concept of its development in today’s sense can be ascribed to Van Rensselaer Potter and the 1970s. Ivan Šegota calls Potter the “father of bioethics” and, in his editor’s word written for the occasion of the publishing of the translation of his book *Bioethics: A bridge towards the future* he says that Potter’s main goal is to “prolong the survival of the human species in an acceptable social form” (Marinčić and Čović, 2012: 107-121). Sonja Kalauz writes about the prerequisites and circumstances for the creation of bioethics, the beginning of its development, its European roots, different understandings of bioethics, principlism in the beginning of its development with a special overview of the bioethical principles in the nursery practice in the book *The nursery profession in the light of bioethical pluriperspectivism* (hrv. *Sestrinska*

profesija u svjetlu bioetičkog pluriperspektivizma - Kalauz, 2011). Along with Sonja Kalauz, it is inevitable to mention the book of Iva Rinčić and Amir Muzur *Fritz Jahr and the birth of European bioethics* (hrv. *Fritz Jahr i rađanje europske bioetike*) which primarily changed the attitudes of the time on the beginning of mentioning the notion bioethics, but also, greatly based on the thoughts of Ante Čović, clarified the advancement of bioethics through phases, from “new medicinal ethics” characterized by healthcare and biomedical research with principlism as its method, over the “global bioethics” phase characterized by focusing on life itself, with its method being ethical pluralism and scientific interdisciplinary nature, to the third phase of “integrative bioethics which enters the field of philosophical and historical dimension of the problems of role and development of science, man etc., its method being pluriperspectivism (Rinčić and Muzur, 2012:163).

The importance of bioethics – orientational strength

Bioethics, at the end of the last century, started getting its full swing in Croatia. At that time, within the framework of the very bioethics paradigm, its integrative course started to emerge. Ante Čović warned early on that bioethics must be equally open not only to different disciplines but also different philosophical and ethical orientations. In that context, bioethics cannot be categorized into a part of applied ethics (what we will later see with Hrvoje Jurić as well). However, a serious question is raised here – if bioethics is not applied ethics, what kind of ethics is it? (Čović, 2004: 26). In an attempt to define bioethics, Čović continues, one could, by starting from the necessity of its relationship towards philosophical ethics, categorize it in regional ethics. Categorizing ethics into a field of regional ethics would fall into the same trap of complaints which are also in the line of attempting to categorize it under the notion “applied ethics” and, that way, it would be in the same problem. If I want to set bioethics on firm ground, then it is necessary to be open and able to think moral problems, which assumes a certain philosophical education, and first and foremost information about the history of ethical theories. With our very openness to philosophical ethics (which does not mean “striking a deal”, but a methodological openness of the problem field of bioethics towards a plural philosophical-ethical sphere), we would reach the guaranteed pluriperspective determination of bioethics. With that, bioethics could, in its definition, contain elements of regional, relational-philosophical and pluriperspective ethics (Čović, 2004: 28). Čović, in the end, gives special role in constituting bioethics into a scientific discipline of a special, integrative

type to philosophy, even though it only makes up one of the perspectives in the bioethical horizon (Čović, 2004: 38). The realization of bioethics as a scientific discipline could be discussed, because in the last few years it has been noticeable that bioethics has primarily expanded its field and that, because of that, it has becoming harder to grasp all the implications which belong to it according to that expansion. Finally, says Čović, philosophical, religious, ideological, cultural, traditional etc. approaches belong of bioethics in the framework of its integrative range. It is significant that around ten years after that, Iva Rinčić and Amir Muzur, based on the comprehensiveness belonging to bioethics, state that it cannot be considered a science, at least not in the Popper sense, and that Potter, at the end of his life, would be more inclined to call it a religion. The authors say that if we start understanding "science" as only a basis founded on evidence and a doubtful hyperproduction of cliched publications, in that sense maybe bioethics should not strive to be recognized as such (Rinčić and Muzur, 2012: 13-14). Maybe dealing with bioethics can be also called buying time until we have universal scientific answers to key questions (Rinčić and Muzur, 2012: 166). It is a fact that bioethics has truly imposed itself as a good basis in many spheres of life, or better yet a good orientation for finding the best solutions in regards to the quality of human life and life in general.

Defining bioethics and its focus on orientational knowledge of life

It is important to note that, when attempting to define bioethics, there are also different settings being read out. Tonči Matulić offers a definition by Thomas Warren Reich published in *Encyclopaedia of Bioethics* and says that bioethics is a systematic studying of human behaviour in the field of science of life and healthcare, if it is tested in the light of moral values and principles (Matulić, 2001: 75). In another edition of the encyclopaedia, the same author offers a somewhat modified definition when he says that bioethics is a systematic study of moral dimensions – including moral views, decisions, behaviour, and a responsible presence – science on life and healthcare, by applying different ethical methodologies with interdisciplinary placement (Matulić, 2001: 76). In further text, Matulić offers several pioneering attempts of defining bioethics by starting from Danner Clouser, Daniel Callahan, Tom Beauchamp and James Childress to Elio Sgreccia, Corrad Viafor. Matulić, finally, concludes himself that it will be hard to define bioethics because in the period from the 1970s to today it is almost as if we are at the beginning when defining bioethics (Matulić, 2001: 81). Matulić says that bioethics, in the majority of cases, is not also a place where

practical life witnesses what is theoretically or literary shaped but also only one polyvalent *forma logico-structuralis* with the help of which every interested participant can arrive to practical normative judgments which may never be confirmed in practice (Matulić, 2001: 81). Hrvoje Jurić will, similarly to Matulić, state that when talking about the definition of bioethics there is no *single* definition of bioethics which could satisfy everyone considering themselves practitioners of bioethics. It is precisely the opposite, there is an abundance of different definitions, seldom even definitions opposed to each other (Jurić, 2010). It is significant, says Jurić, that bioethics is not talked about as a science or a scientific discipline when attempting to define it, given the fact that it is that kind of characterization which would assume much that bioethics does not have and may never have i.e. may not be able to have (Jurić, 2010: 239). The stated cognitions on defining bioethics, on its status within science or attempting to define it as a science are important, if for no other reason, but precisely for its possibility to be an orientational strength which would mirror possible solutions on the level man, life and nature (living and unliving world) by using its plasticity in interdisciplinary dialogue on the pluriperspectivity and integrative platform.

In the context of bioethics as an orientational knowledge, Ante Čović, by relying on Jürgen Mittelstrass, says that Mittelstrass, in the book *Science as a form of Life* with the eloquent subtitle *Speaks on philosophical orientations in science and at the university*, defined science as a special form of social action in which knowledge is created and the university as a place at which it is created and mediated and, during that, noticed that the original idea in which science and university are not just institutions expanding knowledge but also the ones giving orientation in social life fell away. Knowledge, in contemporary society, became more of a basis for mastering nature and society and offers far less orientation for life in nature and society. Science, as such, may not be able to create orientational knowledge today, but it can participate in searching for orientational frameworks and the production of orientational knowledge (Čović, 2006: 7-12). In the stated context, we can also observe knowledge which, in a practical sense, is given through expert studies, and then also the expert study program for physiotherapy and nursing. The bioethical paradigm is attempting to introduce different perspectives and enable the development of orientational knowledge through its horizon, in which other forms of theoretical or practical knowledge can then be included in different ways.

Ivan Cifrić will also state that we lack orientational knowledge or, at the very least, we do not have enough of it. Cifrić states that contemporary mankind

possesses enough objective, scientific and useful knowledge on itself, life, the environment and complex ecosystems. Enough is known on the negative consequences of the application of some scientific knowledge as well, and yet it is still being produced. Unlike what was said, little is known on some of the consequences of scientific knowledge, but risks are being made (Cifrić, 2007: 41). Orientational knowledge is acquired in the process of upbringing (socialization) and by its essence – to put it in shortest terms possible – it is knowledge on ethical principles, social values, human experience and standards (Cifrić, 2007: 41). According to Cifrić, bioethics is the one which enables getting along in life and the educational system has a task of internalizing such orientational knowledge in achieving goals. Cifrić also gives a short overview of several theses on education in the modern society which point to difficulties in the activities of an institutional educational system in educating a generation and concludes that, in education, the institutional educational system is not the only one that is important (family, kindergarten, school, university, science institute) but also other actors: media, companies, civil society, syndicates, Churches, state authorities, which can indirectly or directly affect the life of a man and his co-world. We can, along with Cifrić, state that different educational curriculums at the university (polytechnic, college) do not limit the efficient bioethical education but enable it, but it is slowly built into them. Today it is just the case that scientific knowledge is given the advantage, not the orientational one and so it is becoming more important to “produce” a good and “cold” expert than an educated man with ethical principles (Cifrić, 2007: 46-47).

Philosophical-ethical and bioethical education in the programs of Bjelovar, Karlovac, Vukovar and Zagreb faculties

The physiotherapy study program at the University of Applied Health Sciences in Zagreb in 2016 had the subject bioethics as a mandatory 15 hours of classes and 15 hours of seminars class for 2 ECTS points and a rather well-put syllabus. The content of the class offers framework topics: The development and meaning of ethical thought. International codes of ethics of healthcare professionals. The notion of morals, morality and moral norms. Ethical problems in relations of healthcare workers and the ill. Respecting man's life and his death. Responsibility for quality and personal professional development. Ethical dilemmas and ethical decision-making in healthcare teams. The basic works used for the class are: Aramini, M. (2009) *Uvod u bioetiku*, Kršćanska sadašnjost, Zagreb, and Kalauz, S. (2012) *Etika u sestrinstvu*, Medicinska naklada, Zagreb, while the recommended

works are Matulić, T. (2009) *Metamorfoze kulture*, Glas Koncila, Zagreb, and Bebek, B., Kolumbić, A. (2005) *Poslovna etika*, Sinergija nakladništvo d.o.o. Zagreb.

The physiotherapy study program at the College of Applied Sciences in Vukovar has bioethics as a class and a rather well-put syllabus for it. It is mandatory and has 15 hours of classes and 15 hours of seminars and 2 ECTS points. The content of the class is similar to the one in Zagreb and offers framework topics: The development and significance of ethical thought. International ethical codes of healthcare professionals. The notion of morals, morality and moral norms. Respecting man's life and his death. Responsibility for quality and personal professional development. Ethical dilemmas and ethical decision-making in healthcare teams. The basic works used for the class are outdated and deficient: Švajger, A. (1995) *Medicinska etika: priručno štivo*, Medicinski fakultet sveučilišta u Zagrebu, Zagreb, and Romić, R. J. (1973) *Personalistička etika*, Naprijed, Zagreb.

The nursery study program at the Karlovac University of Applied Sciences has the class Philosophy and Bioethics. The syllabus is unavailable. The class has 30 hours of classes and 15 hours of seminars. Considering the larger number of hours, it is possible to assume that the number of ECTS points is larger. Given that the study program of nursery in Karlovac is a dislocated study of the Faculty of Health Studies in Rijeka, we can assume that they are using the program from Rijeka.

The study program for nursery at the Bjelovar University of Applied Sciences has the class Philosophy and Ethics in Nursery and a pretty well-put syllabus. It has 30 hours of classes and 15 hours of seminars, along with 2 ECTS points. The content of the class offers the following: The notion of ethics as a philosophical discipline, The history of ethics, Morality as a topic ethics deals with and its development, The history of nursery ethics, Traditional and modern ethical theory applicable in nursery practice, Ethical theories (ethics of virtue, ethics of duty, Kant's ethics of duty, utilitarian ethics, ethics of care), The principles of nursery ethics. Principlism in nursery practice, The system of moral values in nursery – moral characteristics (governing oneself, the relationship with the patient, his family and co-workers), Professional ethics and nursery, Ethical code of nurses, The content and availability of documents, Models of making ethical decisions in nursery practice, A nurse as a mediator in the process of making ethical decisions, Representing the interest of the patient, Declaration on human rights and the rights of patients and The importance of keeping a professional

secret. It is only in the aims of the class that bioethics is also mentioned. The basic work used for the class is Znidarčić, Ž. (2004) *Medicinska etika I*, Centar za bioetiku FTIDI Zagreb, Zagreb, and, along with this, the following is offered: *Etički kodeks* (2005), Hrvatska komora medicinskih sestara, (available at http://www.hkms.hr/data/1321863874_853_mala_Eticki%20kodeks.pdf). The recommended works are as following: Čović, A. (2011), *Pojmovna razgraničenja: moral, etika, medicinska etika, bioetika, integrativna bioetika, Bioetika i dijete: Moralne dileme u pedijatriji*, p. 11-24, Pergamena, Zagreb, and Kalauz, S. (2012) *Etika u sestinstvu*, Medicinska naklada, Zagreb.

Based on a brief and casual overview of study programs, we can notice that the syllabi at different universities are set up differently, content-wise, given that works used often does not go hand in hand with newer scientific contributions. At some faculties, the works used are from the previous century and it would be possible, judging by the very choice of works cited, to create an image who the lecturers at a certain faculty are and whether the class is more focused on medicinal ethics, the bioethics of a Christian character, philosophical bioethics or bioethics which is integrative and bioethical in orientation. Apart from the choice of works cited, which should definitely include titles of a newer release date, nothing of the stated bioethical perspectives is not foreign to bioethics as such. However, it would definitely be good if the lecturers at faculties try to organize somehow or connect so that they may better exchange thoughts and opinions and that their classes would be as unified as possible content-wise and then also in regards to aims and outcomes, which is even wanted in the Bologna process, especially when one student is transferring from one faculty to another. Perhaps the guilty party for the stated unevenness is also the fact that bioethics itself (bioethicists) still do not know where will the paradigm, as such, lead us and then everybody, within the limits of their academic freedom for scientific-expert-research work allows themselves to set up the class in their own way.

The importance of bioethics in physiotherapy and nursery

There are difficulties when defining bioethics. Perhaps we will never get what we expect from bioethics and perhaps that is good because that is how it should be. Contrary to the stated opinion, perhaps it would be good to guide ethics to something concrete because in the overwhelming width and blur its power to argue is lost and there is a trap not to take bioethics and bioethicists seriously. Here we can state also the warning of the aforementioned Amir Muzur and Iva

Rinčić when they say (we already mentioned this earlier) that bioethics may be buying time until better solutions are found. Whether bioethics is buying time or not, in class, from experience and talking to lecturers, it is shown that bioethics as such presents a challenge for students and that they gladly take part and actively participate in bioethical discussions. If nothing else, then the very interest of the students is a good indicator that bioethics has its place (perhaps it should be even more highlighted) in the framework of education in the field of bachelors of nursery and physiotherapy.

When she talks about applying bioethical principles in nursery, Sonja Kalauz says that the relationship between a nurse and a patient is close, more intimate and ongoing, as opposed to the relationship between a doctor and a patient in which there is an intermediary approach, more rational, with technical information at the level of scientific proof (Kalauz, 2011: 249). Almost the same goes for a physiotherapist as well, who is in a much closer (intimate) relationship with a patient than a doctor (physician). In the very healthcare practice, a meeting at the level of different scientific disciplines occurs and, like bioethical width we mentioned before, there is a difference in approach and methodologies, all for the purpose of creating the basic prerequisites for the advancement of quality of human life and man's health. Contemporary healthcare, and especially the notion palliative care which we see more and more as of late, seeks primarily all-day care for a person (patient) but also a wholesome approach to man, whether he be healthy (advancement of health) or ill (advancement of treatment and recovery) has to be unique and permanent. In that direction, Sonja Kalauz says that contemporary healthcare is greatly founded on evidence (*evidence based care*), and it is especially seen in the area of medicine (*evidence based medicine*) and patient healthcare (*evidence based nursing care*). Evidence based healthcare is interpreted as a conscientious, certain, and critical application of the best possible evidence (Kalauz, 2011: 265). A question is raised of whether the exclusively scientific approach to a patient (person) is always the best approach if we know that the scientific research isn't always done according to the same principle and that it can give different results. By relying on Lidija Gajski, Kalauz says that if healthcare based on evidence is interpreted as a conscientious and certain critical application of the best possible evidence in making a decision for patient care, then it is noticeable that an accent is put on an individual (Kalauz, 2011: 266; Gajski, 2009:148-150). Whether that is truly so or it is simply a declarative focus on the importance of a patient's characteristics, opinions, value systems, tendencies etc. and that therapy should be done by taking into account

the perspectives of the patient, their family members and other participants, unless clear medical reasons say otherwise. The most important thing of all is not to reduce healthcare to a narrow field (even if it is scientific) and forget the difference in needs and perspectives of patients along the way, but also the opinions of other experts.

It is logical that in a rehabilitation team, when we talk about physiotherapy, there is a doctor or a physician or, for instance, a specialist of physical medicine and rehabilitation as the leader of the group. However, the leader himself knows that without the inclusion of an administrative drive the right way, as well as without the personnel which will put into practice the diagnoses of the doctor, as well as the decisions made based on the diagnoses – which are physiotherapists and nurses in this case, it is hard that it will truly be possible to realize and satisfy a wide field of sought perspectives, beginning from the specialties concerning the healthcare institution itself and the personnel we already stated, through the people need the healthcare, until the family and social community. It would be important to think also along the lines of the concept of the so-called personalized medicine in order to, through the ethical codes of institutions within which rehabilitation is ensured, ensure the ethical approach to a patient on the principles of personalist ethics, by respecting the integrity of each person (Houra et al., 2016: 1-17; Lipozenčić, 2013: 28-30). In the paper *The demands of bioethics in the physiotherapy of living creatures*, authors Mile Marinčić, Tatjana Trošt Bobić and Javor Bojan Leš warn of the stated elements by mentioning, by way of examples from practice, the problems with which a physiotherapist is met every day and highlight that it is often required to approach the same problem in rehabilitation from different perspectives. The authors state that, when dealing with the rehabilitation of patients, the current system between doctor and the Croatian Health Insurance Fund does not support the principles and demands of bioethics or, at the very least, are only partially familiar with them. The aforementioned is only one reason more for a more systematic worry and assertion on bioethical education and then, based on bioethical education, the setup of new parameters (rules of the game) in the circle of those taking part in the process of a single patient's recovery. The stated rules also include thinking of new legal solutions in the mentioned line, all for the purpose of a maximally efficient relationship with the patient and ultimately the good of all (Marinčić, Trošt Bobić and Leš, 2017: 133).

It would by no means be good that all the good suggestions created for years primarily through the Lošinj Days of Bioethics and now the Osijek Days of

Bioethics remain only on a theoretical or declarative level. It would be good to question the role, place and significance of bioethics in class at universities (such an idea was already born in the circle of Mile Marinčić, Midhat Jašić and Ivica Kelam), and has been placed as a project in front of the Faculty of Education in Osijek and on the motion of such a task (project) there should be systematical work done on the most quality implementation of bioethics (integrative bioethics) that is possible at universities, seeking to build a network of bioethics along the way, which would in the near future come alive as a well-tried system and begin to give specific results. One should not forget the Centre for Integrative Bioethics which was, thanks to Ante Čović, developed within the Faculty of Humanities and Social Sciences of the University of Zagreb and within which (on the basis of which) everything mentioned above can be seen in practice.

The importance of bioethics in kinesiology and physiotherapy

Seldom is kinesiology observed exclusively as a science of sport and there is a widespread opinion that it is most important for kinesiology to achieve great success in sports. Even though it is an important and noteworthy segment of social action and requires extreme effort and perseverance in the work of the athlete but their family and the system as a whole as well, it is still not the only aim of kinesiology. The main aim of kinesiology, as a science of movement is the advancement of human health through movement (Mraković, 1997). The principles of kinesiology are firmly ingrained into the everyday job of the physical therapist. Therapeutic exercising (kinesitherapy) makes up the majority of content of physical therapy for the majority of health issues, whether it is exercising in water, the gym, with the help of various aids or robotic exoskeletons. In the background of each of those therapies is movement. Therefore, it is of extreme importance that the therapist should have the knowledge from the area of planning and programming kinesitherapy procedures, as well as controlling their action on the patient's health. A good plan of therapeutic exercise, which was built by respecting the principles of training theory and adapted to the health status of the patient can be used in systems of prevention, rehabilitation and treatment.

The basic biotic need of man, along with water, oxygen and food is movement i.e. muscular activity. We are witnesses of a devastation of human health on a global scale today, the cause of which is insufficient movement i.e. the sedentary

way of life with urbanization, industrialization, and life habits which are bad for our health. This fact was also recognized by the World Health Organization which, in its current document, Global Aims of the World Health Organization, in the strategy of countering non-infectious diseases for the period of 2016-2025 foresaw precisely the necessity of reducing the level of humanity's inactivity on a global scale by 10%. The same organization this year made a Global Action Plan for Physical Activity 2018-2030 (World Health Organization, 2018). According to the Croatian Health Care Fund (2015), in Croatia, chronic non-infectious diseases are the leading cause of morbidity and mortality, just like in the whole world. Carefully planned exercising is what is used in their prevention and treatment, as well as maintaining health of chronic patients (Billinger et al., 2014: 2532-2553) At the centre of kinesitherapy there is movement as a function of the organism which occurs in the midst of the interaction of organs and organic systems (Trošt Bobić, Ciliga and Petrinović, 2016: 59-65). Movement can have a positive effect to the function of multiple organs and organic systems, which makes it an inevitable method of improving human health.

The knowledge from the area of kinesiology are applied in the diagnostics of motor function and the postural estimate of the patient, when setting realistic goals of kinesitherapy, as well as governing the exercising process until the set results are achieved. They are also important in patient education on the necessity of everyday exercising in order to maintain achieved results. In that sense, physical therapy, as an area of applying kinesiology represents contemporary interdisciplinary professions which, from different aspects and with the help of a multitude of tools and knowledge from numerous related disciplines, acts for the improvement of the patient's health. From a bioethical standpoint, it is key to mention that the duty of every professional, therefore physical therapists, kinesitherapists, doctors and others as well, is to use all available resources proven to have a positive effect on health when treating and rehabilitating patients. The realization of what was said is only possible with acting on multiple levels, such as: a) the level of education on new scientifically based methods within the framework of high school, higher education or lifelong education; b) the level of selfless transfer of knowledge to colleagues and c) the level of systematic application of said knowledge in everyday clinical practice.

Conclusion

In the interdisciplinary, pluriperspective and integrative sense, based on historic course and developmental phases of bioethics, it is possible to accept the difference in syllabi (works cited) as well as the difference in the way bioethics as a class is being done at different universities, through their study programs. Perhaps it is the consequence of the very width that the bioethical paradigm encompasses, as well as its phases of creation, content, and methodology, which we spoke on previously. It is perhaps precisely the fact that bioethics is not a science and that it will most probably never have the elements which would characterize it as a science that it has the option to rise up anew, like the phoenix, and soar above the horizon of various problems with which science, as such, but also man and the entire world are faced and in the variety of approaches to those same problems mirror the best possible solutions for each of them.

It would be important that the class of bioethics, within the framework of physical therapy as a study program, be unified so that there would not be great deviations, not so much because of the number of classes, but more content-wise. Such a unified bioethical offer would surely enable a clearer image for students (future bachelors) of physical therapy and nursery of just how important their role is as members of the therapeutic team on the one hand, as well as their mutual relationship, and their relationship towards the person (patient), the patient's family and the social community on the other hand. The nurse is a link between the doctor and the person (patient), and between the physical therapist and the person (patient), the physical therapist available for the person (patient) at any time by following regulations and instructions of the doctor and in communication with the nurse if a person (patient) has some specialties, and everybody is open for communication together (if it is needed) with the family of the person (patient) and the wider social community. Such a platform would definitely ensure precisely the approach which would be offered through the bioethical paradigm and orientational knowledge and which, at its end, is plastic and becomes the essence of different perspectives and, by that, pluriperspective, and all for the purpose of the best possible effect on the person (patient), the satisfaction of the therapeutic team and the good of the wider social community. We can, together with Ivan Cifrić, conclude that within the framework of modern education today it should, in no way, be more important to acquire as much knowledge as possible and to permanently select knowledge according to the criteria of profitability in application than look for orientational knowledge which would enable the criteria of disposition with

scientific knowledge in relation to life in general but also towards the quality of life (Cifrić, 2007: 47). When we talk about physical therapy and nursery, the quality of life of the person (patient) would be the inclusion of all segments (not only necessarily therapeutic) into the maximum possible worry for the health and recovery of the person. When the aforementioned relations between doctor (specialist) – nurse – physical therapist – person (patient) – family – social community would try to truly be open for one another and connected as much as possible, surely the role of the physical therapist as well as the other participants would be observed with entirely different eyes, and everyone would be taken into account and appreciated. Bioethics can surely contribute to such a harmonious relationship for the good of everybody. Finally, in the synergy of kinesitherapy (kinesitherapist) and physical therapy (physical therapist), including all the other aforementioned participants, the health and quality of life can surely be systematically improved in the future, on all the levels of society. Mental and physical health are inseparable from one another when we talk about the health of the individual and society and, in that context, different paths (perspectives) are necessary in order to achieve the best possible effects.

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BIOETIKA U FIZIOTERAPIJI I SESTRINSTVU²

Sažetak

Zanimanje za etičke teme kao i bioetičke teme u društvu uvijek je prisutno. Međutim, postavlja se pitanje na koji način se javnosti prezentiraju etičko i bioetički problemi širokoga spektra počevši od pitanja vezanih uz zdravlje, medicinu, tehniku i tehnologiju, genetiku, pa do pitanja vezanih uz ekonomiju i politiku. Ukoliko se u različitim poljima društvenog života bude o etičko-bioetičkim temama govorilo bez sustavne metodološke pripreme, lako se može upasti u zamku govora o etikama i bioetikama, koje će biti prezentirane na način kako to nekom u određenom trenutku bude odgovaralo. Kad govorimo o obrazovnim ustanovama koje se svrstavaju u kategoriju Visoka škola ili Veleučilište, a koje u sebi nose i studijske programe vezane uz medicinu i zdravlje, svakako bi bilo dobro napraviti analizu etičko-bioetičke ponude na navedenim institucijama. U novije vrijeme poseban interes maturanata zaokupljaju studijski programi vezani uz fizioterapiju i sestrinstvo kao stručni studij. Bioetika je u okviru navedenih studijskih programa obavezan predmet. Međutim, bioetiku kao predmet na navedenim učilištima predaju različiti profili predavača, počevši od medicinske struke, preko, filozofa, teologa, sociologa, pa do pravnika. Naravno, da je navedeno moguće, jer se znanstvenik u svom znanstvenom radu može baviti različitim znanstvenim izazovima, ali svakako bi bilo važno

² Ovaj rad nastao je u sklopu istraživačkog programa Znanstvenog centra izvrsnosti za integrativnu bioetiku (proglašen 10. studenoga 2014. odlukom ministra znanosti, obrazovanja i sporta Republike Hrvatske), koji se ostvaruje pri Filozofskom fakultetu Sveučilišta u Zagrebu kao ustanovi nositeljici Centra.

barem ujednačiti syllabuse, te planove i programe izvođenja predmeta bioetika u okviru studijskog programa fizioterapija i sestrinstvo. Važno je napomenuti da se u okviru fizioterapije osim predmeta iz polja bio-medicine dosta nastave bazira i na polju kineziologije, te bi se u plan i program bioetike trebalo uvrstiti i navedeno polje.

▮ **Ključne riječi:** etika, bioetika, fizioterapija, sestrinstvo, kineziterapija