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CERTAIN CULTURAL-RELIGIOUS SPECIFICS OF HEALTH CARE "IN THE END OF LIFE" IN THE CONTEXT OF (WHITE) BIOETHICS AND RELIGIOUS STUDIES

Summary. The article presents some specifics of health care provision, which are influenced by the cultural-religious background with the emphasis on the ethical problems and solutions relevant to the end of human life (therapy cessation, facilitate dying, use of analgesics, euthanasia etc.). In present plurastic world it is important that health professionals not only respected the personality of the person who is ill in the context of medical, doctor and health ethics (white bioethics) but also get and use knowledge and information from the religious studies as science about religions.

Keywords: bioethics. medical ethics. health care. end of human life. Christianity. Judaism. Islam. religion.

O NIEKTÓRYCH KULTUROWO-RELIGIJNYCH ZAGADNIENIACH OPIEKI ZDROWOTNEJ „POD KONIEC ŻYCIA" W ZWIĄZKU Z (BIAŁĄ) BIOETYKĄ I RELIGIOZNAWSTWEM

Streszczenie. W artykule przedstawiono niektóre specyficzne zagadnienia opieki zdrowotnej, na które wpływa kulturowo-religijne środowisko, ze szczególnym uwzględnieniem zagadnień etycznych, związanych z końcem życia człowieka (zakończenie terapii, ułatwienie umierania, stosowanie analgetyków, eutanazji oraz in.). Dla współczesnego pluralistycznego społeczeństwa jest ważne, by personel zdrowotny brał pod uwagę osobowość chorego nie tylko w medycznym aspekcie opieki lekarskiej i zdrowotnej (białej bioetyki), lecz miał i stosował wiadomości oraz wiedzę również z religioznawstwa jako nauki o religiach.

Słowa kluczowe: bioetyka, etyka medyczna, służba zdrowia, koniec ludzkiego życia, chrześcijaństwo, judaizm, islam, religia.

1. Introduction

In contemporary postmodern society great demands are placed on a physician (medic). This career is primarily based on the relationship of the physician (medic) and their patient, which needs to be based on the equivalence and equality of both sides. The approach of the physician (medic) to their patient is considered from the perspective of both a vocational attitude and ethics. Moral values and rules are expressed in the well-known Hippocratic Oath, which contains ethical instructions dealing with a physician's behaviour and actions. This Oath is the core of vocational virtuousness of the physician and a synonym for the high profile of a physician's responsibility to their patient. S. Matochová assumes that the main aim is the good of the patient in its broadest sense. The Hippocratic Oath is based on the pledge of the physician to do everything for a patient's well-being and good as well as the pledge to preserve the life of the patient unconditionally. It also includes other duties in relation to the patient, for example protecting them from harm and wrong as well as to protect all information learned during treatment and out of treatment. The pledge in relation to third parties that the physician will also behave ethically in every house they enter is beyond the duties to the patient. That should contribute to the trustworthiness not only of a single physician but also medicine itself. Compliance with this Oath protects not only physicians and their patients but also all society.[1]

The Hippocratic Oath is the quality source of the physician's vocational ethics of the physician, however, medical ethics is developing as fast as the postmodern society we live in. P. Zimová assumes that the historical shift from Hippocrates' rule "nolinocere" – not to harm – to the contemporary medicine rule "aedere" – to help – is the typical example of developing ethics in medicine.[2] That means the physician is always obliged to help everyone who needs (medical) aid. The quality of ethics of medical professionals' work is greatly influenced by the level of knowledge, information and experience it contains and takes a few factors into consideration. These factors influence solutions and decisions in a particular situation. The cultural-religious environment in which the knowledge of patient is formed is one of them. That means medicine is one of the aspects influencing human health and life, but these are often influenced and regulated also by the patient's religious beliefs. The sustenance of the health and life of a sick and suffering person cannot be separated from keeping the principles of human freedom and thus from the principle of respecting the opinion of an individual. It is obvious that medical aid cannot be provided sufficiently without the knowledge of culture specifics. Physicians should place an emphasis on keeping certain rules in order not to hurt

[1]Matochová, S. Etika a právo v kontexte lékařské etiky. Brno: Lékařská fakulta Masarykovy univerzity, 2009, pp.51

[2]Zímová, P., Etika v lékařském výzkumu za účasti lidských subjektu z pohledu lékařského a filosofického. In: Časopis zdravotnického práva a bioetiky. Journal of Medical Law and Bioethics, Vol 1, No 3, 2011. /online/. Available on: http: // www.ilaw.cas.cz/medlawjournal/index.php/medlawjournal/article/view/17.

the religious feelings of the sick, common both intentionally and unintentionally when providing not only planned but also medical aid in extreme situations (emergency, rescue).

Religious, cultural and ethnic specifics may cause several restrictions and problems when providing medical aid, for example when providing humanitarian aid to people in countries affected by armed conflicts or natural disasters, to migrants and so on; this may have extremely negative consequences. One particular example is an Islam devotee visiting a dentist during the holy month of Ramadan– they may lose consciousness, because at this time every Muslim must fast. In some Islamic countries a blood transfusion without the consent of a patient or their relatives is considered an offence even in life-threatening cases (some African countries).The violation of this rule is punished –a criminal liability is imposed. In Islamic countries a male physician (medic) is permitted to see the female body only in the presence of the closest relatives. The importance of the patient's autonomy (as an ethical principle) in the Western (Christian) world may not be accepted in a different ethnic and religious environment or contemporary medical recommendations and directives may be contrary to certain religious opinions. It is obvious that in some cases also other aspects besides religious should be taken into consideration, for example the laws existing in society. This may cause problems in finding a consensus between secular and religious law or the opinions of different cultures.

The lack of knowledge of such cultural-religious specifics may cause tragedies. Several cases in the USA against physicians who violated the religious rights of their patients ended with the loss of physicians. These cases are examples of such tragedies. The vaccination programme in Asian countries is a better-known example. At first, it was a total fiasco for physicians because the vaccine was made using the blood of European donors. This problem was solved by using the blood of local citizens – the most respected ones (elders). Many such examples can be stated. In the contemporary pluralistic world it is common for professionals in medical science and health care to meet patients with certain moral principles and attitudes following their religion. Respect fora patient's personality in the context of medical and health ethics as well as knowledge and information of religionistics as a science of religions are very important for every health professional. Its importance for contemporary man, i.e. also for the health professional, lies not only in a more accurate description of well-known religious phenomena and the consequent understanding of religions. As a consequence of the developing global culture, the problem of religious and cultural pluralism is more emphasized. Therefore the necessity of passive orientation and finding ways of discursive intercultural and interreligious communication is increasing.[3]The knowledge of moral and doctrinal aspects of religions can help to adopt an appropriate position considering ethic judgements and decisions related with the bioethical problems of "the end of life".[4] It is

[3]Heller, J., Mrázek, M. Nastin religionistiky. Praha: Kalich, 2004

[4]Boyle, J. M. Jr., Novak, D. Religions and Cultural Perspectives in Bioethics Introduction. In: Singer, P. A., Viens, A. M. The Cambridge Textbook of Bioethics. Cambridge University Press, 2008, pp. 379-441

obvious that nowadays or as the case may be in the near future the whole health system is or will be confronted by patients with various religions and their moral doctrines.
In our paper we try to outline some specifics of providing health care influenced by cultural-religious environment forming a worldview of people (both patients and medics) with the emphasis on ethical problems and decisions related to the end of life. We assume that the decisions of physicians and patients related to the various aspects of medical aid are significantly influenced by their religious beliefs. Not all religious doctrines, however, contain clear rules concerning health protection, the stop of the treatment or its absence, facilitation of dying, using of narcotic analgesics, euthanasia, and so on.

2. The attitude of Christianity to the problem of health care at the end of the life

Christianity is considered to be the most populous religion in the world. It is a monotheistic religion like Judaism and Islam. These three religions are mutually interconnected and related, i.e. not only possessing similar features but also historically interlocked. Religious belief is considered as lived when manifesting itself in love and is knowable according to good deeds. Love is the basis of morality, the universal mover of all virtues and all moral life. The commandment of mutual love requires openness to one's fellow person. A fellow person is the standard of moral behaviour, i.e. what is not related to people cannot be the aim or purpose of a moral deed.[5]
It cannot be stated that decisions taken at the end of life are unanimous in the Christian context. Christianity as a religion constitutes the diversity of religious movements, such as Jehovah's Witnesses, Lutheranism, Catholicism, Orthodox Church and others.

Catholicism works on the long Christianity tradition. Catholic (medical) ethics draws upon ideological sources such as Bible, the teachings of philosophers and theologians, certain religious texts (for example Encyclicals by popes and other). Since the time of St. Thomas Aquinas the duties of a physician have been appearing in Confession Guides and theological summaries set into the broad framework of Catholic morality. When pursuing their activities medics should behave according to the so-called "Natural Law" (originally elaborated in the teachings of St. Thomas Aquinas).This "Natural Law" is currently interpreted not as "a series of requirements and prohibitions", but as a recommendation to do everything within our power for a physician (medic) to understand the purpose of human life and everything associated with it and to find ways of behaviour respecting this purpose.[6]

[5] Konig, F., Waldenfels, H. Lexikón náboženství. Praha: Victoria Publishing, a.s., 1987, pp. 142-152
[6] Munzarová, M. Úvod do studia lékařské etiky a bioetiky. Brno: Vydavatelství Masarykovy univerzity, 1995

The principles of stewardship, inviolability and the sanctity of human life, totality and integrity, double effect, freedom and responsibility, community development and mutual aid are considered to be the most significant ethical principles with immediate relationship to the activities of a physician.

The official position of the Catholic Church regarding the above-mentioned questions was expressed in 1995 by Pope St. John Paul II in Encyclical Evangelium Vitae (in the Catechism of the Catholic Church in shortened form). Among other things it is the expression of opinion allowing the stopping or non-performance of treatment helping to sustain life when it is painful, dangerous or should have an unpredictable impact.[7]Euthanasia is condemned in this document as a very worrying phenomenon of the "death culture" spreading mainly in society characterised by welfare and "the utility mentality". According to this mentality society is weighed down by the increasing number of old and immobile people.[8]In other documents, for example the Declaration on Euthanasia (1980) states that by means of treatment it is permissible to rid the patient or a dying person of pain and suffering even with the risk of shortening their life as an unintended effect (double effect), despite the fact that the pain accompanying dying is the Christian symbol of Jesus suffering on the cross. Active euthanasia is forbidden, a palliative treatment and need of care to be offered to the incurably ill.

Protestantism is the youngest Christian movement with significant moral questions corresponding with the ones in Catholicism. It is characteristic with the diversity of its denominations (Lutherans, Baptists, Methodists, Presbyterians and others). Unlike Catholicism, Protestantism emphasizes the personal knowledge of the Bible and its interpretation for every individual.[9]Regarding the diversity of denominations Protestant bioethics and medical ethics do not have clearly and straightforwardly formulated principles dealing with questions and issues on the end of life.

It can be stated that the majority of Protestants are for using modern methods and means of treatment targeted on the sustenance of life. Some of the religious denominations are for stopping treatment when the hope of a cure no longer exists.[10]The issue of euthanasia is an example of different opinions. The German Protestant Church elaborated detailed measures and directives dealing with decisions taken at the end of life, but unlike the members of the Reformed tradition (for example, in the Netherlands) defending euthanasia, German Protestants strictly reject it.[11]

[7]Ján Pavol II. Encyklika Evangelium Vitae. Trnava: Spolok svätého Vojtecha, 1995
[8]Ján Pavol II. Encyklika Evangelium Vitae. Trnava: Spolok svätého Vojtecha, 1995
[9] Kovaľová, D. Príručka bioetiky. Banská Bystrica: Belianum, 2014, pp. 11
[10] Pauls, M., Hutchinson, R. C. Bioethics for Clinicians: Protestant Bioethics. In: CMAJ, February 5, 2002, Vol 166, No 3, pp. 339-343
[11] May, A. T. Physician – Assisted Suicide, Euthanasia, and Christian Bioethics: Moral Controversy in Germany. In: Christian Bioethics. Oxford University press, 2003, 9(2-3), pp. 273-283

The Orthodox Church is a Christian Church similar to Catholicism in matters of religion and ethics. It sees itself in the identity of a Christian Church of the first millennium mainly regarding dogmatics. The matters of bioethics and ethics are understood in the sense of individual relationship of the faithful to the God. Orthodox ethics and bioethics are based on the postulate that God the Creator is incomprehensible and unknowable to humans. His presence can be recognized only in a personal mystical experience. The mystical ubiquity of God is the matter of religion and every human (physician, medic) is connected to it through individual moral responsibility for every action. Death in the Orthodox Church is interpreted not as a biological process but as a mystery filled with a hidden religious purpose and blessing.[12]It follows from the above that every death as a conclusion of human decision is considered to be a challenge to God and every medical action not focused on increasing life years is evaluated as unethical. According to the Bioethics Committee of the Church of Greece there is always the possibility of making a mistake when diagnosing, the possibility of an unexpected course of the disease and also a miracle.[13]It is not permissible to refuse treatment, even in the case when a fully conscious patient asks to stop the treatment (even if it can save their life) the physician's moral obligation is to persuade the patient to consent to the treatment. It is permitted to use painkillers but only to the extent that they cannot cause the patient's death. It is not possible to refuse or stop artificial nutrition even when there is no hope for recovery.[14]

The term euthanasia is of Greek origin and literally means "good death". The good death is interpreted by the Orthodox Church as a calm, painless end without suffering. The contemporary interpretation of active euthanasia as a mercy killing is categorically rejected by the Orthodox Church.

The artificial sustenance of life is permitted only with methods enabling hope to increase years of life. Therefore the stopping of artificial respiration is permitted in the case of brain death.[15] Organ transplantation is permitted only with the voluntary and conscious consent of a donor or their relatives.[16] This regulation of the Orthodox Church is contrary to the current legislation of some countries whose citizens profess to the Orthodox Church (for example Greece, Slovakia and so on), so the principle of presumed organ donation consent is valid.

[12] Hatzinikolaou, N. Prolonging Life or Hindering Death? An Orthodox Perspective on Death, Dying and Euthanasia. In: Christian Bioethics, 2003, 9(2-3), pp. 187-201

[13]The Holy Synod of the Church of the Greece, Bioethics Comittee. Basic positions on the Ethics of Transplantations and Euthanasia. 2000. /online/ Available on: http: //www.bioethics.org.gr. /cit. 5. 4. 2016/

[14]Ibidem

[15] Ibidem

[16] Ibidem

3. The attitude of Judaism to the problem of health care at the end of life

Jewish medical ethics and bioethics are strongly connected with the rich tradition of Jewish law. Halakha or the collective body of Jewish laws as the overall summary of Jewish religious law including biblical law and later Talmudic and Rabbinic law, traditions and customs directs not only religious practices and dogmatics, but also other aspects of everyday life. It is said that it helps find answers to the most complex questions, i.e. bioethic issues including these emerging "at the end of the life". So that it provides answers to the question of passive or active actions of medics focused on sustenance or ending the life of patients. According to Halakha the acceleration of death is not permitted even in the case of a terminally ill patient. Painkillers are permitted and also the active increasing of life years for the suffering patient.[17]

The stopping of treatment focused on increasing of years of life is allowed but the stopping of therapy for life sustenance that is a continuous part of treatment is forbidden.[18]The Jewish law is clear about the fact that life cannot be taken away when there is not yet time and that the process of dying cannot be hampered when the time has come. The obligation to cure and the obligation not to delay death pointlessly need to be also considered carefully by medics.[19]

Active death acceleration, active euthanasia and suicide with the assistance of physicians are forbidden even when the patient requests it.

Life in Judaism is understood as a gift from God and death as a sad but inevitable completion of a well-lived life. Cremation along with everything that hampers decomposition (for example embalmment) is strictly prohibited. The evaluation of autopsies and organ transplantations is also influenced by these requirements in the form of strict commands. The reason autopsies are refused is that they are contrary to Jewish law (they desecrate the human body). Exception from this law is permitted in the cases of epidemics or the necessity of finding a source of infection.[20] On the contrary, for the purpose of organ and tissue transplantation in the process of saving a human life the dead can be donors as well. Organ harvesting from living donors is not permitted yet, because sacrificing life for life is not permitted according to the Talmud.[21] In Jewish tradition man is considered dead when breathing and heart activity stops.[22]With the development of intensive care medicine new resuscitation technologies started to appear, mainly enabling the maintenance of breathing and blood circulation through artificial means. Such technologies moved the borders between life

[17]Ravitsky, V. A. Jewish Perspective on the Refusal of Life – Sustaining Therapies: Culture as Shaping Bioethical Discourse. In: The American Journal of Bioethics, Volume 9, Issue 4, 2009, pp. 60-62
[18] Ibidem
[19] Ibidem
[20]Munzarová, M. Zdravotnícka etika od A do Z. Praha: Grada Publishing, a.s., 2005
[21] Goldsand, G., Rosenberg, Yunger, R.C., Gordon, M. Jewish Bioethics. In: Singer, P. A., Viens, A. M. (Ed.) The Cambridge Textbook of Bioethics. Cambridge University Press, 2008, pp. 424-426
[22]Kovaľová, D. Bioetika a prípadové štúdie. Banská Bystrica: DALI-BB, s.r.o., 2013, pp. 62

and death. The discussion on brain death as the criterion of death was generated and this also influenced Jewish bioethics. Brain death does not fulfil the criteria of death from the point of view of traditional Jewish definition, because in such a case the heart is still beating.[23] Nowadays less traditional opinions that brain death fulfils the criterion of death appear among Jews. Such an attitude allows a heart donation following certain strict rules in compliance with Halakha.[24]

In contemporary Jewish bioethics more liberal opinions concerning "end-of-life therapy" appear. Such opinions hover between the principle of sacredness and human life dignity (coming from the Jewish religious tradition) and the principle of the patient's autonomy (coming from liberal, secularised tradition and Man's Law). These come from the idea that the usage of every new curative method corresponds with independent decision-making, which allows the refusal or withdrawal of such a method. This concerns also methods of increasing life years, i.e. intubation, artificial ventilation, surgery, also chemotherapy and dialysis, which may be refused or renounced even after beginning, because such operations are understood as new methods. The refusal of them is not considered to be the refusal of continuous treatment.

A respiratory therapy is the continuous treatment and its termination is not permitted because it obviously shortens life and may also cause the undesirable and protracted suffering of the patient. Therefore according to Man's (Israeli) Law and Halakha it is permissible to transform the respiration from continuous to discrete(the so-called timer is installed for respiration), changing it from "an instrument sustaining life" to "an instrument of discrete therapy".[25] Finally, the voluntary death of the patient is considered to be more morally acceptable because the purpose is accomplished not in refusal but in termination of the next treatment.

Good deeds are demanded in Judaism, which applies also to medical professionals.

4. The attitude of Islam to the problem of health care at the end of the life

Regarding the number of followers Islam is the world's second largest religion. It is one of the three major monotheistic religions also genetically connected (Judaism, Christianity). Islam is the youngest of them and is considered to be the height and end of the journey leading from the first man Adam, Abraham, Moses and Jesus to Muhammad. From the religionistic point of view it is considered to be a religion significant for overlapping the borders of continents and cultures, its social role and dynamics.

Sharia is the Islamic legal system in which the behaviour codex and codex regulating actions

[23] Volek, P. Určenie smrti človeka a darcovstvo orgánov. Katolícka univerzita v Ružomberku, Filozofická fakulta, 2009, pp.196

[24] Ibidem

[25] Ravitsky, V. Timers on ventilators. In: The BMJ, 2005, 330, pp. 330-415

are stipulated. In this system every detail of human action is elaborated.
Islamic bioethics follows this law based on the Quran (the holy book of all Muslims) and Sunnah (Islamic law based on the teachings, sayings and deeds of the Prophet Muhammad).
Islamic bioethics is interconnected with religion regarding the understanding of life and death. The sustenance of life is obligatory and its taking is considered a deadly sin. A physician needs to do everything for their patient to reduce the risk of a premature death but not at all cost. But when physicians are sure death is inevitable and there is no sufficient treatment for improving health or the quality of the patient's life they can stop the treatment or abstain from the treatment of the terminally ill patient.[26] The acceleration of death is not permitted but it is possible to reject or as the case may be, withdraw the in effective treatment in the spirit of Islamic principle of "no harm and no harassment" ("la dararwa la dirar").[27] The decision to stop treatment is the decision allowing death, which needs to be collective, based on the principle of informed consent. That means involving the patient's family, medics and the attending physician (three physicians in the case of brain death). This obligation applies also to patients in a continuous vegetative state. Euthanasia is, however, strictly forbidden. In the Quran the emphasis is placed on the fact that everything happens with Allah's will – he gives life and death – and because of that euthanasia may not be permitted under any circumstances.[28]
In most Islamic countries the concept of brain death has been approved. Such a concept enables the conclusion of intensive treatment and organ harvesting for transplantation purposes under certain circumstances after brain death.
Nowadays Islam is not a homogenous religion (considering movements, schools, sects),visible in the interpretation, methodology and the system of religious viewing; however, no significant differences regarding bioethics are visible. It can be concluded that unlike "Western bioethics" emphasizing the rights of individuals Islamic bioethics is based on obligations (life protection, seeking health care and so on).[29]

5. The attitude of Confucianism and Taoism to the problem of health care at the end of life

Even nowadays traditional Chinese religion is part of the culture of mankind. It is important to have basic knowledge of it since it is the religion of the most populated,

[26] Daar, S. A., Khitamy, B. A. Bioethics for clinicians: 21. Islamic Bioethics. In: Canadian Medical Association Journal, 2011, Volume 164 (1), pp. 60-63
[27] Ibidem
[28] Ibidem
[29]Daar, A. S., Bakdask, T., Khitamy, A. B. Islam Bioethics. In: Singer, P. A., Viens, A. M. (Ed.) The Cambridge Textbook of Bioethics. Cambridge Unversity Press, 2008. pp. 408-415

economically successful and strongest country literally influencing the whole world. Entire communities of Chinese living all around the world as well as native Europeans and Americans currently profess to this religion. It is mainly the tradition of Confucianism and Taoism.

These two traditions were not originally religious. At first they were more regarded as traditions dealing with (social) ethics, later considered relatively independent branches of the Chinese religion. The older Chinese population currently professes to Buddhism and Taoism, about 60% of younger population considering themselves atheists[30] and Confucianism not considered a religion but a way of life by the majority of the population. Social ethics with the elements of Taoism and Buddhism were greatly influenced by Confucianism.

The difference between Western and Chinese culture is visible mainly in the concept of autonomy. The concept of autonomy in the Western cultural tradition is applied to every individual with the right to self-determination which, regarding healthcare, means they also make decisions about their health. A human being in the Chinese cultural tradition is seen as a "relative me", which means the family plays a crucial role in human life.[31] Family is hierarchised and its main role is to take care of old, sick and infirm family members. The emphasis on family and its role in the human decision process is an integral part of Chinese bioethics.

Death in Taoist teachings is seen and evaluated according to the way of life and is considered to be good when most moral obligations were fulfilled during life.[32]So if the patient is not able to accept a terminal disease and asks the physician for intensive treatment, it is possible they see their mission in life as incomplete and want to fulfil their obligations. Regarding parents, children do not wish them to be informed about their unfavourable diagnosis, based on the principle of respect to their parents and relatives along with their protection. Respect can be showed only to a living parent and dying eliminates this possibility. In Confucianism violating this moral rule is considered to be morally unforgivable. It results in an important rule for physicians, not to inform about an unfavourable diagnosis and the prognosis of a terminal disease, which means keeping a patient's hope alive.

Taoism is divided into the philosophical and religious. The only way how to react in a near-death situation in philosophical Taoism is to accept death and all "artificial" possibilities to avoid it are impermissible. Death in religious Taoism is considered to be the beginning of life of the next world or eternal torment in Hell; therefore a believer of Taoism may want to delay death and use every possible medical method to save their life. [33]In this sense death is considered an obstacle that needs to be overcome so Taoists insist on using every possible

[30]Bowman, K W., Hui, E. C. Bioethics for clinicians: Chinese Bioethics. In: Canadian Medical Association Journal, 2000, Volume 163 (11), pp. 1481-1485

[31]Ibidem

[32] Bowman, K.W., Hui, E. C. Bioethics for clinicians: Chinese bioethics. In: Canadian Medical Association Journal, 2000, Volume 163 (11), pp. 1481-1485

[33]Ibidem

technology helping to prolong and save their life.
Generally, the death issue in Chinese culture is tabuised; therefore a physician is not permitted to inform neither the patient nor their family about the dying process. Hope plays a crucial role and is an important part of care for the dying. In fact, hope enables the overcoming of the fear of death.

Conclusion

The reality is that many medical professionals do not have knowledge about the religious beliefs of their patients. We assume that regarding the mixture of cultures and religions in the contemporary world, the important role of cultural-religious specifics in the healthcare of people and mainly terminally ill and dying people cannot be underestimated and ignored. We believe that physicians and medical staff should care for their patients while taking their religious confession into consideration. Theologians ─ specialists on a particular religion ─ can help with that, but also a specialist on applied ethics, who as a (bio)ethical expert, has knowledge from various branches of science (applied anthropology, psychology, axiology, philosophy and ethics, culturology, law, medical ethics, bioethics, environmental ethics, animal ethics) and last but not least from religionistics. This enables them to identify cultural-religious differences as well as their impact on assessing and solving several ethical problems and dilemmas arising in the healthcare of the terminally ill. D. Kovaľová states that according to many authors, one of the careersa bio(ethical) specialist can find employment in is clinical practice.[34]This is the field where such a specialist may help solve many ethical dilemmas regarding the healthcare of a patient.[35]

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Omówienie

W aktualnym pluralistycznym świecie lekarze (służba zdrowia) często spotykają się z osobami chorymi oraz członkami ich rodzin, którzy również dzięki swojej wierze mają określone zasady moralne i opinie. Ważne jest, by personel medyczny brał pod uwagę osobowość chorego nie tylko w medycznym aspekcie etyki lekarskiej (medycznej, zdrowotnej), lecz miał i stosował wiadomości oraz wiedzę również z religioznawstwa jako nauki o religiach. Znajomość aspektów etycznych i wierzeń religijnych (chrześcijaństwa, judaizmu, islamu, konfucjanizmu oraz taoizmu) może im pomóc zająć właściwą postawę przy wyciąganiu wniosków i podejmowaniu etycznych decyzji powiązanych z problemami (bio)etycznymi „końca życia człowieka”.