

## **ETHICS OF SOCIAL CONSEQUENCES AND ISSUE OF THE PRINCIPLE OF HUMANITY IN MEDICAL ETHICS**

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### **Abstract**

Presented paper is going to introduce contemporary Slovak ethical theory, the ethics of social consequences and the principle of humanity in particular. The ethics of social consequences can be characterized as a contemporary ethical theory, along with its approach as a specific form of consequentialism. Non-utilitarian consequentialism (the position which the ethics of social consequences identifies itself with) is a relatively new form of consequentialism which began to accommodate itself only in the late 20<sup>th</sup> century. It is a form of consequentialism<sup>130</sup> which develops from the critique of utilitarianism (classical consequentialism). This critique comes from different sources, namely from ethical theories which don't classify themselves as consequentialist at one hand (at most times its deontology or/and ethics of virtue), but mostly from consequentialism itself.

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**Keywords:** Ethics of social consequences, medical ethics, the principle of humanity

### **Introduction**

The ethics of social consequences can be characterized as a contemporary ethical theory, along with its approach as a specific form of consequentialism. Non-utilitarian consequentialism (the position which the ethics of social consequences identifies itself with) is a relatively new form of consequentialism which began to accommodate itself only in the late 20<sup>th</sup> century. It is a form of consequentialism<sup>131</sup> which develops from the critique of utilitarianism (classical consequentialism). This critique comes from different sources, namely from ethical theories which don't classify themselves as consequentialist at one hand (at most times its deontology or/and ethics of virtue), but mostly from consequentialism itself.

### **I.**

Ethics of social consequences can be characterized as consequentialist ethical theory with inclination to act utilitarianism and case oriented approach. The case oriented approach is acknowledged as better way of dealing with specific moral issues of everyday life. Other aspects of ethics of social consequences are: moderate subjectivity, hedonism and partial eudemonism. Even this might signalize certain similarity with utilitarianism, ethics of social consequences can't be associated with it.

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One of the main reasons why not, is that ethics of social consequences doesn't operate with utility and rather uses the concept of positive social consequences.<sup>132</sup> Another very strong argument is, that the ethics of social consequences doesn't advocate the position of agent-neutral (as classical utilitarianism does)<sup>133</sup> and rather defend the agent-relative position. Last but not least, it is the objection against the principle of maximization which can help us to clearly separate the ethics of social consequences from classical consequentialism – utilitarianism.

But there is one similarity with utilitarianism and all of the theories that are characterized as consequentialist – consequences. As well as all of the consequentialist ethical theories, ethics of social consequences is based on consequences. Consequences are understood as an outcome of attitudes, decision making and subsequent acts of moral agent. It must be stressed out, that consequences in consequentialism are just one of the ways how to evaluate the acts. Not the only one, though the most important. Ethics of social consequences is using motives and intentions as additional criterion. Evaluation and subsequent justification of action is in ethics of social consequences based on expected consequences at the beginning – as a preliminary and informative evaluation made before the act. Then the evaluation is done *ex post* – after the act is finished and it's based on actual consequences. Thus evaluation based on expected consequences is used only to verify the decision making and moral reflection of the agent and is connected with agent motives (Kalajtzidis, 2013, pp. 167-168).

The core values of ethics of social consequences are: humanity, human dignity and moral right. Secondary, or auxiliary values closely interconnected with primary once are: responsibility and justice.<sup>134</sup>

Even the responsibility is classified as secondary value in ethics of social consequences, it is still very important topic. One of the reasons why it's interesting, is that even the notion of responsibility is widely prevalent and used, it is still defined very weakly and broadly in its ethical-philosophical notion. The legal notion of responsibility is quite wide as well but still clear.<sup>135</sup> The issue of responsibility in its moral aspect is a different story. It is not the main aim of the paper to introduce this issue, so we will just imply 3 different ways of understanding it. One of the “out of consequentialism” understandings can be found in writings of Bilasová. She claims, that responsibility (in its moral connotation) is a prerequisite of European ethos of 21<sup>st</sup> century. Responsibility of individuals, community and even institutions and countries is strongly interconnected with building of strong, democratic and safe Europe and world in general. The responsible individuals and responsible society is prerequisite of globalization in general and unification of Europe in particular (Bilasová, 2012, pp. 173-174). Entirely different notion of issue of responsibility can be in writings of

<sup>132</sup> Positive social consequences can be characterized as consequences which helps to satisfy the necessity of moral agent, social community or society as such. They are the essential condition of the “good” (Gluchman, 1994, p. 16; Gluchman, 1999, p. 18).

<sup>133</sup> Distinction between theories based on the position they hold towards the agent, comes from Philip Pettit. Pettit claims, that if we refrain from the position that rightness can be achieved only by an agent-neutral position, than we can mark even typically non-consequentialistic theories as consequentialistic (Pettit, 1997, pp.129-130).

<sup>134</sup> All of those values have been elaborated (as a values of ethics of social consequences) within writings of different authors from the field of applied and professional ethics. Within medical ethics and bioethics in the writings of Lešková Blahová (2010, 2009), within business ethics and teaching ethics in the writings of Platková Olejárová (2009, 2013) or within ethics of animals in the writings of Komenská (2013). One of the best is the collection of essays written by team of authors under supervision of Gluchman (2011).

<sup>135</sup> There are many ways of how to organize the issue of responsibility. The most basic one is to distinguish legal and moral responsibility. Then there is possibility to distinguish it with consideration of time: perspective, retrospective. Then there is a problem of action and omission. Is it okay to ascribe the responsibility only for what we did, or even for what we didn't?

Lačný. As well as Bilasová, Lačný is working with the issue of responsibility in its moral meaning but in very different way. He uses the issue of responsibility in the study of corporate social responsibility. Responsibility is understood as a liability. It can be understood as liability of company towards competition, consumers or public (Lačný, 2012, p. 40).

On one hand (in Bilasová) the responsibility is understood as an essential condition to achieve democracy and unity. The responsibility is understood in its metaphysical understanding. On the other hand (in Lačný) the responsibility is understood as an essential condition to achieve better functioning of business. The responsibility is understood as a duty of business towards society. In ethics of social consequences, the responsibility (moral responsibility) is understood at least in three primary ways. Responsibility can be understood as availability, as duty and as guaranty. Availability as an qualification of being moral agent, duty as an ability to be able to act upon required and guaranty as an ability to bear the consequences (Kalajtzidis, 2012, pp. 132-138).

We understand the humanity as protection, support and development of human life that usually brings positive social consequences. That is the reason that the protection of either own life or the lives of our relatives, friends, and on the other hand even strangers and unknown people is undoubtedly the form of behavior and acting bringing positive social consequences (Gluchman, 2008, p. 77). From the point of view of ethics of social consequences, not only the protection of life<sup>136</sup> in any form<sup>137</sup> is assessed, but even the support of own life as well as altruistic voluntarily help towards the development of unknown life (that is, according to me, even more valuable).

As the protection and whatever support of the development of human life brings us positive social consequences, people naturally tend to protect and support life in any forms that results in positive social consequences. Therefore, the idea of producing positive social consequences leads them to the protection or the support of the life of relatives and even unknown people. The reason is not only our awareness of duty to act in order to produce positive social consequences, but predominantly our compassion with suffering people and our need to help to protect and support the life. Thus, people act in this way not only voluntarily, but the reason of their will to help in keeping and supporting lives is the rate of positive social consequences in executing the humanity.

From this point of view, it means that the primary value of positive social consequences can be assign to taking care of the protection and the development of their own life. It can be mathematically expressed, for instance, with the rate/figure 1. Further we go on biological or genetic line as a source of humanity realization, i.e. taking care of the protection and the support of life, higher the value of positive social consequences resulting from our behavior and acting is. Taking care of life of our children could be specified with rate 1,25, parents 1,5, relatives from 1,75 to 2,5, friends from 3,0 to 5,0 and humanity realization in the relation to strangers and unknown people could be specified with the rate from 7,5 and higher (Gluchman, 2008, p. 78 - 79).

Gluchman states that every adult moral agent gains primary value as a human, based on the fact of his existence, but the demand on the respect of his dignity and humanity in the relation to himself, must permanently be confirmed by his acting, more specifically by the character of his acting that should be in accordance with valid and acceptable moral norms (even legal norms to some point – e.g. the right to live) or at least should not be in contrast with it (Gluchman, 1997, p. 156).

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<sup>136</sup> Preferentially in questions of the physician – patient relationship (mainly in the questions concerning euthanasia, for instance).

<sup>137</sup> Human beings, animals, or plants.

Gluchman reasons that our acting is autonomous if we produce an acting bringing positive social consequences based just on our own free will, we help to protect and develop the life from our own self-determined belief that we are responsible for. The result is “the reward” or assessment in the form of the rate of positive social consequences resulting from our acting. The man is understood in ethics of social consequences as a free rational being able to make decisions freely and responsibly in spite of being determined by particular factors, either objective or subjective, and is able to act creatively and apply his will in practical life (Gluchman, 1994, p. 23).

According to ethics of social consequences, human beings, for instance mentally disabled individuals, have primary equivalent value of human dignity, moral equality based on their homo sapiens origin. They can try to reach the greatest positive social consequences resulting from the accepting and realizing human dignity depending on the degree of disability during their development. However, they never reach the status of moral agents as there is no potential of their moral, mental and psychical development worth of moral agents. In theoretical definition of ethics of social consequences, moral agent acts and makes decisions based on moral values, to be aware of the responsibility for particular consequences of his acting, his moral duty and of what he should do. Human beings without such competences are not able to responsibly make decision, act and do not bear the responsibility for their accomplished achievements. We cannot blame, for instance, mentally disabled and sick human for not being able to perform some act in a way we expect it from him or we cannot blame mentally disabled individuals for negative consequences resulting from his non-targeted negative activity caused by their insufficient competency and inability to being responsible for certain consequences. Though, in spite of that we approach them with respect as they are human beings fulfilling the basic criterion of the life existence (not looking at the state and quality in which particular life is). The fact that the man is not able to do something is not the reason for his condemnation and execration. We would always talk about conscious targeted activity in case of healthy, morally competent individuals, but psychically disrupted man do not act consciously, even though he makes decision by himself freely, because it's really hard to talk about conscious activity in such a human beings.

Thanks to their free will or moral freedom, the man has the possibility of autonomous acting. As we wrote earlier, further we move on biological, or genetic line from ourselves, from the help to ourselves, as a source in approaching the humanity, i.e. care of the protection and the support of our own life with the help to others, higher the value of positive social consequences resulting from our behavior and acting is. Based on mentioned degree of positive social consequences, we can state, that it would be more valuable for the man to help in protecting and developing human lives of strange and unknown people on the ground of greater value share of positive social consequences in such acting such as protection of our own life and lives of our relatives (Gluchman, 2008, p. 79). However, there appears special moral duty towards our the closest relatives, some kind of moral responsibility that partially limits such acting and prohibit our autonomous acting based on our free will in some way in order to prefer acting that is more valuable from the point of view of positive social consequences. Awareness of this moral responsibility, moral duty towards our relatives puts such an acting man into higher place regarding his overall moral maturity of his awareness.

According to ethics of social consequences, we should protect and support the life, but as Gluchman specifies, “while it's about the life minimally corresponding to qualitative criteria of human life” (Gluchman, 2008, p. 82). Well, paramedic (physician, for instance) would not harm sick moral agent who is able to live, from the point of view of the principle of humanity, in accordance with the principle of non-maleficence in comparison to the principles of ethics of social consequences, therefore he approaches the life with respect. He respects the life, because it means the good itself and therefore he tries to heal him.

Consequently, we focus our attention on the comparison of the principle of humanity with biomedical principles formulated by Tom L. Beauchamp and James F. Childress. They formulated four principles of biomedical ethics – respect for autonomy, beneficence, nonmaleficence, justice. The term *beneficence* connotes acts of mercy, kindness, and charity. Forms of beneficence also typically include altruism, love and humanity. We use beneficence to cover beneficent action more broadly, so that it includes all forms of action intended to benefit other persons. Benevolence refers to the character trait or virtue of being disposed to act for the benefit of others. Principle of beneficence refers to a statement of moral obligation to act for the benefit of others. Many acts of beneficence are not obligatory, but some forms of beneficence are obligatory (Beauchamp, Childress, 2009, p. 197). The term merging all these attributes of the principles of beneficence is the good. The good is everything that fulfills the life of the human beings with the feelings of joy, pleasure, safety, happiness, peace, comfort, social confidence and satisfaction within ethics of social consequences. The good is understood as something that helps to fulfill human dignity, agent's social adaptation, adaptation in family life, further in life at work etc. The good is one of morality criterion and the highest moral principle in the terms of ethics of social consequences at the same time (Gluchman, 1995, p. 90). Therefore we could say that moral agent aiming at the beneficence is kind, merciful and human, acts and achieves good, meaning positive social consequences. That is the aim of the existence of each moral agent living his/her own life in cooperation with other individuals in society. At the first sight, we could state that the positive social consequences consisting or performing the good in itself would correspond to the principle of beneficence in some way within the ethics of social consequences.

Beauchamp and Childress consider the principle of autonomy to be the principle of high importance within biomedical ethics. According to them, stated principle presents the autonomous individual acts freely in accordance with a self-chosen plan, analogous to the way an independent government manages its territories and establishes its policies in all the spheres of life. Authors state that a person of diminished autonomy, by contrast, is in some respect controlled by others or incapable of deliberating or acting on the basis of his or her desires and plans. For example, cognitively challenged individuals and prisoners often have diminished autonomy. They integrate two conditions as essential for autonomy: liberty (independence from controlling influences) and agency (capacity for intentional action) (Beauchamp, Childress, 2009, pp. 99-100).

According to the authors, an autonomous person who signs a consent form for a procedure without reading or understanding the form can act autonomously, but fails to do so. Of course, we could re-describe the act as one of placing the trust in one's physician, which could be an autonomous act of authorizing the physician to proceed the act. But it is not an autonomous authorization of the procedure because it is not informed, regarding the procedure. Similarly, somebody who is generally incapable of autonomous decision making can make autonomous choices sometimes. For example, some patients in mental institutions who cannot care for themselves and have been declared legally incompetent may still make some autonomous choices and decisions, such as stating preferences for meals, refusing medications and making telephone calls to their family relatives (Beauchamp, Childress, 2009, p. 100).

We tried to confront the principle of humanity within ethics of social consequences with biomedical principles of beneficence and respect for autonomy as free independent acting in relation to the protection and the development of unknown people or relatives in which the value or positive social consequences rate have been the most significant factor. The acting producing mainly positive social consequences in individual's activity is an influential measure in both principles. Now we are trying to ask how we can confront the principle of humanity in ethics of social consequences with the principle of nonmaleficence.

Beauchamp and Childress characterize the principle of nonmaleficence as a principle obliging us not to harm the others. This term has both a normative and a non-normative use. “X harmed Y” sometimes means that X wronged Y or treated Y unjustly, but it sometimes means only that X’s action had an adverse effect on Y’s interests. As we use these notions, wronging involves violating someone’s rights, but harming need not signify such a violation. People are harmed without being wronged in attacks by disease, natural disasters, bad luck and acts by others to which the harmed person has consented. People can always be wronged without being harmed (Beauchamp, Childress, 2009, p. 152). According to Gert, the principle of nonmaleficence supports several more specific moral rules that moral agent should follow, make decisions and act. This consists the rules and paradigms such as not to kill, not to cause pain or suffering, not to incapacitate, not to cause offense and not to deprive others of the goods of life (Gert, 1988, p. 32).

Thus, we can state that we deal with the principles of favors and the support of others and their harmlessness within the relationship of the principles of nonmaleficence and the principles of beneficence. The obligations not to harm the others are sometimes more strict than the obligations to help them. If the health care provider in particular case cause very small injury (let’s say, swelling after the needle injection) than we consider the obligation of the beneficence has been superior to the obligation of nonmaleficence (Davis, 1994, p. 329).  
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Beauchamp and Childress claim that if nonmaleficence overrides beneficence in some cases, the best utilitarian outcome would be obtained by acting beneficently. If a surgeon, for instance, could save two innocent lives by killing a prisoner on death row to retrieve his heart and liver for transplantation, this outcome would have the highest net utility (according to the circumstances), but the surgeon’s action would be morally indefensible (Beauchamp, Childress, 2009, p. 150). According to them, in the given example, the final consequence of overall acting would be valued positively, but the surgeon would have to act against the principles of humanity and human dignity (and also against his own will) that he should keep under all the conditions within the relationship to the life (whether the murder committing crime or human being acting good). We rather hold the view that the physician should primarily show the respect in any life form, trying to reach positive social consequences and secondarily I would look at the perspective of the contribution of the acting, existence of two innocent people in society and their moral growth, development and overall potential contribution to society based on ethics of social consequences. Truly said, prisoner sentenced to death is not perspective moral agent who has not any hope to be the contribution for the society and the potentiality of his further development.

However, if we look at the problem from the point of view of the principle of beneficence, it requires moral agents balance their advantages, risks and costs with the aim to produce the outcomes. Utility also deals with the virtue of beneficence, various forms of the care and optional beneficial ideals. These differences (making the conflicts essential) between beneficence and the respect for the autonomy appear in paternalistic requests accepting the patient’s wishes or in public processes accepted for the protection or improvement of individual’s health (Hanson, 2009, p. 12). Currently, the paternalism of physicians is less important in favor of patient’s autonomy, respect to his/her existence and generally respect to the life of the human beings.

Even Onora O’Neill tends to the move from fully paternalistic model in medical ethics that proposes and points to the fact that this model was not sufficient to provide adequate reasoning/justification to the legitimate trust. The trust is the basic element of ideal relationship between physician and patient. That means more adequate ground for the trust presupposed the patients being in morally more equivalent relationship with the physicians and that meant they would have to be better informed and less dependent (O’Neill, 2002, p.

18). Replacement of paternalistic model by the trust means sharing the information as well as providing the consultation and in this way providing the support to patient's ability to act autonomously. Such a model of the relationship of the physician and the patient presents the best health care – on one hand, the physicians share their knowledge and opinions with the patients and on the other hand the patients are able to act in independent and autonomous way based on such an information (however it's not about a dependant relationship) (McLean, 2010, p. 10).

In this sense, we see the analogy of ethics of social consequences with the principle of nonmaleficence. The goal is not to harm in both cases. There we can see clear analogy between these theories. Specifically it's about the impartiality in relationship to providing the help and the care about the people that need our help or are at risk of their own health state or life. On one hand, ethics of social consequences accepts our effort to protect our own lives and lives of our relatives as natural-biological attribute, but on the other hand, ethics of social consequences offers the help to a stranger as valuably “more advantageous” choice as the further we move on genetic line from the care of our own life towards the care of the life of strange human beings, the greater moral value has our effort to help or preservation of life existence because it is something over our natural-biological determination.

Morality asks for respecting the autonomy of the people and for avoiding harm, but also contributing to the welfare, benefit and overall utility in society. These beneficial acts are included within the term beneficence. The principles of beneficence potentially demand much more than the principles of nonmaleficence because the agents have to take reliable steps to help the others, not just to avoid the harm. Here we can see, for example, clear analogy between active and passive form of humanity in ethics of social consequences. Whereas the active form of humanity expect from us particular kind of acting tending to the protection, eventually the support and the development of the life itself, passive form of humanity can mean for example even not acting, meaning harmlessness of other human being or for example even compassion with other human being in his/her suffering, misery, poverty, need etc. (Gluchman, 2008, p. 86). Beneficence and utility played important roles in particular ethical theories. For example, “even utilitarianism is systematically ordered following the principle of beneficence” (Parfit, 1984, p. 366).

Other principles such as beneficence and nonmaleficence help to cause some of these similar rules, such as tell the truth, respect the privacy of others, protect the confidential information, gain the patient's agreement for the treatment and, last but not least, if we are asked, we help the others to make important decisions. All of these rules are even moral obligations/duties of moral agents (in medical field – health care workers) at the same time and we can find them expressed within ethics of social consequences determination. Primarily, we should care about the patient's autonomy and his rights whereas we care about the consequences by our decisions and acting, specifically we are aiming at achieving prevalence of positive social consequences over negative ones. And we can achieve it only by the respect in relationship to the lives of all human beings. The principle of humanity shows us and encourages us to take care not just about the life of human beings but also about any other form of living life having some significant signs of life.

## **Conclusion**

We came to the conclusion and finding that the principle of humanity is related and dependent on individual biomedical principles. We did the comparison of the principle of humanity within ethics of social consequences with the principle of nonmaleficence and the principle of beneficence. Similarly we came to conclusion that the principle of respect for autonomy necessarily depends on the principle of humanity within ethics of social consequences. Gluchman stated that our acting is autonomous in specific sense. This

(autonomy) depends on the fact that how we are able to dispose with the free will and moral freedom.

The term humanity is not only the protection of life and following the effort to keep it by all means. Life as a moral value should be protected and supported in its development, if it minimally matches qualitative criteria at least. If not, we do not extend the suffering and finish the life, or rather let him die. Other case is the life of a newborn in which we can see the hope and the assumption of his mental and physical development. Therefore, from the point of view of utility, the life of newborn is more beneficial, more potential for us, for humanity, especially regarding the development of rational, cognitive and physical skills and abilities of such an individual.

Personally, we hold the view that physician should primarily show respect to any form of life, seek to do positive social consequences and secondarily, we would see the perspective of acting benefit, existence of two innocent people within society and their moral growth, development and overall potential asset for society based on ethics of social consequences. Truthfully, for instance, prisoner sentenced to death is not perspective moral agent and there is no hope for being the contribution to the society and we cannot find any potential of his further development.

Though the history of human thinking, there were times when philosophers were creating ethical theories – or philosophical systems in abstracto.<sup>138</sup> But this times are over. Today's ethical theories don't want or need to be a theory for theory, ethical theory only as topic of intellectual discussions. What we need is practical ethical theory. Practical in the meaning that it can be put in the use in everyday life, that it can help us to resolve our problems. The one of the ways how this can be achieved, is to be suitable methodological base for applied ethics. We certainly hope, that ethics of social consequences can live up to this demand.

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<sup>138</sup> Detached from reality.



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