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## The offset of the value accents in business, medicine and pharmacy in modern socio-economic conditions

**Abstract.** The article presents a research of the ethics-axiological priorities of a modern entrepreneur and medical worker, which reflects all the complex processes of the modern global economy in general and Russian one in particular. In the domestic version, there is a kind of «fitting» the basics of business ethics practices to the Russian realities, which entails specific changes of economic and management relations. In the sphere of health care, there is the same transformation of traditional value systems on the way of «economic centrism». If previously we often heard the phrase «medical care», now the same action is interpreted as «medical service», which implicitly pushes the mass consciousness to the settings of the utilitarian-pragmatic nature, largely altering problems of social relations' moral regulation.

The relevance of the analysis of changes in the ethical-axiological accents in modern socio-economic situation is linked to insufficient knowledge of the complex issues of business and medical ethics. Understanding the rules of business activity, development of socio-cultural and ethical regulations of entrepreneurship are the main scientific interest of the authors.

In the paper we compare the results of our monitoring of ethical principles significance and the trends of changes of medical community's values in 2008 and 2015. The research was conducted in Kursk municipal hospitals (Russia) and involved 512 doctors who had different labour experience. 31% of them were «novice» doctors with work experience less than 10 years, and 69% had work experience of more than 10 years, so we called them «experienced».

The changes that have occurred in the Russian medicine for the past 7 years allow concluding that economy-oriented paradigm of relationships in medical care is strengthening in Russia; for the doctors, there is a growing importance of their material wellbeing securing; however, moral values still form a stable foundation of doctors' professional perceptions.

**Keywords:** Values; Morality; Economic and Management Relations; Business Ethics; Bioethics; Health Care; Medical Care; Medical Service

**JEL Classification:** A13

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**Зміщення ціннісних акцентів у бізнесі, медицині й фармації в умовах сучасної соціально-економічної ситуації**

**Анотація:** У статті проводиться дослідження етико-аксіологічних пріоритетів сучасного підприємця й медичного працівника. У вітчизняному варіанті відбувається свого роду примірка основ етики бізнесу на російські реалії, що спричиняє специфічні зміни економіко-управлінських відносин. В охороні здоров'я відбувається трансформація традиційної системи цінностей та посилення «економоцентризму». Осмислення правил ділової активності, розробка соціокультурних та етичних регулятивів підприємницької діяльності на базі власних емпіричних досліджень 2008–2015 років стає головним науковим завданням авторів статті.

**Ключові слова:** цінності; мораль; медицина; економіко-управлінські відносини; етика бізнесу; біоетика.

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**Смещение ценностных акцентов в бизнесе, медицине и фармации в условиях современной социо-экономической ситуации**

**Аннотация:** В статье проводится исследование этико-аксиологических приоритетов современного предпринимателя и медицинского работника, отразивших все неоднозначные процессы современной мировой экономики в целом и российской в частности. В отечественном варианте происходит своего рода примерка основ этики бизнеса на российские реалии, что влечет за собой и специфические изменения экономико-управленческих отношений. В здравоохранении также происходит трансформация традиционной системы ценностей по пути «экономоцентризма». Осмысление правил деловой активности, разработка социокультурных и этических регулятивов предпринимательской деятельности на базе собственных эмпирических исследований 2008–2015 годов становится главным научным заданием авторов данной статьи.

**Ключевые слова:** ценности; мораль; медицина; экономико-управленческие отношения; этика бизнеса; биоэтика.

**1. Introduction.** Moral values are formed by the epoch and change along with it. At the same time, we should not forget that the present never loses connection with the past which forms the grounds of life based on spiritual heritage

of the previous cultural period. We agree with the observation of Martin Buber (1943) that modern man allows his time to dictate what is possible and permissible, instead of as a confident partner to come to an agreement on what is

compatible with the terms of any time (*authors' translation*) [1, p. 111].

How far have gone the radical transformations in Russian society in recent years? What moral principles are colliding as a result of the influence of new socio-cultural transformations? These are the questions to answer for choosing the vector of our future development.

**2. Brief Literature Review.** The concept of values is considered in the works of many prominent scientists, researchers and thinkers, namely: N. A. Berdyaev (1932), V. P. Baryshkov (2009), A. P. Zilber (1998), B. T. Likhachev (1993), M. Buber (1943), V. A. Slastenin (1994), Y. U. Vogt-Babushkin (1982), L. N. Stolovich (1967), J. Vanier (2009), A. V. Kiryakova (2004), Z. E. Mirskay (2008), A. A. Huseynov (1999), M. S. Kagan (1972), S. I. Levikova (2012), V. P. Vyzhetsov (1996), V. B. Markov (1997), N. W. Rozov (1998), V. M. Rozin (2001), V. T. Fedotova (2005) and others. They substantiated the need for a thorough re-evaluation of spiritual, moral and cultural values in the modern conditions.

The problem of formation and approval of the business ethics in the business community is a subject of research of several branches of science. We may single out the following key approaches towards perception of business ethics:

1) traditional (only from economics point of view), where the true role of business is seen in application of its energy and resources to increase profits, provided it operates within «the rules of the game» and engages in open competition without fraud and deception (M. Friedman [2] (1998), M. Weber (1921), R. Frenkin (1962), V. R. Vesnin (2001), A. N. Zankovskiy (2004), V. V. Kozlov (2009), R. L. Krichevsky (1993));

2) stakeholder, which is a recognition that an organization as a whole has the ethical obligation to the certain groups - stakeholders [3, p. 320], who are various state regulatory agencies, managers, founders, shareholders, creditors, suppliers, customers, local communities, etc. (M. H. Mescon (1997), R. Merton (1996), A. Maslow (1954), I. T. Parkhomenko (2008), A. A. Radugin (2008), E. S. Yakhontova (2012));

3) national, which is in our case the actual business ethics formation in modern Russia (O. Golodets (2003), V. I. Borisov (2012), D. Drennan (1992), V. C. Karpichev (2008), A. I. Prigozhin (1995), Y. M. Reznik (2003), V. G. Smolkov (1993), L. A. Chaldaeava (2007), V. V. Khmelev (2011)).

The increased interest in recent time to the applied functions of ethical-theoretical and axiological concepts should be noted. Particularly acute is a problem of ethical reflection in scientific and biomedical activities. Some methodological aspects of professional ethics in medicine are opened up in the works of D. I. Pisarev (1864), V. V. Veresaev (1900), N. A. Vinogradov (1865), F. P. Haas (1810), N. A. Pirogov (1849), S. P. Botkin (1886), A. M. Izutkin (1978), A. F. Bilibin (1979), O. E. Bobrov (2009), G. I. Tsaregorodtsev (1984), N. A. Semashko (1954), G. V. Malygina (1997), I. N. Lavrikova (2001), I. M. Mudrov (1813), A. L. Myasnikov (1969), N. I. Petrov (2003), E. I. Lichtenstein (1973), etc. They are the representatives of the so-called «Russian tradition» in bioethics, to the analysis of which we have devoted a number of works [4].

Formation of bioethics as an interdisciplinary field of the modern scientific research was laid in the works of A. Ya. Ivanushkina (1990), P. D. Tishchenko (1998), B. G. Yudin (1998), L. P. Kiyashchenko (2005), V. I. Siluyanova (1995), V. V. Vlasov (1998), Yu. M. Lopukhin (1994), M. S. Diankina (2003), P. V. Lopatin (2010), A. N. Bartko (1993) and others.

The problems of a man as a moral entity studied in bioethics are dedicated in the works of B. G. Ananiev (2000), J. Lax (1992), M. Y. Bobrov (1996), I. S. Savranskii (1989), V. M. Myasishchev (1966), V. G. Borzenkova (1997), I. M. Bykhovskaya (2000), V. N. Ignatieva (1998), G. T. Sukhikh (2001), M. S. Komarov (2000), N. N. Moisees (1997), D. Pulman (2001), V. T. Pulyaev (2003), P. V. Ushakov (1996), J. Haldane (1957), M. V. Chizhova (2007), etc.

**3. Purpose.** Values and norms of the business have penetrated into many spheres of society, creating additional tension and twisting the established rules of the relationships. One of the areas experiencing strong transformative impact is medicine and pharmacy. Consequently, selection and

examination of the modern ethical dilemmas at both conceptual and empirical levels in this area is a central aim of our research.

**4. Results.** Interest to the problems of business ethics rose in the West in 70-80s of the XX<sup>th</sup> century. This was primarily due to the accumulation in the field of entrepreneurship a large number of negative phenomena (critical lowering of quality standards of goods and services, unprecedented pollution, corruption, growth in the number of suicides and occupational injuries, etc.), which set the task of old ideas about the goals and objectives of the business rethinking in order to regain the support of the community [5].

In the Russian version, these problems arose in the beginning of the radical changes in the 1990s, when Russia entered a stage of its development characterized by instability of vital functions of all the branches in the economy and citizens themselves; the processes of randomness; rashness and irrationality of the undertaken regulatory measures; disintegration of values; general decline of morals, etc. The issues of the moral dimension appeared in the medical practice primarily due to economic nature of the morality crisis in the end of the 1990s.

The current situation in domestic medicine is assessed by many professionals as contradictory [6]. The increasing capabilities of medicine have demanded a fairly high level of knowledge of new resources and, consequently, among the number of primary values professionalism is displayed, often understood as the mastery in the «engineering» side of new technologies. The doctor begins to be perceived by society as a successful scientist-practitioner, for whom specific practical skills and objective information gaining are of main importance. If previously we often applied the phrase «medical care», now, the same activity is interpreted as «medical service», which indicates the mass consciousness shift towards the idea of necessary payment for certain manipulations. Moreover, such «economic centrism» turns medicine into business [7, p. 19] and transforms the historically formed system of values.

At the end of the twentieth century, the ideas of Western biomedical ethics are permeated to Russia, adopting new ethical standards. Gradually, a paradoxical situation has occurred, where society demands high competence and professionalism from the doctor (which naturally suggests adequate remuneration), and, at the same time, the responsibility for medical treatment is shared by him with the uninitiated in medicine patient, lawfully claiming equal, if not the leading right of final decision-making.

As a result, currently, a collision of several paradigmatic models can be observed in the field of Russian medicine. They are traditionally-paternalistic models with the priority of a doctor; the Western-liberal model with a desire to balance the rights and interests of a doctor, a patient and the society; and the «economic centrism» demanding fair payment for services rendered. Each model is characterized by a peculiar system of values, including moral and business ones [8, p. 8].

In 2015, we carried out a poll in order to update the results of the monitoring of ethical principles significance and the trends of changes of medical community values. The research was conducted in Kursk municipal hospitals (Kursk, Russia). The survey involved 512 doctors who had different labour experience: 31% of them were novice doctors with work experience less than 10 years, and 69% of the surveyed had work experience of more than 10 years, and we called them «experienced».

The changes that have occurred in Russian medicine for the past 7 years (we carried out a similar study in 2008) are depicted in the figures below. The diagrams are constructed based on the results of the surveys of 2008 and 2015.

In 2008, 7.5% of surveyed «novice» doctors considered material values as the most important, but in 2015 the result of the survey was 8%. At the same time, the frequency of opting for such values as mercy, empathy, kindness decreased from 24.5% to 23.1% (Table 1).

In 2008, 1.8% of the respondents from «experienced» doctors group chose material values, and in 2015, 3% of the

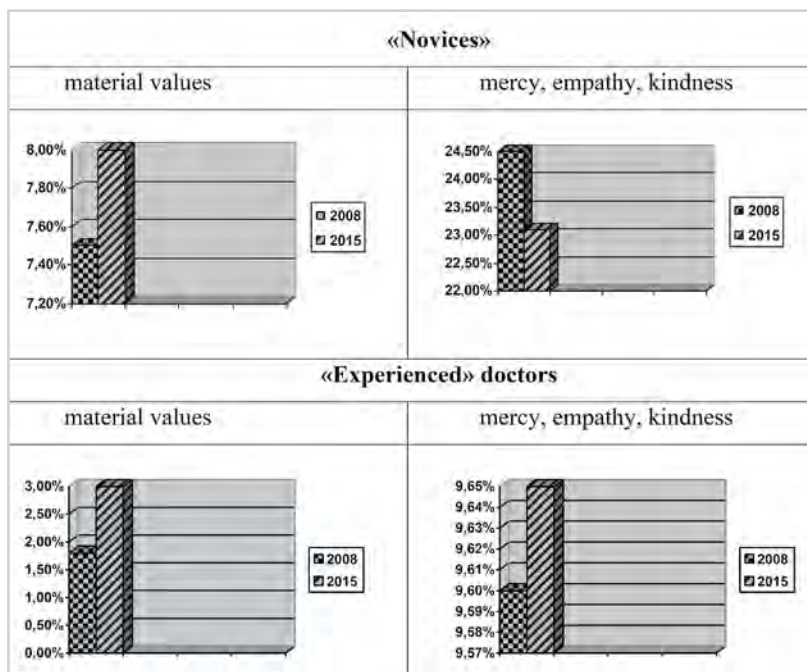


Fig. 1: What values do you consider the most important in medicine? Source: Own results

respondents from the similar group chose these values. The obtained results indicate a significant increase in the value of the material component in the axiological scale. At the same time, the assessment of such values as mercy, empathy, kindness grew only by 0.05%.

Attitude to such values as professionalism, responsibility, conscientiousness, humanism remained almost unchanged in both groups of respondents.

In 2015, «experienced» doctors actually duplicated the distribution of their assessments of doctor-patient relationship models. The results are as follows: 18.0% of respondents of this group opted for a paternalistic model, 14.7% opted for a collegial model, and 22.1% chose a negotiable model (Table 2).

Thus, the conducted study allows making the following conclusions:

The tendency of economy-oriented paradigm model of relationships is strengthening in Russian medicine. It is characterized by the growing importance of material values to the respondents and by the relevant assessment of their labour.

Moral values still form a stable foundation of doctors' professional worldview, however.

Among both the novice and the «experienced» doctors, the number of supporters of the collegial model of doctor-patient relationship, which suggests a respectful and trusting dialogue, increases.

The belief that the amount of information concerning patient's state of health, diagnosis, prognosis, and treatment options shall be determined by an expert, that is a doctor, not by a patient, who is incompetent in the topics mentioned, is growing among «experienced» doctors (Table 3).

Similar problems to the medicine ones arise in the Russian pharmaceutical industry, where the collision of business and medicine values is even more acute.

Currently, entrepreneurship in the field of medicine and pharmacy causes a lot of discussion. There is a necessity to develop modern, relevant legal rules and a code of ethics regulating these forms of activities as efficiently as possible.

So, the problem concerning the position of a modern pharmacist-in-charge, which emerged about ten years ago, is still urgent, and its essence lies in the question of how pharmacists-in-charge should be treated: are they medical professionals or commercial employees?

In this regard, contradictive wishes quite often arise. In psychology and ethics, such situations are called conflicts of interests, when both work activities are significant to a person and a preference for one of them leads to frustration and suffering.

In our previous works, we mentioned several critical ethical and axiological conflicts in pharmaceutical employee's professional activities. They have not lost their relevance over the years and include:

1. *Internal conflict of interests.* Willing to have commercial success, a pharmacist-in-charge tries to increase sales volume, often neglecting the interests and requirements of a consumer, offering him expensive and biased medicinal products first, according to the laws of marketing. At the same time, fewer medications are prepared directly in the chemist's shops. That is why the role of the pharmaceutical employee is reduced directly to selling finished pharmaceutical forms.

2. *External conflict of interests.* Existing in the network of different ethical norms, a pharmacist-in-charge is forced either to change a job or to accept a hierarchical scale of employer's values, shifting the emphasis from the ideas adopted in medical community to business ethics norms.

3. *A pharmacist-in-charge and a pharmaceutical manufacturer.* It is not uncommon when manufacturers get a pharmacist interested in promoting certain groups of medicinal products, regardless of their quality. When there are such tendencies, pharmacists' credibility falls.

4. *A pharmacist-in-charge and a patient.* Medical ethics requires pharmacist's advertence and compassion to a patient seeking help, regardless of his status, state of health or personal qualities. On the other hand, the problem of protecting a pharmacist from aggressive people under the influence of alcohol or drugs remains a pressing one.

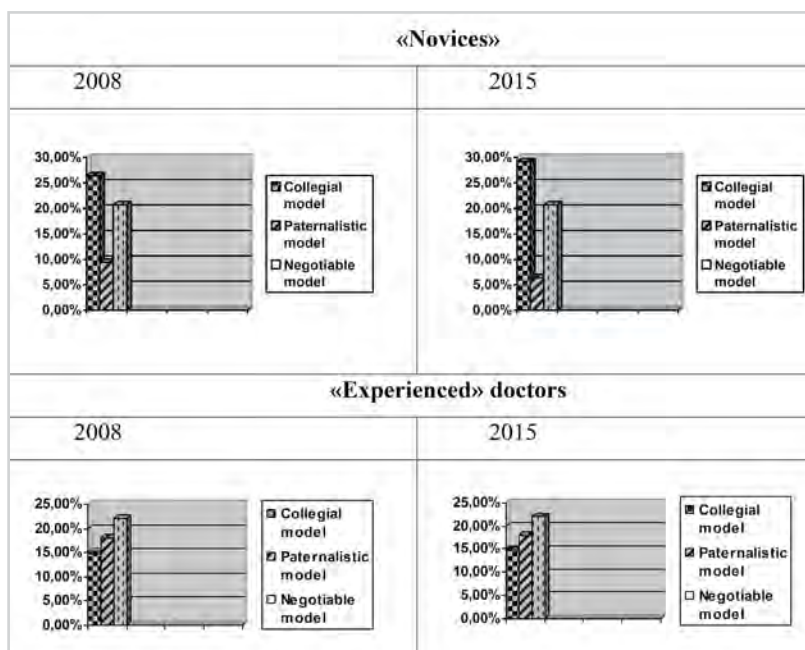


Fig. 2: What is the most adequate model of physician-patient relationship? Source: Own results



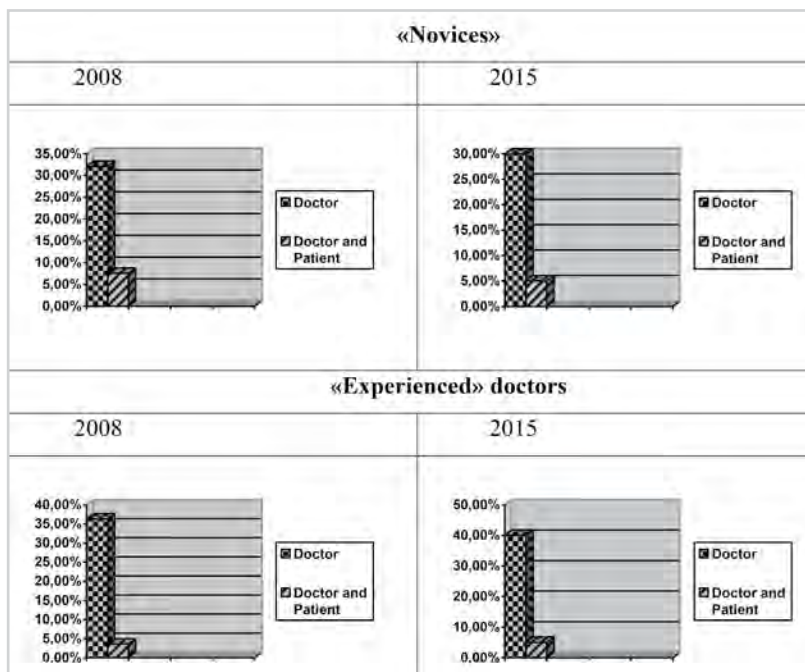


Fig. 3: Who, in your opinion, should determine the patient's awareness concerning his/her state of health: a doctor or a patient?  
Source: Own results

5. *A pharmacist-in-charge and a doctor.* An ideal situation is when a doctor and a pharmacist, complementing and respecting each other's professional occupation, work collegially. However, there are situations when a doctor uses proven and standard regimens without being interested in pharmaceutical innovations. On the other hand, many people rely on pharmacist's advice when selecting a medication.

6. *A pharmacist-in-charge and medical malpractices.* A situation when a pharmacist notices doctor's inaccuracy,

demands showing tact and correctness. Discrepancies between doctor's and pharmacist's recommendations will cause unnecessary nervousness and ambiguity. Meanwhile, uncomplimentary remarks concerning particular doctor's competence could decrease the level of credibility to medicine on the whole.

**5. Conclusion.** It seems reasonable to associate the period of comprehension of medicine and pharmacy in the context of human rights with the emergence of bioethics in the second half of the 20<sup>th</sup> century.

One of the most important tasks today is to avoid possible losses when reinterpreting the established values of the Russian medicine. «The traditional values of mercy, of charity, of doing no harm to the patient the moral responsibility of physicians ever change. Just in the current social and cultural situation they get a new meaning and a new sound», - underlines A. Y. Ivanyushkin [9, p. 6]. Ethics of business relations in business may arise as a result of a complex and lengthy process, in which all participants are interested: various government institutions, the public, the media, etc.

Its priority should be: increased efficiency, establishment of necessary conditions for its intensification, strengthening its innovative ideology. As moral principles that will form the basis of the ideology of business, especially in such a morally ambiguous sphere as health care, are extremely socially significant [10-11].

Currently, very tight market conditions actualized pharmacy ethical concept renewal to the maximum. Creating a special code would allow solving several problems: it would make it possible to control commercial organizations' tasks to get the maximum profit by all means and protect consumers of medicinal products, balancing commercial organizations-consumers relationships, and contribute to maintaining moral dominant in the work of a pharmacist.

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