

Bioethics as an Anthropological Challenge

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Abstract: The subject of the proposed paper is the disclosure of prerequisites and determinants of the implementation of the soteriological concept of studying the interdisciplinary course of bioethics, the structural model and synectic algorithm of its comprehension and epistemological map of formation of soteriological competence of the future specialist during the study of bioethics. The methodological basis for the implementation of the proposed project is the theory of research-oriented professional education (Inquiry Based Science Education) and, thereafter, technology of advanced learning (Technology Enhanced Learning), which provide wide opportunities to study the course of bioethics in the form of observation of remote virtual experiments on the portal Go-Lab; GRAASP environment for the implementation of author's developments and pedagogically structured programs in the process of performative interaction between teacher and students. The scientific novelty of the material is to substantiate the content of anthropological competencies of future specialists in biomedical specialties and the strategies of obtaining them on the basis of the principles of hermeneutic didactics. Conclusions. Today, obviously, the task of bioethics is not only to protect nature and human life, but also to participate in the realization of the high mission of Salvation. This defines the research field of bioethics as a space of secret dialogue, in which it is desirable to find a place not only for the voice of clinicians, pharmacists, engineers, philosophers, public figures, but also the pastoral voice of the Church.

Keywords: *phronesis, soteriological conception, bioethics paradigm, anthropological competence, hermeneutic and semantic didactics, agogic principles in trans-human settings.*

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Introduction

Now humanity is facing a transhumanist temptation to achieve a posthuman pseudo-paradise state without any spiritual and moral restrictions. American futurist philosopher, founder of the Institute of Extropia, Max Moore defines the essence of this temptation as a reboot of human consciousness into a large computer network in order to understand the mystery of immortality (More, 2013). And David Pearce, one of the founders of the World Transhumanist Association, confidently states: *‘In time, routine embryo screening via preimplantation genetic diagnosis will be complemented by gene therapy, genetic enhancement and then true designer zygotes. In consequence, life on Earth will also become progressively happier as the hedonic treadmill is recalibrated. In the new reproductive era, hedonic set-points and intelligence alike will be ratcheted upwards in virtue of selection pressure. For what parent-to-be wants to give birth to a low-status depressive "loser"? Future parents can enjoy raising a normal transhuman supergenius who grows up to be faster than Usain Bolt, more beautiful than Marilyn Monroe, more saintly than Nelson Mandela, more creative than Shakespeare – and smarter than Einstein’* (Pearce, 2012).

Transhumanist perspective of humanity

According to the strategic plan of transhumanists, man will first become a transhuman, the signs of which will be the improvement of the body by implants, asexuality and extremely rapid artificial reproduction – copying. Subsequently, after an unprecedented intervention in the human genome, as insisted by the American psychologists Palmer and Palmer (2002), a complex process of cyborgization will begin (Fisch, 2018), based on RNA interference, which allows genetic engineers to change the DNA molecule, genotype, corporeality and neurosystem, making them ‘editors’ of human biological destiny (Vlad, 2017). That is *‘the goal of transhumanism is to upload the content of human consciousness into a vast computer network and through this network acquire a kind of disembodied, but mind-holding immortality’*. (Peters, 2005).

The synthesis of man and machine (the process of autoevolution) is planned to be carried out by introducing artificial implants and chips into the human body and brain (from already used ‘biomechatronic’ prostheses of various organs to devices for expanding the ‘brain-machine’ interface). Moreover, the implementation of both ‘actual’ and ‘virtual’ cyborgization is expected. On the one hand, machine elements will be introduced into the person; on the other hand, man will gradually plunge into the world of the

machine, cyberspace. The prospect of the first process will be the replacement of parts of the brain with machine elements. The second process, excluding a person from the actual reality, has a potentially deeper impact and, in particular, effectively dilutes, breaks the social texture (Horužij, 2008). The success of these processes will determine the creation of three-dimensional virtual spaces (with the full sensory illusion of being in them) with the help of nanotechnology. Placed in an alien environment, human consciousness will begin to ‘mutate’ and may after some time lose most of its human qualities, thus changing the coefficient of own individuality. It is even about the possibility of a topological version of the mind. As a result, the ‘depopulated eternal mind’ completely abolishes the individual human essence, and it will appear exclusively as a techno-species, a biorobot: without a soul, without hopes, fears, joys and meanings (Kurzweil, 2012). According to the transhumanist philosopher Nick Bostrom, the potential benefits here are incomparably greater than the possible negative consequences: a person will finally receive the right to cognitive and morphological freedom (Bostrom, 2019). Born with the help of genetic engineering, the ‘ideal designer child’ will be free of serious genetic diseases and unnecessary suffering, will have a developed mind, beauty and a stable immune system (Sandu, 2020).

All of these forms of progress in reproductive technology can be traced back to regressive processes in human consciousness (Coleman, 2019). These processes manifest themselves in the liberal denial of moral and ethical boundaries of biomedical technologies, in the denial of moral reality of human culture, in the desire to establish a different and new progressive (anti-Christian) way of life, to impose a different (anti-Christian) order and way of life, creating and relying on new progressive legislation (Trujillo, 2003).

Model of postmodern bioethics

Due to the temptation to gain unlimited power over nature, modern biomedical technologies are beginning to resemble a terrible avalanche that can crush everything in its path. This is facilitated by the universal content of **the conceptual model of bioethics**, which consists of the following ethical aspects: 1) *normative*, which examines the specifics and ‘performance’ of human values in clinical medicine and biomedical research; 2) *situational*, which justifies the need for moral choice and decision-making in various situations and incidents; 3) *experimental*, which provides for the extension of moral principles to biomedical research and their ethical examination –

the so-called standard operating procedures (SOP); 4) *deontological*, which regulates the functions and principles of behavior of the modern representative of the biomedical industry in the relationship vertically (in the system 'doctor-patient') and horizontally (in the system 'doctor-doctor'); 5) *institutional*, related to the need to address social and professional health care problems and the role of bioethics committees as special institutions in this process.

The content of the problem circles of this model is mainly focused on disputes related to **birth and death**, more precisely, *modified birth* (in vitro fertilization and artificial insemination today, cloning and artificial uterus in the future) and *modified death* (support in human life artificially or, on the contrary, unborn abortions and euthanasia of patients). In the last decade, the scientific debates on nuclear transfer for cloning, the use of totipotent or polypotent cells, transspecific transplantation, the therapeutic potential of Small interfering RNA (siRNA), and viral vectors have increased markedly, and have become unprecedented in the current pandemic. After all, it is about relieving a person from suffering in the near future and from imperfection in the future. Thoughts do seem good to the clubman, and some of them are already taking the plunge, saying, 'We support the development and access to new technologies that will allow everyone to enjoy a better mind, a better body, and a better life. In other words, we want people to be better,' is mentioned in the transhumanist declaration (Humanity Plus, n.d.).

However, where is the road paved with these good thoughts? After all, new biotechnologies ((genetic engineering, robotics, nano-, cognitive and information technologies for the formation of new human abilities (breathing underwater or on Mars, flying or hibernation)) and medical methods of their implementation, separating consciousness from the body through implanted chips, provide a person the right, in order to get rid of rare diseases or to improve his human nature, to arbitrarily distort even His image and Likeness in himself and, instead of God-manhood, to become corporeal in the flesh *Übermensch*. Will this not result in 'the great corruption of man on earth' (Genesis, 7: 5)?

The pluralistic philosophical anthropology, in particular its new paradigm of "phronesis" – the ethics of practical wisdom is considered to be the methodological basis of postmodern bioethics (Birmingham, 2004; Darnell et al., 2019; Lapsley, 2019; Toulmin, S., 2003). Its essential characteristic is a bioethicist who freely chooses moral responsibilities for himself, in view of the specific socio-cultural environment. The complementarity of two contradictory axiological approaches to this

paradigm – communitarianism and individualism – shows its effectiveness in the intersubjective deliberative model of the good, which appears as a manipulation between medical, personal and universal meanings (Pellegrino, 2006). Thus, the ideal type of bioethics is a specialist-communicator in the field of medical and biological intervention in human life, the psychophysical integrity on the basis of the principles: autonomy of the patient and the participant of the experiment; voluntary informed consent; truthfulness; confidentiality (Ross, 2003).

However, further reflection on the paradigm of "phronesis" led to its hermeneutic reorientation to complete teleological disregard for the consequences of bioethical research. It was a question of denying not only the balance of the good in each particular situation, but also the right to *synderesis* – an intuitive decision of a person in a situation of existential choice. Not surprisingly, this position has been sharply criticized (Engelhardt, 2020; Macklin, 2015).

Soteriological concept of anthropological competence of bioethics

Thus, the soteriological concept of professional training of future representatives of biomedical, pharmaceutical, engineering specialties is considered by us as a non-procedural **transdisciplinary system**, the content of spatial, temporal and informational aspects of which is based on the idea of Salvation. Two episteme are offered to future specialists for comprehension. *The first one.* Biomedicine is *powerless* in setting itself the goal of complete victory over all diseases and achieving extraordinary longevity by purely technical methods: as long as there is sin, there will be disease and death. *Another one.* Solving the problem of millions of so-called 'frozen' extra embryos obtained in vitro fertilization not only deprives them of the gift of life, the sacrament of baptism, but also deprives them of the opportunity to walk their way to the God of Love, hope to participate in the gifted Resurrection. Therefore, we must be responsible in our own existential choices.

The proposed project is based on the methodology of inquiry-based science education. In our study, this is the methodology of learning as a process of acquiring a saving, morally demanded spiritual experience by a person on the path from thinking to contemplation (Berdyayev, 2006). Therefore, for the implementation of this methodology, we offer the technology for obtaining righteousness, the defining principle of which is to achieve not just moral, but spiritual health for doctor and patient in the context of God's Providence. The major methods for this technology are the

methods of Mehar eristics and erothematic elenctics. They provide a study of bioethics course in the form of remote virtual experiments on the portal Go-Lab; in the GRAASP environment for the implementation of author's developments and structured programs in an atmosphere of spiritual coexistence of teacher and students.

The essence of the soteriological concept of studying the course of bioethics is manifested in the content of anthropological competencies. It provides:

- ***boundless faith in man and the possibility of his essential self-realization as personality***, including: a) *understanding of*: 1) anagogic meaning of man as nature and as hypostasis in different religious and philosophical teachings; 2) supra-individual schemes of 'humanization' of the subject in a globalized digital society; 3) spiritual strategies of anthropological apocatastasis; b) *skills*: 1) to model the essential meaning of human suffering in hermeneutic circles of biomedical ethics and medical anthropology; 2) to identify causal attribution of spiritual aberrations in the proposed anthropological theories (biomedical, clinical, ethnomedical); c) *knowledge of*: 1) somatopsychic integrity, phenotypic variability and heterogeneity of individual and typological characteristics of patients; 2) conceptosphere of soteriology and epistemic interpretation of its subject field in different types of medical and health practice; d) *skills*: 1) to build conditionalist discourses of the declared mission of the healer in different chronotopes; 2) to determine chthonic-spiritual semantic contingents in the professional activity of a modern physician;

- ***readiness for post-arbitrary motivation of the basic human virtues of patients (humble wisdom, justice, restraint and courage)***, including: a) *understanding of*: 1) anagogic meaning of conscientious will and believing thought as factors of norms of well-being and risks in the process of etiology and pathogenesis of diseases; 2) psychological mechanisms of positive clinic and their post-arbitrary motivation of the patient; b) *skills*: 1) to build an algorithm and symbolic virtualization of criteria of the specified process; 2) of reflexive aporetics of their implementation;

- ***willingness to change the patient's personality thinking in integrative treatment models that include***: a) *understanding of*: 1) self-causation of thought and anagogic meaning of treatment as the process (ascent to repentance and spiritual purification); 2) positivist and exegetical essence of such a change of professional thinking, their factors and results; 3) reflexive aporetics of the realization of semantic archetypes; 4) semantic codification of repentance as a way of healing; b) *skills*: 1) to distinguish scientific, social and value-worldview basis of bioethical knowledge; 2) to

design a strategy for the implementation of mental transformation of the patient; 3) to focus on awakening spiritual activity as the factor of ‘self-change’ of the patient;

● **ability to build a treatment strategy as personal healing of the patient**, including: *a) understanding of:* 1) strategies of personal and professional development of the representative of biomedical specialties; *b) skills:* 1) to model meaningful strategies according to conditions of socio-cultural context of medical practice; 2) to implement the transformative evaluation function of personal achievements of biomedicine;

● **readiness to organize independent cognitive activity in the field of medical case**, including: *a) knowledge of:* 1) types and forms of reflection of anthropological (humanitarian, intuitive) maintenance; 2) features of ethical knowledge, its causality and determinism in various models of bioethics (liberal-radical, sociological-utilitarian, personalist); *b) skills:* 1) to implement system-structural functions of initiative-motivation, procedural-activity, analytical-evaluation components of independent professional activity;

● **readiness for theoretical substantiation of the author's anthropological concept** that includes: *a) knowledge of:* 1) existing anthropological paradigms, concepts, models of influence of genotypic and phenotypic factors in pathology; 2) socio-psychological prognosis in the treatment (rehabilitation) of homo charisma; 3) factors of personal transformation of the patient; *b) skills:* 1) of the tolerant dialogue with representatives of various anthropological schools; 2) to independently design a soteriological strategy of personal becoming;

● **the ability to trace semantic parallels between quest tasks (created in laboratory conditions) by mental portraits of homo medicus tradition and homo medicus history** including: *a) understanding of:* 1) mental portrait of *homo medicus tradition* (model of Hippocrates, ‘do no harm’); 2) mental portrait of *homo medicus history* (Paracelsus model, ‘works of love’; deontological model, ‘do your duty’; model of bioethics, ‘respect human rights and dignity’); 3) evolution of essential differences between the healer of tradition and the healer of history at stages: sacred space – healing of sacred space – space of treatment – space of medical management; *b) skills:* 1) to creatively implement synesthesia thinking and acquired anthropological experience in studying the structures and functions of anthropological organization of the patient (methods of anthropometry, anthropomorphoscopy; as well as X-ray contrast, radioisotope, ultrasound, magnetic resonance, organo- and histometric, microspectrophotometric methods); 2) to creatively implement the rules of bioethics (truthfulness,

respect privacy, confidentiality and informed consent) in an aporic situation of open problems of science and medicine, pluralism of opinions of professional doctors and even their lack of consent at the regulatory level.

Strategic model of the project

The strategy of students acquiring these competencies in the process of studying the course of bioethics is based on the principles of hermeneutic didactics: Christocentrism, synergy, spiritual creation, anthropological coexistence and moral asceticism.

1. ***The principle of Christocentrism*** is the fundamental basis of medical anthropology. Without this principle, the healing process is carried out without love, and therefore not aimed at Salvation.

2. According to ***the principle of synergy*** (conscious cooperation to achieve a common goal), the healing of the sick is aimed at his transformation through the voluntary coexistence of the will of man and the will of God: 'We are God's fellow workers,' says the apostle Paul (1 Corinthians 3: 9). If a person tries to do something without God's blessing, then even with titanic efforts, unique opportunities and good intentions, such a thing will be temporary and perishable, because it is said: 'without Me you can do nothing.' (John, Chapter 15, Verse 5.). The realization of the principle of synergy is possible in the presence of three conditions: 1) faith in God and His gracious help; 2) conscious and voluntary desire to live with God; 3) active implementation of God's will in personal actions.

3. ***The principle of spiritual creation*** determines the realization of the professional activity of a medical worker by the will or absence of the Holy Spirit. Both situations constitute the human soul. After all, man in anthropology is not only declared as a spiritual being, but also seen as a conductor of divine grace. Therefore, the acquisition of competence is not limited to the acquisition of a diploma and the award of a 'gnostic mask of a healer', but the ability to *pious creativity* for the sake of salvation – his neighbor and himself. After all, *only that person, who is healthy, a true ascetic and has already passed all the stages of self-knowledge, purifying the mind and heart through repentance, can heal.*

4. ***The principle of anthropic coexistence*** is methodologically guided by the idea of divine-human synergy and, as a rule, presupposes emotional contact and acquires the meaning of 'spiritual-emotional consonance', spiritual unanimity of the healer and the suffering. Medicine, biomedicine on this path is not a goal, but a means, an instrument in the hands of God.

5. ***The principle of moral austerity.*** A true medical professional is constantly striving for self-improvement in order to achieve constant vigilance and sobriety in the disclosure of the patient as a person. To do this, he should show by his way of life an example of personal piety, responsibility for work, concentration, self-determination in the cause of growth as a Christian and as a professional.

6. ***The principle of antinomy.*** Effective organization of medical work involves a number of antinomies: freedom and obedience, general-cultural and national, traditional and innovative, isolation from the world and people's openness to it and God, silence and teaching, passivity and activity. So let us remember: in order to understand the other one as the Honored Interlocutor, it is necessary to be with him 'inalienably and inseparably' (as two natures in Christ).

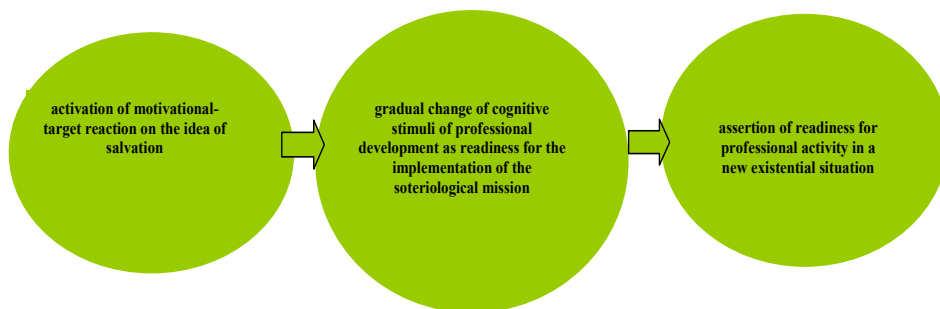
The structural model of realization of principles of comprehension of the soteriological concept of studying of the course of bioethics provides the sequence of such stages (fig. 1):



Source: Own elaboration

Fig. 1. *Structural model of understanding the soteriological concept of studying the course of bioethics*

As we can see, the basis of their teleological organization is the algorithm of apperception: when bioethical **education becomes a matter not just of professional success, but of personal conscience.** (Fig.2):

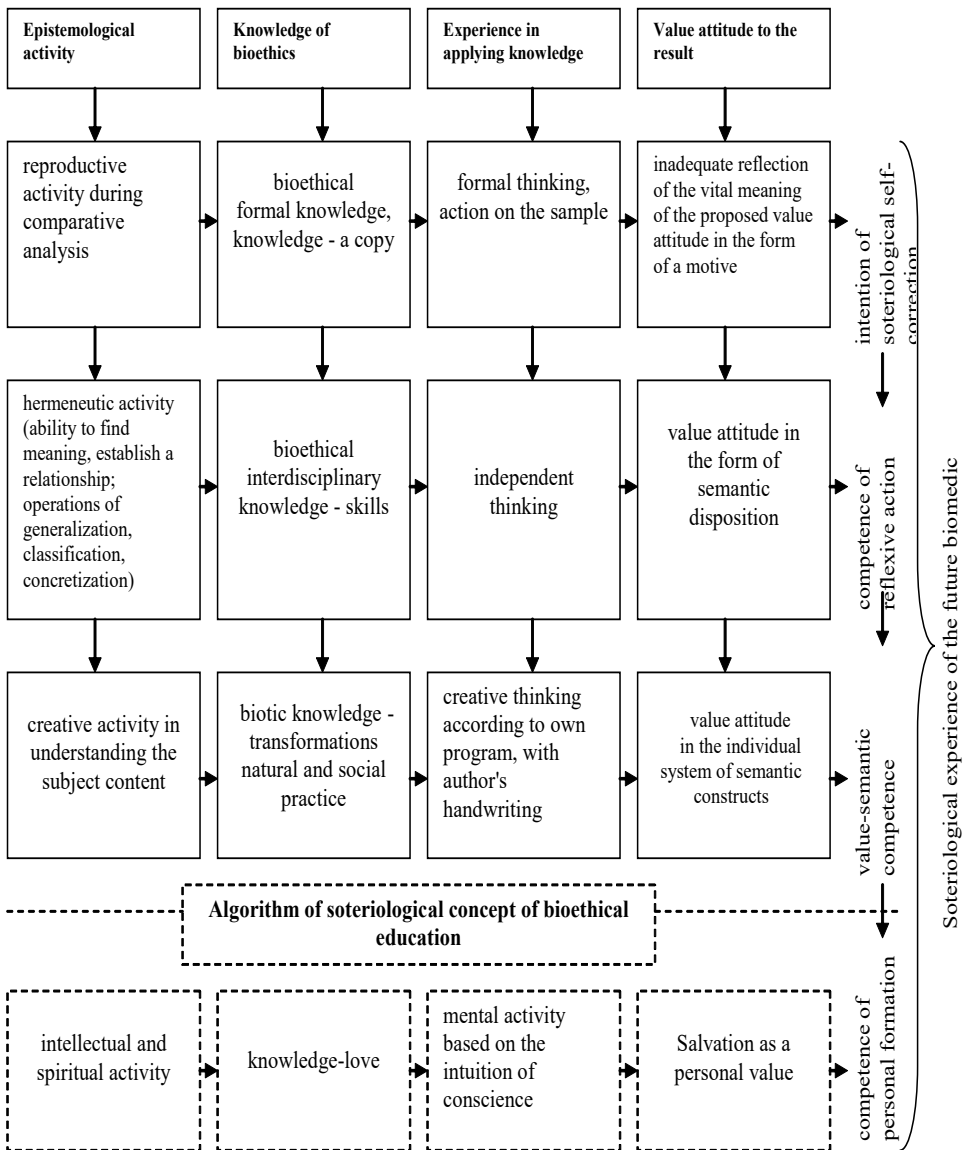


Source: Own elaboration

Fig. 2. *Algorithm for implementing the model of understanding the soteriological concept*

Method of project implementation

To implement the proposed paradigm of bioethical education, we propose an epistemological map of the formation of soteriological competence of the future specialist (Fig. 3).



Source: Own elaboration

Fig. 3. Epistemological map of the formation of soteriological competence of the future specialist in the study of bioethics

The system of bioethics curriculum visualized in it goes beyond the existential boundaries of essential knowledge into the superpersonal space of patristic interpretation of meaning, in particular, healing as salvation. It has

led to the expediency of expanding the structure of educational activity on the basis of creationist understanding of cognitive and creative activity of the subject of study. The hermeneutic technology of realization of the expanded structure of professional educational activity of the future specialist of biomedical specialties (visualized in the map) in no way excludes education of compassion and respect for the person, readiness to alleviate his suffering, prolong his life, and also readiness to 'let the person die', according to Metropolitan Anthony (Bloom) (Metropolitan Anthony of Sourozh, 2000).

Conclusions

The proposed way of soteriological transformation of the subject meaning of bioethics – from 'management of impact on nature' to humble wise apocatastasis – is a response to the understanding of the inadequacy and effectiveness of bioethical principles, methods and theory (Lock & Nguyen, 2018) as a consequence of 'Eternal return' of the confrontation between Christianity and paganism, the 'voice of life' and the cacophony of 'survival'. And the more open this confrontation is, the more reasons arise to think again and again of the famous words: 'Today I have set before you life and death, blessing and cursing. ... Therefore, choose life, so that you and your descendants may live' (Deuteronomy Chapter 30, Verses 15-19). They inspire insight that only by 'choosing life' and 'healing oneself', the specialist in bioethics has prospects in the future sociocultural context. This defines the research field of bioethics as a space of intimate dialogue on the problem of realizing the mission of salvation of the human personality, in which it is desirable to find a place not only for the voice of clinicians, pharmacists, engineers, biologists, public figures, but also the pastoral voice of the Church.

The proposed paper is an attempt of the thoughtful and encouraging message to the student of the course of bioethics, which may help him/her to see at least the horizon of solving problems related to the realization of his/her spiritual mission in our difficult 'age of emptiness'.

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