

Sociological Perspectives of Health and Illness

Sociological Perspectives
of Health and Illness

Edited by

Constantinos N. Phellas

CAMBRIDGE
SCHOLARS

P U B L I S H I N G

Sociological Perspectives of Health and Illness,
Edited by Constantinos N. Phellas

This book first published 2010

Cambridge Scholars Publishing

12 Back Chapman Street, Newcastle upon Tyne, NE6 2XX, UK

British Library Cataloguing in Publication Data
A catalogue record for this book is available from the British Library

Copyright © 2010 by Constantinos N. Phellas and contributors

All rights for this book reserved. No part of this book may be reproduced, stored in a retrieval system, or transmitted, in any form or by any means, electronic, mechanical, photocopying, recording or otherwise, without the prior permission of the copyright owner.

ISBN (10): 1-4438-2548-4, ISBN (13): 978-1-4438-2548-1

TABLE OF CONTENTS

Introduction	1
Constantinos N. Phellas	
Chapter One	5
The Morals of Dying: Morality and Ideology of Death and the Issue of Euthanasia	
Alexandros Sakellariou	
Chapter Two	22
Sociological Approach of Health, Illness and Medicine in Greek Area during 16 th and 17 th Century based on a Historical Resource (No 218 manuscript of Monastery of Iviron of Mount Athos)	
Anastasia K. Kadda	
Chapter Three	41
Culture Conflict and Suicidal Behaviors among Ethiopian Youth in Israel	
Arnon Edelstein	
Chapter Four	59
The Reconfiguration of Trust Relations in Healthcare? The Case of the English NHS	
Michael Calnan and Patrick Brown	
Chapter Five	78
The Anthropology of Personhood and Health in Greek-Cypriot Community	
Costas S. Constantinou	
Chapter Six	97
Gendered Narratives of Sex, Health and Well-being	
Jo Woodiwiss	

Chapter Seven.....	115
Health, Human Rights, and Migrant Family in Greece Catherine Vassilikou	
Chapter Eight.....	136
Conflicts between Health Care Professionals: Causes and Impact Martina M. Loos	
Chapter Nine.....	157
Feminization of Health Care Mariam John Meynert	
Chapter Ten	176
My “Step-Leg”: Body Narratives of Lower Limb Amputees Michal Hoffman	
Chapter Eleven	193
Cultural Differences in Health: Considering Culture in Health Promotion in the Framework of the Multicultural Society Paltoglou Eleni and Tranta Elisavet	
Chapter Twelve	209
On Not Using the Term “Trauma” in the Case of Greek Cypriot IDPs Peter Loizos	
Chapter Thirteen	214
The Medicalisation in Special Education as a Factor of Educational and Social Exclusion Passas Dimitris, Petropoulos-Petalas Diamantis and Tsakona Stavroula	
Chapter Fourteen	237
Negotiating Cultural and Sexual Identity: A Qualitative Study of the Accounts of Cypriot Gay Men Constantinos N. Phellas	
Chapter Fifteen.....	256
Social Class and Health Inequalities in Portugal Ricardo Jorge Antunes	

Chapter Sixteen	276
Dignified Old Age for Vulnerable Seniors in Institutional Care in the Czech Republic Kateřina Ivanová, Radka Bužgová and Pavel Kurfürst	
Chapter Seventeen	299
Temporal Acculturation and Acculturative Distress in Greek-Cypriots Marios N. Adonis, Maria Michailidis and Christiana Dipli	
Contributors	318

INTRODUCTION

CONSTANTINOS N. PHELLAS

Medical sociology has evolved from being considered as unimportant area of enquiry to being regarded as in the centre of the study of private troubles and public issues. At the present much of what is deemed in sociology as exciting is gaining or contributing to the field of health. The concepts of health and illness are neither clear-cut nor objective facts but subjective experiences which are historically and culturally bound, and therefore need to be understood in context. Several sociological perspectives (e.g. Biomedical approach, Holistic approach, Functionalism, The political economy perspective, Social constructionism, Feminism and Medicalisation) have been employed over the years in order to gain an understanding of health and illness as social phenomena.

It is appropriate therefore that an edited text specifically examines some of the important themes currently in the medical sociology research and writing. This book focuses on the societal aspects of understandings of health (or wellness) and illness (or dysfunction) with specific consideration to how these understandings are informed by the intersections of issues of gender, race, class, sexuality and power/knowledge. It would also attempt to examine some of the most important themes currently in medical sociology research and writing by covering a wide range of topics ranging from the morality of death and euthanasia to the conflict that exists between different status health care providers. Specific references are made in this book to the different conceptualizations of health and illness by different groups or by people with different social and cultural background are presented (e.g. elite vs. popular culture, the lay perspectives). Additionally, the ideas that health and illness are not simply properties of individuals are examined and through the study of people's responses to the challenges of poor health (or through their attempts to maintain good health) the influence of social structures can be examined.

Sociological Perspectives of Health & Illness would be welcomed by students across a wide range of courses in sociology and the social sciences. Specifically, students undertaking undergraduate and postgraduate courses in health studies, and health promotion would benefit

by reading this textbook. However professional will also be attracted to the book due to the dissemination of current practises in health promotion issues and practices.

Structure of the book

Chapter one deals with the morality of death and the issue of euthanasia. The writer presents the theoretical and historical analysis of death and the projectory of euthanasia through time. He summons up with a critical evaluation.

The next chapter utilises historical archival research to examine health, illness and medicine in Greece during the 16th and 17th century. The social structure of medicine is examined through historical evaluation in the hope to discover and understand specific social factors which in turn will assist in a better understanding of health and illness. Further still the paper supports that better understanding of the social aspect of the history of medicine contributes in the better development of the field.

Chapter three examines the different factors that either drive or discourage young Ethiopians immigrants in Israel from committing suicide. The principle which the research was based upon Sellin's theory on culture conflict and crime. The article attempts to establish that cultural conflict can account for the problematic conduct of young immigrants from Ethiopians.

Trust and its importance in connection to the provision of health care are explored in the next chapter. The need for interpersonal care is necessary due to the unequal relationship that exists between the vulnerable patient and the specialist staff. However changes at social and institutional contexts have affected this relationship. This chapter will investigate how these changes have affected the relationship and how they can dictate policy decisions in the future.

The next chapter refers to the Greek community of Cyprus and the sensitivities that exist concerning personhood and how in turn they affect perceptions concerning health and illness.

Chapter six focuses on the effect that literature reporting on recovery from sexual abuse has on women. Specifically it covers literature on sex and sexuality.

Health, human rights and the immigrant families in Greece is the subject of the following chapter. The study is based on biographical reports domestic helpers from Easter Europe and Balkans. Access to the health care system is examined through the regularization program of the last decade with the focus on women immigrants. Also an overview of the

actual health situation of migrants in Greece is presented as well as human rights framework related to the health issue of immigrants.

In the chapter that follows the spotlight is placed on the conflicts between doctors and nurses in German hospitals. The paper is interested in discovering a connection between gender and professional identity. It will attempt to find whether the privileged position of doctors in comparison to nurses affects cooperation and in turn the quality of care to the patients.

The researcher on the next chapter endeavours to define the term gender and the role sex and gender had in suppressing and oppressing women. Simultaneously feminist approaches and strategies in an effort to liberate women are scrutinised. Lastly in the paper the theoretical aspect of the feminization of health is analyzed.

Chapter ten takes into account lower limb amputations and how the patients perceive the act. In turn how this perception affects the understanding of their loss as well the need for prosthetic.

Cultural differences concerning health issues in addition to intercultural perceptions in connection with health and medical coverage is the subject of chapter eleven. Modern societies have evolved and have become more pluralistic in their composition. The question the paper wants to address is whether these societies can follow the rule “living together” by discarding old practises.

The following chapter refers to people that have been forced to leave their homes. It examines the reason the term trauma is not used to describe their ordeal. The study focuses exclusively on Greek Cypriot persons.

Chapter thirteen’s is the medicalisation of special education and how this acts to deter the full and successful inclusion of people with special needs in society. The possible relationship between the two is tested by exploring the attitude of educators towards special and general education.

The next chapter examines some of the key cultural concepts and relevant historical factors that may shape the development of Anglo-Cypriot gay identity. Accounts of sexual identity experiences provided by second generation Greek and Turkish Cypriot gay men living in London are examined in the light of this analysis as a way to explore how these men negotiate Anglo-Cypriot and gay identity. The findings of this research may help develop an understanding of the complexities surrounding the sexual and cultural identities of Anglo-Cypriot gay men, thereby reinforcing the notion that identity is malleable and ever-changing.

Analyzing social structures and their influence in the unequal distribution morbidity and mortality in Portugal occupies chapter fifteen. It is argued that the unequal distribution of the diseases and causes of death is based on the access and in the use of health resources.

Chapter sixteen examines the existing conditions in the area of institutional care for the elderly in the Czech Republic and whether the standard can provide dignified aging. It attempts to clarify if human rights of the elderly are respected and protected while being in care.

The final chapter of the book deals with emotional stress that springs from acculturation that occurs to an individual or a group when two distinct cultural groups come into conflict.

CHAPTER ONE

THE MORALS OF DYING: MORALITY AND IDEOLOGY OF DEATH AND THE ISSUE OF EUTHANASIA

ALEXANDROS SAKELLARIOU

Historical and theoretical introductory remarks

Can we speak of a “good” death and if so what would we mean by that? Is it possible for a human being to pursue imperatively its own death? Can a society preserve its cohesion by legalizing death? These are only a few questions which preoccupy those who study the issue of euthanasia, a social issue, which societies and powers—political and religious—regard mainly with repugnance. The issue of euthanasia has been—and still is—studied by historians, philosophers, doctors, anthropologists, theologians, jurists, priests and probably by some more scientific fields and constitutes a crucial social issue which caused many conflicts and disagreements in human societies in all places and in all ages. In this study we make an effort—not an innovative one of course—to examine this issue sociologically i.e. to examine the social relations which emerge and the social institutions which are interested in the issue of euthanasia and furthermore we focus our interest on the situation over euthanasia in Greek society by exposing the legal facts on the one hand and the ecclesiastical and religious opposition on the other. Our effort is to investigate and answer to a basic and substantial question: why euthanasia is a taboo-issue today in Greece?

It is quite important to point out that euthanasia is not an exclusive scientific subject for one and only scientific field and that it is not acceptable to give precedence to the personal interest or the interest of one’s own group over the collective, that is, the social interest. Accordingly, on the issue of euthanasia, as in every scientific field and subject, we are obliged to expose our arguments with lucidity, having as a basis not our

personal ideological convictions and dogmas but the free will of all human beings and their fundamental rights. Even though it is difficult for a scientist to be “objective” and “neutral” because he is raised and educated in a particular social milieu which has influenced his way of thinking, a scientist has the responsibility to put aside, as far as this is possible, all kind of preoccupations and ideological doctrines in order to study his subject of inquiry.

Euthanasia in past and present societies

The issue of euthanasia is not a contemporary one even though in past and more precisely in ancient societies it did not have the exact same meaning as nowadays. In ancient Greece and particularly in the island of Kea in the Aegean Sea, when the elderly became of some age, before getting sick—not only physically but also mentally—and disabled to come up to everyday needs they committed suicide with poison after obtaining the approval of their fellow citizens, dying, in their opinion, in a good and beneficial, for the society, way. Plato refers to euthanasia, without stating the exact word, in the Republic (405c-408e), when he is mentioning Asklepios and his position, that a very sick man who can not live as everyone else should not receive any therapy because neither him, nor the city would have any profit from this therapy¹. Furthermore the ancient Greek philosopher, Epicurus, in his Letter to Menoeceus suggested that death is not so important for human beings because, on the one hand, when death is there, they are not and, on the other hand, when they are alive, death is not there either. But when we study euthanasia in ancient Greece, we must bear in mind that in ancient societies, where diseases of today like cancer, HIV, Alzheimer etc. were not present, the issue of a good and decent death had to do mostly with heroism in the battle field, victory in athletic games, death while protecting family members or fighting against tyranny and many other cases. An honest and honored death in antiquity had to do at the most with matters that were important to ancient Greeks such as society, family, athletic games, protection of the holy land and the holy places of the city and this kind of death was indeed a good death for them.

Later on, in Roman era Titus Lucretius Carus in his work “De Rerum Natura”, (chap. II 55-58, III 48-93 and III 830-1094) wrote about the issue of the fear before death and in agreement with Epicurus, stated that:

¹ We are going to expose the issue of Hippocratic Oath in a next paragraph when referring to the medical dilemmas on euthanasia.

“Death for us is nothing...we can be sure that nothing horrible exists in death” (chap. III 830-831).

In the same spirit, Seneca in his work “De Tranquillitate Animi” argued that a man should know how to live and how to die (chap. XI 4, 6) and in another of his works, “De Brevitate Vitae”, that if a man studies the teachings of the important philosophers of antiquity, he can take a lesson on how to die, not by committing suicide but in a peaceful and human way (chap. XI 2, XV 1). Some centuries later, Francis Bacon, following Lucretius, stated that:

“Men fear Death as children fear to go in the dark; and as that natural fear in children is increased with tales, so is the other” (2002, p. 343)

And also that:

“A man would die, though he were neither valiant nor miserable, only upon a weariness to do the same thing so oft over and over” (2002, p.343).

Finally, Thomas More in “Utopia”, his imaginary place of living, suggested a form of euthanasia for sick people, which reminds us of the death of the elderly in Kea that means without pressuring them and after the permission of their fellow citizens.

As we conclude with these brief historical remarks, we argue that the issue of a good, politically and socially acceptable death had a central place in the thought of many thinkers and societies from ancient Greece to medieval times and, as we are going to see, in modern times as well, even though in our times the issue of euthanasia eventually became a medical and also a religious matter rather than a personal and political one that was in ancient and medieval times.

Euthanasia in contemporary era acquired a negative shade after the Nazi regime in Germany (1933-1945) when people with disabilities, mentally and physically ill, became the experimental objects by the doctors of the regime and were guided to death, due to reasons of “philanthropy” as the regime claimed. It is easy to understand and argue that the Nazi regime practiced a form of so called euthanasia which had nothing to do with euthanasia in ancient times, as we mentioned above, where a person himself alone decided to die and then the society as a whole was providing him the permission to act so. In the case of Nazi Germany, manifest mass murder was named after euthanasia in order to ideologize the extermination of everyone “different” physically and mentally as well as nationally and socially. This reference to the Nazi

regime in comparison with the antiquity is crucial in our opinion because the meaning of euthanasia is frequently misunderstood and very often the act of euthanasia is confused and equated with what was called euthanasia during the Nazi regime.

After this historical period the issue of euthanasia was brought to public life again due to events which took place in Europe and in the U.S.A. some of which were highlighted in extent in Greek society too. The case of “doctor–death” Jack Kevorkian in the U.S.A. (1998-1999), of Ramon Sampedro in Spain (1998), of Piergiorgio Welby (2006) or more recently (2009) of Eluana Englaro in Italy, of Hugo Claus (2008) in Belgium as well as cinema movies, which met with international success, brought euthanasia in timeliness and caused conversations, wrangles and disagreements².

Euthanasia consequently consists one of the most important issues of modern bio-ethics and the avoidance of dialogue on it leads to the maintenance of all the negative perceptions and misconceptions. We can continue to expose paradigms of every day life from all over the world in order to confirm the argument that euthanasia is a very serious issue which causes important malfunctions to societies, but our purpose at the moment is to give an answer to a very important question referring to the scientific and theoretical way by which we study our object, and in succession, to focus on what is actually taking place over euthanasia in Greece. Before that we are going to expose in a brief way the situation over euthanasia in some Western societies and particularly the legal confrontation of euthanasia.

Euthanasia is not legal in the majority of western societies. The Netherlands in 2002 and Belgium in the same year were the first European countries which legalized euthanasia, although in the Netherlands it had been widely tolerated since the early 1970's, with Luxemburg following

² These are some known international cases of euthanasia. J.Kevorkian was accused for multiple murders in the U.S.A. even though his argument was that he was helping people to die peacefully. R. Sanpedro was asking for euthanasia after an accident he had in the sea when he broke his neck and became paralyzed. P.Welby was ill from muscular dystrophy and could not move from his bed for many years and H.Claus, 78 years old, chose his own moment of death, i.e. he actually committed suicide, seeking for a decent death because he did not want to continue suffering from Alzheimer's disease. He took advantage of Belgium's liberal euthanasia law, which grants a doctor the right to help end a patient's life. In England (November 2008) a thirteen year old girl, Hannah Jones, managed to be let to die due to his serious health situation overcoming the legal and judicial negations.

recently (2008). In Sweden passive euthanasia is possible due to new medical guidelines which allow doctors to halt life-expanding treatment if a patient asks. In European domain quite interesting is the situation in Switzerland. Assisted suicide, not actually euthanasia, is not illegal and can have the involvement of non-physicians. Hundreds of Europeans have traveled to Zurich, to an organization after the name of “Dignitas”³, which was set up in 1998 to help people with terminal illness. Dignitas’ staff, which is working as volunteers, provides the patient a lethal dose of barbiturates which the patient has to take himself. According to Swiss law, a person can be prosecuted only if helping someone, commit suicide out of self-interested motivation.

In the United States recently, and more particularly in Washington state, terminally ill patients with less than six months to live are going to be able to ask their doctors to prescribe them lethal medication. Washington is actually the second State, behind Oregon, to have a voter-approved measure allowing assisted suicide. The pole took place last November and carried a nearly 60 per cent “yes” vote. According to U.S. Supreme Court (2006) all States are free to decide on this issue and vote in favor or against it. Washington’s law, “Death with Dignity Act”, (Thursday 5th of March 2009), is based on Oregon’s measure, which took effect in late 1997. Since then more that 340 people—mostly ailing with cancer—have used that state’s measure to end their lives. Under that new law in Washington, any patient requesting fatal medication must be at least 18 years old, declared competent and a state resident. The patient who is interested in euthanasia should make two oral requests, fifteen days apart, and submit a written request witnessed by two people, one of which must not be a relative, heir, attending doctor, or connected with a health facility where the requester lives. Moreover it is necessary that the certification on his terminal condition is made by two doctors.

Death and life: a dialectical relation

The thorough study and observation of human society leads us to the ascertainment that human life is at the same time interwoven with death, the death of one’s own and of the “others”, an observation which is grounded by every scientific aspect. This is a dialectical relation of life and death, death and life, a dynamic and quotidian relation, which has

³ During the summer of 2009 the famous conductor of BBC Philharmonic Orchestra sir Edward Thomas Downes along with his wife ended their lives together in “Dignitas” due to serious health problems.

been set forth variously in human history, for example psychoanalytically by S. Freud (1995) with the life drive and the death drive or the drive in eros and thanatos⁴, philosophically by H. Marcuse (1955) with eros and thanatos end even literarily by J. Saramago (2008) in his novel “death with interruptions”⁵. Where is life, there is death and vice versa. Inside life exist death and through death emerges life. In everyday life, life and death coexist via the illness and the death of our friends, our family or our own, even though people try to avoid not only any conversation on death but even death itself. Life and death in the social field do not consist, only natural, biological facts but also cultural and moreover political facts as they can not be understood outside the field of political power. With these short points, we want to expose two main arguments. The first one is that life means nothing without death because its value derives from the existence of death and the second is that life and death are depended on the society in which they emerge, a fact which is easily proven from the historical study of life and death as social facts.

Beside the importance of death in order to understand the value of life, we must emphasize on the attitudes towards death which have been differentiated, having as a consequence that death, instead of remaining a common social fact became something foreign and external for human beings. In past societies for example, to refer a paradigm on how the attitudes towards death are different, death constituted a collective fact which concerned the community as a whole. The dead body was staying in the house for days or at least for the night so the relatives could pay a visit and grieve with the family. Then the whole village was taking part in the ceremony and the burial was taking place in the center of the village or the city where the cemetery was. People used to live with death not only imaginary but every day when some friend or family member passed away. Gradually, in the 20th century, when human life was benefit from all the technical and medical discoveries and achievements, death and illness were put in special places, the hospitals, and became hospitalized. Today it is not acceptable for the children to visit cemeteries and attend burials and death is expelled from people’s lives even thought it is always there (Aries, 1975, 1977).

⁴ On the issue of death generally, from the psychoanalytic point of view, very famous is the book of I.Yalom *Staring at the sun: overcoming the terror of death* which follows the epicurean tradition.

⁵ In this novel Saramago outlines a character, death, who is falling in love and finally becomes life. In our opinion it is a direct dialectical meaning that first of all even death could fall in love and also that life means nothing without death.

In contemporary narcissistic society where human body is idealized and appears healthy, trained, thin, spotless and without diseases or handicaps, where health and life as absolute values are not only raised but in essence are enforced to people, death is out of question. Nowadays, a certain body pattern has prevailed, which, as it is propagated, should be followed by every one, because otherwise a man is considered out of fashion and will not be accepted by others. Social sciences in general provide us with very interesting studies on the issue of every day life and the relative attitudes on several matters, from the way of eating and speaking to the way of growing up the children or even of clothing.

The sociological approach: bio-politics, bio-power, bio-ethics

After a concrete observation, we can ascertain that on the issue of euthanasia is taking place a regulation, a bio-regulation, ruled by the state and of course by society, which is not taking under consideration or more precisely ignores the wills of the involved patients and enforces medical power-knowledge, which refuses to retire in its 'battle' with death and decay. In other words, bio-politics, political power, actually defines what is healthy, what has to be done not only in life but also in death and denies vigorously the legalization of euthanasia. On the other hand, doctors in their majority are interested in saving a life at any cost, but they should have in mind that life means nothing without death as we mentioned above. It is important to accept that life has some criteria of dignity and a human body which only breaths and perhaps talks is not actually a human being at least for a minority of people. By that it is not meant that societies and powers have the permission to exterminate everyone who is different, ill or handicapped and the issue of euthanasia has to be discussed only after the patient asks for it.

As we already mentioned, we are going to study euthanasia sociologically, that is from a point of view which is interested on the one hand in social institutions, human relations and their dynamic interaction and on the other hand in human body and its utilization. Sociology is also interested in death of man (Sociology of Death), the way by which he is conducted to it and in the relation between man and death individually as well as collectively (Clark, 1993). A crucial and initial question is if Sociology is able to study euthanasia. Our position is that the answer is positive, from the moment Sociology as a science studies institutions and relations between institutions (Bourdieu, 2001) as well as between members of the society and social groups.

Death and life are controlled by political society and consequently are politicized and ideologized, especially when “others” decide on the way of death of a human being and on how he will utilize his body, a fact which is not astonishing historically (see e.g. the right on life and death of the King on his subjects, the right of pater familias on his family members during Roman Empire, *jus primae noctis* in Middle Ages etc.). In a social framework of continuous search of what is defined as life⁶ and what is defined as death⁷, who defines them and who decides on them, emerge the morals of life and death and more precisely the morals of living and the morals of dying. The way of living of every human being and the way of his death form his personal morals, which should not be defined and enforced by others from the moment they do not afflict human society. As a consequence, we argue that it is false to meditate on life and death in any scientific way (legally, philosophically, sociologically) and do not bear in mind one of these two consisted elements, i.e. life and death, because the one is interwoven with the other not only philosophically but also socially. On the ground of this dialectical reasoning is grounded the right of death, a controversial right according to many thinkers, which means that if we accept the right of life then it is dialectically improper to refuse the right of death due to the reasons we exposed previously.

Following M. Foucault (1979), one would have to speak of bio-power to designate what brought life and its mechanisms into the realm of explicit calculations and made knowledge-power an agent of transformation of human life bio-politics could therefore be defined as the escalating incorporation and subordination of “natural” life of man in the mechanisms, evaluations and plans of power. Having these theses as a starting-point and in addition the meditation of G. Agamben (2005) on the politicization of life and death, we argue—proposing a different and perhaps reversed decipherment of the issue⁸—that euthanasia constitutes an issue of bio-politics and bio-power, because political power desires and aspires to control the pace and the way of life and death of people, enforcing life in any form and expel death from public sight. On the other hand euthanasia can not be enforced on anyone because in this case it is becoming also a part of bio-politics and bio-power but in a very different and dangerous

⁶ For example in how many weeks of pregnancy life exists.

⁷ We can mention the different types of coma (classic, carus, wakeful, *depassé*/brain death).

⁸ For the majority of the thinkers euthanasia is a part of bio-politics, bio-power and is understood as a social and medical control on human body. Here we try to expose the opinion that the prohibition of euthanasia forms a bio-political and bio-power act against human freedom and the free handling of human body.

way as the effacement of a weak body, which presence contradicts with the body pattern of contemporary society and surely not as the redemption or the relief from pain as it should be. In other words, euthanasia should be permitted only after judgment and control, because in any other case, a man who is subjected to euthanasia is becoming actually a form of “homo sacer”, a form of “bare life” according to G. Agamben and that is a state of enforcement of bio-politics/ bio-power on the body of unsuspected people.

It is evident and totally acceptable that euthanasia is an issue of bio-ethics and is expected to be referred in the relative Declaration of UNESCO. In 2005 UNESCO published the Universal Declaration on Bioethics and Human Rights. In this document some very interesting opinions on human life and dignity are cited, but there is not a single direct phrase on the issue of euthanasia. In the preamble is cited that the following articles have been adopted “recognizing that health does not depend solely on scientific and technological research but also on psychosocial and cultural factors” and also “bearing in mind that a person’s identity includes biological, psychological, social, cultural and spiritual dimensions”. One of the basic aims of this declaration is “to respect human dignity, human rights and fundamental freedoms” (article 2, paragraph d and article 3, paragraph 1). Besides this “the interests and welfare of the individual should have priority over the sole interest of science or society” (article 3, paragraph 2) which means that in a case of euthanasia, a person’s will should be taken under serious consideration. But once more euthanasia is not mentioned and consequently could be included as much as excluded of the discussion and, from this point of view the declaration could be read under different interpretations. The more doubtful article is the sixth which mentions the patient’s consent where we read that:

“Any preventive, diagnostic and therapeutic medical intervention is only to be carried out with the prior, free and informed consent of the person concerned, based on adequate information. The consent should, where appropriate, be expressed and may be withdrawn by the person concerned at any time and for any reason without disadvantage or prejudice” (paragraph 1)

And that:

“In appropriate cases of research carried out on a group of persons or a community, additional agreement of the legal representatives of the group or community concerned may be sought. In no case should a collective community agreement or the consent of a community leader or the authority, substitute for an individual’s informed consent” (paragraph 3).

This article is supplementary of the previous (no 5) in which is referred that:

“The autonomy of persons to make decisions, while taking responsibility for those decisions and respecting the autonomy of others, is to be respected. For persons who are not capable of exercising autonomy, special measures are to be taken to protect their rights and interests”.

At the end of the declaration is mentioned that “persons and professionals concerned and society as a whole should be engaged in dialogue on a regular basis” and that “opportunities for informed pluralistic public debate, seeking the expression of all relevant opinions, should be promoted” (article 18, paragraphs 2, 3).

We exposed the basic points of the UNESCO declaration in order to point out two things. First of all that even in a progressive and humanitarian organization and its declaration, the issue of death and the decision on it has not a concrete place and that, secondly, even though societies are encouraged to come to dialogue for such issues, euthanasia in Greece is out of the agenda. Additionally the declaration on Human Rights of the UN (1948) declares in the first article that “all human beings are born free and equal in dignity and rights” and in article 3 that “everyone has the right to life, liberty and security of person”. But not an equal right for death is mentioned and by that we mean a personal choice of a dignified life and a dignified death and consequently we can ask how it is possible to establish a right for life without establishing a right for death with all the necessary prerequisites.

Coming to an end with the theoretical arguments on euthanasia, we should add the following questions which are supplementary of the issue and concern the Greek case in particular which we are going to study in the following paragraphs. Is euthanasia a moral act according to the Orthodox Church? Is it reasonable to assert its legalization in Greek society? What prescribes the Greek legal system? Which is the role of the Greek Orthodox Church on the issue?

Euthanasia in contemporary Greece

Firstly it is important to mention that facts as those which took place and caused conversations in other European countries and in the U.S.A. have not emerged in Greek society. Euthanasia is a taboo-issue and if it is performed, it is performed only under full secrecy. The legal system of Greece is in its totality inconsistent on this issue. Many argue that the

issue of euthanasia is solved prohibitory by article 300 of the Penal Code, according to which:

“Every person who decided and executed homicide after great and insistent demand of the victim and due to mercy for the person who was suffering from an incurable disease is punished with imprisonment”.

This article is obviously ideologically prejudiced from the moment it refers to homicide and not to euthanasia. It considers the act of euthanasia in a negative way regardless of the motive and it punishes it without exception. But if we are kept to the Penal Code and accept that the issue of euthanasia is solved by that article, we ignore two other laws of the Greek state, which lead us to the conclusion about the inconsistency of the legal system.

The legal system and the medical dilemmas

According to article 47 of the law 2071/1992 “On the modernization and organization of the health system” which refers to the rights of the hospital patient, we read on the first hand that “the patient has the right to deny treatment” (paragraph 3) and also “the right of respect and recognition of his religious and ideological convictions” (paragraph 7). As a result, if a patient is ideologically convinced that an incurably ill man should end his life and he is in favor of euthanasia, we assume that, according to this law, his ideological conviction should be respected. Moreover, according to the Code of Medical Ethics (law 3418/28-11-2005) in chapter 9, “Special Issues”, and in article 29, “Medical decisions at the end of life”, the following are cited:

“Doctor takes under consideration the wishes which had the patient even if, during the time of the surgery, the patient is not able to repeat them” (paragraph 2)

And that:

“Any doctor is obliged to be informed that the wish of a patient to die, when he is in the last stage [of his illness] does not consist legal justification of any acts which target the acceleration of death” (paragraph 3).

The inconsistency is obvious. Either the doctor will respect his patient’s will, as law determines, but afterwards will suffer the legal consequences, or being in fear of the possible forthcoming punishment and his professional

future he will not respect his patient's will. As a result, the patient should seek assistance elsewhere with the existing danger of punishment as we already saw. Consequently, it is obvious that our legal system is clearly prohibitive but at the same time also inconsistent on the issue of euthanasia and needs to be clarified.

A direct consequence of this legal ambivalent situation is the medical dilemma which emerges for doctors. Of course, beside the contradiction of the legal system we have to take under serious consideration the oath of Hippocrates which every doctor take. Many argue that this oath refers to euthanasia in the part in which it forbids every doctor to provide with poison the person who is asking for it. On this point, we should make two clarifications. First of all, some serious disagreements have been set forth on the issue of Hippocratic Oath, on its formation and history. Is it actually of Hippocrates? Is it expressing the mainstream of its era? This is a very important issue which can not be analyzed here but cast doubts on the issue of taking the oath verbatim. The second clarification has to do with the oath as a whole. Can this oath have any apply at all nowadays? The oath also refers to abortion and forbids it. Can we imagine a world without abortion and more accurately without the medical control and assistance on it? It also says that a doctor should not receive money when he passes through his knowledge to other doctors. Is this a fact in our era? Why no one protests on this issue? We think that the Hippocratic Oath is important but it should be taken as an ethical text which provides doctors with some basic values on human life. Some of its commandments or advises have no application for contemporary societies because were written for a different society and era.

On the same issue, we can add that not many surveys have been made in Greece concerning the aspect of the doctors on euthanasia. The few which have been organized prove first of all that a large percentage of doctors are basically in favor of euthanasia and especially passive euthanasia, and, on the other hand, that it is not easy for them to admit publicly and namely the fact that they helped a person to die, due to the existing legal system and the fear of punishment, but as many admit, euthanasia is a common secret in Greece as elsewhere. Greek society in general is against euthanasia and this is also exposed in a few surveys on the issue. In one of these in 2006 only 6,5% answered "yes, I would do it" and 14,1% "perhaps, I would do it" on the question what would you do, if a close relative in hospital who suffers from an incurable disease asks you to buy for him a certain medicine in order to put an end to his life (Kiouisis, 2006).

The Orthodox Church's opposition

Where are this negative attitude on euthanasia and the consequent inconsistency of the law based? Which is the role of religion and more precisely of the Greek Orthodox Church? We argue that basic cause for this negative viewpoint and for the non acceptance of the legalization of euthanasia is the theological-ecclesiastical viewpoint on the issue. The Orthodox Church is declared clearly against euthanasia by putting forward two main arguments. Firstly, it argues that life is a gift from God and secondly that the seriously ill patient is not in a healthy mental state in order to take such serious decisions. Church's viewpoint is aggressive and offensive against the supporters of euthanasia and is summarized in the following arguments about the causes of the issue:

“The deeper reason that nowadays euthanasia concerns so much people and causes unprecedented movement is the fact, that prevailed a clearly materialistic, ephemeral and eudemonistic perception and practice, health has acquired an intense economic character and man is understood pure mechanically and transiently. (...) The demand on euthanasia derives mostly from human beings who are in a state of depression. This means that, first of all, the circumstances under which the will for euthanasia is expressed are such that do not guarantee the sobriety of the petitioner and secondly that with the proper support, solidarity and probably psychotherapeutic treatment, the same persons could be possible to express different choices in their future. The incurable and painful disease influences the mental equilibrium of the patient in such a way that we could argue that is almost impossible for the patient to express his will with clarity or soundness of judgment” (Committee of Bioethics of the Orthodox Church, 2002).

Furthermore the Church argues that “according to Christian teaching the duration of life and the time of our death are not defined from human rights in any way” and also that “a right for self-determination of life itself is not recognized” (Committee of Bioethics of the Orthodox Church, 2002).

We are not going to examine these arguments in details. We are going, however, to pose some interrogations for wandering and reflection. If God provides life via the act of reproduction, as Church argues, it is obvious that the decision of a couple to have a child is not actually theirs but God's. Why then the decision of a man to put an end to his life and the following act is not possible to accomplish God's will and form a divine decision? The subsequent question has to do with the second argument of the Church. Why we suppose that every man who decides to put an end to

his life is mentally ill but if in the same state decides to continue his life we think that is mentally healthy? The many Christians in the history of Christianity who were aiming death and more over a death of martyr were mentally ill? Finally, we must ask: is it acceptable for a social group, which considers itself a majority in a society, to enforce on a minority the way by which this minority should conduct its life and death, its body, as well as define what is dignified and what not? In other words, is it acceptable for this group to enforce its morals to other people and groups?

We presume that these theological arguments can be powerful, nevertheless only morally and not legally, for the believers, that is for those who voluntarily are placed in the bosom of the Church and follow its rules and dogmas. Unfortunately in Greece, having in mind the regime of relations between the State and the Orthodox Church, we ascertain that the legal system is influenced by the ecclesiastical point of view on this issue. We can remind, in addition, how many years have passed until it was accepted in our country the right for abortion or even the decriminalization of adultery, and how many reactions by the Orthodox Church caused their legalization. Orthodox Church explicitly or implicitly influences very often state and judicial matters due to its close historical relation with Greek society. Paraphrasing J.Derrida (2001), who was talking about the death penalty, we could say that it is impossible to deal with the issue of euthanasia without referring to religion and to that element, which through the concept of sovereignty, connects law with religion and also without referring to the theological-political or theological-legal-political alliance, as he names it, the oration of which (theological-political) supports the negation to euthanasia and actually it founds it from the beginning. Of course, this historical bound does not justifies the social control on human bodies and its conduct even though it is known that all along Christian Churches consisted one of the main forms of bio-politics and bio-power on human body via the control of sanitation, nutrition, eroticism, clothing, reproduction and death. Church, as a consequence, consist a third form of power along with state and medical science which together pursue the control on human bodies and practice bio-power on them because, as the other two institutions, knows that the control on the human body is a very important prerequisite in order to control social groups and exercise its power on them.

Concluding remarks

We tried in a few lines to study thoroughly a very important and multidimensional issue as much as vividly and succinctly as we could. We

assume that we exposed the most important dimensions of the issue and that the suggested position is quite plain. Nevertheless, the legislation on euthanasia can not take place unconditionally and without any restrictions, because it may possibly lead to uncontrolled and inhuman conditions. The case of living wills⁹ is a possible solution but always with the potentiality of reconsideration of the initial decision. Human freedom is placed—and has to be placed—over any theological and ecclesiastical perceptions because human freedom is not just a private issue but it is nothing at all if it is not a private issue as well (Marcuse, 1955) and the right for life is not understood without the right for death, because if life is sacred then, dialectically, death is sacred as well. Of course, the issue of euthanasia, as all the bio-ethical issues have to be studied more and in accordance with the almost everyday new scientific findings, but the main problem remains the lack of communication and dialogue in the public domain in Greece as well as the denial of the state to face a crucial and important issue.

Bibliography

- Agamben, G. (1998). *Homo Sacer: Sovereign power and bare life*. (D.I Hellen–Roazen, Trans.). California: Stanford University Press. (Original work published 1995).
- Aries, Ph. (1983). *The hour of our death*. (H.Weaver, Trans.). Harmondsworth: Penguin. (Original work published 1977).
- Aries, P. (1975). *Western attitudes toward death: From the middle ages to the present*. (P.Ranum, Trans.). Baltimore: The Johns Hopkins University Press. (Original work published 1975).
- Beauchamp, T.L. (1995). *Intending death: The ethics of assisted suicide and euthanasia*. New Jersey: Prentice Hall.
- Biggs, H. (2001). *Euthanasia: Death with dignity and the law*. Oxford–Portland Oregon: Hart Publishing.
- Clark, D. (Ed.). (1993). *Sociology of Death: Theory, culture, practice*. Oxford: Blackwell.
- Committee of Bioethics of the Orthodox Church of Greece, (2002). *Basic views on the issue of euthanasia*. Retrieved June 3, 2009, from http://www.bioethics.org.gr/03_frame.html

⁹ In such a will it is stated namely that the person who signs it being of sound mind and voluntarily makes known his desires that his moment of death shall not be artificially postponed. In all cases the sign of one or two witnesses is obligatory in order to verify the will and execute it when the signatory is not able to express his written desire.

- Derrida, J. & Roudinesco E. (2001). *De quoi demain... dialogues* [Dialogues for tomorrow]. Paris: Fayard.
- Eser, A. (1985). *Ιατρικό καθήκον διατηρήσεως της ζωής και διακοπή θεραπείας* [The medical duty of preserving life and the cease of treatment]. (P.M. Vassilakopoulou & A.Zioga-Sakta, Trans). Athens-Komotini: Ant.N.Sakkoulas. (Original work published 1976).
- Euthanasia: a continent divided* (n.d.). Retrieved July 15, 2009, from <http://www.news.bbc.co.uk/go/pr/fr/-/2/hi/europe/7322520.stm>
- Foucault, M. (1979). *The history of sexuality: volume 1: an introduction*. (R. Hurley, Trans.). London: Penguin Books. (Original work published 1978)
- . (2003). *Society must be defended: lectures at the College de France 1975-1976*. (D. Macey, Trans.) New York: Picador. (Original work published 1997).
- Freud, S. (1995). *Oeuvres completes*. [The complete works]. Paris: Press Universitaires de France.
- Kiouis, G. (2006, March 13). Ποιος είναι η ηθικός κώδικας των Ελλήνων. [Which is the ethical code of the Greeks] *Eleftherotupia*, pp.18-19.
- Kuczewski, M.G. & Polansky, R. (eds.). (2000). *Bioethics: Ancient themes in contemporary issues*. Cambridge: The M.I.T. Press.
- Lucretius, T.C. (1995). *De Rerum Natura*. (A.M. Esolen, Trans.). Baltimore: Johns Hopkins University Press.
- Makrinioti, D. (Ed.). (2008). *Περί θανάτου: Η πολιτική διαχείριση της θνητότητας*. [On Death: The political handling of mortality]. Athens: Nissos.
- Marcuse, H. (1955). *Eros and civilization*. Boston: Beacon Press.
- More, T. (2003). *Utopia*. (P.Turner, Trans.). London: Penguin. (Original work published 1516).
- National Hellenic Research Foundation, (2000). *Ευθανασία: η σημαντική του «καλού» θανάτου*. [Euthanasia: semantics of “good” death]. Athens: National Hellenic Research Foundation.
- Paddock, C. (2009). *Washington State Legalizes Assisted Suicide*. Retrieved July 15, 2009, from <http://www.medicalnewstoday.com/articles/141318.php>
- Peck, M. S. (1997). *Denial of the soul: Spiritual and medical perspectives on euthanasia and mortality*. Maryland: Random House Inc.
- Plethon, Free School of Philosophy (1977). *Μελέτη θανάτου* [Reflexion on Death]. Athens: Hestia.

- Protopapadakis, E.D. (2003). *Η ευθανασία απέναντι στη σύγχρονη βιοηθική* [Euthanasia facing contemporary bio-ethics]. Athens–Komotini: Ant.N.Sakkoulas.
- Raanan, G. (1994). *Philosophical medical ethics*. New Jersey: Willey editions.
- Rigou, M. (1993). *Ο θάνατος στη νεωτερικότητα* [Death in modernity]. Athens: Plethron.
- Saramago, J. (2008). *Death with interruptions*. (M.J. Costa, Trans.). Boston: Houghton Mifflin Co.
- Seneca, L.A. (2005). *De Brevitate Vitae*. [On the shortness of life]. (G.D.N. Costa, Trans.) London: Penguin Books.
- . (1946). *Dialogorum Libri IX-X: De Tranquillitate Animi, De Brevitate Vitae*. [On the tranquility of the mind, On the shortness of life]. (L.Castiglioni, Trans.). Aug. Taurinorum: In aedibus I.B. Paraviae.
- Vickers, B. (Ed.). (2002). *Francis Bacon: The major works*. Oxford: Oxford University Press.
- Washington State to allow “dignity” deaths* (n.d.) retrieved July 15, 2009, from <http://www.msnbc.com/id/29454171/>
- Yalom, I. (2008). *Staring at the sun: Overcoming the terror of death*. San Francisco: Jasey-Bass.

CHAPTER TWO

SOCIOLOGICAL APPROACH OF HEALTH, ILLNESS AND MEDICINE IN GREEK AREA DURING 16TH AND 17TH CENTURY BASED ON A HISTORICAL RESOURCE (NO 218 MANUSCRIPT OF MONASTERY OF IVIRON OF MOUNT ATHOS)

ANASTASIA K. KADDA

Abstract

The present study's aim is the sociological research of health, illness and medicine in Greek area during 16th and 17th century based on a historical resource. For this purpose a research was made using the No 218 manuscript of Monastery of Iviron of Mount Athos under the principles of sociology of health, with the following results: a) health, illness and medicine are indirectly defined in association with the wide social environment, b) social designating factors affect health and illness, c) health is accentuated as the biggest social value, d) diseases with a social character are mentioned, e) a correlation between wide social environment and disease's manifestation is noticed, f) the therapeutic ways used have a social character, g) the cultural formation of the society at the under study time period is orientated towards practical even supernatural or religious therapeutic means and that affects the modulation of practice of medicine and therapeutic h) many therapeutic preparations are proven to have social functions, i) the alphabetical classification of herbs in the manuscript has social functionality and utility, k) the magical-supernatural elements and practice that mainly ruled medicine during Turkish occupancy had a social function, l) diagnosis and prognosis are considered to be social useful, m) the anatomy is considered socially important, n) society seems to look