
ABORTION AND EUTHANASIA AS THREATS TO TRADITIONAL FAMILY A COMPARATIVE CASE STUDY ON SLOVAKIA AND THE RUSSIAN FEDERATION

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Abstract

The article deals with the phenomena of abortion and euthanasia against the background of the environment of traditional family in Slovakia and Eastern Europe. Current interpretations and ethical evaluations of both phenomena are analysed from various complementary angles allowing space for liberal as well as conservative views. The complexity of relationships between abortion and euthanasia on one side and family environment on the other, require a comprehensive approach that will integrate new findings from Medicine, Biology, Psychology as well as competent assessments from scholars in Ethics, Theology and Philosophy. Implications of existing trends pertaining to the analysed phenomena are far reaching, affecting subjective values (value judgments), established social norms, family structures, and overall atmosphere in society. Besides outlining the present situation, this study offers preliminary recommendations directed to preserving the values, structures, and institutions that have been conducive to social stability and overall wellbeing in the society.

Keywords: marriage, society, relationships, abortion, euthanasia

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1. Introduction

Acceleration of our era in all areas of human life feels gradually more intense. We are clearly observing the collapse of relationships and atomization of families and broader communities [1]. New widely accepted lifestyles, emerging in the western society offer new types of family cohabitation - single, mingle, patchwork families, homosexual families, etc. as relevant and equal alternatives to more traditional understanding of the image of family. With the passing time, bigger number of heterosexual couples do not intend to get married, because they regard it as useless formality, stating - they don't need a certificate to love each other. On the other side, appearing as if in an opposition, we can see homosexual couples demonstrating for official legalization of their relationship to the level of marriage, or registered partnership. Therefore, it is necessary to reflect the traditional understanding of a family formation as well as newly emerging forms of marriage or cohabitation together with the courage to fulfil the promise, loyalty, fidelity, etc. The consequences are alienated, atomized and 'distorted' families attempting to raise children for the life in real world.

This process of educating and raising children has become very difficult due to significant cultural-sociological changes. Many of these children end up in foster care, in orphanages, or, paradoxically, in new or changed families, experiencing new mother or father, two mothers or two fathers, etc. (single, mingle, patchwork or homosexual families). Pressing questions thus linger on our minds: What kind of patterns of family life are they learning to follow and imitate? What are they learning for their own lives and future families? What happens to society in general if it accepts fully alternative forms of families, that are, or so far appear to be (in their nature) self-destructive, either from a social, educational, or psychological point of view? What then is the value of human life in general?

Based on reflecting the current crisis of marriage and family, its functionality and meaning for the future of society, the main aim of our article is to discuss the issues of abortion and euthanasia. If, as we argue, the fundamental views on the value of human life and human dignity are formed in the context of families, the issues of family, abortion and euthanasia are inwardly constitutively connected.

2. Family

For any discussion to be reasonable and to move forward, it is necessary to define and explain the understanding of the important terms for all parties involved in the discussions. Term 'family' according to Slovak legislation (The Law concerning Family) is defined in part I article 2 as follows: "Marriage-based family is the core of society. Society protects all forms of the family in a complex way." [Family Law, Basic Provision, Article 2, Law No. 36/2005 Collection of Laws, (Zákon o rodine a o zmene a doplnení niektorých zákonov v

znení č. 297/2005 Z. z., 615/2006 Z. z., 201/2008 Z. z., 217/2010 Z. z., 290/2011 Z. z., 290/2011 Z. z., 125/2013 Z. z., 124/2015 Z. z., 160/2015 Z. z.), 24.09.2018, <https://www.zakonypreludi.sk/zz/2005-36>] Article 4 defines its role more precisely: “All family members have a duty to help each other and, depending on their abilities and capabilities, to increase the family's physical and cultural levels. Parents have the right to educate children in accordance with their own religious and philosophical beliefs and the obligation to provide a peaceful and safe environment for the family. Parental rights and responsibilities belong to both parents.” [<https://www.zakonypreludi.sk/zz/2005-36>]

Although the law uses the term ‘parents’, the official understanding who the parents are is also defined in above mentioned law: “Marriage is a bond of man and woman. The society protects this unique union and helps its good. Husband and wife are equal in rights and duties. The main purpose of marriage is to start a family and properly raise children.” [Family Law, Basic Provision, Article 4, Law No. 36/2005, <https://www.zakonypreludi.sk/zz/2005-36>]

As we can see from this foundational (official) definition, we are confronted with a very traditional (conservative) way of defining marriage and family. Tamášová offers a widely accepted concept of family as a social group, consisting of two or more persons living together in one household, interrelated by means of marital, consanguine or adoptive relationships and commitments [2]. It can be defined as a primary, informal and intimate social group and a basic social unit often considered as a cradle of mankind and education. Prevendárová follows the official definition of family understanding it as a small social group, made of two adult members of the opposite sex and their progeny [3]. Family certainly must be considered as the very first social and educational environment of a foremost significance for all individuals. After all, each human being is either born or adopted into it. Kostrub rightly stresses the importance of the family environment [4]. He points out that the atmosphere of the family environment is specified by mutual relationships first between parents and the other family members. A child is formed growing up in line with family relationships, imitating the parents and their patterns of behaviour. His/her own identity (including religious identity) is thus formed through manifested and experienced traditions, values, conventions, rituals. As Valčo and Šturák convincingly argue, “From the perspective of our ‘horizontal contingency’ we find ourselves ‘tossed into existence’ by our parents (ontological aspect); imparted with the language, symbols, narratives, shared practices (both sacred and secular) of our parents and culture (spiritual aspect understood as vision and meaning of life); and shaped by examples and practices of moral nature (moral aspect; Ethos).” [5, p. 293]

It is impossible for a healthy family life to exist outside the society borders in complete isolation. Family, as noted by Tamášová [2, p. 37], is always a part of a wider social unit, whose norms, culture, traditions, and views intervene in the family itself. This kind of interaction influences and forms not only the persons (members of family) themselves but influences the overall atmosphere in the society as well.

This, conservative and clear definition and understanding of what family and marriage means within the current modern wider society has been challenged and threatened by new understandings of individual human rights dealing primarily with one's right to living in dignity as expressed mainly through the discussions about abortion and euthanasia. Therefore, we consider the issues of abortion and euthanasia closely connected with the understanding of family and marriage but also as integrative part of human rights. Families threatened by harsh economic and material matters tend to forget about historically and religiously anchored ethical and religious views and values. Here we can include e.g. the right to live and the right to human dignity.

3. Abortion

Concerning the question of abortions, the Eastern European societies are not unified at all. On the contrary, we can observe a broad spectrum of opinions and emphases. Broadly speaking, we observe two major groups that can be further differentiated within [V. Moreira, *Interrupcia – je lepší jej predist'*, Portal Zdrave.cz, <http://potrat.zdrave.cz/interrupce-ano-nebo-ne/>, accessed 12.03.2012].

The first group defends primarily the right to life and asserts the prohibition to perform abortions. According to this group, abortion is always and under any circumstances an unethical and reprehensible act. The only possible and acceptable exception is the concern about mother's health (the foetus puts her life at risk). Another potential reason one might agree with abortion would be if pregnancy were the result of a crime (rape or incest). However, some pro-life-oriented groups refuse to accept this solution even in such difficult cases. The followers of this group argue that the whole person is genetically encoded in the fertilized egg cell, sharing thereby a common humanity and being automatically a member of the human family. This status makes the fertilized egg or foetus unique regardless of when personhood may be ascribed to this human being (physiologically, psychologically etc.), so the woman has no right to make decisions related to life or death of the baby. Appeals to Article 3 of the UDHR are in order here: "everyone [i.e., every human being] has the right to life, liberty and security of person" [United Nations, Universal Declaration of Human Rights, Article 3, Paris, 1948, <https://www.un.org/en/universal-declaration-human-rights/>, accessed 12.06.2019]. While Article 3 of the UDHR does not define what is meant by 'everyone' and does not mention whether the status of the foetus is included in this category, we agree with John Fleming and Michael Hains that "there is no agreed basis for dividing up the human family into persons and non-persons, but there is agreement from science that from fertilisation we all share a common humanity, that we are all members of the 'human family'" [J. Fleming and M. Hains, *Rights of the Unborn under International Law*, Priests for Life, October 2007, <http://priestsforlife.org/articles/flemingpage2.htm>, accessed 12.06.2019].

This group is, for instance, represented by the Catholic Church or the members of Islamic communities. The Roman Catholic Church also protests against contraception or any other form of influencing the process of human reproduction. When it comes to abortion, these groups regard it as unacceptable, pointing out the brutality of interference against the defenceless foetus and alleged lies about its insensitivity. If a child is conceived resulting from an incest or rape, they say, a better solution is to let the innocent child be born and then given for an adoption [<http://potrat.zdrave.cz/interruptce-ano-nebo-ne/>]

The opposite group (to so-called 'pro-choice') emphasizes and defends the right of the woman to freely choose what happens to her own body and thus defends induced abortions. Within this group, there are various opinions on abortions and, especially, the reasons leading to it. However, most of them agree that the foetus becomes a child later during the intrauterine development or right after birth. That would mean that it is not legitimate to regard an embryo (or foetus) as capable of independent life outside the mother's body, which is a sign of and criterion for being regarded as a human person. Some proponents of this group also support induced abortions up to the third trimester (or all the way to the time of delivery) in case the child was conceived in violence, with genetic disorders or damages, or if the child poses a possible threat to a mother's health or life. Another argument against the prohibition of induced abortions is the risk of spreading illegal, unprofessional and risky interventions [<http://potrat.zdrave.cz/interruptce-ano-nebo-ne/>]. However, even the proponents of woman's free choice perceive induced abortions as a last possibility (from a medical, material, mental and social point of view) and recommend sufficient prevention against unwanted pregnancies.

Slovakia experienced a high number of induced abortions in the last century at the turn of the 1980s and 1990s. In 1990, there were approximately 48500 induced abortions. Since then, this number in Slovakia has been decreasing every year. Based on the National Centre of Health Information statistics, in 2009 there were 13 240 registered induced abortions [6]. In 2017, this number was decreased to fewer than 10 500 [6]. However, these statistics do not include early abortions by means of so-called emergency contraception. Certainly, the compulsory fee for performed intervention, paid by the applicant (for Slovak conditions, it is not a negligible amount and, what is more, the fee rises every year), has played its role in reducing the number of abortions. An increasing number of physicians apply conscientious objection and refuse to perform the intervention on ethical grounds. At the same time, it is necessary to point out here that proportionally with decreasing number of abortions we observe a comparably increasing use of planned parenthood methods – contraception. However, as we already mentioned, this can have undesired effects on women's health.

In Slovakia, according to law, it is possible to terminate pregnancy up to 12 weeks of gestation based on mother's application, up to 24 weeks for genetic reasons and later only in case of a threat to the woman's life or in the case of genetic disorders of the foetus that are deemed incompatible with life. Induced

abortions performed up to 7 weeks of gestation in case of first-time mothers and up to 8 weeks of gestation in the case of second-time mothers are called mini-abortion. It is an intervention, in which the womb lining with the egg is sucked out under pressure through a sucking tube. The lower the stage of pregnancy, the easier it is to perform the intervention and the lower the risk of woman's health complications.

Induced abortions from 8 to 12 weeks of gestation are performed by curettage and dilation of the womb (surgical intervention). As a rule, the higher the stage of pregnancy, the more invasive the dilation, which increases the risk of spontaneous abortions after the conception of the next child. Induced abortions performed in the second and third trimester are induced by prostaglandins applied through abdominal wall and womb wall right to the amniotic fluid or in a form of pills or vaginal gel. The expulsion of the foetus from the uterus is followed by curettage (removing the placenta and checking the uterine cavity).

Besides the methods mentioned above, there are also so-called medical abortion procedures that are used to terminate a pregnancy using hormonal contraception or, in some countries, applying the substance RU 486, which blocks the progesterone hormone during the first few weeks of pregnancy [7]. In his book on abortion and euthanasia, Suaudeau expressed serious concerns about the use and moral status of contemporary methods of contraception that we would like to bring to our discussion. Among other things, Suaudeau argues that "these new techniques of birth control, incorrectly called contraceptive, do not inhibit union of gametes, but nidation of the fertilized egg. We call them capturing methods, because they capture the fertilized egg, making it impossible to nidate." [8] Essentially, they represent hidden forms of abortion [6, p. 15-17].

For a comparison, we present some data from the Russian Federation showing the trends in abortion and (in the next section) euthanasia. Abortion is legal in Russia up to the 12th week of pregnancy. In 2017, there were 780,000 abortions (both induced and spontaneous) officially recorded, for a population of 145 million. This number has gone down in 2018 by 9.6%, according to the latest Report of the Minister of Health, Veronika Skvkorsova [RIA Novost, *V Rossii cislo abortov snizilos na 39% za sem let (In Russia, the number of abortions has dropped by 39% in seven years)*, RIA Novost, 24 April 2019, <https://ria.ru/20190424/1552999706.html>]. Like Slovakia, the Russian Federation has seen a significant decrease in the number of abortions – both, the total number as well as the number of induced abortions. While the number of induced abortions remains relatively high in Russia, there is an active policy targeted at further decreasing this number. This active policy includes new constructions of prenatal screening centres and their integration into a complex health-care service. In addition, "doctors participating in the recent 2nd Hippocratic Forum proposed including the reduction in the number of abortions in the criteria for assessing the effectiveness of the authorities in the regions throughout Russia" [Ministry of Health, *Abortions in Russia decreased by nearly 10% in 2018 – Ministry of Health in Russia*, Orthodox Christianity, 24 April

2019, <http://orthochristian.com/120840.html>]. It is reasonable to expect this trend to continue, as the Russian government on the national as well as regional levels sees it as one of its priorities to lower the number of induced abortions and safeguard high-quality health care for the women and their new-born children. However, there does not seem to be an acute socio-ethical discourse on this topic in the Russian society today, with the exception of the Russian Orthodox Church's push for a ban on abortion. Though massively influential in Russian culture and politics, when it comes to the question of induced abortions, the Church hits a limit in Church-State partnership [D. Dukhanova, *Russia's abortion debate highlights limit to Church-State partnership*, Eurasianet portal, 5 November 2018, <https://eurasianet.org/perspectives-russias-abortion-debate-highlights-limit-to-church-state-partnership>].

4. Euthanasia

Every society deals with many social questions and problems concerning ethics, but euthanasia (similarly to induced abortions) belongs to the most pressing questions which are the most difficult to solve. People's lives and dignity are in question. Ethical discourse on euthanasia revolves around the effort to reflect and solve the ethical dilemma whether a hopelessly ill person, suffering from pain, should have the right to ask to be killed by physicians administering a lethal injection. Again, a dilemma of rights and values comes to the surface – the choice between life and death. On one side, there are reasons in support of euthanasia, related mainly to the determination of both the patients and the medical personnel to end the seemingly unbearable physical and mental suffering. On the other side, however, it is inevitable to take into serious account certain fundamental moral principles pertaining to the sanctity of life, which are not to be broken. Another problem arises in connection with the threat of possible abuses of euthanasia legislation and the general inability of state institutions and regulatory bodies to prevent it.

The term euthanasia was first used in ancient Greece, literally meaning a 'good death'. As the prevailing views on what constitutes a good life and a 'life worth living' in ancient Greece differed significantly from dominant social norms in subsequent centuries in the West, euthanasia was seen as morally acceptable. The only notable exception was Hippocrates (460-370 BC). In the middle ages, the term 'euthanasia' was picked up by the English philosopher Francis Bacon (1561-1626). Unorthodox and daring for his time, Bacon expanded the role and responsibility of physicians to include "securing a comfortable and smooth transition" from this life to the next, as we read in his *De Augmentis Scientiarum* (1623): "I think that the physician's service is not only to restore health, but also to relieve suffering and pain, and not only when dying can lead to improvement, but also when it can serve for securing a comfortable and smooth transition". On the other hand, no one must be helped with this 'transition' against his will: "Whoever has been convinced of this, who ends his life, either voluntarily through the abstention of receiving food or is put

to sleep and finds salvation without realizing death. No one should be killed against his will, he must be cared for just like any other.” [9] Even before Bacon, Thomas More (1478-1535) in his *Utopia* (1516) shares views similar to those of Bacon but without using the term euthanasia. These scarce, minority voices emerged as a new social norm in the first decades of the 20th century as the European societies became permeated by ideals of social Darwinism and eugenics. Magnified by the harsh realities of two world wars, euthanasia became viewed as a respectable ‘solution’ to ensuing socio-economic crises and the alleged problem of undignified life ‘not worth living’ of the Nazi propaganda. This trend favouring active euthanasia practices was reversed, however, after the Nuremberg Trials (1946-47) during which all cases of active euthanasia were condemned as illegal and immoral.

In a technical paper presented at the Forty-second Session of the Regional Committee for the Eastern Mediterranean entitled ‘Ethics of Medicine and Health’ (1995), the World Health Organization [WHO] distinguished three categories of direct (or ‘active’) euthanasia: (1) the intentional killing of those who have expressed a competent, freely-made wish to be killed; (2) professionally-assisted suicide; and (3) the intentional killing of new-born infants who have congenital abnormalities that may or may not be threatening to life. Nevertheless, this distinction was not meant as an active support of practices that can be defined as active euthanasia by WHO, but rather merely as a clarification of terms and corresponding procedures [WHO, Technical paper: Ethics of Medicine and Health, Regional Committee for the Eastern Mediterranean, 42nd Session, August 1995, 9, http://applications.emro.who.int/docs/em_rc42_7_en.pdf]. Following Šoltés’ definition, we understand euthanasia as an action of health personnel, whose aim is to cause death of severely ill person or accelerate it upon his or her request (so-called voluntary euthanasia) or upon request of a relative or a family member, or based on presupposition that he would wish for it [10]. We speak about euthanasia when it concerns voluntary ending of human life: to help a patient with a confirmed disease avoid useless suffering, his life is ended by a ‘positive’ intervention (lethal injection of barbiturates) or he is ‘left to die’ (e.g. by not providing nutrition). Another example: a life of severely damaged new-born is terminated to save it and its parent from big suffering, by direct ending of its life or leaving it die (by not providing necessary nutrition and care).

Arguments for the practice of euthanasia can be summarized as lifting up the right of the patient to decide about what he/she considers a situation of unbearable pain and suffering and when to end it with dignity. Informed consent of the patient and/or the closest relatives (in cases of coma) is thus essential to safeguard the patient’s autonomy and self-determination, including the right to freely choose the moment of one’s death. Proponents of euthanasia claim that this is an essential part of one’s dignity.

Arguments against euthanasia are grounded in the fundamental the inviolability of human life, which requires the defence of its dignity regardless of the conditions of life or the will of the individual involved. Human dignity,

according to the opponents of euthanasia, is not something that humans ‘posses’ as one of many qualities of human existence; it is rather something more essential and constitutive. Humans are dignified beings in themselves, i.e. independently of their given conditions (medical, legal, social, etc.). Death with dignity means to die naturally while being taken care of holistically by competent and compassionate fellow-humans. Thus, it is not one’s free choice to die that makes death dignified, it is rather one’s ability to accept death when it comes, fostered and helped by those taking care of him/her. Opponents of euthanasia also warn against the social repercussions of mistrust that might result from engaging in euthanasia practices.

In view of these arguments that are constitutively linked to a robust understanding of the dignity of human beings, the World Medical Association (WMA) takes a critical stance towards euthanasia, deeming this practice to be ‘contrary to ethics’: “Physician-assisted suicide, like euthanasia, is unethical and must be condemned by the medical profession. Where the assistance of the physician is intentionally and deliberately directed at enabling an individual to end his or her own life, the physician acts unethically. However, the right to decline medical treatment is a basic right of the patient and the physician does not act unethically even if respecting such a wish results in the death of the patient.” [11]

We agree with WMA’s reservations and concur with Hupka [T. Hupka, *Eutanázia v kontexte vied a náboženstiev*, 15 February 2015, <https://my-dvaja-spolu9.webnode.sk/news/eutanazia-v-kontexte-vied-nabozenstiev-/>] that euthanasia is a false solution to the pervasive drama of human suffering. It’s a solution not worthy of a human being invested with dignity. In reality, a genuine solution cannot consist in providing ‘a good death’, but in providing love, which helps to face pain and agony with human approach and dignity.

Even more alarming is the fact that the issue of euthanasia does not pertain only to old and immobile people; any young person, or a child, can be confronted with it. Therefore, this question deserves an increased attention of the general public. When solving this problem, people often make a mistake of focusing only on a part of the whole problem (such as, the alleviation of suffering). Instead, euthanasia is a very complex problem, exceeding the scope of one scientific study.

Both Slovakia and the Russian Federation belong among the countries which oppose the legalization of euthanasia. In Russia, helping a terminally ill patient to die is considered an act of criminal offense and will receive a punishment of 14 years in prison; in Slovakia, the punishment may be even more severe – 20-25 years in prison, if the act of euthanasia is a deliberate action of a third party (i.e. a physician) and 3 years if the act of euthanasia can be defined as an assisted suicide of the patient (where the patient administers the lethal injection himself/herself) [M. Petrášová, *Eutanázia, historický exkurz a právna úprava*, Pravo-medicina.sk Portal, 21 July 2012, <http://www.pravo-medicina.sk/aktuality/545/eutanazia-historicky-exkurz-a-pravna-uprava>]. Slovak lawyers, such as Michaela Petrášová, are aware of the complexity of this issue as a

phenomenon where legal, moral, religious, and social dimensions converge and overlap. Keenly aware of possible abuses (such, as we can witness in the neighbouring countries where euthanasia has been legalized), Petrášová suggests that the legal framework should not be changed hastily. On the other hand, she proposes the decriminalization of such acts that are conducted with full mutual consent of the terminally ill patient and which can be defined as acts of mercy. [<http://www.pravo-medicina.sk/aktuality/545/eutanazia-historicky-exkurz-a-pravna-uprava>]

Even more interesting and sensitive than the legal dimension of this issue are the psychological and moral dimensions, however. As Rudnev and Savalkaeva, researchers at the HSE Laboratory for Comparative Studies in Mass Consciousness in Moscow, argued in their presentation at the 2015 HSE conference, euthanasia seems to be the result of society's increasing individualization. "Values such as religious beliefs impact attitudes towards euthanasia. The more people value independence and autonomy, the higher their approval is of euthanasia. Conversely, conformism and an adherence to traditions are negatively linked to attitudes towards euthanasia." [M. Selina, *Euthanasia is the result of society's individualization*, IQ HSE RU Portal, 24 April 2015, <https://iq.hse.ru/en/news/177665313.html>] Their research data came from a large pool of 27,411 respondents answering to questions related to our topic from 34 different countries as part of the World Values Survey (2005-2009). It is interesting to note that while Rudnev and Savalkaeva did identify the role of religion in peoples' decision making (stemming from their internalized moral values), they found out that "religion is not a monopolised source of moral views on vital issues, and values present themselves as an independent source of moral regulation". The current socio-economic and political context seems to also play a decisive role as can be observed in comparing the situation of Western and Eastern European countries. "People in the post-Soviet space see euthanasia as a threat and are worried that it might be used against them to save on healthcare spending. Overall, they are not inclined to think in terms of freedom of choice." [<https://iq.hse.ru/en/news/177665313.html>] A similar finding was published by Joachim Cohen, Paul Van Landeghem, Nico Carpentier, Luc Deliens in their study different trends in euthanasia acceptance across Europe, in which they compared 13 western and 10 central and eastern European countries between 1981-2008 [12]. The results of Cohen et al. survey show that "Acceptance of euthanasia has increased every decade from 1981 until 2008 in 11 of 13 western European countries; in CEE countries, it decreased or did not increase between 1999 and 2008 in 8 of 10 countries" [12]. Cohen's group suggests that there is a direct causation between increased secularization of western societies, the rising preference for personal autonomy in important life choices and the increased acceptance of euthanasia. This claim can further be supported by the fact that religiosity has been on the rise (statistically) in Central and Eastern European (CEE) countries between 1990-2008 (with the exception of Czech Republic, Estonia and Slovenia), as well as the fact that the same trends (in differences) can be observed on other questions involving

personal autonomy and individualistic choice making, such as abortion, homosexuality or divorce (issues strongly pertaining to the institution of family). Researchers in this group further point out that “the levels of religiosity and personal permissiveness do not fully explain the observed trends in euthanasia”, because CEE countries have had fewer public debates on this issue; they experience higher levels of morbidity and lesser quality of health care. Euthanasia, therefore, “is more likely to be perceived as a possible threat to be used to economize on health care costs rather than, as in Western Europe, an issue of personal autonomy”. In any case, it can be argued that “levels of feelings of freedom of choice and control over one’s own life have ... been documented as being lower among CEE citizens than western Europeans” [12, p. 380] These findings are in agreement with the findings of the above-mentioned Russian researchers who rightly observe that “cultures which place a high value on autonomy and independence in decision-making promote a positive attitude towards euthanasia, which appears to be valued as the realisation of a person’s right to independently control his or her own life” [<https://iq.hse.ru/en/news/177665313.html>].

5. Conclusions

Our study has brought into attention the complexity of relationships between abortion and euthanasia on one side and family environment on the other. The issues of abortions and euthanasia appear to be correlated, both having their important causation factor in family as the primary community of socialization and value formation. To competently assess the social phenomena of induced abortions and euthanasia as threats to traditional family will require a comprehensive approach that will integrate new findings from Medicine, Biology, Psychology as well as competent assessments from scholars in Ethics, Theology and Philosophy. This study is merely a preliminary step towards such a goal. However, we have come to suspect that it is not as much abortion and euthanasia that pose a real threat to traditional family, but rather the abrupt changes in character and rapid dissolution of families cause new value patterns to emerge resulting in new attitudes and behaviours when it comes to dealing with abortion and euthanasia. Implications of existing trends pertaining to the analysed phenomena are far reaching, affecting subjective values (value judgments), established social norms, family structures, and overall atmosphere in society. Intentional emphasis should be placed on searching for ways to preserve the values, structures, and institutions that have traditionally been conducive to social stability and overall wellbeing in the society. Traditional family and the phenomenon of religiosity can readily be identified as such structures and institutions. Having its own *symbolic universe* of values and meanings, religious outlook arguable constitutes a basic value framework of social reality, as Berger argues in his monograph on desecularization of societies [13]. Following the results of the studies conducted by Cohen et al. and Rudnev et al. mentioned above, religiosity, family, and personal permissiveness of the

respondents may account for the polarization on important ethical issues, such as induced abortions and euthanasia, between CEE and Western European countries.

On such fundamental questions, such as induced abortions and euthanasia, family, educators, social educators and the wider society should not make hasty decisions but rather explore what might constitute an ethically most acceptable view and attitude because life is a gift in each of its developmental stages. Nobody is born alone, so nobody should die alone – every single human being deserves protection, every one of us deserves attention and everyone has a right to die in a peaceful, dignified death, and if possible, in the circle of their significant others (family members).

We argue that not only the Slovak and Russian but the whole European socio-cultural space has been facing a big problem in the family sphere. Too mindlessly, without a solid logical and experiential argumentation, some states and their representatives, and consequently particular organizations (both governmental and non-governmental) legalize new rules and norms of family and social life. Parents with experience, but also young parents who enter the vast landscape of the world, are often lost when it comes to determining the values they can live by. We have yet to find a viable alternative to the traditional marriage. Across human history, marriage has always been defined as an equal union of a man and a woman, which is arguably the most conducive context for character formation and social cohesiveness.

We should be aiming at an “intentional cultivation of human character in the context of both, institutionalized education and informal activities aimed at character development and value formation in the environment of free, non-governmental agencies and associations”, and, above all, families [14, p. 182]. The so-called ‘second demographic transition’ along with a chaotic post-communist transformation “have brought profound changes in value orientations and moral attitudes of today’s society”, as Kardis et al. have observed in their recent study [15, p. 95]. “Instead of individual’s identity being formed in the process of primary and secondary socialization, it is often deformed, having been influenced by desocialization of family, school or peer environment” [15, p. 95], thereby left prone to commodification [16] and manipulation by the governing socio-economic trends and liberal cultural outlooks [17, 18]. Cultivating healthy family environments where important issues can be discussed openly and deeply [19] and competent public discourses on sensitive subjects seem to remain essential for “treating all humans as persons with their inalienable dignity” [14, p. 182].

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