

*Theses of the Ph.D dissertation*

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**MEDICAL PROFESSION AND MEDICAL ETHICS  
IN THE 20<sup>TH</sup>-21<sup>ST</sup> CENTURIES**

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## 1. Introduction

The role, function and social status of the medical profession has undergone fundamental changes during the last two or three decades, in nearly all the countries of the world. Parallel to the transformations in society and healthcare, the inner composition and structure of the profession has changed fundamentally. The two elements comprising the identity of the profession, the healer's role and the professional status, seem to become separate of one another, and may even oppose each other occasionally. As a consequence, the interpretation of the profession's role, its self-identity and ethical self-assessment have suffered a disturbance. Physicians have to simultaneously face the changing relations with their patients, society and the paramedical professions, and confront the inner transformations, pushing at the limits of the profession.

These changing relations also make it necessary to re-interpret the two-and-a-half-thousand-year-old medical ethics. Since the ancient beginnings, the ethics of the profession has been an integral part of medicine, and so it is still to this day. However, the appearance of *bioethics* has offered a great challenge to traditional ethics of medicine, since there are fundamental differences in their basis, regulating mechanism and approach.

These phenomena – with variable emphasis and strength – are also observable in Hungary. The changes affecting Hungarian medicine are in part structural, organizational changes, and in part concern outlook, behavior and attitude. While the former are formalized and directed from above (health reforms, healthcare laws, hospital law), the latter are informal, their scope and intensity varies and is sometimes incidental. These changes in attitude are not as readily measurable and describable with exact indices, but their presence or absence can be decisive with regards to the reforming medicine.

As a consequence of the changes, physicians today – not merely in Hungary, but in Europe and the Anglo-American world also – are members of a profession that is still seeking its role and function, and struggles with identity problems and an ethical crisis. There are several possible ways out of this crisis. One of these would be the *redefinition of the crucial elements of the profession* and the *establishment of a novel system of partnership* with patients, the society and the healthcare system. The pivotal point of this model is that both the members of the profession and society have to understand the system of partnership connecting them, which is based on the *profession* itself.

## **2. Selection of the subject matter**

Examination of the medical profession and its ethics was a neglected field of research in the last half century, both in Hungarian and international literature. The promising possibilities appearing in the last decades of the 20<sup>th</sup> century within the scope of human biology and medicine (organ transplants, artificial life support systems, *in vitro* fertilization, prenatal diagnostics, genetic engineering, stem cell research, etc) and the ethical issues accompanying them stood – and still stand – in the center of attention. Behind them, the changes reforming the very essence of the medical profession and medical ethics went almost unnoticed.

Even among theoreticians researching medical ethics and bioethics, the ones who would interpret and analyze these changes in terms of the medical profession are few and far between. Pellegrino pointed out the radical transformation of medical profession and medical ethics already at the end of the 1980's, but the causes, depth scope and consequences of the changes have not yet been thoroughly investigated (Pellegrino, 1988.).

All these justify and necessitate a comprehensive and systematic study, focusing on the position of the medical profession and medical ethics at the end of the 20<sup>th</sup> and the beginning of the 21<sup>st</sup> century.

## **3. Aims**

3.1. The primary aim of the dissertation is a description and analysis of the medical profession from an ethical point of view. Theoreticians of medicine have a tendency to analyze their subject with the approach and tools of sociology. Since a systematic ethical analysis can be found neither in Hungarian nor international literature, this thesis remedies that deficiency.

3.2. The second aim of this paper is to illustrate those changes of modern medicine, which led to fundamental structural and functional metamorphoses within the medical profession, and in the relationship of the profession and society.

3.3. The tertiary aim of the study is to examine how modern bioethics and traditional medical ethics relate to one another – whether medical ethics will be dissolved within bioethics or it will retain its relative independence.

3.4. The fourth aim of the paper is to process and review the publications in German (German, Austrian and Swiss) from the last 10-15 years. Hungarian literature on bioethics has been largely under the influence of English publications with regards to problematics,

approach, and thematic sensitivity – therefore it might be edifying to investigate a slightly different point of view.

3.5. Finally, the thesis undertakes to outline – based on available literature – a few tendencies pointing towards the future both regarding the profession and its ethics.

3.6. The dissertation may be practically applied in the education of students of medicine, dental school and pharmacy.

## **4. Methods**

The main principle of methodology in this paper was a *model-analysis*; the medical profession was analyzed “as a profession”, on the *level of abstraction*, bearing in mind that the factors that fundamentally influence the social and cultural environment are ever different in specific events or problems.

I examined the evolution and development of medical profession and medical ethics through *historical analysis*. The chapters discussing history were mostly aimed at illustrating trends in development, rather than showing a fully detailed, thorough review.

In a *descriptive analysis*, I reviewed the various interpretations of the profession cited in literature, and highlighted their common features.

The method of *interpretation* was applied to those categories that have been analyzed from a sociological perspective, and those that are generally used without precise definition. Interpretation was always performed with regards to *ethics*.

*Comparative analysis* and *critical analysis* were applied to the changes in medicine and its social environment rampant in the second half of the 20<sup>th</sup> century and the first few years of the 21<sup>st</sup> century (changes of modern medicine, structural and functional metamorphosis of the profession, the continental reception of bioethics, its reception in Hungary, the relationship of bioethics and medical ethics).

Relevant documents were investigated using *document analysis* (physicians’ charter, codices, and oath-texts).

All chapters are concluded with a *summary* of the contents.

## **5. Results**

### **5.1. Defining medicine as a profession**

My starting point was that analyses of the medical profession in literature have mostly been carried out from a sociological base, and with the tools of sociology. Sociology puts the

emphasis on the structural-functional attributes of the profession, while its moral base and its ethics are disregarded as irrelevant.

During my investigations, I compared the definitions from literature and determined that *based on an ethical approach*, assessing the structural and functional characteristics is indispensable but not sufficient to define a profession. I therefore infer that for an ethical analysis, a profession's distinctive mark is its *moral – ethical dimension*. In this perspective medical ethics – as a complex of the profession's moral norms and a discipline reflecting onto this base – is not a collateral, but a constitutive element of the profession: without it profession is not a profession anymore, but a mere job.

In the interpretation of the medical profession on a model-level, I deem the *healer's role and the professional status the two main components* of the profession. The former goes back to Hippocrates himself, and its essence is providing aid (a cure) in ailments of the body and the mind. The second component can historically be derived from the Middle Ages, and incorporates high-level, systematic studies, extraordinary professional and moral competence, professional organization, the professional and moral autonomy of the profession and the monopoly and control of training.

Taking the model above for a base, I examined and interpreted the modern structural and functional changes of the profession alongside two tendencies, not independent of each other. The first tendency in my opinion is the gradual divergence and opposition of the healer's role and the professional status. The second tendency – more thoroughly expounded in literature – is the unraveling of the implicit contract between society and the medical profession. Both processes (along with other factors, of course) *fundamentally* affect the moral-ethical dimensions of the profession.

## **5.2. Historical review**

5.2.1. First of all, I retraced the *evolvement of the profession*; followed the process of professionalization, and emphasized the fact that medical ethics played a crucial role in it. In concordance with the literature I believe that the 19<sup>th</sup> century brought about a pivotal point in the process of becoming a profession: it was then that medicine became a scientifically founded discipline, relying on special technical paraphernalia, in which laymen hold no competence. At the same time, the relationship of society and the profession was undergoing a qualitative change: healing and health-preservation was interpreted as a commission and a license from society, and became an exclusive task for the order of the profession. This

assignment increased the prestige and rank of the profession, but also became a source of conflicts between the profession and the state / society.

5.2.2. A historical review of medical ethics made it evident that we may observe a thematic broadening and conceptional change in medical ethics in the two-and-a-half millennia from Hippocrates to the 20<sup>th</sup> century. While literature mostly judges the European tradition to be unified and homogeneous, I believe that it has comprised three major currents over the centuries: Hippocratic tradition, religion-based moral norms, and the human rights ideals of the Enlightenment.

I deem it noteworthy that in the 18<sup>th</sup> century, a new aspect of medical profession became emphasized: the role of medicine and the role of physicians in society, and the physician's bound duty towards society. The link between the medical order and society, and thus the relationship of the physician (as a representative of his profession) and society appears as a moral problem and an issue to receive moral regulation. This meant not only a thematic expansion, but also a fundamental change of paradigm.

The Hippocratic Oath was first found to be lacking in 1947, in the Nuremburg Trials. In the 20<sup>th</sup> century, especially in its second half, such fundamental changes appeared in the social sphere surrounding medicine, as well as in medicine itself, that tradition-based medical ethics could no longer suffice. In my opinion, the situation was similar to that in Aristotle's time – tradition was shaken, and a rational foundation for ethics and morals was required. This demand for a rational basis led to turning towards philosophical ethics, and to the development of a practical – that is applied – medical ethics, in other words to the evolution of bioethics.

5.2.3. As the third step in the historical analysis, I traced back the evolution of *bioethics* to the roots, and summarized the major points in relevant literature. Bioethics evolved as an interdisciplinary science in the second half of the 20<sup>th</sup> century – an attempt at the synthesis human values and biological and life sciences. Having diverged from its original sense, it gradually became synonymous with *biomedical ethics*. Its most widespread and well-known form is principlism, founded around four major principles (respect for autonomy, nonmaleficence, beneficence and justice). It is characterized by a philosophical foundation, the application of a utilitarian ethical calculus and the aspiration for consensus.

In my opinion, the fact that it has undergone continual changes even in the last few decades, and diverged into numerous branches and trends, shows the “incompleteness” of

bioethics. At the same time, its reception brought up the issue of its base having been tied to circumstances of its evolvment, and made unperturbed adaptation into other cultures dubious. Despite all these problems, bioethics has set a paradigmatic change into motion in traditional medical ethics, especially in the doctor-patient relationship and questions of macro- and microallocation within healthcare ethics.

### **5.3. Medicine in the 20<sup>th</sup>-21<sup>st</sup> centuries**

I made my point of origin the fact that the physician-patient relationship has for millennia stood in the center of curative activity – the essence of the medical profession – and this position it still retains today. However, the originally simple, two-pole relationship was replaced by an intricate complex of personnel, institutes and technologies in the 20<sup>th</sup>-21<sup>st</sup> centuries. Around the doctor and the patient modern medicine coalesced with its healing – servicing complex.

Afterwards I defined modern medicine, and listed its precise parameters: an almost infinitely widened scope of curing disease and maintaining health, hospitals and clinics operating “in bulk”, appearance and rapid spreading of High-Tech-Medicine, and the strengthening of the supplying-servicing function.

In the analysis of medicine as an assignment from society, I focused on its dual status: on one hand it is the field of operation and organizational framework of the medical profession; on the other hand it is a subunit of society. The dual status, however, raises the questions and conditions of undisturbed operation. Who should decide on the purposes and priorities of medicine and along what principles or values; who should dispose over the necessary material and scientific-intellectual resources?

In the search for the answers to these questions it became clear that it is crucial for modern medicine to define and interpret the concepts of health and illness, because it is only from these concepts that we may derive its province, purpose and priorities. Furthermore, the interpretation of health and disease has a decisive effect on the relationship between physician and patient, and between medicine and society.

Analyzing further, I came to the conclusion that the rearrangement of medicine’s purposes and priorities is closely related to other changes in medicine, and the changes in society’s expectations towards medicine. Its inner dynamics, the development of science and technology, together with the interests of the medical profession dictate rapid, expansive development – especially from the second half of the 20<sup>th</sup> century on. Limited availability of financial sources – made possible by economy and available by society, and the increasing

moral control exercised by society place an ever increasing restraint on this development. This opposition is one of the causes for the deterioration of the relationship between medical profession and society.

#### **5.4. Medical profession in the 20<sup>th</sup>-21<sup>st</sup> centuries**

I made my point of origin the fact medical profession has undergone major structural and functional changes during the age of modern medicine.

Detailing and examining the changes I found that a many-fold increase in healing potential and professional knowledge is a prevailing feature, accompanied by increasing specialization, technicization and fragmentation. One of the great dilemmas at the turn of the 20<sup>th</sup> to 21<sup>st</sup> century was the interpretations and practice of medical profession as an *altruistic service* and a *professional service*. The decreasing autonomy is a decisive factor among the changes affecting the fundamental characteristics of the profession, characterized as “deprofessionalization” in literature. Limitation or possibly cutting back of funds by the state, prevalence of management (the direction of medical institutions is not in the hands of physicians), the ever thicker webbing of laws, regulations, guidelines, etc. surrounding the praxis are all indicative of the appearance and strengthening of external control.

Examining these changes from the society’s perspective I noted a salient tendency that the lay community’s demand for the right of participation in making decisions regarding healthcare intensifies. People demand publicity and transparency, while making it clear which possibilities of medicine they wish to authorize. Bioethical debates are an especially marked field of public participation (the abortion controversy, the euthanasia controversy, and in Hungary the *douceur* controversy), which indicates that in moral issues of medicine, citizens hold themselves at least as competent as physicians do.

In agreement with most publications, I consider patients’ altered perception of their health, decisions affecting their health and healthcare services. In western literature, “modern patients” are learned, well-trained, cultured, possess a wide range of medical information; require and practice the right to influence not only those decisions that concern their own health directly, but the major issues of the healthcare system also. “Civil-control” appears on an increasing number of levels in healthcare, either directly or indirectly, through representatives, that is. I believe that the tendency is observable in Hungary also – in the 20<sup>th</sup> and especially in the 21<sup>st</sup> century, patients no longer wish to remain a passive partner in healthcare, but instead want to become active consumers of healthcare services.

I would like to emphasize that the consequences of the above-mentioned changes also appear in legal and moral governance. In the physician-patient relationship, the appearance of patient autonomy in bioethics and the incorporation of patients' rights into law have a paradigmatic significance.

I summarized the results of the changes by stating that medical profession in the era of modern medicine struggles with role problems and an identity crisis. The "one-dimensional" role-interpretation, based on the dual doctor-patient relationship, is no longer adequate in 20<sup>th</sup>-21<sup>st</sup> century, factory-like healthcare, dominated by technology. The multiplicity of physician roles only permits the existence of "fragmented identities". Physicians' modern identity can be captured encompassing the role of the healer, professional status and the moral-ethical basis of the profession.

Regarding the future, we may say that the development of medical profession in the 21<sup>st</sup> century is influenced by several factors: changes in medicine, demands and expectations of the society, the increasing importance of paramedical professions, alternative medicine's gaining of ground, and the internal polarization of traditional medical profession. Based on current tendencies, the likelihood of the coexistence of various profession models is significant (contracted, service provider and employee). The decisive majority of publications in English and German would opt for the renewal of the classical medical profession and its traditional commitments (professional knowledge, altruism, moral values). The authors hope to retain the profession's autonomy, prestige and social status. The aspiration is described by the term "new professionalization" in literature.

### **5.5. Medical ethics in the 20<sup>th</sup>-21<sup>st</sup> centuries**

Having summarized the transformation processes that modern medicine and the medical profession have undergone –which are by no means completed – my starting point was that in the age of modern medicine, the traditional syllabus and norms of medical ethics can no longer be fit onto the complex structure of healthcare. The values, norms, and relationships of the participants of modern medicine cannot be described within the scope of any one ethics.

Analyzing international tendencies and documents led me to conclude that a spreading of the codification of medical ethics characterizes the 20<sup>th</sup> century. However, the manifold regulations raise questions of legitimacy, regulating function and demand for the right to control. In my opinion, the foundation for medical ethics nowadays is provided by three bases: the governing norms of the traditional Hippocratic ethics, the consensus norms of

bioethics (partially overlapping the Hippocratic norms) and law (the medical laws of the individual countries).

Parallel to the changes brought about by the 20<sup>th</sup> century, the appearance of bioethics has offered an enormous *challenge* to the traditional ethics of the medical profession. In my opinion, “dealing with” the principles and priorities of bioethics is one of the primary tests of the adaptation capabilities of medical ethics, and it is one of the pivotal points in its reforms. In my reading, medical ethics – that is, the ethics of medical profession – is *not synonymous* with bioethics, biomedical ethics and healthcare ethics. The latter three encompass a broader field: beyond the physician – patient relationship, they also treat the moral issues of biological and life sciences, of medicine and the healthcare system.

Having consulted the relevant ethical documents, I would describe the current situation by saying that the morality of *traditional medical ethics*, its traditional norms and ethoi, and the norms and principles of *modern bioethics* today seem merely to *coexist – and not form a cohesive unit*. To put it more simply, we may say that the respect for autonomy, informing the patients and involving them in the decisions made, and accepting the patients’ decisions is not really due to any morality of the profession, but rather to the obligation to respect the laws. Possibly in a few generations – with the further development of the profession and the its ethics – there will be a more organic relationship between medical ethics and bioethics, but that also depends on which of the profession models becomes more widely accepted: whether the traditional, servile profession is retained or it is finally replaced by other types.

Regarding the future, I believe that the necessity of a new outlook in the ethics of the medical profession is unquestionable in the 21<sup>st</sup> century. This may be facilitated by the inspiring effect of bioethics. In all reality, bioethics will definitely remain as the value-ethics reflecting on biological and life sciences – medical science included – with its consensus-based principles and norms. Bioethics, however, does not make the various “professional ethics” redundant in its current form. One of the functions of medical ethics could be the systematic classification of and reflection upon the various moral principles and norms tied to the specific roles. The ethics of medical profession would play a crucial role in formulating such principles and norms that would provide a firm orientational base for both the physician and the patient.

### **5.6. An aside: education and preparation for the profession**

In agreement with the literature on the training of medical students, my point of origin was that the changes in the position of medicine in society, and the changing expectations from

patients towards the medical profession together result in the need for revision of the curricula in medical training. Doctors of the 21<sup>st</sup> century are going to work in a healthcare system fundamentally changed in its main attributes, and in a well-informed society, that expects quality service. I believe that in the course of preparation for the profession, and in acquirement of the attitudes and approach for the practice of modern medicine *medical humanities* are and will be indispensable. I hold the possibility mentioned in foreign literature, that the characteristics and proprieties of the medical profession are to be taught within the framework of an individual subject, accomplishable and an absolute necessity in present day Hungary.

## **6. Summary**

### **6.1. Results**

Having processed and demonstrated the publications in German (German, Austrian and Swiss) from the last 10-15 years - showing a different approach from the Hungarian literature on medical ethics and bioethics, predominantly based on the literature available in English.

Summarizing the characteristics of modern medical profession, and concluding that the moral-ethical dimension is not merely an accessory, but a constitutive element of all professions, including the medical – without it the profession is reduced to a mere “job”. Definition of medical ethics and professional morals.

Outlining the history of medical ethics and the way it was influenced by the general ethical trends of the various historical periods, and its own, intrinsic phylogeny. The ascertainment that in the European tradition, thought of as being universal and homogeneous, the Hippocratic tradition coexists with the religion-based moral norms and the human rights ideals of the enlightenment.

Definition and presentation of modern medicine. The exposition of the way the dilemmas arising from the dual status of medicine acts on the relationship of the medical profession and society, and the way the complex structure of modern medicine changes the traditional, dual physician-patient relationship.

Summarizing the changes of the medical profession in the 20<sup>th</sup>-21<sup>st</sup> centuries. One prominent feature is the decreasing autonomy of the profession, characterized as “deprofessionalization” in literature. In our opinion, the identity of the modern physician can be grasped in the complex of the healer’s role, the professional status and the moral-ethical base.

Outlining the future of the medical profession and the possible ways out of the crisis, an introduction of the aims and achievements of “new professionalization”.

Investigating whether bioethics can be reconciled with medical ethics; showing that in practice we may see that the two only coexist today, rather than forming an organic unit. Outlining the necessity and potential of a new medical ethics.

Investigating the role of education – especially the humanities courses – in preparation for the medical profession.

## **6.2. Conclusions**

Biological and life sciences, medical science and technology and the development of healthcare have opened almost boundless new perspectives in medicine and health preservation in the second half of the 20<sup>th</sup> century. At the same time, however, medical profession is going through one of its deepest crises in modern history at the turn of the 20<sup>th</sup> and the 21<sup>st</sup> century. Deprofessionalization, that is the erosion of the profession’s classical professional and moral autonomy, is a process that is felt by doctors every day. The decreasing prestige of the profession (both material and moral), the wavering social trust, and the very little appeal the medical trade has for young people is the other aspect of this process.

The way out from this crisis can be found by accommodating the classical values of the profession (professional knowledge, altruism, morality) to the demands of our modern age (partnership with patients, continuous discourse with society, and a balanced relationship with the paramedical professions). Parallel to the renewal, there is a need for work out a definition for the identity of the modern physician, and a new set of roles, adequate for the new circumstances.

The interpretation of the moral-ethical dimension as a constitutive element of the profession necessitates the further perseverance of medical ethics. The synthesis of bioethics and medical ethics does not seem possible due to their difference in crucial points. However, the ethics of medical profession definitely needs to be modernized, and such a process can be augmented by bioethics.

Doctors of the 21<sup>st</sup> century are going to work in a healthcare system fundamentally changed in its main attributes, and in a well-informed society, that expects quality service. In the course of preparation for the profession, and in acquirement of the attitudes and approach for the practice of modern medicine *medical humanities* (sociology, psychology, ethics and communication) are and will be indispensable.

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