

Ana Borovečki



## Introduction

In Croatia, the impetus for the developments in the field of bioethics were the changes in the political system. Croatia used to be a part of the former Socialist Federative Republic of Yugoslavia. In the 1990s, the socialist political paradigm was abandoned and the democratic changes began. Thus, Croatia entered the same process as the other countries in the Region of East, Central, and Southeast Europe. The transition from a socialist to a democratic society for Croatia was further complicated by the Serbian aggression and the war experienced in the 1990s (Borovecki, ten Have, & Oreskovic, 2004).

---

A. Borovečki  
School of Medicine, Andrija Stampar School of Public Health, University of Zagreb, Zagreb,  
Croatia  
e-mail: [abor@mef.hr](mailto:abor@mef.hr); [abor@gmail.com](mailto:abor@gmail.com)

## Bioethics Development

In Croatia, the subject of medical ethics, or bioethics, was introduced into the curriculum in the early 1990s at the medical schools of the University of Rijeka and the University of Zagreb. With the advent of the new political changes came the changes in the concept of a subject of medical ethics, which was until that time scarcely taught, mainly as a few hour lecture and seminar at the Zagreb School of Medicine. Moreover, the previously taught obligatory subject of Marxism was abandoned leaving a place for the introduction of a new course in the medical curriculum. Further impetus for the development of bioethics in Croatia was created by the Hastings Centre, especially Daniel Callahan, who through the program of exchange invited several teachers from medical schools of Zagreb and Rijeka for a visit to the Hastings Centre providing them later on with additional materials for the development of future courses in bioethics. Croatian scholars were invited to the Hastings Center in the United States; they came from various disciplines. Some of them decided to take this opportunity to reinvent themselves as teachers of a new discipline leaving behind their past teaching experiences and subjects. However, this encounter with the Hastings Centre was not the first one for Croatian scholars interested in the subject of bioethics. In the 1980s, the Andrija Stampar School of Public Health, School of Medicine, University of Zagreb, introduced an annual workshop at the Interuniversity Centre in Dubrovnik called *Human Rights and Medicine*. There with the cold war still present and the former Socialist Federative Republic of Yugoslavia being more open than other socialist countries at that time, both scholars from the East and the West had an opportunity to meet and exchange their ideas and some of the founders of the Hastings Centre were present at those discussions. Moreover, the *Yugoslav Centre for Medical Ethics* was established at the Andrija Stampar School of Public Health, School of Medicine, University of Zagreb in the 1980s, which was active until the 1990s. Furthermore, a column dedicated to medical ethics was introduced in *Liječnički vjesnik*, the oldest medical journal still published in Croatia at the beginning of the 1980s. These developments, started by Professor Slobodan Lang, although not entirely devoid of the influences of the ideological background present at that time in the former Socialist Federative Republic of Yugoslavia, were important for the development of the field of bioethics in Croatia. In 2010, the Zagreb School of Medicine founded the *Centre for Communication Skills, Palliative Medicine and Medical Ethics* (Nicholson, 2004; Borovecki et al., 2004).

It comes as no surprise that with these influences new courses of bioethics emerged in Croatia in the 1990s. Almost at the same time in the curricula of the Schools of Medicine at the University of Zagreb and at the University of Rijeka new courses were introduced dealing with ethical issues in medicine. The course at the University of Rijeka was started by Professor Ivan Šegota, a former teacher of social sciences whose ideological background was linked to social sciences ideas rooted deeply in the frameworks present in the former Socialist Federative Republic of Yugoslavia. He reinvented himself as a teacher and started a new discipline through the development of the course and subsequent books dedicated to the issues

of bioethics. His work is mainly influenced by the work of Van Rensselaer Potter. The new course was elective. It was at first called *Hippocratic Oath Today* in 1991. Later, in 1992, when the course became an obligatory course in the curriculum, it was called *Medical Ethics*. In 1993, an elective course *Introduction to Bioethics* was introduced. The School of Medicine in Rijeka also briefly published a journal called *Ethics and Medicine (Etika i medicina)* (1993–1994), and in 1999 started to publish a students' journal *Bioethics Notebooks (Bioetičke sveske)* (still published today). The first PhD in the field of bioethics was also defended at University of Rijeka at the School of Medicine (Gosić, 2000; Zagorac & Jurić, 2008).

The course at the School of Medicine at the University of Zagreb was introduced by Professor Niko Zurak (neurologist by training), Professor Gordna Pavleković (a GP and a public health expert) and Professor Zvonko Šošić (a public health expert). This course was called "Medical Ethics" and its founders were oriented more toward medical practice itself and the problems that emerged in this context, with a critical approach to Van Rensselaer Potter's concept of bioethics, which some of them strongly rejected. Later in two other schools of medicine in Osijek and Split that used to be part of Zagreb School of Medicine the subjects connected with ethical issues in medicine became a part of their curricula as well (Zurak, Derežić, & Pavleković, 1999; Zurak, 2007).

Significant influence on the field of bioethics came also through the clinical trials implementation, which began in 1970s with the creation of the so-called commissions for drugs. These committees were the first institutional review boards, which were established for the purpose of joint Croatian-international clinical research projects in main clinical and teaching hospitals in Croatia. Just before their foundation, in order to get well-trained members of such committees, a new postgraduate and specialty training was introduced – clinical pharmacology, and the first department of clinical pharmacology was founded at Zagreb University Medical Centre. As a part of training in clinical pharmacology, courses were introduced dealing with good clinical practice and research ethics issues. Although, at that time some legal provisions concerning medical research were put in place, the majority of professional and ethical decision making concerning approval of clinical trials was left for the committees to decide upon. The main figure in these developments was Professor Božidar Vrhovac, an internal medicine specialist and a founder of the field of clinical pharmacology in Croatia (Borovečki, Francetić, & Mujkić, 2010).

The second phase of the development of research ethics structures began in the 1990s, during the period of transition in Croatia. With the changes within political structures came the changes in education as well as the development of ethics. This shift toward a more an institutional approach can be observed in the legal provisions from that period. In the 1990s, the legal requirements for the work of ethics committees changed. The establishment of ethics committees became required by law, with articles 51 and 52 of the 1997 Law on Health Protection devoted to setting the framework for their duties. The further development of the field of research ethics and the development of ethics committees in Croatia came about in the year 2003 with the implementation of the European Directive 2001/20/EC. One of the

principles set by the Directive was the introduction of a single ethics review opinion for multicenter trials for each member state of the European Union. Prior to 2003, the review of clinical trials in Croatia was done locally by an ethics committee in each healthcare institution. Such approach created a lot of problems and conflicts of interest. In 2003, Croatia decided to follow the recommendations of the Directive and established centralized review of clinical trials. Also under the influence of the Directive in 2003, the new Law on Drugs and Medical Products was implemented. This law was implemented in order to regulate all the activities connected with marketing, production, and research of drugs and medical devices (Vitezić, Lovrek, & Tomić, 2009; Borovečki, Babić- Bosanac, & ten Have, 2010).

*The Croatian Academy of Sciences and Arts* also played a major role in the introduction of bioethics in Croatian scientific discourse in the 1990s. Professor Biserka Belicza, a historian of medicine who was a head of the *Division for the History of Medical Sciences* at the *Institute for the History and Philosophy of Sciences at Croatian Academy of Sciences and Arts*, with help from the Hastings Center and UNESCO, soon became actively involved in this field, organizing several conferences in Croatia and establishing the *Committee for Biomedical Ethics of the Croatian Academy of Sciences and Arts*. She also served as the Croatian representative at UNESCO's *International Bioethics Committee* (Fatović- Fernečić, 2005).

In the 1990s, Professor Ante Čović, a professor of ethics at the faculty of philosophy in Zagreb, became more and more interested in bioethics. He soon started to publish articles on the subject in the journal of the Croatian Philosophical Society, *Filozofska istraživanja*, and in *Synthesis philosophica*. In 2001, the Croatian Philosophical Society in cooperation with the Croatian Bioethics Society started, a today well-established series of symposia *Lošinj Days of Bioethics* and in cooperation with Bochum University in Germany the *South East European Bioethical Forum*. Professor Čović soon became interested in forming a new concept of bioethics, which he called "integrative bioethics." Integrative bioethics tries to expand the methodological field of bioethics. It dismisses the concept of bioethics as a science or a scientific discipline. It is against the narrowing of bioethics to a version of (bio) medical ethics or to a subdiscipline of applied philosophical ethics. Integrative bioethics is, therefore, an interdisciplinary field of dialogue and encounter of humanities, social, natural, and technical sciences, but also an extra scientific field, where different worldviews and cultural perspectives meet in an open dialogue, and approach the issues of life as a whole with an integrative bioethical sensibility. Professor Čović, in cooperation with partners in Bonn, Bochum, and Eichstätt in Germany and with the help of Zagreb University, founded the Referral Center for Bioethics in South East Europe. With these efforts from the Croatian Philosophical Society bioethics also became a part of curricula of students of philosophy at the faculties of philosophy in Zagreb, Rijeka, Split, Osijek, and Zadar (Zagorac & Jurić, 2008; Čović, Gosić, & Tomašević, 2009).

At the Catholic Theological Faculty of the University of Zagreb bioethics also became an important feature, at first in the works of Professor Marijan Valković

who wrote one of the first reports on bioethics in Croatia (Valković, 1997). In addition, his successor Professor Tonči Matulić contributed significantly to bioethics, especially through his work entitled *Bioethics*, which is written from a theological and philosophical perspective (Matulić, 2001). Early on other Catholic Theological Faculties in Đakovo and Split also introduced subjects connected with ethical issues in medicine.

Another pioneer in bioethics was Professor Valentin Pozaić, a Jesuit scholar (Pozaić, 1992) who with Professor Marijan Valković, was one of the main theological scholars involved in this subject. His work is also very significant. He published numerous publications related to different topics in bioethics. Later, he became a professor at Faculty of Philosophy of the Society of Jesus where he founded the *Centre for Bioethics*, which is a member of the European Association of Centres of Medical Ethics (EACME), and the *Centre for Business Ethics* at the Philosophical and Theological Institute of the Society of Jesus. Both centers have significant collections of relevant literature in the fields of bioethics and business ethics.

The legal profession also contributed to the development of bioethics. In the 1980s and 1990s, Professor Zvonimir Šaparović and Professor Ksenija Turković, experts in criminal law at Zagreb Faculty of Law, wrote several papers on ethics issues in medicine. Furthermore, Professor Vjekoslav Miličić, an expert in the field of general theory of the law and the state at Zagreb Faculty of Law, wrote a book on deontology of the medical profession. Professor Mira Alinčić and later Professor Dubravka Hrabar, experts in family law at Zagreb Faculty of Law, wrote several papers in connection to the issues of artificial procreation and were also involved in drafting several proposals for laws covering this field. In 2009, the *Unit for Bioethics and Law* was founded at the Faculty of Law, University of Zagreb, as a local unit of the UNESCO Chair established in Haifa, Israel. Professor Nenad Hlača, an expert in family law at Faculty of Law at the University of Rijeka, was together with Dr. Dubravka Šimonović the first to translate the Oviedo Convention in Croatian. He also wrote several papers on different bioethics issues. Other faculties of law in Split and Osijek also made contributions to the field of bioethics. The Faculty of Law at the University of Split, for example, founded the *Centre for Medical Law*. In 2009, they started a postgraduate specialist course *Medical Law*, where a variety of bioethics issues are discussed and taught.

Dr. Dubravka Šimonović, an expert in family law and human rights issues, gave probably the most important international contribution to the field of bioethics. She was vice-president and later president of the *Steering Committee on Bioethics of the Council of Europe (CDBI)*, where she was actively involved in drafting several important legal instruments (Šimonović & Borovečki, 2009).

In conclusion, the development of bioethics in Croatia took many roots and approaches making the foundation of the new discipline an interesting journey for everyone involved in this field.

## Current Bioethics Infrastructure

### Teaching Bioethics

Currently, bioethics courses are taught at all four Schools of Medicine in Zagreb, Rijeka, Osijek, and Split on an undergraduate and postgraduate level. At nursing schools, bioethics courses are also taught at undergraduate level. Bioethics courses are taught at the catholic theological faculties in Croatia in Zagreb, Split, and Đakovo as a part of the course in ethics and moral theology or as separate bioethics courses on an undergraduate and postgraduate level. At the Philosophical Faculty of the Society of Jesus in Zagreb, which organizes its teaching in cooperation with the Faculty of Croatian Studies, the number of bioethics courses on undergraduate and postgraduate level, are also part of curriculum. Bioethics courses are taught at protestant theological faculties in Zagreb and Osijek. At the faculties of humanities and social sciences at Zagreb, Rijeka, Osijek, Zadar, and Split bioethics courses are part of the curriculum on an undergraduate level. Finally, law schools in Zagreb, Rijeka, Split, and Osijek are also actively involved in bioethics education on an undergraduate and postgraduate level.

### Ethics Committees

In Croatia, as mentioned above, the first steps toward bioethics institutionalization of ethics committees began in the 1970s with the creation of the so-called “commissions for drugs,” which were established for the purpose of joint Croatian-international clinical research projects.

In the 1990s, ethics committees became required by law, with articles 51 and 52 of the 1997 Law on Health Protection devoted to setting the framework for their duties. According to this law, each healthcare institution in Croatia should have an ethics committee consisting of five members, two of whom should be from outside the medical field. Committee functions include:

- Following the implementation of ethical principles of the medical profession
- Approving research activities (protocols) within the health institution
- Overseeing drug and medical device trials
- Overseeing organ procurement
- Solving other ethical issues in the health institution

From this description it is clear that at that time, Croatia had a mixed type of ethics committees in healthcare institutions. Ethics committees performed functions of both Institutional Review Boards (IRBs) and Healthcare Ethics Committees (HECs).

In 2001, the National Bioethics Committee for Medicine of the Government of the Republic of Croatia was founded. This independent advisory and multidisciplinary body is involved in policymaking, education, and debates on ethical issues on the national level. This committee consists of 20 members having different fields of expertise and coming from a variety of institutions. So far the membership of the National Bioethics Committee for Medicine of the Government

of the Republic of Croatia had changed twice. The presence of the committee in public debates and its activities varied depending on the activity and interests of its members.

In 2002, the National Bioethics Committee conducted research on the functioning of Croatian ethics committees. Of particular interest were the number of members, the structure of membership, themes discussed during meetings, reports drafted, the number of meetings to date, policies, and guidelines. Excluding pharmacies and homecare institutions, 241 healthcare institutions took part in the study. Of the participating healthcare institutions, 111 reported having an ethics committee. The response rate was between 100 % and 75 %, depending on the type of the institution (100 % response rate for clinical hospitals, 91 % for regional and local general hospitals, 80 % for clinics and polyclinics, 75 % for medical faculties, and approximately 77 % for all other healthcare institutions, including public health institutes, primary care facilities, and ER facilities). Ethics committees tend to have five to ten members as required by law (though two did not state the number of members, four only have three members, and two have four members). All committees have physicians as members, and 34 committees include a nurse. Only one committee had a philosopher. Almost all committees stated that reviewing research protocols was their main task, though some dealt with other issues as well, mainly concerning “the promotion of the ethical values in their institutions.” In 19 institutions, a “commission for drugs” also reviewed clinical protocols, which created additional confusion about the tasks of ethics committees.

In 2003, a new version of the Law on drugs was implemented. This meant significant changes in the work of ethics committees. According to this law, the review of research protocols for clinical trials has now been transferred to the independent central research ethics committee at the *Croatian Agency for Drugs and Medical Devices*. However, the new versions of the Law on Healthcare Protection in 2008 did not significantly change the work of ethics committees in healthcare institutions. They still have the following functions:

- Monitoring implementation of ethical and deontological principles of healthcare profession in the everyday work of healthcare institution
- Approving research activities (protocols) within the health institution
- Overseeing organ procurement of parts of human body after dissection for medical, research, and teaching purpose
- Solving other ethical issues in the health institution

However, the new Law on Healthcare Protection from 2008 introduced the balance between sexes in the membership structure. The membership now has to have 40 % of the members of ethics committee of the opposite sex.

In 2007, with the implementation of the new Law on drugs, the central research ethics committee became responsible for issuing opinions on non-interventional trials as well. This centralization of the review of research protocols in Croatia made the process of review more expedient. Moreover, this prevented having several committees on the local level concurrently reviewing the same research protocol and giving different opinions about it. Furthermore, this centralized approach fosters impartiality and avoids local pressure groups influencing the

review process. Finally, this approach helps to bring together the best experts in one committee, which is especially important in smaller countries, like Croatia.

The majority of the faculties in Croatia now have an ethics committee. These committees are in charge of the review of proposed research projects at these institutions and they also deal with the issues of academic integrity. Ethics committees at the Croatian Medical Chamber and the Croatian Medical Association, the Croatian Dental Chamber, the Croatian Pharmacists' Chamber, and the Croatian Chamber of Biochemists and some other professional associations, deal primarily with deontological values and issues of the specific professions they represent. They do not function in a research oversight capacity (Borovečki, ten Have, & Orešković, 2009).

### Expert Bodies/Centers

One of important centers in the field of bioethics in Croatia is the *Centre for Bioethics* at Philosophical and Theological Institute of the Society of Jesus in Zagreb. The center is member of EACME (the European Association of Centres of Medical Ethics). There is also the *Centre for Business Ethics* at the Philosophical and Theological Institute of the Society of Jesus in Zagreb. It has a significant collection of literature from the field of bioethics and is involved in organizing meetings and publication of the books from the field of bioethics.

At Medical School, University of Zagreb, a new *Centre for Communication Skills, Palliative Medicine and Medical Ethics* has been established in 2010. The Centre is also actively involved in the organization of different meetings and educational workshop and plans to publish books for the three fields covered in its work.

At the Faculty of Law University of Zagreb there is the *Unit for Bioethics and Law*. The unit is part of chain of units connected to the UNESCO Chair in Bioethics in Haifa, Israel which is dedicated to bioethics education. Its main work is connected to the organization of symposia and translation of the UNESCO Chair in Bioethics' publications into the Croatian language.

The *Referral Centre for Bioethics in South East Europe*, Faculty of Social Sciences and Humanities, University of Zagreb was established in cooperation with partners in Bonn, Bochum, and Eichstätt in Germany. It has a significant collection of publications from the field of bioethics from the countries of South East Europe and is involved in organization of several important annual meeting and events.

At the Faculty of Law, University of Split there is the *Centre for Medical Law* which has a significant collection of publication from the fields of medical law and bioethics.

### Relevant Legislation

The *Code of Medical Ethics and Deontology of the Croatian Medical Association, Croatian Medical Chamber, and Croatian Dental Chamber* (Kodeks medicinske etike i deontologije Hrvatske liječničke komore, Hrvatske stomatološke komore i,



Hrvatskog liječničkog zbora) is an important document for all members of the medical and dental professions in Croatia. There used to be separate ethical codes issued by the Croatian Medical Association, by the Croatian Medical Chamber, and by the Croatian Dental Chamber. Their content was basically the same. In 2006, the three organizations decided to have a joint code.

The *Law on Medical Profession* (Zakon o liječništvu, 2003) regulates the major interprofessional relationships of medical profession and the relationship between the physicians and society.

The *Law on the Protection of Patients' Rights* (Zakon o zaštiti prava pacijenata, 2004) regulates the relationship between physician and patients and promotes implementation and protection of patients' rights.

The *Law on Procurement and Transplantation of Human Body Parts for the Purpose of Therapeutic Procedures* (Zakon o uzimanju i presađivanju dijelova ljudskog tijela u svrhu liječenja, 2004) regulates the field of transplantation of organs and human tissues in Croatia. Croatia has an opt-out system. Those who do not want to be donors have to inform the GPs about it and the GPs then send this information to a central registry.

The *Law on the Ratification of the Convention on the Protection of Human Rights and Dignity of Human Being with regard to the Application of Biology and Medicine: Convention on Human Rights and Medicine* (Zakon o potvrđivanju Konvencije o zaštiti ljudskih prava i dostojanstva ljudskog bića u pogledu primjene biologije i medicine: Konvencije o ljudskim pravima i biomedicine, 2003). The law represents the ratification of the Oviedo convention by Croatian parliament thus introducing the Convention into the legal system of Croatia. The Oviedo Convention has become a legal instrument that is above all Croatian laws; all laws had to be adjusted to comply with the Convention.

The *Law on the Protection of Persons with Mental Disorders* (Zakon o zaštiti osoba s duševnim smetnjama, 1997) regulates the rights of persons with mental disorders and the procedures for involuntary hospitalization.

The *Law on Drugs* (Zakon o lijekovima, 2007) regulates the fields of clinical trials, drug production, and marketing policies. *The Guidelines on Clinical Trials and Good Clinical Practice* (Pravilnik o kliničkim ispitivanjima i dobroj kliničkoj praksi, 2007) is a bylaw of the Law on Drugs that elaborates in details clinical trials approval, execution, and monitoring.

The *Law on Animal Protection* (Zakon o zaštiti životinja, 2006) deals with animal protection in general but has several paragraphs dedicated to the protection of animals used for experimentation.

The *Law on Healthcare Protection* (Zakon o zdravstvenoj zaštiti, 2008) deals with the organization of healthcare in Croatia, but also has several paragraphs dedicated to the patient information procedures and establishment of ethics committees in healthcare institutions.

The *Criminal Law* (Kazneni zakon, 2005) has several paragraphs dedicated to the issues of medical liability, prohibition of active and passive euthanasia, infanticide, and prevention of deliberate spread of dangerous infectious diseases.

The *Law on Health Measures for the Promotion of the Right on Freedom and Decision-making about Birth*, (Zakon o zdravstvenim mjerama za ostvarivanje prava na slobodu i odlučivanje o rađanju djece, 1978) regulates the contraception measures and abortion in Croatia. The abortion is allowed until the 10th week of pregnancy. After the 10th week of pregnancy all abortion requests are evaluated by special commissions. The abortion can be also performed upon the request of minor not younger than 16 years of age.

The *Ethical Code for the Research on Children* (Etički kodeks istraživanja s djecom, Ajduković & Kolesar, 2003) gives basic ethical guidelines for research on children.

The *Law on the Protection of Personal Data* (Zakon o zaštiti osobnih podataka, 2008) deals with protection of all personal data thus also with the protection of medical data.

The *Law on Protection against Discrimination* (Zakon o suzbijanju diskriminacije, 2008) deals with protection against of all sorts of discrimination including the discrimination based on one's genetic heritage.

The *Law on Medical Procreation* (Zakon o medicinski pomognutoj oplodnji, 2012) regulates the field of artificial procreation in Croatia.

## Public Debate Activities

Public debate activities are done through public lectures often held in public libraries, symposia organized by Croatian Medical Association, Croatian Medical Chamber, Croatian Philosophical Society, Croatian Bioethical Society, Croatian Catholic Medical Society, among others, different students' organizations, religious organization, political parties' media. Special radio programs and special TV programs are also made to encourage public debate on different bioethical issues and to educate general public. Those are done usually in collaboration with academia as a part of educational programs. The members of the National Bioethics Committee for Medicine of the Government of the Republic of Croatia sometimes participate in public debates but this is very rare.

## Other

The following journals publish contributions from the field of bioethics:

The *Croatian Medical Journal* is a Current Contents (CC) indexed journal published six times a year. CMJ owners are four Croatian Medical Schools (University Osijek, Rijeka, Split, and Zagreb). The journal was founded in 1953 as *Acta Facultatis Medicae Zagrabiensis* and later changed its name to *Croatian Medical Journal*. It is the official journal of the World Association of Croatian Physicians (WACP), Academy of Medical Sciences of Croatia (AMSC), Forum for Public Health in South Eastern Europe (EPH-SEE), International Society for Applied Biological Sciences (ISABS), and Croatian Centre for Global Health. It publishes papers from all fields of medicine including bioethics and medical humanities.

*Synthesis Philosophica* is a CC indexed journal published twice a year by the Croatian Philosophic Society. The journal publishes papers from different fields of philosophy including ethics and bioethics.

*Društvena Istraživanja* is a journal for general social issues, embracing complete thematic and disciplinary openness. It publishes four times a year papers in different social disciplines (sociology, psychology, political science, psychiatry, history, law, economics, demography, linguistics, etc.). In addition, it publishes work that transcends the frontiers of individual disciplines. Papers are subject to anonymous review procedures. The journal is indexed in Current Contents – Social and Behavioral Sciences, Social Sciences.

*Prolegomena* is a journal published two times a year by the Society for the Promotion of Philosophy. It regularly publishes papers from different fields of philosophy including ethics and bioethics. The journal is cited in Arts & Humanities Citation Index, Current Contents/Arts & Humanities, Dietrich's Index Philosophicus, Humanities International Index, International Bibliography of Book Reviews of Scholarly Literature in the Humanities and Social Sciences, International Bibliography of Periodical Literature in the Humanities and Social Sciences, The Philosopher's Index, Scopus.

*Bogoslovska smotra* is a journal published four times a year by the Catholic Theological Faculty, University of Zagreb. This is one of the oldest scientific journals in Croatia. It publishes papers on different theological and philosophical issues including the issues from the field of Bioethics. It is indexed in Religious and Theological Abstracts (Myerstown, USA), Elenchus of Biblical Bibliography (Rim, Italy), Ephemerides Theologicae Lovanienses (Louvain, Belgium).

*Liječnički vjesnik* is a journal of the Croatian Medical Association indexed in MEDLINE/Index Medicus, EMBASE/EXCERPTA MEDICA. It publishes four issues a year. This journal publishes papers from all fields of medical ethics on regular basis including bioethics.

*Filozofska istraživanja* is a journal cited in Arts and Humanities Citation Index and The Philosopher's Index. The journal is published four times a year by the Croatian Philosophic Society. It regularly publishes papers from different fields of philosophy including ethics and bioethics.

*JAH* (*Annual of Department of Social Sciences and Medical Humanities at University of Rijeka Faculty of Medicine*) is published twice a year by the Department for Social and Humanistic Studies, School of Medicine, University of Rijeka. The journal contributions come from the fields of ethics, bioethics, history and philosophy of sciences, sociology, cultural anthropology, theology, law.

*Croatian Journal of Philosophy* is a peer-reviewed journal with a primary focus on original philosophical work in analytic philosophy in Central Europe. It was established in 2001 and has a particular strength in the philosophy of linguistics. Articles and reviews from Croatia, Slovenia, Hungary, and other countries are published along with contributions from Western Europe and the USA. The journal is published three times per year in Croatia by KruZak and from time to time publishes papers dealing with bioethical issues.

*European Journal of Analytic Philosophy* is published four times a year by Faculty of Philosophy, University of Rijeka. It regularly publishes papers from different fields of philosophy including ethics and bioethics.

*Socijalna ekologija* is a journal published three times a year. It publishes theoretical, empirical, and methodological papers within the scope of social ecology, as well as other scientific disciplines related to the area of environmental sociology. The journal is scientific in nature and publishes papers acceptable to variety of readership including papers dealing with bioethical issues.

*Zbornik Pravnog fakulteta Sveučilišta u Rijeci* is a journal published twice a year by the Faculty of Law, University of Rijeka. The journal publishes papers from the field of law including medical law and bioethics.

*Zbornik Pravnog fakulteta Sveučilišta u Splitu* is a journal published four times a year by the Faculty of Law, University of Split. The journal is indexed in Current Legal Theory, Index to Foreign Legal Periodicals. The journal publishes papers from the field of law including medical law and bioethics.

*Zbornik Pravnog fakulteta Sveučilišta u Zagreb* is a journal published six times a year by the Faculty of Law, University of Zagreb. The journal is indexed in Index to foreign legal periodicals, Drant – Droits antiques, Kriminologija in kazensko pravosudje – CRIM, Scopus, and Worldwide Political Science Abstracts. The journal publishes papers from the field of law including medical law and bioethics.

---

## Major Bioethics Issues and Discussions

The debate concerning DNR orders emerges from time to time in professional circles. There are still no clear guidelines in Croatia for the implementation of DNR orders. Since do-not-resuscitate decision making is left to the individual physician, families are seldom involved in decision making. The Croatian Society of Intensive Care medicine has been discussing the issue of the introduction of DNR orders and was trying to find appropriate ways for their introduction. The discussion is only done among their members and with other physicians without the introduction of the problem to general public.

Patients' rights are also widely discussed. The most outspoken about the issue are different NGOs that deal with the protection of the patients' rights. In Croatia, there are several important patients' rights NGOs. The most outspoken about the issue are *Croatian Association for the Promotion of Patients' Rights (Hrvatska udruga za promicanje prava pacijenata)* from Split and *Patient Today (Pacijent danas)* from Rijeka. The NGOs are not satisfied with the current Law on the protection of patients' rights especially with the extremely complicated procedure for patients' complaints. For the sake of realizing, protecting, and promoting patients' rights, Article 30 of this Act prescribes the obligation of founding a commission to protect patients' rights in each unit of regional self-government (county commissions), while at a state level, Article 38, paragraph 1 prescribes the obligation of the ministry responsible for health care to found a National Commission to protect and promote patients' rights (the Commission of the

Ministry of Health and Social Welfare of the Republic of Croatia). The county commissions, which have five members who are patients, NGOs and experts in the field of protection of patients' rights (Article 32), carry out the following work. They monitor violations of individual patients' rights and propose measures to protect and promote patients' rights in their area, that is, their county, report without delay to the Commission of the Ministry of Health and Social Welfare on cases of serious violations of patients' rights, report to the public on violations of patients' rights, and submit an annual report on their work to the county assembly (Article 33), while at a state level, Article 38, paragraph 1 prescribes the obligation of the ministry responsible for health care to found a National Commission to protect and promote patients' rights (the Commission of the Ministry of Health and Social Welfare of the Republic of Croatia). The procedure of protection of patients' rights before a county commission begins with a complaint by a patient who believes that one of his/her rights as established by this Act has been violated. The patient may express the complaint verbally or in writing to the head of the health institution which offered the specific health service. If the head of the health institution does not inform the patient of measures taken following the complaint within 8 days or if he/she is not satisfied with the measures taken, the patient has the right to file a complaint with the competent county commission. This commission is obliged to inform the patient within no more than 15 days of all the measures taken following his/her complaint. The county commission also has the right of access to premises where health care is provided and the right to inspect how patients' rights are being realized in individual health institutions. The commission is obliged to write a report about the inspections it undertakes, which it must send within no more than 8 days to the competent inspection service (health or sanitary), or the body that supervises the work of health workers, that is the bodies of individual vocational chambers in the health service (the Croatian Medical Chamber, the Croatian Dental Chamber, the Croatian Chamber of Nurses, the Croatian Chamber of Pharmacists and the Croatian Chamber of Medical Biochemists). These bodies are obliged to report within 3 days of receiving the report, and in urgent cases without delay, to the commission on the action taken. If the competent body (inspection service or chamber) on the basis of the procedure undertaken has a reasonable suspicion that a misdemeanor or criminal offense has been committed by the violation of the patient's right, it is obliged to file a misdemeanor or criminal report, without delay and no later than within 30 days, and report to the commission on the outcome of the procedure. The commission will inform the patient about the outcome within 8 days. This procedure is extremely complicated and many complaints are not properly addressed. Possible changes that could establish, for example, an ombudsman system would be more appropriate for the Croatian situation according to the views of some NGOs and some legal experts who undertook the studies of the implementation of the Law. Moreover, a study performed into the work of county commissions found out that their members are often confused about the tasks of commission. The commissions themselves are not really sure what their role is, so they frequently deal with the complaints of the patients related to health insurance rights instead of patients' rights. Even more confusing is the issue of

patient decision making. Article 16 of the Law on the Protection of Patients' Rights from 2004 states that the patient can refuse medical treatment except when such refusal can jeopardize either the patient's health and life or other peoples' health and life. However, in article 22 of the Law on the Health Protection from 2008 one can refuse medical treatment and medical examinations except when such refusal can jeopardize the life and health of other people. Therefore, even if the refusal can jeopardize one's own life or health one can refuse a medical treatment. Here, we have two different approaches to the same issues that are part of two different laws. These discrepancies should be corrected (Borovečki et al., 2011).

In 2009, Croatia implemented the Law on Medical Fertilization (*Zakon o medicinskoj oplodnji*, 2009). This law stirred a significant public debate, since it was one of the most restrictive in Europe. The law allowed the freezing of female egg cells but not the freezing of embryos. This meant that in vitro fertilization was performed with defrosted female egg cells and then only three embryos were implanted and created. Some of the medical circles were not happy with this solution arguing that such a procedure has no proven efficacy and that the implantation of defrosted embryos is a better procedure. This was supported by a number of NGOs. However, other medical professionals who were performing the procedures according to this law claim that the success rate of such procedures was rather good. The Law did not allow surrogate motherhood, heterologous donation of gametes of both parents or embryo donation. It allowed in vitro fertilization for heterosexual common law couples and legally married couples. It did not allow the creation of embryos for research purposes. A child conceived by medical procreation did have a right to know the donor of eggs or sperm, if the latter had given their consent that their identity could be revealed. Before this law Croatia had no law on medical procreation. Thus, a huge number of surplus embryos had been created in this period for artificial procreation purposes that had been frozen. It is not clear what will become of these embryos.

At the end of 2011, new general elections were held in Croatia and there was a change of government. The new government decided in 2012 to create a new law that would regulate the field of artificial procreation called the Law on Medically Assisted Fertilization (*Zakon o medicinski pomognutoj oplodnji*, 2012). There has been a huge public debate on this law that was of short duration since the government was pressing the issue and wanted to bring changes to the field of artificial procreation as soon as possible. The new law now allows the freezing of embryos instead of freezing of eggs; medical procreation is also allowed to single women and not only to couples. All religious communities and a number of NGOs were against the implementation of this law. There were calls for a referendum on the law but the government did not want to organize a referendum on this issue.

Croatia is extremely successful in organ donation and transplantation. It has an opt-out system of organ donation and it is a member of Eurotransplant. Croatia is the third country in the world in the number of organ donors. Nowadays, there are not many ethical issues that are being discussed in this field.

Palliative care and palliative care institutions although a part of healthcare legal provisions are still not yet implemented into Croatian healthcare system.

Although palliative care institutions are to be implemented on primary healthcare level, so far there is only one established in Zagreb. The palliative movement in Croatia has a long history. It was started by the efforts of Professor Anica Jušić, a neurologist (Jušić, 1999). Several palliative care workshops and courses are held every year. There is a discussion on the need to extend and improve palliative care services and introduce a palliative care education on undergraduate and postgraduate level. Although there is a constant lack of financial resources in the healthcare system the advocates for the improvement of palliative care are trying hard to bring about the changes within the existing healthcare structures. So far there is the initiative coming from the Catholic Church that is now being involved in building hospices.

Croatia has a long tradition of medical research and recently a good legislation governing this field (see the section on “[Ethics Committees](#)”). However, there are still several issues that need to be legally solved. Genetic research is not well addressed in existing legal provisions, as well as the issue of bio-banking. Creating changes that can facilitate the establishment of bio-banks have been made in the Law on Procurement and Transplantation of Human Body Parts for the Purpose of Therapeutic Procedures. However, further efforts are needed in this direction. There is currently a debate among medical researchers regarding the use of archived medical data and tissues in medical research. In Croatia there is no specific regulation regarding this area and the majority of the material archived was collected during medical procedures in hospitals without obtaining the explicit consent of the patients for their use in research purpose. Now, one tries to resolve this situation by the introduction of new informed consent practices that will involve also asking of the patient for consent that his/her medical material collected for health purposes can be used for research purposes since Croatia is now more and more participating in the EU projects. It is clear that special attention needs to be paid to genetic research on archived medical material.

The protection of persons with mental disorders is governed by the Law on the Protection of Persons with Mental Disorders. Involuntary hospitalization is permitted but patients can only be held in a hospital without court procedure for no more than 72 h. After the court decision of involuntarily commitment the case of the patient should be reevaluated within 30 days. After that period the commitment can be extended up to 6 months and then reevaluated. A lot has been done in relation to the de-stigmatization of persons with mental disorders. However, there are still some high profile publicized cases involving psychiatric patients who have been either released and committed crimes or held in psychiatric hospitals without clear diagnostic evidence and public is often discussing whether existing legal provisions could be improved to avoid such situations in the future.

Within the healthcare setting except for the better implementation of the Law on the Protection of Patients' Rights, special attention has recently been placed on the issue of transparency and length of waiting lists. There have been several efforts to shorten the waiting lists. The issue of the rising costs of drugs was also addressed and the government has made several changes to lower the drug prices and to make more transparent the relationship between physicians and drug industry. Some propositions

made by the government in debates over this issue involve the establishment of funds for physicians' education in order to avoid the direct payment of medical conference participation to physicians who often do not even actively participate. The idea is to send with this money only those physicians who have a poster or oral presentation at a scientific conference and to make the process transparent.

---

## Future Challenges

There is a need for further development of bioethics education especially on the postgraduate level. Some of the existing legal provisions will have to be amended, especially the Law on the Protection of Patients' Rights, because its current implementation is causing many problems. The issues of genetic testing, research, and bio-banks need to be further looked into with a view to the development of additional legal frameworks that might cover these issues.

---

## Conclusion

The development of bioethics has gone a long way in Croatia. However, there are still some challenges ahead. Nevertheless, one can conclude that the state of the development of the field of bioethics is on a satisfactory level. Other countries who share a somewhat similar path of history and development can learn a lot and the Croatian experience can help others in their development of the field of bioethics.

---

## References

- Ajdković, M., & Kolesar, V. (2003). *Etički kodeks istraživanja s djecom*. Zagreb: Državni zavod za zaštitu obitelji, materinstva i mladeži i Vijeće za djecu Vlade Republike Hrvatske.
- Borovečki, A., Babić-Bosanac, S., & ten Have, H. (2010). Stadiul Implementării Legii Privind Drepturile Pacienților din Croatia- studiu pilot. *Revista Romana de Bioetica*, 3, 36–48.
- Borovečki, A., Francetić, I., & Mujkić, A. (2010). Ethics and biomedical research in Croatia. *Bioethica Forum*, 1, 26–29.
- Borovečki, A., ten Have, H., & Oreskovic, S. (2004). Developments regarding ethical issues in medicine in the Republic of Croatia. *Cambridge Quarterly of Healthcare Ethics*, 13, 263–266.
- Borovečki, A., ten Have, H., & Orešković, S. (2009). *Ethics committees in Croatia: Studies in bioethics*. VDM Verlag Dr. Müller: Saarbrücken.
- Čović, A., Gosić, N., & Tomašević, L. (Eds.) (2009). *Od nove medicinske etike do integrativne bioetike: Posvećeno Ivanu Šegoti povodom 70. rođendana (From new medical ethics to integrative bioethics: Dedicated to Ivan Šegota in occasion of his 70th birthday)*. Zagreb: Pergamena – Hrvatsko bioetičko društvo.
- Fatović-Fernečić, S. (2005). Searching for virtues in medicine. *Croatian Medical Journal*, 2, 338–339.
- Gosić, N. (2000). Bioetika u Hrvatskoj. *Filozofska istraživanja*, 2/3, 385–399.
- Jušić, A. (1999). Bioetika umiranja. *Liječnički Vjesnik*, 6, 213–215.
- Kazneni zakon. (2005). *Narodne novine* 110/97, 27/98, 129/00, 51/01, 150/04, 84/05.
- Matulić, T. (2001). *Bioetika*. Zagreb: Glas Koncila.



- Nicholson, R. (2004). Editor's response (to letter). *Bulletin of Medical Ethics*, 196, 2.
- Pozaić, V. (1992). Humanizacija medicine. *Obnovljeni život*, 3–4, 302–313.
- Pravilnik o kliničkim ispitivanjima i dobroj kliničkoj praksi. (2007). *Narodne novine* 121/07,14/10.
- Šimonović, D., & Borovečki, A. (2009). Impact of the Oviedo convention and its protocols on national legislation in Croatia. *Medical Ethics and Bioethics, Suppl 1*, 21–22.
- Valković, M. (1997). Bioetika u Hrvatskoj: kratko izvješće. *Socijalna ekologija*, 3, 309–314.
- Vitezić, D., Lovrek, M., & Tomić, S. (2009). Centralized national ethical review of clinical trials in Croatia. *Croatian Medical Journal*, 2, 111–116.
- Zagorac, I., & Jurić, H. (2008). Bioetika u Hrvatskoj. *Filozofska istraživanja*, 3, 601–611.
- Zakon o liječništvu. (2003). *Narodne novine* 121/03.
- Zakon o lijekovima. (2007). *Narodne novine* 71/07.
- Zakon o medicinski pomognutoj oplodnji. (2012). *Narodne novine*, 86/2012.
- Zakon o medicinskoj oplodnji. (2009). *Narodne novine*, 88/09,137/09, 124/2011.
- Zakon o potvrđivanju Konvencije o zaštiti ljudskih prava i dostojanstva ljudskog bića u pogledu primjene biologije i medicine: Konvencije o ljudskim pravima i biomedicine. (2003). *Narodne novine – međunarodni ugovori* 13/2003.
- Zakon o suzbijanju diskriminacije. (2008). *Narodne Novine*, 85/08.
- Zakon o uzimanju i presađivanju dijelova ljudskog tijela u svrhu liječenja. (2004). *Narodne novine* 177/04.
- Zakon o zaštiti osoba s duševnim smetnjama. (1997). *Narodne novine*, 111/97, 128/99, 79/2002.
- Zakon o zaštiti osobnih podataka. (2008). *Narodne novine*, 103/03,118/06,41/08.
- Zakon o zaštiti prava pacijenata. (2004). *Narodne novine* 169/04, 45/09.
- Zakon o zaštiti životinja. (2006). *Narodne novine* 135/06.
- Zakon o zdravstvenim mjerama za ostvarivanje prava na slobodu i odlučivanje o rađanju djece. (1978). *Narodne novine*, 18/78.
- Zakon o zdravstvenoj zaštiti. (2008). *Narodne novine* 150/08.
- Zurak, N. (Ed.). (2007). *Medicinska etika*. Zagreb: Merkur A.B.D.: Medicinski fakultet.
- Zurak, N., Derežić, D. & Pavleković, G. (1999). Students' opinions on the medical ethics course in the medical school curriculum. *Journal of Medical Ethics*, 1, 61–62.