

Ethical Health Management – an Introduction to Central Terms and Concepts

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Foreword

Whilst reading this article, please bear in mind that many of the concepts which are presented here have been developed from our own analysis of situations of conflict and crisis in political, business and private settings, primarily in Europe and including Asia and the Americas, over the past twenty-five years.

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1. Two Definitions of Ethical Health Management

The term ‘Ethical Health Management’, as defined here, has two distinct meanings. Whilst both of these meanings will be addressed, it is the second definition below which will be the principal focus of the articles to be published in this Journal.

Firstly, the term ‘Ethical Health Management’ can be used to mean

a form of health management which is practised by organisations in accordance with specific ethical (or ‘moral’) convictions.

For example, some organisations set up a health management programme based on their code of ethics and their sense of moral responsibility towards safeguarding the medical health and safety of their employees. Other organisations establish a corporate health-management programme with the main objective of monitoring

and reducing employee-absence and/or to maximising employee-efficiency. The prime motive behind such a health management programme is then an economic one and not an ethical one. In other words, one can differentiate between ethically- and economically-motivated health management.

Secondly, the term ‘Ethical Health Management’ can be used to refer to something broader, i.e. to

the management of the overall ‘ethical health’ of the organisation.

As with the first definition, this can include attending to the physical and mental-emotional well-being of an organisation’s employees, but its scope is significantly greater. This form of Ethical Health Management extends to the management of:

- the ethics of its products and services,

- the ethics of its sales-, marketing-, production-, administrative-, managerial- and human-resource processes
- and, not least,
- its internal and external ethical reputation.

As such, the term ‘ethical health’ reflects

the ethics and the state of ethical congruence which pertains within all the internal workings of an entity at a given point of time and also to the state of ethical congruence which pertains between that entity and its relevant external environment.

Consciously managed attention to an entity’s ethical health is termed ‘Ethical Health Management’.

As will be expounded in more detail below, Ethical Health Management can take the form of the conscious attention to processes and programmes which are designed to eradicate – or at least minimise - the most damaging types of ethical risks and incongruence which can arise inside and outside the organisation: the prime objective of such measures is to safeguard and promote the organisation’s overall vitality and sustainability.

As such, Ethical Health Management can be applied not only to organisations, but also to other socially relevant entities such as nation-states, political parties, business partnerships, personal relationships, families and even individuals – including, in particular, those individuals who are highly exposed to social scrutiny.

Whilst the term ‘ethical health’ either refers to a given state of health in neutral terms, or implies a positive state of health, the term ‘ethical ill-health’ obviously infers a suboptimal or a negative state. In general, (good) ethical health correlates with fundamental well-being and sustained vitality, whilst ethical ill-health is a state which, as we will go on to explore, can correlate with

various forms of ill-being such as debility, degeneration, tension and stress when the roots of such ill-being lie in ethical incongruence within the entity itself and/or between the entity and its environment.

In order to maintain good ethical health, constant attention and conscious management are necessary. If neglected, ethical ill-health can develop, often unnoticed, within the core of an entity: if neglected and unmanaged for too long, ethical ill-health can spiral into irreversible states of dysfunction such as civil strife, bankruptcy, reputational disaster, breakdowns in business partnerships, in families and in private relationships as well as individual dysfunctions such as psychosomatic disorders, depression, violence and suicide.

Although Ethical Health Management could, and arguably should, be applied and conducted at a governmental level in order to optimise the vitality and sustainability of whole societies, the ensuing discussion will be mostly restricted to its application in the contexts of organisations, business partnerships, interpersonal relationships and individuals. Correspondingly, we will address the topic in the following treatise from the perspectives of Corporate Ethical Health and Personal Ethical Health.

2. Corporate Ethical Health

In the context of organisations:

‘corporate ethical health’ is measured by assessing

1. *the degree of congruence or incongruence which exists between the personal ethics of those managers and employees who bear the greatest ethically-relevant influence on the culture, structure and strategy of the organisation*

and

2. *the degree of congruence or incongruence which exists between the dominant*

collective ethics of the organisation and the various ethical standpoints of any and all relevant third parties, including those of the society/societies in which it operates.

The greater the degree of internal ethical congruence which a company possesses, the stronger its corporate vitality and sustainability will be – including the medical health of its employees – provided, of course, that there is sufficient congruence between the ethics of the company and the ethics of its clients, suppliers and relevant regulatory bodies.

Recent examples of insufficient internal and/or external ethical congruence include:

- the use of an ‘emissions-compliance defeat device’ by the automobile manufacturers, VW and Audi,
- the toxic environmental pollution created by the activities of Anadarko Petroleum Corp. and BP,
- the manipulation of accounting rules by senior management at Enron and Worldcom,
- the use of the financial services of Mossack Fonseca by numerous public figures and politicians, as exposed by the ‘Panama Papers’ and portrayed in the media as tax evasion.

Each of these cases of ethical ill-health have led to disaster in various forms and degrees, including political, corporate and personal disrepute.

For a list of organisations which are held to possess a high level of ethical integrity - which, in the terms of this article, would correspond to a high level of ethical congruence and ethical health - the reader is referred to Ethisphere’s annually-updated list of the world’s most ethical companies. The definition of terms like ‘the most ethical’ entities and the effects of ethical congruence on the health and vitality of individuals, as well as organisations, is examined in greater depth below. See also the article ‘Ethical Health Management – In Practice’ in this Journal.

3. Personal Ethical Health

In relation to individuals:

‘personal ethical health’ is measured by assessing

1. *the extent to which a person has internalised more than one ‘deep-ethical system’ (see Section 4 below) and, if more than one, the degree of congruence or incongruence which exists between those various inner deep-ethical systems*

and also

2. *the degree of congruence or incongruence which exists between the content and structure of that person’s deep-ethical system/systems and the content and structure of those systems which pertain in his/her relevant social environment.*

It follows that people who possess a high degree of internal and external deep-ethical congruence, i.e. ethical health, are generally likely to be less stressed and to enjoy greater overall well-being than their counterparts. The form of well-being and happiness which evolves from deep-ethical congruence is, by definition, a fundamental one – one which is reflected in their sense of personal-identity-fulfilment, or what in some cultures might be termed a ‘sense of one-ness with themselves and their environment’, and consequently in their mental, emotional and physical health. The concept of ethical health differs from that of moral conscience in that the former involves the complete range of sources and consequences of ethical dissonance, including inter- and intra-personal ethical conflict, and does so in a non-prescriptive, i.e. ethically neutral, fashion.

Ethical Health Management addresses the impact of the personal ethical health of individuals on the ethical health of the members of the social systems within which they live and function; depending on the deep-ethical systems of the people involved, this can include their emotional well-being, their medical health and their overall vitality.

4. Deep-Ethics and Deep-Ethical Systems

The term ‘deep-ethics’ refers here to the systems of core principles, values and convictions which become deeply embedded in people’s minds, through influences and experiences quite probably in pre-natal and certainly in their post-natal, formative years, and which thereafter constitute the veritable core of their identity or ‘beingness’. As such, deep-ethics interacts with, but is distinct from instincts, and comprises the set of non-transmutable and non-negotiable core principles, values and convictions which provides each cognisant human being with their core identity, their existential meaning and the central principles for their social and personal psychological survival. Consequently, deep-ethics constitutes one of the most crucial elements of the human condition since it can provide the individual with a personal *raison d’être* with which to withstand the terror of imminent corporeal death and the possibility of individual and collective finitude. The deep-ethics of the individual is always embedded within, but is not identical with, the phenomena of culture and morals which generally provide groups of people with a collective meaning to life. Whilst people often share the same cultural and moral values, they often differ very strongly at the level of deep-ethics.

Our observations of conflicts and crises lead us to propose that the core principles, values and convictions of the individual tend not to operate as isolated, freely-functioning elements but that they are linked together within immutable hierarchies and non-transmutable systems which we term ‘deep-ethical systems’. The latter manifest themselves in people’s thought processes and behaviour through the intensities of emotional energy which are triggered when different constellations of core principles, values and convictions are activated.

It also seems to us that a very large percentage of human beings (Europeans at least) internalise more than one deep-ethical system during their formative years. In some cases, these systems turn out to be sufficiently congruent to co-exist over long periods of time without creating unbearable inner tensions, just as individuals with

differing deep-ethical systems can co-exist relatively harmoniously in marriages and partnerships, until perhaps some critical incident occurs. In other cases, the systems within the individual can be strongly dissonant: this can lead to a life of constant inner tension which can either be the source of immense creative energy and vitality or a debilitating drain on that person’s mental and emotional energy and of those around him/her. This phenomenon and its consequences for mental health and relationships will be discussed in relation to various real-life cases in other articles of the Journal.

Although a person’s deep-ethical systems may express themselves differently in different social and cultural contexts, once formed, the content and structure of these systems seem to remain fairly constant for the rest of their lives. The non-negotiability of deep-ethical systems and their significance for individual identity, for existential meaning and for survival principles displays itself in the fact that human beings in most, if not all, cultures can go as far as ending their lives, or the lives of others, including those very dear to them, rather than compromise their own deep-ethics.

The impact of the deep-ethics of individuals on the success and sustainability of organisations is addressed in other articles including ‘Ethical Health Management - In Practice’.

5. The Content, Structure and Dynamics of Deep-Ethical Systems

The content and structure of an individual’s specific deep-ethical systems can readily be identified through observing and analysing the ways in which particular core principles, values and convictions manifest themselves when that person gets into situations of acute mental-emotional tension, i.e. conflict or crisis. It is in situations of high inner tension, whether in their private or working lives, that people’s emotions, their mental activity, their physical and their verbal behaviour typically become driven by a dynamic interaction of instincts and deep-ethics which, together, constitute their essence or the core of

their being-ness. As is described in various autobiographical and other examples in the Journal, certain content-elements of people's deep-ethical systems clearly take command in such situations, whilst others are subordinated. As soon as a given threshold has been crossed, these hierarchically dominant content-elements become the drivers of the ensuing emotions, thoughts and behaviour. It is precisely these content-elements which, by definition and by virtue of the nature of the idiosyncratic structuring of people's deep-ethical systems, have the status of 'ethical primacy' in their core identities. Rather like fingerprints, the configurations of deep-ethical systems are unique to each individual, the reason being that they are linked to highly specific influences and experiences at specific times in their lives.

The reasons why the elements of ethical primacy manifest themselves in particularly acute situations of tension seem to include the following:

When people feel permanently bereft of any contextually viable options, i.e. options which leave them room to feel, or to create, a personally-acceptable degree of congruence between their own deep-ethical systems and those pertaining in the particular social and physical environment in which they find themselves, the non-core values and convictions – which under different circumstances might have played a significant role, whether a conscious or an unconscious one - recede into the background. In such situations, the non-core elements are, by definition, not linked to sufficient emotional energy to significantly influence the person's behaviour, thoughts or feelings and thereby to relativize those triggered by the elements of true ethical primacy. Consequently, it is the elements of ethical primacy which take command, often regardless of social etiquette, situational appropriateness or any regard for the feelings or interests of others. When what is at stake is the survival of the integrity of a person's core identity, the latent emotional energy

which is linked to the defining elements of that person's being-ness can unleash itself with internally uncompromised and externally uncompromising intensity, leading to extreme forms of behaviour, including violence towards the self and others. These extreme forms of behaviour can sometimes appear very surprising to onlookers, e.g. an onlooker might experience extreme respectlessness from a person whom he/she has otherwise experienced to place immense value on respect.

Whilst the activation of the elements of ethical primacy can often lead to acute tension and trigger sudden outbursts of intense emotionality inside us, it can also induce long periods of suppression or painful submission.

During such periods, such a considerable amount of our mental and emotional energy can be consumed on a daily and nightly basis that we end up in a state of chronic exhaustion, particularly if these periods go on for months or years: this is when the counterparts of personal-identity-fulfilment, e.g. certain forms of depression, can set in.

All too often, we humans feel exhausted or depressed without understanding what is truly going on; seldom do we recognise deep-ethical conflicts as such, whether within ourselves, between third parties or between a third party and ourselves. Deep-ethical conflicts and crises arise in relationships of all kinds, including business partnerships, managerial teams, employer-employee constellations, just as they do in family and personal relationships. Wherever they arise, if their true roots are not recognised, then it is highly likely that they will be mishandled, thus prolonging or worsening health and relationship problems.

Interestingly, but perhaps not surprisingly, the content and structure of deep-ethical systems and, in particular, the elements of ethical primacy, can also be recognised in some of the mental-emotional preoccupations of people in advanced stages of dementia. In many of their

repetitive utterances lie the traces of the content and significance of particular experiences which they made in their formative years and which have formed parts of their core being-ness ever since.

In terms of ethical health in its positive sense, our observations have shown that if deep-ethical tensions are accurately identified and resolved before the onset of irreversible degenerative processes - within individuals, relationships or both - then high levels of vitality can be attained or re-attained. See Sections 6, 7 and 8 below.

6. Ethical Integrity and Deep-Ethical Integrity

The term ‘ethical integrity’ is generally understood to mean

a high level of congruence between the ethical behaviour of a person or organisation and the ethical system(s) pertaining in the relevant social environment.

In other words, a person or organisation which is perceived to behave in an authentic, ethically exemplary fashion is deemed to possess ethical integrity.

If, as mentioned above and as is often the case, a person has internalised more than one deep-ethical system, then the degree of congruence which pertains between those systems can, within a mono-ethical world-view, be referred to as a given degree of ‘deep-ethical integrity’.

Accordingly,

a low level of deep-ethical integrity relates to a low level of inner congruence and to a concomitant high level of inner tension and stress, which is accompanied by a high level of vulnerability to external stress factors;

a high level of deep-ethical integrity, on the other hand, correlates with a high

level of inner congruence, with fundamental well-being, vitality and with a low level of vulnerability to external stress factors.

Remaining within the context of a mono-ethical world-view, this definition of deep-ethical integrity can be applied not only to individuals, but also to personal relationships, business partnerships, managerial teams, supervisory boards and employee-employer constellations.

Accordingly, a low level of deep-ethical integrity in a relationship, partnership, team or board predictably induces stress, discontent, conflict and other types of dysfunction between its members. A high level, on the other hand, is one of the key prerequisites for synergetic and successful collaboration.

It would follow then, theoretically at least, that the development from a low level of deep-ethical integrity to a high one would be desirable, if not crucial,

- a. for individuals wishing, for example, to improve their overall well-being and vitality, their authenticity and their credibility or
- b. for relationships, teams and organisations wishing to overcome tension, conflict and inefficiency.

A precondition for the success of such a development would be, of course, that the content and structure of the deep-ethical systems involved are congruent with those pertaining in the relevant social environments of those concerned.

In practical terms, however, the transformation of deep-ethical incongruence into deep-ethical integrity is virtually impossible, given the fact that deep-ethical systems are permanently rooted in the being-ness of each individual. Whilst steps can be taken in organisational settings to overcome the manifestations of inadequate levels of deep-ethical congruence – e.g. through developing the ethical competence of the employees – our experience shows that prevention is much more effective than cure: the most effective form

of prevention is to ensure that there is an adequate level of deep-ethical congruence and integrity at the outset of a working relationship. It is for this reason that we ourselves apply instruments such as Ethical Health Checks and Ethical Health Consultations in selection processes for managerial positions. Both of these instruments can form an integral part of an Ethical Health Management Programme.

At this point in the discussion, let us consider, however, if there are any effective alternative solutions. In order to do so, we need to examine the premises which underlie the mono-ethical world-view.

7. Mono-Ethics and Multi-Ethics

The fact that we live and function in a multi-cultural world both within and across nation-states has long been recognised, but state administrations and organisations of many types are becoming increasingly aware of the extent of the consequences of integrating this fact into their everyday workings. One such consequence for organisations of most types and sizes is the fact that they are faced with the following questions: Should we establish

- a weak mono-culture?
- a strong mono-culture?
- a weak multi-culture?
- a strong multi-culture?

Whilst recognising the fact that they factually function in a multi-cultural society and even employ people who come from different cultural backgrounds, many organisations find it simpler to adopt the second of these options, i.e. to hone a strong mono-culture, sometimes adding the word ‘multicultural’ but without practicing its implications. The reasons why the management boards of organisations predominantly decide for a strong mono-culture are discussed in other articles in this Journal.

Some organisations consciously decide to implement a strong multi-culture which, by definition,

consists of several strong mono-cultures. This means that each of its corporate entities displays, not merely on paper but most decisively in the veritable attitudes and behaviour of its employees, its own strongly homogeneous set of corporate values. It follows that, because the cultures differ in content around the organisation, they each also necessarily impact differently on the structure, strategy and processes of the organisation at the global and the local level. If, at the core of each local culture, there also lies a strongly homogeneous ethical system and if these differ in content from one entity to another, such an organisation is said to be not merely a ‘strongly multi-cultural’ but, even more significantly for the purposes of this treatise, a ‘strongly multi-ethical’ one.

Assuming that each of the corporate entities of a strongly multi-ethical company is operating with locally adequate external ethical congruence, such a company will predictably have a significantly higher level of vitality and sustainability than one which is weakly multi-ethical, or one which is trying to operate mono-ethically in a multi-ethical environment. This raises the question, firstly, as to whether there are indeed any social environments which are factually mono-ethical and, secondly, how the interfaces between diverse ethical systems can be managed and what role, if any, inter-ethical competence and ethical neutrality could play.

As applies to many of the concepts and thoughts being discussed here, such questions are culturally and ethically admissible ones for a number of readers, including many of those who have been educated within the Cartesian or ‘atomistic’ tradition. We recognise, however, that for very many other people around the world, the use of concepts such as ‘mono-ethicality’, ‘multi-ethicality’, ‘inter-ethical competence’ and ‘ethical neutrality’ (see below) can violate their deep-ethics - just as the relativizing, equality-orientated notion of ‘respecting’ other cultures does. For people with strictly mono-ethical standpoints, the question above which queries the existence of mono-ethical social environments is often not admissible.

Those for whom the question is indeed admissible may have been educationally and socially conditioned to tolerate and/or to respect other cultures and ethics and thereby recognize the existence of a multi-cultural, multi-ethical world. Nevertheless, actually coming to terms with the implications of respecting other, indeed all other, ethical standpoints in everyday life, including the fact that concepts such as ‘multi-ethicality’ are not acceptable to many of the world’s citizens, can be immensely challenging. This is especially the case if, in their thoughts and beliefs, they consider certain forms of thought and behaviour to be ethical and others to be unethical, i.e. if they have been educated in the Cartesian, atomistic tradition and have been conditioned to assume and uphold a mono-ethical world-view. For most mono-ethically conditioned people, notions such as ‘cultural relativism’, ‘ethical relativism’ and ‘ethical neutrality’ are not unsurprisingly untenable.

As discussed in relation to the phenomenon of culture elsewhere*, it is also no surprise that those who hold a mono-ethical world-view tend to consider trust to be a prerequisite for successful relationships. People trust each other if their respective expectations are met, and otherwise not. The moment that deep-ethical incongruence manifests itself in a relationship, then the foundation of trust can become seriously endangered, if not irretrievably lost. Diversity can often be tolerated in trust-based relationships up to the point where it involves deep-ethical incongruence; this is where the tolerance and trust very often end because of the non-negotiability of the elements of ethical primacy, which, by definition, are mono-ethical since they would otherwise be ‘negotiable’ and (mono-ethically defined) trust would not be a precondition for the good-functioning of the relationship.

As already commented, deep-ethical incongruence can lie at the roots of relationship-breakdowns of all types, whether in private or business life, but

- why does it often take a period of months, or even years, before the latent

incongruence manifests itself acutely and

- why do people only then, i.e. when matters have escalated in the relationship and they begin to review past events, detect a chain of indications of incongruence which they had been overlooking or suppressing from their conscious minds for a long time?

Our observations show that there are at least three main reasons for these behavioural patterns in relationships and that they are not necessarily mutually exclusive: it can be the case that one or more of the parties had

1. assumed and/or projected mono-ethicality and a certain concomitant structure among the elements of ethical primacy into the relationship or
2. discerned an adequate level congruence between their own deep-ethical system and what they had rightly believed to be their partner’s deep-ethical system, but had overlooked the presence of further deep-ethical systems, i.e. had overlooked their partner’s multi-ethicality or
3. overlooked/suppressed their own multi-ethicality and the fact that they themselves possessed multiple elements of ethical primacy, some of which were conflictual among themselves and/or were incongruent with those of the other party.

Whilst it may not always be easy to distinguish between these three causes, the socially-conditioned assumption and projection of mono-ethicality seems to play a major role in the delay of the discovery of deep-ethical incongruence even within the most psychologically intimate of relationships.

Interestingly, this is not only the case between people, but also within one and the same person. Time and time again, people are surprised, if not abhorred, by the physical and verbal acts of people from diverse walks of life, including those of politicians and priests, which contradict the ethical systems which even the doers themselves

had thought that they possessed. In a mono-ethical context, such acts tend to be regarded as ethical transgressions, sinful behaviour or an unworthy outburst of ‘perverted’ or ‘animal-like’ instinct. In a high percentage of such cases, the ‘transgressor’ experiences a genuine bad conscience and inner remorse after the event: a bad conscience emanates from a deep-ethical system which is incongruent with the deep-ethical system which became dominant in the actual act and which had been lying immanifest, undetected or possibly suppressed for a long period of time. Often, the long-term suppression of one deep-ethical system by another, whether the latter is an internal one within the individual, an external one or both, can, precisely because of the predominance of the premise of mono-ethicality, magnify the intensity of the manifestation of the suppressed deep-ethical system and thus lead to more serious consequences often of a health- and/or life-threatening nature for the ‘transgressor’ and the ‘transgressed’.

Based on these various insights, we can draw up the following conclusions or hypotheses:

1. Evaluations of the ethical health of a person, relationship, organisation, tribe or even a nation could arguably include the full range of that entity’s deep-ethical systems, and not merely those which are most manifest.
2. In order to discern the full range of deep-ethical systems which another party possesses, e.g. when entering into a private or business relationship, one could explore the possible presence of, and perhaps relativise, the socially-conditioned assumption of mono-ethicality within oneself. Linked to this first step, one could go on and explore the possibility of one’s own multi-ethicality.
3. In building relationships with others, one could be sensitive to the fact that the notion of trust is often based on the closely-linked assumption of mono-ethicality and could therefore constitute an inappropriate premise for the foundations of sustainable multi-cultural and multi-ethical relationships.

4. When selecting people for positions of particularly high responsibility and broad public exposure, it could be advisable to evaluate the ethical health and the ethical fit of the candidates, and not merely conduct a background check and an assessment of their cultural fit. One of the crucial differences between cultural and ethical fit is the fact that the former covers a broad range of group values but, by definition, does not explore and identify the non-negotiable elements of ethical primacy or the presence of mono- or multi-ethicality in the individual. Whilst cultural fit is a central criterion for such placements, it is arguably not a sufficient one.
5. When attending to the mental, emotional and bodily health of oneself or others, whether proactively or reactively, one could include and examine the dimension of ethical health and to do so from the perspectives of both mono- and multi-ethicality. In identifying not only the roots, but also the optimal solutions, for acute stress, tension, exhaustion, depression, anger and violence, one could feel obliged to discern the presence and the nature of mono- or multi-ethicality.

8. Ethical Neutrality

The use of the terms ‘deep-ethics’, ‘deep-ethical systems’ and, in particular, ‘multi-ethicality’ in this and related articles is based on the following postulates:

1. that the human species lives in a multi-ethical world where multiple ethical and deep-ethical systems factually co-exist within nation-states, cultures, families, relationships and often within single individuals and
2. that ‘ethical neutrality’ is attainable, as expounded in detail in another paper entitled ‘Interethical Competence’.

From the perspective of the premises underlying these two postulates, there are no universally

right or wrong ethical standpoints, which is the basis of 'ethical neutrality'. Correspondingly, the term 'deep-ethics' as used here in relation to the Management of Ethical Health is based on this understanding of ethical neutrality and consequently has no prescriptive or universalistically normative connotations. It follows that in applying Ethical Health Management in this way, human thought and behaviour cannot be segregated into 'ethical' and 'unethical' categories. It is also important to be aware that this approach to Ethical Health Management inclusively recognises that there are some cultures

and ethical standpoints which do not permit concepts such as 'multi-ethicality', as noted above.

We propose that 'ethical neutrality' constitutes a significant contribution to, if not a pre-requisite for, the fast and accurate detection and resolution of the sources of stress, tension, depression, conflict and aggression both between groups of people and within individuals. In a nutshell, our approach to Ethical Health Management at the societal, organisational and individual level is based on ethical neutrality.

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