

Bioethics in Serbia: Institutions in Need of Philosophical Debate

VOJIN RAKIĆ and PETAR BOJANIĆ

This paper is structured in three sections. The first discusses the institutional framework pertaining to bioethics in Serbia. The functioning of this framework is critically assessed and a number of recommendations for its improvement presented. It is also emphasized that philosophers are underrepresented in public debate on bioethics in Serbia. Second, this underrepresentation will be related to two issues that figure prominently in Serbian society but are not accompanied by corresponding bioethical discourses: the first is abortion and the second is the largely unrestricted use of neuropharmacology since the 1990s, both for therapeutic and for cosmetic/recreational purposes.¹ Finally, the perspective of bioethics in Serbia is addressed. It is asserted that this perspective can be based on the enhancement of public philosophical debate on bioethical issues, especially those with notable features in Serbian society (such as abortion and neuropharmacology). Such enhancement would also strengthen the corresponding institutional and legal frameworks.

The Institutional Framework

According to the Serbian Health Care Act (*Zakon o zdravstvenoj zaštiti*) of 2005, all health institutions in Serbia are obliged to establish bodies known as Ethics Committees (*Etički odbori*).² The Act stipulates specific duties for these committees. They encompass issues pertaining to the application of principles of professional ethics in medical proceedings; the monitoring of scientific research, medical experiments, and clinical testing of drugs; the analysis of the relations between medical personnel and patients; the agreement of patients to be subjected to specific medical proceedings; issues of in vitro fertilization; and a variety of other issues.³

At the request of the Ministry of Health, the Government of Serbia also established the Ethics Committee of Serbia (*Etički odbor Srbije*) in 2007. This national board (hereafter ECS) is regarded as the country's highest authority on bioethical issues. The Health Care Act 2005 stipulates that the ECS "coordinates the work of ethics committees in healthcare institutions."⁴ Other duties that the Act prescribes include those related to the definition of the principles of professional ethics of healthcare personnel, the monitoring of their application, the monitoring of scientific research and clinical testing of drugs, the annual

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briefing of the Ministry of Health on matters relevant to its domain (including possible deficiencies in the work of institutional ethics committees), and a range of other responsibilities.⁵

Before the establishment of these institutions, the UNESCO Commission of Serbia and Montenegro founded in 2003 the National Committee for Bioethics (after Montenegro's independence, it was renamed the National Committee for Bioethics of the UNESCO Commission of Serbia, hereafter NCB). This committee is required to promote the understanding and implementation of ethical and legal aspects of biological and medical research, stimulate the exchange of ideas and information (primarily through education), develop an appropriate level of bioethical consciousness in the public, and cooperate with similar governmental and nongovernmental organizations (NGOs) at the national, regional, and broader international level.⁶ It should be emphasized that the NCB had a proactive role in the general development of bioethics in Serbia. UNESCO verifies the activities of the NCB on a regular basis, and two of its officials have been appointed to the Committee on Bioethics of the Council of Europe. Hence, it can be argued that the NCB is an institution that has indeed helped bioethics to acquire a significantly more prominent role in Serbia than it had previously.

It is also worth mentioning that the Ethics Committee of the Serbian Medical Society (*Etički odbor srpskog lekarskog društva*) is another relevant institution, one with a relatively long tradition. This committee is tasked with developing its philosophy (in the name of the Serbian Medical Society) regarding "all issues that relate to the mental and physical health and social wellbeing of people in accordance with the code of ethics of health care personnel and other principles of ethics."⁷ Furthermore, the Healthcare Chamber of Serbia has also established its own Ethics Committee.⁸ The Faculties of Medicine of Belgrade University and Nis University have their Ethics Committees as well. Their tasks are determined periodically by the faculties themselves.⁹

Finally, there are a few NGOs that address bioethical issues. They include the Bioethical Society of Serbia (*Bioetičko društvo Srbije*), also founded at the Faculty of Medicine of Belgrade University in 2008.¹⁰ Apart from this organization, activities in the field of bioethics are also conducted by the Christian Cultural Centre (*Hrišćanski kulturni centar*), an NGO that is affiliated with the Serbian Orthodox Church.¹¹

The establishment of these organizations and their corresponding legal structure is a clear sign that bioethical issues are being addressed at an increasing pace in Serbia, through both institutions and laws. Ethics committees play a role in formulating and monitoring ethical behavior in health institutions, their responsibilities are defined by law, and their coordination by the ECS has a legal basis. The NCB has issued relevant publications, organized a variety of seminars and conferences addressing bioethical issues, and made the overall contribution to bioethics more prominent in Serbian society. In this paper, we do not focus, however, on the favorable developments in the field, but rather draw attention to the most far-reaching deficiencies. The institutional and legal framework therefore deserves our scrutiny.

- 1) Although legal structures provide a basis for addressing bioethical issues, they certainly can and must be improved. An analysis of the jurisdictions assigned to the above mentioned committees demonstrates that the functions of institutional committees and the Ethics Committee of Serbia are not

clearly separated. For instance, both the institutional boards and the national committee are in charge of the monitoring of scientific research and the clinical testing of drugs. Such duplication could contribute to a confusion of jurisdiction and a damaging power struggle. On the other hand, the national committee appears to be largely a second instance body, whereas the institutional boards have, in addition to their primary role, the duty to monitor and control clinical trials in their institutions. Therefore, on this level too, we see a duplication of tasks. In general, the overlap of responsibilities demonstrates an apparent vagueness in terms of the lawmakers' intentions.¹²

- 2) The institutional framework is in some of its aspects only a formal (legal) construction, without reflection in organizational reality. In other words, the law prescribes a situation that has not, as yet, been fully realized. This situation conceals the danger that the anomalies contained in the legal structure are currently obscured, threatening to become visible only when the legally defined institutions begin to function in their full organizational capacity.
- 3) The Serbian Constitution (2006) has only one essential reference to bioethics. In the section on human rights and freedoms, Article 24 stipulates the following: "Human life is inalienable. In the Republic of Serbia there is no death penalty. *The cloning of human beings is prohibited.*"¹³ Here, we see not only an abrupt introduction of the concept of cloning into the Constitution, but also a failure to specify what type of cloning is intended. The legislation does not appear to make a distinction between reproductive and therapeutic cloning or believes that their conflation is warranted. Embryonic stem cell research requires the embryo's destruction, whereas therapeutic cloning requires its deliberate creation for research purposes prior to destruction. Reproductive cloning does *not* involve destruction of the embryo.¹⁴ The lawmakers appear insensitive to these nuances of intent.
- 4) The ethics committees mentioned earlier are dominated by physicians, biologists, and lawyers. In some of them, pharmacists, dentists, and nurses are also represented. What is striking is the heavy underrepresentation of philosophers. Moreover, courses in bioethics (or medical ethics) are already being taught at various faculties of medicine, pharmacy, biology, and law, but the Faculty of Philosophy of Belgrade University has only recently offered an elective in its Master's program.

The three deficiencies described above can be addressed through the following actions:

- 1) The development of a more appropriate legal framework which addresses overlaps in responsibilities between different ethical committees. The objective of such a revision would be to narrow or eliminate potential jurisdictional questions.
- 2) The strengthening of the capacities of ethics committees that have been established through legal acts, as well as the capacities of other institutions that deal with bioethics. This requires not only time but also the development and commitment of appropriate human resources.
- 3) The adoption of amendments to the Constitution that would clarify the differences and corresponding legal positions of reproductive and therapeutic

cloning, as well as the stance of the Constitution on embryonic stem cell research.

A fourth deficiency is one that contains essential underlying reasons with important repercussions for the current state of bioethics in Serbia. Hence, we devote the next section to its understanding, focusing particularly on the absence of serious philosophical public debate on the issues of induced abortion¹⁵ and the lax restrictions on the use of neuropharmacology in Serbia since the early 1990s. An insight into this deficiency will shed more light on the opportunities for an improved functioning of bioethics committees and the development of an enhanced legal framework in the field.

Abortion and Neuropharmacology

Religious Faith and Abortion

In the 1980s, 1990s, and 2000s Serbia saw a significant increase in religious belief among its population. According to a 2002 poll, the number of declared believers was 95%, whereas 0.5% of the population described themselves as “atheists.”¹⁶ This rise in religious faith, however, can also be accounted for by regular participant observation. In the early 1980s, Serbian churches were seldom attended, even during religious holidays. In the mid- and late 1980s this situation changed dramatically. On Christmas Eve, for instance, services at Belgrade *Saborna crkva* (the central church in the capital) were regularly observed by tens of thousands of primarily young people.¹⁷ Nevertheless, Sunday services remained sparsely attended. During the 1990s and 2000s, this trend also changed. Currently, Serbian Orthodox churches are marked by high attendance on Sundays, and weekday services are also popular. Considerable numbers of people can be seen standing in confessional lines as they await Communion.

How this social change came about is beyond the scope of this paper. What is of interest for us is the following. The Serbian Orthodox Church, a church that has become very influential in society, considers abortion to be murder and thus one of the worst canonical sins. Interestingly, the annual number of Serbian women undergoing abortions is around 150,000. This means that on average every Serbian woman of reproductive age has been subjected to more than one termination of a pregnancy.¹⁸ Moreover, when the annual number of abortions per woman is considered, Serbia occupies first place in Europe.¹⁹ There is a question as to how to explain the preponderance of abortions in a predominantly Christian nation during a period when church attendance and religious faith experienced a considerable rise.

One obvious answer is that religious convictions do not appear to outweigh the perceived benefits of abortion. Let us note here that despite the fact that contraceptives are readily available in Serbia, Serbian women occupy the last place in Europe in terms of frequency in use of the contraceptive pill.²⁰ This brings us to two possible explanations regarding the high number of abortions in the context of a parallel rise in religious observance: a lack of religious conviction with respect to abortion and a general attitude on the part of the populace for turning to abortion over the use of contraceptives.

Moreover, these explanations are related to each other. A lack of religious belief regarding abortion can be associated with a corresponding lack of conviction

concerning the value of life in general. Indeed, the wars of the 1990s are likely to have devalued the price of life in all the countries of the former Yugoslavia severely affected by war. It is worthy of note that Serbia participated in all the wars of the 1990s in the Balkans, whereas other successor states of Yugoslavia were less affected in terms of war's duration (even if Bosnia and Croatia have been affected more in terms of its intensity). Although we lack appropriate surveys, it is reasonable to assume that the protracted armed conflicts in which Serbia participated (1991–1999) may have contributed to what appears to be the population's altered perception of the value of life.

A perceived loss of the value of life in times of war and postwar periods could also imply that life newly begun, such as fetuses and embryos, are also devalued. Correspondingly, many Serbian women who underwent abortions in the past 20 years or so could have viewed their own lives and bodies as less valuable than in times of peace and social stability. Hence, a lack of sufficiently strong convictions (religious or not) about the value and dignity of life and an attitude toward abortion and pregnancy appear to be highly related phenomena.²¹

Serbian philosophers have generally not been successful in initiating a broad public debate on this issue. One of the reasons could be that during the 1990s and 2000s issues of war and democratic transition were more at the forefront of philosophical deliberations than bioethics. Nevertheless, the importance of bioethical debate in the light of the abortion issue has certainly not been fully understood.

Neuropharmacology: Therapeutic and Cosmetic

During much of the 1990s and 2000s in Serbia, customers could purchase medicines without prescription in privately owned pharmacies. Recently, prescriptions became required again, and pharmacies face consequences if they do not adhere to this reregulation; but in practice one can still obtain almost all drugs over the counter. The psychological effects of war, economic sanctions, and authoritarian repression were also fertile soil for the use of neuropharmacological medications, mostly tranquillizers. The opportunity to acquire these drugs without any restrictions resulted in their uncontrolled, protracted use. This gave rise to some of the population becoming addicted to tranquillizers (and also to antidepressants and other neuropharmacological medications), as well as to the easy discovery by many Serbians that these drugs could not only be used for therapeutic reasons but also for cosmetic, or recreational, purposes.²²

Unfortunately, we currently lack precise data on how many people are addicted to these medicines or how frequently they are consumed for cosmetic purposes. The possibility of their unrestricted use in times of war and crisis, however, already warrants the assumption that we are dealing with a significant bioethical and social problem. No serious surveys have been carried out in Serbia on people's attitude toward the moral permissibility of the cosmetic use of neuropharmacology, but our observations strongly indicate that their use is largely considered as socially undesirable and frequently as a sign of weakness.

One of the authors of this article asked four groups of his students (there were between 14 and 20 students in each group) to compare the moral acceptability of the use of neuropharmacology for cosmetic purposes, "conventional cosmetic surgery"²³ and "vaginal surgical cosmetics." A clear majority in all four groups

considered “conventional cosmetic surgery” to be morally acceptable and the cosmetic use of neuropharmacology to be unacceptable; the moral permissibility of “vaginal cosmetics” was marked by an ambiguous perception. These four groups of students are of course not a representative sample of the Serbian population, but even as anecdotal evidence they offer some suggestions. Moreover, this evidence is very much in line with the impressions the authors of this article have gained about the attitude of the Serbian population (young adults in particular) toward conventional cosmetic surgery and therapeutic and cosmetic neuropharmacology. It appears that cosmetic changes mentally are perceived as deserving of moral condemnation and as being a sign of insufficient strength of character, whereas cosmetic changes in the physical realm are considered as more acceptable from a moral perspective. Even vaginal cosmetics, perceived as unconventional and more or less exotic, have not been condemned by the interviewed student cohort as strongly as cosmetic alterations in the mental realm.

This indicates that neuropharmacology, which is something utilized extensively in Serbia both for therapeutic and cosmetic purposes, appears to be considered as morally wrong in the case of its use for the latter purposes. Hence, as is the case with abortion, cosmetic neuropharmacology is widely used and is at the same time seemingly perceived as morally wrong. It is, of course, possible that those who use neuropharmacological medication recreationally do not consider it to be morally wrong, whereas those who do not utilize it in that way do have moral doubts. Again, we lack surveys that could shed more light on this issue, but what can certainly be concluded is that serious public philosophical debate is needed on the ethical aspects of this pervasive sociopsychological and medical problem.

That is precisely what we do not see in Serbia. We believe that the reasons for this omission should be sought in the same realm we introduced to propose a tentative explanation for the absence of a wide public philosophical debate on the issue of abortion and the use of contraceptives: Serbian society, including the community of philosophers, was overwhelmed by a variety of other problems that were described earlier in this paper. Consequently, bioethics failed to receive the philosophical attention it deserved, even where the issues of abortion and the utilization of neuropharmacology were concerned. We have emphasized the reasons why a lack of public philosophical debate on these two issues is particularly striking. On the other hand, those professionals who faced problems of bioethics and medical ethics in everyday practice (e.g., physicians) were much more inclined to ask questions in public.

The Perspective of Bioethics in Serbia

The fact that Serbian philosophy apparently failed to focus on bioethics in the 1990s and 2000s has certainly contributed significantly to an underrepresentation of philosophers in bioethics committees. The consequence of this is that many bioethical issues that should attract the serious attention of philosophers have been largely addressed by “commonsense” thinking by physicians, biologists, lawyers, and other professionals dominating these committees. Although this involvement of nonphilosophers in bioethical issues is to be applauded, at the same time, concern should be expressed about the lack of a similar commitment by Serbian philosophical scholarship.

This state of affairs has two primary ramifications:

- 1) The bioethical institutions we discussed deserve to be supplemented with appropriate philosophical input so that a variety of important ethical issues can receive enhanced professional attention.
- 2) The country's legal framework needs to be enhanced on the basis of newer insights into bioethical problems. This involves the inclusion of (philosophical) ethical insights to remove the impression that the legislators lacked clear ethical concepts and intentions (resulting in, for instance, the duplication of responsibilities of ethics committees and the statement on cloning in the Serbian Constitution).

Needless to say, not all the problems we have dealt with here are a consequence of the insufficient involvement of philosophers in bioethics.²⁴ Their increased participation could change matters, however, particularly in terms of the development of enhanced institutional and legal capacities in the field. Because the activities of Serbian bioethical institutions have been marked by a lack of philosophical competence, it is no surprise that the laws reflect this state of affairs. On the other hand, if the pursuits of bioethical institutions are to acquire additional (i.e., philosophical) content, more appropriate laws can be expected.

We conclude on an optimistic note. In addition to the course in bioethics at the Faculty of Philosophy of Belgrade University, mentioned above, a project on bioethics started in Serbia in January 2011 and will last for 4 years. It is funded by the Serbian Ministry of Science and Technological Development. The project team consists mainly of philosophers, although it is not limited to them. The project is an encouraging indication of the increasing interest of Serbian philosophers in bioethics. Although the focus of the project is on the ethical facets of the treatment of rare diseases and the social aspects of attitudes toward patients with rare diseases, the themes that will be covered by the project team also include issues related to abortion and the use of neuropharmacological medications. If this signals a change of attitude toward bioethics by the Serbian philosophical community, the results may have wide-reaching effect and may herald an improvement in both the institutional and the legal framework of Serbian bioethics.

Notes

1. The terms "cosmetic" and "recreational" are used interchangeably in the context of our argumentation.
2. The use of the term "committee" (*odbor* or *komitet*) in the Serbian bioethical context is rather specific. In the United States, for instance, the term "ethics committees" relates most often to internal hospital committees to which patients are referred. Serbian bioethics committees, on the other hand, are primarily focused on research and policy issues rather than on individual patient issues.
3. Mujović-Zornić H. Pravni aspekti rada etičkih komiteta u medicini [Legal aspects of the work of ethics committees in medicine]. *Pravni život* [Legal life] 2009;56(9):253–75, at pp. 264–5.
4. See note 3, Mujović-Zornić 2009:265.
5. See note 3, Mujović-Zornić 2009.
6. Stefanović V. Bioethics at medical faculties and in health institutions in Serbia. In: Marinković D, Magić Z, Konstantinov K, Mladenović Drinić S, eds. *The Council of Europe's Bioethical Instruments and Promotion of Research Ethics in Serbia*. Belgrade: National Committee for Bioethics of UNESCO-Commission of Serbia, Health and Bioethics Department of CoE (Bioethics Division), Serbian

- Academy of Sciences and Arts, Serbian Genetics Society; 2007:31–35, at p. 31. See also Marinković D. Activities of the Serbian Bioethics Committee. In: Marinković D, Magić Z, Konstantinov K, Mladenović Drinić S, eds. *The Council of Europe's Bioethical Instruments and Promotion of Research Ethics in Serbia*. Belgrade: National Committee for Bioethics of UNESCO-Commission of Serbia, Health and Bioethics Department of CoE (Bioethics Division), Serbian Academy of Sciences and Arts, Serbian Genetics Society; 2007:1–3.
7. See note 3, Mujović-Zornić 2009:268.
 8. See note 6, Stefanović 2007:35.
 9. See note 6, Stefanović 2007:34.
 10. Osnovano bioetičko društvo [Bioethical society founded]. B92 and Tanjug; available at www.b92.net/info/vesti/index.php?yyyy=2008&mm=07&dd=31&nav_id=310_993 (last accessed 20 Oct 2010).
 11. Home page of the Christian Cultural Centre; available at <http://www.ccc.org.rs> (last accessed 20 Oct 2010).
 12. Mujović-Zornić H. Review of main legal and bioethical questions according to the state of Serbian legislation. In: Marinković D, Magić Z, Konstantinov K, Mladenović Drinić S, eds. *The Council of Europe's Bioethical Instruments and Promotion of Research Ethics in Serbia*. Belgrade: National Committee for Bioethics of UNESCO-Commission of Serbia, Health and Bioethics Department of CoE (Bioethics Division), Serbian Academy of Sciences and Arts, Serbian Genetics Society; 2007:37–46, at p. 43.
 13. *The Constitution of the Republic of Serbia*. 2006: art. 24 (our emphasis).
 14. Francis Fukuyama of course emphasizes the embryo's destruction in both therapeutic cloning and embryonic stem cell research; Fukuyama F. *Our Posthuman Future: Consequences of the Biotechnology Revolution*. New York: Farrar, Strauss and Giroux; 2002:174. He also discards reproductive cloning as leading to the establishment of an asymmetrical relationship of the clone with his or her parents, that is, to a situation Fukuyama describes as one in which the clone, who is both the child and twin of one of his or her parents, although genetically unrelated to his or her other parent, becomes at some point in his or her sexual maturity a version of the person with whom his or her nongenetic parent has probably once fallen in love. Consequently, Fukuyama considers cloning as "a highly unnatural form of reproduction"; Fukuyama 2002:207. Many other authors favor therapeutic cloning and embryonic stem cell research for medical purposes, but also reproductive cloning for a variety of social reasons; see Pence GE. *Classical Cases in Medical Ethics: Accounts of Cases That Have Shaped Medical Ethics, With Philosophical, Legal, and Historical Backgrounds*. New York: McGraw-Hill; 2004. The Serbian Constitution, however, simply states that the "cloning of human beings is prohibited," failing to give us any further hint of the legislators' intentions and rationale.
 15. Further in the text we denote the concept of induced abortion by using the unqualified term "abortion."
 16. Popis 2002: 95 odsto gradjana vernici, 0, 5 odsto ateisti [2002 Census: 95% of citizen believers, 0.5% atheists]. B92; available at www.b92.net/info/komentari.php?nav_id=113071 (last accessed 20 Oct 2010). For useful analyses of the rise of religiosity in Serbia during previous decades, see Blagojević M. Religijska situacija u SR Jugoslaviji od kraja 80-ih do početka novog veka. [The religious situation in the Federal Republic of Yugoslavia from the end of the 1980s until the beginning of the new century]. *Teme* [Themes] 2003;27(3):411–36; Blagojević M. Religijska situacija u SR Jugoslaviji od kraja 80-ih do početka novog veka. *Teme* 2003;27(4):525–52. Of interest also is Radisavljević-Čiparizović D. Vežanost ljudi za religiju i crkvu u Srbiji krajem devedesetih [The affiliation of people to religion and the Church in Serbia during the end of the 1980s]. In: Djordjević DB, Todorović D, Živković J, eds. *Vera manjina i manjinske vere* [The confession of minorities and minority beliefs]. Niš: JUNIR, Zograf; 2001:98–107.
 17. Our focus here is on Orthodox Christianity, the prevailing faith in Serbia.
 18. On the assumption, of course, that the (approximately) 150,000 abortions per year was the average number over the last 20 years or so. According to available estimates, this assumption appears to be warranted. It ought to be emphasized, however, that the data we use here are not official figures. Because abortions are usually not reported (in particular those that are performed in private clinics), official records are highly unreliable. Hence, we ought to use other data. Reliable sources agree, however, that the above-mentioned estimate of 150,000 is reasonably accurate. A useful piece on the "enemy of abortions in Serbia" is Rašević M, Sedlecki K. Endemija abortusa u Srbiji. *Naše teme* 2006;1:69–73.
 19. Srbija prva u Evropi po broju abortusa [Serbia the first in Europe in number of abortions]. *Politika* 2009 Mar 25.

20. See note 19, Srbija prva u Evropi po broju abortusa 2009.
21. The lax restrictions on abortion in Communist Yugoslavia are beyond the scope of this paper. They do, however, provide us with a tentative explanation for the relative popularity of abortion even before the wars of the 1990s.
22. According to reliable surveys, Serbia occupies the first place in South-Eastern Europe where the use of tranquillizers is concerned; Srbija je zemlja sedativa [Serbia is the country of tranquilizers]. *Monitor* 2008 Jun 3. In 2005, more than 43 million boxes of tranquillizers were distributed in Serbia, that is, around seven boxes per capita; Velika potražnja za sedativima [High demand for tranquilizers]. B92; available at www.b92.net/info/vesti/index.php?yyyy=2008&mm=06&dd=02&nav_category=12&nav_id=301519 (last accessed 20 Oct 2010). The recreational use of tranquillizers is also popular among Serbian youngsters, surpassing even the use of marijuana. According to a 2008 survey, 7.6% of ninth graders have used tranquillizers without prescription; Marihuana i sedativi najčešće droge iz klupe [Marijuana and tranquilizers the most common classroom drugs]. *Danas* 2009 Jul 2.
23. Breast and lip implants are considered as “conventional” cosmetic surgery. The subjection of Serbian young women to this type of intervention is so common that a street in Belgrade (one that is famous for its nightlife) has acquired the public sobriquet “Silicone Valley” (“*Silikonska dolina*”).
24. Serbian laws are not only unsatisfactory where bioethics is concerned. The scope of their imperfections cannot, of course, be explained by the same arguments as the ones we propose in this article, that is, by a deliberation of the role of philosophy in public debate in the specific realm of bioethics. The somewhat cumbersome legal system in Serbia ought to be addressed from a range of other perspectives. These perspectives are obviously not within the scope of this article.