

ИЗБРАНИ МАТЕРИАЛИ НА КОНФЕРЕНЦИЯТА

THE GREY ZONE BETWEEN FREEDOM OF BELIEF AND HEALTH RISKS: ETHICAL AND LEGAL DILEMMAS OF ALTERNATIVE THERAPEUTIC PRACTICES

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In the last decade, the popularity of so-called "healers" who systematically reject evidence-based medicine and replace it with unverified therapeutic approaches has been growing in Europe. The seriousness of this phenomenon does not end with health risks – these practices are increasingly legitimized through the language of spirituality, religious identity, or "spiritual growth." Especially in the online environment, a discourse is emerging in which illness is understood as a consequence of spiritual imbalance and the rejection of medical clinical treatment is promoted as a form of spiritual awakening. Religious terminology and metaphysical claims become tools for justifying unscientific health interventions.

Unlike medicine, which has established itself as a profession with a strong ethical foundation and has developed as a system based on scientifically verified procedures, verifiability, and testability of treatment methods, „alternative“ practices often rely on so-called „eminence“ – that is, the charismatic authority of the healer, their personal testimonies and authoritative self-proclamations, persuasiveness, pseudoscientific metaphors, cherry-picking of information and esoteric rhetoric. Patients are convinced that their health problem has an "energetic" or "karmic" cause and that traditional medicine only "suppresses symptoms," or worse, the cause of illness. Doctors are often portrayed in this environment as agents of the "pharmaceutical mafia" or as "inhuman" executors of the Western greedy system, which is allegedly contrary to "natural" and "spiritual" laws.

"Alternative" forms of treatment, often declared as "holistic", "natural", or "spiritual" alternatives to modern medicine, share a common denominator: the rejection of evidence-based medicine and the replacement of scientifically verified procedures with unverified, pseudoscientific, or obscure spiritually justified interventions. These healing practices, denying clinical practice guidelines, which operate outside the framework of healthcare legislation and standardized ethical norms, pose a serious challenge to bioethics, law, and public health.

From a bioethical perspective, practices of healers are problematic mainly because they enter a tense space between patient autonomy, protection from harm, and responsibility for public health. Various problems of the collision of basic principles of bioethics can be identified:

1. Patient autonomy – the patient has the right to decide about their body and health. However, if patients decide based on false, misleading, or mystical claims, autonomy is only formal.

2. Non-maleficence – unverified, unscientific procedures and treatment methods can lead to delays in effective treatment, worsening health conditions, and even death. Such interventions are not ethically defensible.

3. Beneficence – the effect of many healing interventions is not proven. The resulting effect often corresponds to the placebo effect, which cannot, however, legitimize interventions that replace real treatment. Thus, they are not in line with the principle of the patient's best interest.

4. Justice and responsibility – Healers do not face the same level of regulation as doctors. They are not subject to medical supervision, do not have mandatory liability insurance, and are not subject to professional competence checks, duty to keep medical records. This puts the patient in an asymmetrical position in which they do not have sufficient guarantees of protection.

Healing interventions can be harmless, but in many cases, they lead to delays in professional treatment, can worsen the patient's health condition (e.g., in oncological diseases), cause psychological suffering – especially if the patient feels that "they are to blame for their illness," can cause family disruption – for example, if the healer identifies a family member as the cause of the illness or if the patient spends family savings on financing therapy or purchasing recommended products and means. Patients often experience relationship deterioration and isolation, feeling enlightened by knowledge and misunderstood by their near ones.

Contrary e.g. to "traditional healers" – "herbalists", who use phytotherapy, this specific type of authoritative healers often use pseudoscientific language and props to create an impression of expertise, while connecting their procedures with metaphysical justification and legitimization, as well as denigrating medicine and doctors and pharmaceutical manufacturers. Some of healing directions even label "Western" or "academic" medicine as the cause of health damage, weakening the body's self-healing ability, and an obstacle to spiritual development.

For doctors, on the other hand, it is ethically and legally unacceptable to provide diagnostic services and therapies that have not been proven effective, especially in the case of serious illnesses, or give empty promises, or deny/withhold information about the known risks of suggested clinical procedures.

Healers in Slovakia, as in many legal systems, operate in a grey zone. The legislation does not explicitly regulate them as health professions, which creates room for a legal vacuum. The lack of sufficient regulation allows healers to avoid legal responsibility as long as they do not present themselves as doctors, do not provide invasive interventions, and the patient consents to their actions. Legal protection of the public is implemented through other institutions.

From the perspective of public health protection in the Slovak Republic, it is significant that only approved dietary supplements, medicines, and medical devices authorized by state authorities are available on the market. The State Institute for Medicines Control has broad competencies in the field of pharmacy and performs state drug surveillance (Act No. 355/2007)]. The Public Health Authority of the Slovak Republic records the notification of placing a dietary supplement on the market in the Slovak Republic based on a submission that contains prescribed particulars, including the content of the active substance, dosage, and it is necessary to provide a declaration of completeness and truthfulness of the data stated in the notification of the composition and labeling of the dietary supplement. The Authority's control activities are carried out in the form of state health supervision, which can prohibit the distribution of unauthorized dietary supplements and impose sanctions (Act No. 362/2011). In the event of a person's death, the Healthcare Surveillance Authority

(Úrad pre dohľad nad zdravotnou starostlivosťou) orders an autopsy of a person who died outside a healthcare facility or a person who died in a healthcare facility if there is suspicion of improper procedure in providing healthcare or performing healing activities. The Office may also order an autopsy at the request of a person who is a close relative of the deceased (Act No. 581/2004).

Which of the human rights should be prioritized - freedom of religious beliefs versus health protection? The principle of freedom of Freedom of thought, conscience and religion is guaranteed by Article 9 of the European Convention on Human Rights (*Council of Europe ...*, 1950). However, this freedom is not absolute – in a democratic society it can be limited if it endangers the health or life of others. In the case of healers who use religious language to justify refusing treatment, this may be an abuse of this freedom, especially when it concerns children, the elderly or people who are incapable of making their own decisions.

Practices of healers are often ethically, legally and socially controversial. They move in the space between freedom of religion and the right to health, between personal faith and public interest. In a democratic society, it is necessary to respect the autonomy of the individual, but at the same time to create regulatory mechanisms that prevent abuse of the trust of patients and ensure that everyone has access to safe, proven and effective care. Regulating the gray zone of medical treatment is a challenge for bioethics, law and public policy.

References

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