

Ethical aspects of the integration of the circular and social economy

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Abstract: The article presents economic connections to ethical decision-making within the dilemmas that can be encountered in helping professions and caring for family members in respite care. Completely new changes of an economic and social nature after the events of 1989 in the then Czech society can also be seen in comprehensive human care, even in such difficult events as the care of a loved one with congenital or acquired disabilities. Since this period, respite care has been developing in the Czech Republic according to acquired and proven models from abroad. In essence, these are caring activities in early care, foster care, gerontological to palliative care for incurable disease and end of life. It is logical that in connection with the change in the demographic structure of the population with the ageing of the population, respite care will increase in importance in the conditions of the Czech Republic. The purpose of respite care is to ensure rest and regeneration as a result of significant psychological stress and prevent the subsequent emergence of burnout syndrome of a lay caregiver, etc. In addition to social programs of leisure activities and community, work can contribute to these social enterprises with a focus on circular technologies. This is also the challenge for economic and social policy to implement, on the principle of subsidiarity, the creation of innovative projects, especially within the cities of municipalities and regions. These projects can fulfil all social, economic, ethical and ecological aspects in the context of sustainable development and at the same time contribute to improving the quality of life of interest groups in difficult situations such as caring for a loved one. For this reason, the innovation of the mentioned project can represent a multifunctional significance of individual and social interests.

Keywords: an ethical dimension of economic and social policy, respite care, circular and social economy.

JEL Classification: A11, B19, B59, D64

1 Introduction

Completely new changes of an economic and social nature after the events of 1989 opened up space for comprehensive human care, even in such events as illness, incurable disease and the end of life. Since this period, respite care has been developed in the Czech Republic according to acquired and proven models from abroad, which is linked to the care of caregivers (especially immediate family members). For this reason, the aim of the paper is to present the economic context for ethical decision-making within the dilemmas that can be encountered in the "multidisciplinary" care of interested helping professions and laypeople in the synergy of volunteer activities and participation of the immediate family. It is the aforementioned family members who represent a dual position, both caring for the needy and at the same time caring for clients. One of the possible forms of help for carers is also the provision of rest and regeneration as a result of considerable psychological stress. Forms must also be consolidated in educational processes (Zhukova et al., 2021). In addition to leisure activities, work activities through shared jobs within an integrally integrated social and circular economy (Korhonen, 2018), as well as shared economies themselves (Gonzalez-Padron, 2017). The concept of this innovation is fully in line with the strategy of sustainable development (addressing economic, social and environmental issues), through the interconnection of economic and social policy on the principle of subsidiarity within cities,

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municipalities and regions. The principles of circular economics are also implied in "Human resources" (Schröder, 2020). At the same time, ethical aspects and principles of care can be incorporated into existing processes (Pla-Julían and Guevara, 2019, Sewpaul and Henrickson, 2019).

For this purpose, the analytical method and interdisciplinary approach of social sciences (especially alternative directions of economic thinking - social and institutional economics, ethics (its parts of deontology), sociology, social security law, application of the current state and obstacles to further development on the example of the Czech of the Republic.

2 Methods

The application of analytical methods is preferred during processing. The main starting point is the evaluation of theoretical approaches, with a broad view of the issues on which economic and ethical theories focus. In this context, the economic behaviour of people in the position of helping professions in providing respite care services is monitored. Institutions here represent a set of rules governing the actions of the mentioned interest groups of the population. These institutions can be divided into formal and informal, while formal institutions can be described as, for example, legal norms, civil rights, etc.. Informal institutions can then take the form of customs or the culture of the society in general. Formal institutions are generally considered to be quick and easy to change (eg bypassing the relevant law), while informal institutions can be very rigid as they are subject to long-term social processes. Within the mentioned institutions it is possible to observe economic aspects of human behaviour from the point of view of the theory of institutional economics, which has been formed since the 1990s and its psychological conception derives institutions (representing a category of socio-economic life) according to traditions, customs, customs and interpersonal relations (Frey, Stutzer, 2000). The just mentioned concept of institutions represents the starting point for the creation of an innovative project based on the synthesis of areas of interest in social life, ie respite care, social and circular economy.

3 Research results

3.1 Initial philosophy

From the beginning of his existence, a human being appears as a being creating social formations. These human groups, for the purpose of their existence, have established the rules by which they are governed. The goal was to ensure the existence of one's own and offspring. In human history, this goal has been constantly improved ideologically, so that at present it can be expressed as the coexistence of free people based on basic ethical principles respected and protected by all to ensure the existence of all mankind. From the Christian point of view, it is added that it is also a matter of fulfilling the meaning of the existence of people as God-created beings to celebrate and freely cooperate with him (Sokol, 2010). The need to create an organizational structure of human society is not the result of gradual development, but is inextricably linked to the very existence of human society, as it is made up of people with free choices between real and apparent good - that is, evil. Every human society follows natural ethical rules and insists on their observance because their practical neglect and ideological relativity threatens the existence of even the most basic interpersonal relationships and puts everything in gradual confusion.

Contemporary civilization is not only based on natural human values but is also formed by the moral values of different cultures, which have only emerged from mutual isolation in recent centuries. Everywhere in the space of the planet, for example, respect for parents, the need to defend justice, respect for life, help for the sick and suffering, etc. are known. They differ from each other only in their scope and external manifestation. Our Euro-Atlantic culture has its roots in the Judeo-Christian tradition and in the theory of the state of ancient Greece and Rome (Sokol, 2010). They appear to be the most advanced, but at the same time very vulnerable precisely by disrespecting their ethical values. In order for these values to be applied in practice in the field of respite care, it is necessary to create structures for providers of this care and their system environment to bring these values into the consciousness of helping professionals and at the same time take care of the human dimension. To do this, there must be individuals with proper authority. For this reason, their professional readiness acquired through studies is not enough - they should meet very strict ethical criteria, even in private life. In any case, it is not permissible for this activity as a service to the needy to be performed by individuals, even if they are professionally well-founded, but with a bad character. Respite care also includes caring for the religious needs of all clients and their families. Therefore, there is a commitment for church leaders, for adequate spiritual care, both for clients and caregivers. This follows from the reality that coping with difficult social (disabilities, congenital disabilities, dying, mourning) is in many respects a very difficult life situation not only for the disabled individual but also for his family and loved ones. In addition to the physical symptoms associated with disability, it is necessary to manage mental and existential difficulties, as well as practical aspects of care (Haškovcová, 2012).

3.2 Multidisciplinary concepts and dimensions of respite care

The beginnings of respite care can be dated from the mid-1960s in the United States (Rose, 1964). In essence, it represents relief, substitute care (Řezníček, 1994). Similarly, it can be defined as "care provided to people who care for the disabled for a long time" (Matoušek, 2003). It most often takes the form of temporarily placing the disabled person temporarily in a foster family, hospital or residential facility, or involving the provision of direct practical assistance to carers in their household. Within the theory of social work, it is also possible to specify the applied gerontological in the field of care for the elderly (Rose, 1964). Following the legislation of the Czech Republic (Act No. 108/2006 Coll., On social services, as amended), relief services are defined as "field, outpatient or residential services provided to persons who have reduced self-sufficiency due to age, chronic illness or a disability which is otherwise cared for in their natural social environment, the service aims to enable the caring individual to have the necessary rest.

Based on the analysis of the above theoretical concepts and applicable legislative norms, the interdisciplinary theoretical approach of economics and helping professions can be described as shared care, which facilitates the situation for people caring for disabled individuals. This form of the mentioned care is aimed at two target groups - the individual with a disability and the person caring for him. It is therefore intended especially for people and families who take long-term care of their loved ones in their unfavourable situation. This form brings rest and relief from the burden of the carer by taking on the role of carer for a while. In addition, they also make it possible to gain new experience and skills in caring for a loved one.

In the context of the history of helping professions (in the areas of social work and charitable services) within the traditions of European culture, the concept of holistic care is for the disabled individual, ie not only for his "body" but also for "soul" and his immediate social environment (family members). present for centuries. The social and charitable activities of the church are clear proof of this when shelters for the seriously ill and maimed were established in some monasteries as early as the Middle Ages. The ethical basis for the provision of repository care services lies in the reality that man is not only a biological side, ie just a human body composed of cells of bone tissues, etc., but a complete human being with thoughts, desires and fears, set in the context of family and team being with experience, knowledge and his own spirituality. Therefore, this care can be referred to as the so-called "multidisciplinary care verified by history" (Haškovcová, 2007). It is called based on the knowledge that several centuries ago family members, friends, but also clergy participated in alleviating the suffering of their loved ones and accompanied them in a completely natural way in their home environment (according to the concepts of palliative and hospice care) to "good death" (Haškovcová, 2000). In this context, it is also possible to indicate the connection between respite and palliative care (about the incurable). Although for the laity it is synonymous with the words "palliative - hospice", a fundamental difference can be seen between them. It lies in the focus of care. Unlike palliative care, the hospice focuses only on patients in the final or terminal phase of their illness. The development of hospice care, which is a part of palliative care, dates back to 1990 in the Czech Republic. In addition to the overall availability of palliative care, there is also a significant problem of its unequal representation in individual regions.

In particular, due to the ageing of the population (according to the population projection, the share of persons 65+ 18.9% in 2018, 28.8% in 2050; Czech Statistical Office, 2019) in the Czech Republic, an increase in demand for respite care services can be expected. The ethical and economic goal is therefore to support caregivers in the home environment. Appropriate concepts of interconnected state and regional social policy in cooperation with interested civil society stakeholders are also necessary for this (Egorov, Harstad, 2017). Their common result is the just mentioned applied programs of respite care, ie care for caregivers (especially from the immediate social environment). In essence, it is a form of care, the aim of which is to allow family members a temporary break from caring for a disabled individual and thus prevent excessive psychological burden, which can economically lead to excessive depreciation of human capital, especially as a result of the syndrome burnout, the set of symptoms of which occurs mainly in caregivers and helpers. This syndrome is considered a reaction to extremely demanding work when there is complete exhaustion of physical, emotional and mental strength when such a person concludes that he can no longer go (Jeon, Brodaty, Chesterson, 2005). It is a state of feeling hopeless.

For the above reasons, carers have a set of basic needs which, if not met, lead to communication problems. The basic necessary reassurances of caregivers include that the victim does not suffer from physical pain or depression (if family members feel that the patient is suffering from pain and other symptoms, they feel helpless, guilty). In the event of death, the family needs the reassurance that their loved one has died in peace and without suffering, and that everything possible has been done to have enough information (it is important for the family to have enough information about the patient's condition, possible problems that may occur). They need to know how to care for the patient, how to communicate with him, what services are offered to them and where they can ask for help), as well as practical help (it is necessary to take into account the physical possibilities of the caregiver, eg if an older patient is cared for by an equally old partner). Caring for a patient at home is also financially burdensome; caregivers often have to leave their jobs to stay with their loved ones

at home. The family should be informed about the possibility of using respite care, such as prevention of exhaustion of carers and the social benefits to which it is entitled and emotional support, through helping to cope with the situation, communicating with the patient and family members, etc.

3.3 Economic aspects of applied ethics (deontology) for the concept of respite care programs

From an ethical point of view, it should be borne in mind that the family should try to keep up with the disabled as soon as possible. It's not easy and sometimes it can't be done. This is also human, and in such a case the family should not be ashamed to ask for help in accompanying someone else to help them (Matoušek et al., 2005). Therefore, it depends on the ability to help in the role of accompanying art to listen to the demands of the disabled person and his immediate family environment. This is also reflected in the communication skills of the helping worker on several levels - with the disabled person, his family members of the client during care, members of the interdisciplinary care team. For the above reasons, respite care does not only mean service to the needy but is often associated with moral decision-making, ie ethics. *During the care of the affected person, there may be situations where it is necessary to choose another therapeutic procedure, which in some cases can bring negative side effects. Or the therapist (doctor, psychologist ...) can decide whether and how to inform the victim or his family about the course of therapy. Should he always choose complete sincerity or rather a merciful lie? Another situation with an ethical context is the disagreement of the disabled person, his family and the therapist (or social worker) about the next steps. Which opinion must be respected and followed?* (Haškovcová, 2000) The answer to the above questions helps to find basic ethical principles applied in current practice to professionals helping professions. The division of labour and specialization often make it difficult for these experts to look beyond their own profession, which is the subject of research into the applied deontology of helping professions.

3.4 Economic dimension of motivation for innovative projects of integrated respite care with circular and social economy

One of the main reasons to work in helping services of respite care lies in the deontological aspects (professional duties) in connection with the reflection of Christian anthropology in helping one's neighbour (Míčka, 2010). He represents the client of palliative care (including his immediate family), who is assisted by helping professionals in maintaining a quality of dignified life in difficult situations. For this reason, this category of employees does not participate as an actor in any coercive actions (such as a strike) to support the demands of higher financial rewards, etc. In addition, some empirical research in personnel marketing priority financial evaluation of the employee, but the appropriate quality of favourable interpersonal relationships with the employer and his system environment. At the same time, at the beginning of the 21st century, L. Bruni presents a thorough relationship between financial income and a subjective feeling of happiness (Bruni, 2013) as a critical point, beyond which the "money - happiness" relationship turns (Silent, 2006). In the spirit of interpreting this theoretical concept, the lower level of financial reward should be a kind of "sieve" in the selection of entry into a job in helping professions. These professions with the adjective "noble" are at the same time "missions". Therefore, individuals with intrinsic motivation should apply for it. This is the subject of interest in the theoretical concept of personal motivation as an integral part of the theory of human and social capital (Hlaváček, 1999), to which B. Frey belongs in the contemporary new school (Frey, 2000). His concept of the "economy of happiness" focuses on the relationship between wealth and satisfaction (interdisciplinary intertwining of economics with psychology). With this approach, it monitors the extent to which wealth makes an individual happy, and the extent to which these are other issues, such as helping others in their predicament (Mlčoch, 2015).

A possible form of assistance to carers is not only up to the professionals involved in the multidisciplinary team, but consists of many innovations that are the result of economic and social policy objectives, especially in the regional area. It is always a matter of reducing the above-mentioned adverse effects of economic and social nature for carers. The ineffective and unsafe content of these activities leads to behaviours and activities that have negative impacts on individuals and society as a whole (Silva et al., 2019). A certain form of assistance, as a result of the consensus of these policies, is through the already mentioned respite care. In this context, the main priority is focused on the possibility of employing the above-mentioned part-time stakeholders through shared jobs, within the integration of the circular and social economy (Kay, 2006) in the place of residence of carers. It is in this mix of economies that some basic services of the circular economy can be provided (eg dismantling and recycling of discarded technological equipment as a result of accelerated depreciation in the coming era of Industry 4.0), when work does not require higher skills and work (Smirnova et al., 2020). This raises questions related to the deployment of robots and the use of artificial intelligence (Winfield and Jirotko, 2018). At the same time, the interconnectedness of the circular and social economy lies in respecting the principles of sustainable development and social responsibility (Štěpánová, 2014). In the context of the belonging of these economies within territorial units, it is thus possible to ensure an innovative response to demand, which consists of ecological and social needs. Therefore, the interdependence of circular and social economies can be viewed from a multifunctional meaning, which simultaneously fulfils several effects, namely economic, social and ecological. In this way, it contributes to the growth of quality of life and consequently of social well-being.

3.5 Economic and ethical dimensions of project innovation

Many alternative approaches in economics, which are formulated in parallel and are constantly accelerating, emphasize historical and institutional grounding, sociological methods, or the ethical and moral dimension (Frey, Stutzer, 2000). In this context, some important approaches and schools (such as social economics) are outlined, including concepts that go far beyond "pure" economics, which can also be classified into sociology, psychology, etc. Economist and philosopher Amartya Kumar Sen (1970) described as a key figure in welfare economics of the last quarter of the 20th century, distinguishes two roots of economic science, namely ethical and engineering (Sen, 1970). The ethical one begins with the ancient philosopher Aristotle, who combined the basic problems of economics with human goals. Engineering dates back to the modern industrial era. It seeks means to achieve the already anticipated goals on the basis of the actions of individual entities. Ethics and ethical considerations are understood here as exogenous or given factors. Sen considers both approaches to be important for the formation of economic activities. The standard thinking is currently dominated by the engineering line, which often suppresses the ethical tradition (Sirůček, Džbáňková, 2008). A. Sen thus broadened the idea of prosperity, which affects not only consumption but also the development of human potential and opportunities for human development. It is the importance of the development of human potential that has become the central theme of many of his works. He also included in the theoretical framework considerations about freedom, human rights or collective rationality. He does not always consider individual action in his own interest as a guaranteed means to achieve individual goals. These can often be more certainly achieved through collective action or by anchoring action in a moral code that is richer than the traditional code of "mercantile morality" (Sen, 1970). In addition to trust and honesty, it also contains altruism. People respect intrinsic values and are not just maximizers of benefit. The dream refuses to accept purely selfish economic behaviour as a requirement for rationality. Economic preferences take into account social ties and trust plays an important role. It is the distrust of cohesion, resp. non-compliance with agreements, cases of preference for pareto-suboptimal solutions can be explained (Sen, 1970). In this context, A. K. Sen examines the analytical foundations of rational choice and the behavioural basis of economic theories and comes up with several topics in the economics of behaviour. According to Sen, economics should focus on developing people's innate abilities and expanding their opportunities, rather than quantifying benefits, or working to produce more and more commodities (Newbert, 2018). A well-functioning economic system should improve the lives of most people in society.

For the above reasons, the project should be based on an appropriate model, the application of which requires the application of universal ethical principles that are applied in a specific situation. In essence, four basic principles of decision-making and their moral justification can be specified (Sokol, 2010):

1. Principle based on the theory of utility, where ethical problems have positive and negative consequences, which can be direct or indirect. A moral is a decision that brings the greatest possible benefit to as many people as possible. This procedure is based on the premise that everyone has the right to respect and autonomy.

2. The principle of the so-called "golden rule" is based on the Christian-Jewish tradition and requires one to treat others the way a person wishes others to treat him.

3. The principle according to the philosopher and ethics of E. Kant, the so-called "Kantian", which is based on human freedom and subsequently on the reality of ownership of fundamental rights, which must be respected. Respecting these rights means that all measures having a direct or indirect impact on the person concerned must be consulted with the persons concerned. Conduct is moral if it minimizes the violation of the rights of other interest groups.

4. The principle of "enlightened" self-interest includes both elements of positive and negative impact analysis and elements of rights analysis. Acting is morally correct if it increases the benefit of the individual in a way that does not intentionally harm others. It is implicitly assumed that the overall benefit is offset by the unintentional suffering of others.

4 Conclusion

In the spirit of the context of Christian anthropology, no human being at any stage of his life can free himself from dependence on others, he will never exceed the limits of his helplessness. This is what characterizes our "creation" and only if we honestly accept this truth will we reach humility and the courageous realization of solidarity, which is an indispensable virtue of our being (Sokol, 2010). In the area of support services, selflessness is largely reflected in the voluntary adaptation to appropriate conditions that contribute to the "humanisation of treatment". A culture of selflessness and gift should help to overcome a profit-oriented culture, especially in helping those in need. A well-established system and respite care with its surroundings within the social and circular economy is a necessary prerequisite for ensuring the continuity of care for clients with life-limiting diseases on the one hand and a strategy of sustainable development on the other. It also represents support for the health and social system and thus contributes to strengthening the ethical and moral attitudes of society in the issue of caring for vulnerable people, who are both disabled individuals and caring family members.

It can therefore be assumed that the main guidelines for the implementation of the project can be seen in the example of the Czech Republic in the legislative absence of such legal norms as the law on palliative (hospice) care and the law on social entrepreneurship. However, by looking at the interconnectedness of economics and ethics, it can be stated that people want to increase their benefits and that each individual can assess what is good for him and what is bad. Then it can be clearly stated that the barriers to project development do not lie in the absence of law, but in respecting the ethical challenges of contemporary society (Hanuš, 2009). This can also be documented by the paradigms of ethical and legal norms. The principle of law is the minimum of ethics here, which was already claimed in the middle of the 19th century by the representative of legal positivism Georg Jellinek (Von Bernstorff, 2012).

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