Chapter 5 How to Shift Conflicts (1)

1. General common sense for consensus

Human communication is the exchange of meaning interpretation. The parties involved in communication are subtly different in all aspects such as physical strength, gender, age, growing environment, cultural background, historical background, generation, education, career, and personality, as well as differences in position. Therefore, <viewpoints> among the parties do not match, and even if they do not manifest themselves, conflicts over the interpretation of meaning will inevitably occur. However, common sense nevertheless has a persistent tendency to capture "understanding" and "sympathy" in the direction of "agreement or consensus."

Understanding and sympathy

In the first place, "understanding" is to interpret expressions of the other party and grasp their true meaning. According to common sense, it is assumed that if you stand in the other person's position, you can understand the other person's thoughts and "understand" them. However, since the other party's thought in the imagination is an internal representation (imagination) of this side's mind to be interpreted, there is no guarantee that this representation matches the actual other party's thought. Understanding is, in fact, rather a misunderstanding in interpreting from our point of view. Positive misunderstandings drive the next communication.

Also, the root of "sympathy" is "syn-pathos" where you feel pain when you see the person who is in pain. Common sense pushes sympathy in the direction of "concentricity," or "coincidence," based on the experience of "syn-pathos." Of course, there are times when concentricity arises, such as immediately

after overcoming a crisis together. However, that is an exceptional situation, and in everyday life, human imagination does not go beyond grasping "types". The reason why I feel pain when I see the other person's pain is because I imagine a similar past experience.

Two models

Looking at medical ethics here, there are two models that claim to resolve communication conflicts. Both of them assume "agreement" with respect to "understanding" and "sympathy" as well as common sense.

The first is a <one-sided assimilation model> that draws the other side to your side (**Fig.19**). A typical example is "paternalism," which considers patients unilaterally from the perspective of medical staff and their families. On the other hand, "bioethics", which seeks medical care and family consent from the perspective of patient rights, is also a contrasting example. In this model, it is natural that the other party agrees with one's point of view and becomes concentric. However, in the medical field, a confrontational situation has been caused.

Fig.19

The second is a <both sides consensus model> that aims for unity through mutual understanding between the parties (**Fig.20**). This model is an ideal in the medical field. However, it is rare for patients, their families, and specialists to be satisfied or without regret. As time goes by, new information comes in from the outside and the interpretation of the situation changes, as a result, disagreements are exposed. This model looks like ideal, but as long as the goal is "matched", it's actually unreal.

Fig.20

2. Both sides parallel model

If communication is basically in a conflict situation, a model that accepts the conflict itself from the front will be necessary. This book proposes a <both sides parallel model>. This model presupposes differences in the perspectives of parties concerned and people involved, and aims to move the conflict situation through changing the meaning of the conflict rather than resolving the conflict. Let us explain through a concrete example. Here, we will discuss the Fukuchiyama Line accident that occurred 15 years ago.

Fukuchiyama Line accident

In 2005, a morning commuter express train rushed into a curve while greatly exceeding the speed limit and derailed, and as a result of crashing into an apartment beside the railroad track, 106 passengers and a driver were died and 562 were injured. Following this catastrophe, the railway company and the victims' bereaved families set up a forum for discussion.

Initially, the company blamed the driver for the accident and claimed that the organization was irrelevant. On the other hand, the victim's bereaved family demanded a thorough pursuit of responsibility of the person in charge and a fundamental investigation of the cause of the accident. The gap between the two claims was wide. After that, there were more than 27 discussions. Ten years later, the company finally admitted lack of consideration for human error and inadequate communication within the organization. On the other hand, the victims' bereaved families have come to consider prevention of recurrence as their mission. However, the conflict situation remains the same.

Certainly, the conflict has not changed. Nevertheless, the issue has shifted

from "individual responsibility" to "deficiency on the company side" on one side, and the emphasis has changed from "thorough pursuit" and "fundamental investigation" to "prevention of recurrence" on the other side. How should we evaluate this situation? As long as the conflict has not been resolved, the minor transformation of the issue will not affect many and will be of little importance. Or do you value the fact that there was even a slight transformation, even if the conflict has not been resolved?

Transformation of the meaning of conflict

The <both sides parallel model> (**fig.21**) actively pays attention to the aspect of transformation. The conflict situation itself is basically not resolved. Even if it seems to have disappeared, it becomes latent and reappears at another time. If that is the reality, I think that it should be emphasized to change the meaning of the conflict through the transformation of the issue, and to shift the conflict situation by the transformation of the meaning.

It is the change of meaning interpretation by the parties that enables the transformation of the issue. In other words, it is the <self-transformation> of the parties that causes the shift of the conflict situation. <Self-transformation> is the cornerstone of the <both sides parallel model>.

However, there are actually various kinds of shifts through self-transformation. In some cases, this model will be approached to <both sided consensus>, and in other cases, the conflict situation will become even more serious. The <both sides parallel model> can be said to be a supermodel that includes the <one-sided assimilation model> and the <both sides consensus model>.

Fig.21

Self-transformation of the parties

As mentioned in the introduction, <self-transformation> is to receive an external stimulus and change from the inside. This is a re-structuring of the system, that is, a re-structuring, which is a general characteristic of the system. <Re-structuring> requires an external stimulus, but the external stimulus does not immediately cause internal self-transformation. If the system itself does not realize its meaning and value, it will not be self-transformed. The system changes to change from oneself *.

* A relatively close idea of "self-transformation" proposed in this book would be the "Open Dialogue" developed by a Finnish psychiatrist. According to Japanese psychiatrist Tamaki Saito's commentary, the "dialogue" there is not to seek consensus with the other person, but to "dig into the differences" between themselves and others.

3. Mediator

In order for the actual conflict situation to move, the <self-transformation> of the parties is indispensable. In the case of the Fukuchiyama Line accident, the conflict situation moved a little because of the self-transformation of both parties. However, even so, 10 years is too long. If there was a third party who was familiar with the <both sides parallel model> and mediated between them, the time might have been shortened to some extent. Then, how can the third parties work to promote the self-transformation of the parties more smoothly?

Four types of mediators

The mediating third party is grouped into four types I, II, III, IV based on the thinking method of four-dimensional correlation. If you dare to name them, you will be "neutral (facilitator)", "arbitrator", "consensus maker (organizer)",

and "de-constructor". Preparing a table for discussion is the same for all types of mediators, but the subsequent response is different. Let's summarize the characteristics of each type below. It is not easy for both opponents to reach the same table. It is pointed out in the introduction that "trust" to the other party is indispensable as a prerequisite for that.

Neutral facilitator I

This type prepares a discussion table, but thinks that it is the parties who decide, so do not go into the talk and focus on watching. Moreover, it does not care whether the outcome of the discussion will be a continuation of the conflict or a natural extinction. This method can be said to be an mediation in the external dimension, but it is doubtful whether it deserves the name of an intermediary in a practical sense.

Arbitrator II

This type prepares a discussion table, watches the discussion, and presents an arbitration proposal in order to take a break when it becomes stalemate. The mediator of the Japanese family court is this type. The presentation of the arbitration proposal can be said to be an mediation of the internal dimension, but it is the same as the <one-sided assimilation model> in that it forces assimilation from the outside.

Consensus Organizer III

This type goes into discussions and actively intervenes in consensus building. The aim is to obtain the consensus of all the parties. This method can be said to be a mediation for the others-oriented dimensions, but as long as it leads to a specific position, dissatisfaction will come out later. Since the basis is a <both sides consensus model>, we are trapped in the illusion of agreement.

De-constructor IV

This type starts from denying the agreement and aims to dismantle a fixed position through awareness of relativity. This may fluidize the conflict, but

there are no positive suggestions other than a spiritual state. This method can be said to be a mediation of the self-oriented dimension, but it does not lead to the movement of the conflict situation due to the change of the meaning of the conflict.

Common difficulties

The four types of mediators have common drawbacks. That is, even if a discussion table is prepared, a more common foundation is not set. Of particular importance is the foundation on the conflict-causing issues. Certainly, in the case of Consensus Organizer, the issue is submitted. However, it is only a problem structure from a specific standpoint, and cannot be said to be a common foundation.

4. Issues (the first condition)

Conflicts arise from different interpretations of the problem. Knowing where and how the parties differ over the interpretation of the problem is the first step in <self-transformation>. However, in order to do so, it is necessary to know in advance what are the issues that make up the problem and how they are connected. In other words, grasping the <correlation of issues> of the problem precedes. There are three approaches to capturing the issues that make up the problem. Let's look at them in order.

Three approaches

The first is an empirical approach of analyzing the problem, extracting keywords, and abstracting the essential categories from them. Of course, the extracted category structure is different for each problem. This approach is commonly used in scientific research. For example, this is the case with the qualitative research method based on interviews, and so is the "four divisions" by Johnsen et al., which was discussed in the previous chapter. However, this

approach cannot guarantee the necessity of categories, and does not even consider the correlation between categories.

The second is an approach that intuitively sets a universal principle (principle). For example, in the case of the "four principles" of bioethics mentioned in the previous chapter, the "three principles" were initially considered from the belief that the number of principles should be small, but they were later revised to the "four principles". However, the necessity of having four principles and the correlation between them are not explained.

Both of the above two approaches are flawed. A comprehensive approach is needed to make up for the deficiencies of both. That is the third "reflective equilibrium" approach advocated by Rawls and Daniels (Winkler & Coombs: Applied Ethics, 1993).

This approach aims at "appropriate judgment" as an equilibrium solution by collating three different levels of "thought-out judgment", "principles" and "common sense". Certainly, many philosophers are attracted to this approach because this approach does not suddenly bring in principles, are not just experienced, and try to critically reconstruct common sense. However, this approach is also flawed. Because the contents of "thought-out judgment" and "general common sense" are ambiguous, it is not possible to know where the equilibrium point is, and it is not possible to reach a concrete "appropriate judgment".

Four-dimensional correlation approach

Therefore, the <four-dimensional correlation approach> is proposed by this book as a new comprehensive approach. This approach focuses on the <correlation of issues> that make up the “problem” that causes conflict, and sets the framework for issue correlation. In this case, the categories and principles sought are extracted from the correlation of the issues inherent in the problem itself.

Even so, why can the problem be grasped within the framework of issue correlation? The answer is that the "problems" that bring about conflict are part of the human meaning world (that is, the ethical world), and this world is structured as the "interconnection of the communication systems". In other words, a particular conflict situation arises from the background of the interconnection of all communication systems. And the basis of the interconnection is the four-dimensional correlation. Therefore, <interconnection of communication systems> can provide <general framework of issue correlation>(**Fig.22**).

Fig.22

By analyzing a specific problem in a concrete context while using the diagram of the interconnection of communication systems as an underlay, the issue correlation of the problem that causes the conflict situation emerges. And this framework of issue correlation is a common foundation for bringing about "self-transformation".

Of course, in order to create a diagram of the issue correlations that make up a particular problem, it is necessary to work tenaciously while rubbing the general framework constructed from the perspective of the communication system with concrete experience. In the next section, in order to concretely envision this rubbing work, let's continue the explanation using the "cervical cancer vaccination" problem as an example.

5. Cervical cancer vaccination

Public health is one of the public policies of the administrative state, and part of this is vaccination to prevent infectious diseases. The purpose of vaccination is to protect the group (society) beyond individual defense. It is said that if the inoculation rate of the population is not above a certain level (about 80 to 90%), it will not lead to the control of infectious diseases and will not make sense as a social defense. However, prevention of infectious diseases is accompanied by unavoidable side reactions at a certain rate. As a result, public preventive administration has the dual responsibility of preventing infectious diseases and adverse reactions.

If prevented, a side reaction would occur (this is called an act error). However, if not prevented, the infectious disease will spread (this is called omission error). This is a dilemma situation in which one stands and the other does not. Postwar Japan's vaccination administration has been enthusiastic about avoiding double errors as an administrative system and avoiding responsibility as an organization (Tezuka "Vaccine Administration").

Cervical cancer vaccine

Medical care generally contains more or less uncertainties. Especially in the case of vaccination, the degree of uncertainty is quite high. There are uncertainties in terms of effects due to differences in individual constitutions, it is uncertain whether infection can be prevented by inoculation, and there are also uncertainties in advance prediction of the occurrence of side reactions.

The cervical cancer vaccine appeared around 2010 with the mention that it was the first cancer preventive vaccine. However, there is only one uncertainty compared to this vaccine and general vaccines. It is said that HPV (human papillomavirus) causes cancelation. Most people who are infected with this have healed spontaneously. At this point, it is uncertain how the cancer will change from infection to dysplasia.

The cervical cancer vaccine has been routinely inoculated since April 2013, despite short-term clinical trials and doubts about its effectiveness. However, just two months later, when a serious case of a "side reaction" was reported in the media, the government immediately notified the relevant organizations of "withholding active vaccination recommendations". He moved to avoid mistakes and defend the organization.

Since then, the situation of withholding has continued until now (2019). The inoculation rate has dropped to 0.3%. During that time, we have received several cautionary recommendations from international organizations, but there are conflicts touted by the mass media and SNS, such as government / experts vs. the general public, cancer patient groups vs. vaccination victim groups, and researcher mainstream vs. anti-mainstream. The composition of is not changed.

General framework for vaccination

So, first, let's set a general framework for the vaccination problem based on the way of thinking of four-dimensional correlation. With reference to the method of technical evaluation, the external dimension I is "useful / effective", the internal dimension II is "safety / security", the other dimension III is "efficiency / fairness", and the self-oriented dimension. IV becomes "necessity / significance" (**Fig. 23**). Based on the actual discussion, I will give the points of discussion in each dimension *.

* By the way, in the textbook of the social studies citizens of junior high school students, "efficiency" and "fairness" are mentioned as two ways of thinking to reach an agreement in the case where club activities conflict with each other over how to use the gymnasium. Both belong to III vs. other dimensions. The other three dimensions are missing, unfortunately, because the way of thinking of four-dimensional correlation is not known to the world.

Ⅰ "Usefulness / Effectiveness" dimension

The issues here are that the duration of clinical trials is short and that the effects diminish over time. There are also doubts about corporate profits.

Ⅱ "Safety and security" dimension

Here, the severity and rate of side reactions, treatment of side reactions, reporting system and management system are asked. In Japan, it is difficult to stir-fry, track and follow because there is no database that covers the inoculated persons.

Ⅲ "Efficiency / Fairness" dimension

Here, the ratio of benefits to costs, combined use with screening, priority for other vaccines, comparison with medical expenses other than vaccination, legal mechanism of relief and compensation, etc. are asked.

Ⅳ "Necessity / Meaning" dimension

The questions asked here are iv) the purpose of group (social) defense, iii) scientific validity, ii) level of acceptance of side reactions, and i) respect for individuals, when separated from the way of thinking of four-dimensional correlation. This dimension is crucial, but not a serious issue.

Fig. 23 General framework for public prevention

Correlation of issues of cervical cancer vaccination

Next, let's draw concretely the issue correlation of the cervical cancer vaccination problem based on the above general framework. Fortunately, there is a large-scale questionnaire survey (2018) conducted by Nagoya City on side reactions after cervical cancer vaccination. Approximately 30,000 young women were included, including those who received the vaccination and those who did not. There is a free text box in it, and most of the writing is

by parents, which is especially useful for extracting issues. Let's arrange the issues based on the 16 fields of social system area. At the same time, a figure is shown to give an overview of the whole.

I Usefulness / effectiveness
i Unjust enrichment of the company
ii Premature
iii Price / supply system
iv Personal self-defense

II Safety and security
i Side reactions / pain
ii Medical institution information
iii The future of children
iv Response at the educational site

III Efficiency and fairness
i Distrust of the administration
ii Media information
iii Policy priority / decision method
iv Right / damage compensation

IV Necessity / significance
i Respect for the individual
ii Tolerance level (understanding of causality)
iii Theory (scientific)
iv Collective defense

If you look at the overall correlation of issues, you can see which issues are focused on and which issues are ignored, and the characteristics of the discussion situation in Japan emerge. In the figure, the points of lack of discussion are shown in red.

For example, people are paying attention to "individual self-defense," "side reaction," "future of my child," "media information," "administrative distrust," "damage compensation," and "corporate profit." On the other hand, "dissemination of information from medical institutions," "guidance at educational sites," "priority and determination of policies," "scientific nature of theory," damage tolerance, and "group rust prevention" are not issues. By examining each of these issues one by one, it is possible to confirm the differences in interpretations of oneself and others among the parties concerned and the public (**Fig.24**).

Fig. 24 Overall discussion point correlation (Nagoya City survey)

6. Viewpoint (the second condition)

Knowing the difference between self and other interpretations regarding the <issue> of the problem is the first step toward <self-transformation>. But that's not enough. What is further needed is to know the difference between one's own and the other's position ("Why do these people interpret it that way") with respect to the <viewpoint > in interpreting the <issue> of the problem. What makes a difference in position in the first place? The answer is the <viewpoint> of the position.

Viewpoint and ideology

For <viewpoint>, a general framework can be set based on the thinking method of four-dimensional correlation. The basis of the viewpoint is the mutual communication system (i.e., activity). Since this is summarized in four types, the viewpoint can also be grasped in the next four dimensions.

External dimension I ⋯ Practical activity ⋯Practical viewpoint
Internal dimension II ⋯ Assistant activity ⋯ Assistant viewpoint
Others-oriented dimension III ⋯ Integrated activity ⋯ Integrated viewpoint
Self-oriented dimension IV ⋯ Transcendental activity ⋯Transcendental viewpoint

The four-dimensional viewpoint is a set of four dimensions, and the correlation is biased depending on which dimension occupies the center. From this bias, the four types of ideology are derived. Furthermore, by repeating this four-dimensional correlation in a nested manner (fractal), it is possible to capture the characteristics of each ideological type. They are indicated by the lowercase letters ⅰ, ⅱ, ⅲ, ⅳ of Roman numerals.

Ⅰ Individual type (centered on practical viewpoint)
ⅰ Rationality
ⅱ technicality
ⅲ Freedom
ⅳ Desire

Ⅱ Solidarity type (centered on assistant viewpoint)
ⅰ Experience
ⅱ sympathy
ⅲ Mutual assistance
ⅳ Community

Ⅲ Inclusion type (centered on integrated viewpoint)
ⅰ Universality
ⅱ reason
ⅲ Human rights
ⅳ Human dignity

Ⅳ Transcendence type (centered on transcendental viewpoint)

i finiteness
ii Chaos
iii Indiscriminate
iv Transcendent

The general framework of <viewpoint correlation> is constructed by the four types of ideology listed above (**Fig.25**). Based on this framework, as both sides face each other, they will be able to notice the differences and relative positions of their own and others.

Fig. 25 General framework for viewpoint correlation

7. Disability and causality

Here are two examples that clearly show the difference in viewpoint. The first is the conflict between "bioethics" and the disability movement (or disability studies) over "disability" (Alicia Woolett, "Dialogue between Bioethics and Disability Studies). The second is the conflict over understanding "causality" in cervical cancer vaccination.

Bioethics and disability movement

The starting point of bioethics is the patient's autonomy to the doctor. From there, II criticism of doctor's authoritarianism arose, leading to III coordination through the Institutional Review Board. Behind the above is the medical perspective that presupposes the dichotomy of health / disease or normality / disorder. From this viewpoint, "disability" is the target of treatment.

On the other hand, the origin of the disability movement is the experience of discrimination. II Solidarity sympathy accepts and emphasizes this, and III a

court battle is selected for the independence and institutional reform of persons with disabilities. Behind the above is the unique perspective of IV "disability equal individuality".

At the heart of bioethics is individual autonomy (self-determination). Therefore, bioethics captures "disability" from the ideology of "individual type". On the other hand, at the center of the disability movement is sympathy for the experience of discrimination. Therefore, the obstacle is grasped from the ideology of <solidarity type>. The difference between ideology is a conflict between types, so as long as it stays there, it will not disappear (**Fig.26**). In the figure, B refers to the viewpoint of bioethics, and M refers to the viewpoint of the movement of persons with disabilities.

Fig. 26 Conflict of perspective over disability

Viewpoints on causality

In the case of cervical cancer vaccination, in the context of ideological type, the executives and experts on one side of the conflict are from the collective viewpoint of national hygiene. Furthermore, the viewpoints of organizational defense on the administrative side and the scientific community on the expert side are repeated. On the other hand, the people's side stands from the viewpoint of individual freedom and rights, and involves the viewpoint of solidarity and sympathy. Even in this case, the difference in viewpoint is decisive.

Let's move on to the second conflict. It is a conflict over ii "causal understanding" in IV "necessity / significance". "Causality" is the inevitability of a course of cause and effect. In daily understanding, the viewpoint of purpose / means is premised, and if the course of purpose / means is reversed, the course of cause / effect becomes. From the viewpoint of purpose and

means, we always encounter unexpected contingencies. This daily understanding is the origin of the viewpoint of causality, and the following four viewpoints are derived from it. Arranging them according to the thinking method of four-dimensional correlation is as follows.

I Viewpoint of the experiment that strictly controls certain conditions
II Viewpoint of the individual existence that is not reluctant to the parties
III Viewpoint of statistical probability to find regularity among many cases
IV Viewpoint of metaphysics that seeks the ultimate basis for the cause

The understanding of causality that administrative and scientific experts are accustomed to is from the viewpoint of I experiment and III statistical probability. However, even in the world of scientists, these two viewpoints may collide. On the other hand, patients and victims take the cause emotionally, search for the reason, ask the responsibility, and seek relief. Behind this viewpoint of causality are II existential and IV metaphysical one.

It is not easy to compromise because the viewpoint of an expert from the standpoint of scientific rationality in III and the viewpoint of a victim from the standpoint of emotional existence and salvation are fundamentally different. The initiative is on the side of professionals and government officials. If they remain unaware of the fundamental difference in perspective, the communication gap with the public will continue to grow.

8. Practical goals (the third condition)

From the above, instead of simply seeking superficial compromises and reconciliations, both sides know each other's characteristics and biases while comparing them with <issue correlation> and <viewpoint correlation>, and confirm the size of the gap between them. You will find that this is essential

for <self-transformation>. However, the promotion to <self-transformation> still lacks decisive conditions. That is the setting of the third <practical goal>.

Practical goals and ultimate goals

As mentioned in the introduction, the "practical goal" is inherent in the problem itself that leads to a particular conflict situation. By grasping this practical goal, we will be able to give a normative direction to the way of thinking about the problem, overcome the relativization of different viewpoints and different interpretations of issues, and actually shift the conflict. Practical goals are not so-called "ultimate goals", but secondary goals in a practical sense *.

* The ultimate purpose is the meaning of life, the basis of the existence of the world, and the fundamental value that creates all the standards. However, it is so abstract that it allows for a wide variety of interpretations.

For example, Hans Jonas is a prominent Jewish philosopher who wrote influential books on bioethics ("The Principle of Responsibility", "Theory of Life"). In his view, the ultimate purpose is existence, the survival of life. From there, the survival of humankind, especially the Jewish people, was set as a practical goal.

However, since Jonas does not have the perspective of a communication system, life, that is, existence, is mysterious. From the perspective of a communication system, the ultimate goal is to be "survival of the system itself." Once a system is established, it tries to maintain itself in an environment that includes another system. This self-survival is the ultimate goal of the system, and its fundamental value is placed there.

In order to get a concrete image of the practical goals, let's call again the example of the derailment collision accident on the Fukuchiyama Line. Initially, a thorough pursuit of the responsibility of the person in charge and a fundamental investigation of the cause of the accident were pursued. This "thoroughness" and "fundamentally" are the landmarks of the ultimate purpose series. However, as long as we stick to the ultimate goal series, the

conflict remains stalemate. Eventually, both sides shifted their focus to preventing the recurrence of accidents and managing safety.

In this case, the practical goal is the user's peace of mind by preventing recurrence and managing safety. Aiming at this practical goal, various measures and ingenuity such as concrete measures for accident prevention, organizational reform, awareness reform, and user-side response will be specifically examined. If the goal is practically embodied in this way, the issue will change, and if the issue changes, the conflict situation will shift.

Practical goals for public prevention

So, I ask again. What are the "practical goals" of public health and public vaccination? The answer is, of course, "collective defense (social defense)." And this is automatically derived from the value of the survival of the collective communication system.

However, this "collective defense" is too general and lacks concreteness. That alone does not make clear the difference between military action and disaster relief and public administration. So far, no full-scale consideration has been given to "collective defense." It seemed obvious because it was so simple.

From the perspective of four-dimensional correlation, the content of "collective defense" is by no means simple, but rather complicated. When discussing the general framework of public prevention earlier, "collective defense" was positioned in iv of the IV "necessity / significance". what does this mean? If it is a four-dimensional correlation, it means that iv collective defense must be perceived in the correlation of other three dimensions: iii scientific rationality, ii emotional acceptance (causal understanding), and i personal respect.

For example, one of them, the balance between collective defense (survival of social groups) and individual defense (respect for individuals) is a difficult

task. So far, we have simply put up "collective defense" without going that far. But then the conflict situation will never change. Practical goals that move reality are required. To do so, the other three dimensions must be incorporated into "collective defense." Only then will "collective defense" become a "practical goal" of public prevention.

Normative policy

To summarize the above, the concept of cervical cancer vaccination ethics (generally public prevention ethics) begins with the dimension of IV "necessity / significance" from the perspective of collective defense as a practical goal. We will consider the issues of dimension one by one.

IV Dimension of "necessity / significance"

Here, the first step is to position individual rights in collective defense, to inform the public of the understanding and acceptance of side effects, and to build a database that guarantees science.

III Dimension of "efficiency / fairness"

Here, policy-making methods, avoidance policies for double mistakes, methods for disseminating medical examinations, and legal compensation frameworks are examined. In addition, the handling of media information is also questioned.

II Dimension of "safety / security"

Here, measures such as dealing with side reactions, dealing with implementing agencies, dealing with parents of children, and dealing with educational sites will be considered.

I Dimension of "usefulness / effectiveness"

Here, the timing, number of times, physical condition inspection, and method of dissemination will be examined.

The media plays an important role in this type of problem. In this regard, it is

necessary to hold regular study sessions between experts and media personnel to lay a common ground for discussing issues, viewpoints and practical goals. At that time, understanding of side reactions and treatment of compensation are indispensable from the viewpoint of individual existence, but also important from the viewpoint of scientific rationality.

9. Composition of the entire method

The method should be simple, but it was a long story. At this time, I finally reached a point where I could see the whole picture of the method of systems ethics. This method incorporates a four-dimensional correlation approach into a both sides parallel model and aims to shift the conflict situation by encouraging <self-transformation>. The four-dimensional correlation approach can be summarized in the following four steps.

Step I

The parties place a general framework for issue correlation, which is a common basis for discussion, on a table and create specific issue correlations while analyzing the context of the problem.

Step II

The parties face each other with the issue correlation in between, and confirm the characteristics and differences of their own and other issue interpretations.

Step III

Based on the general framework of viewpoint correlation, the parties create problem-specific viewpoint correlation, face each other with this in between, and confirm the characteristics and differences of the viewpoints of their own and other positions.

Step IV

Knowing the bias in the interpretation of the issues and being aware of the one-sidedness of the viewpoint, the parties set practical goals specific to the problem and consider the issues one by one to reach a practical policy.

By sequentially incorporating the above steps, <self-transformation> occurs between the parties, and the confrontational situation that has been stalled by this <self-transformation> begins to shift. The whole figure of the confrontation movement is shown (**Fig.27,28,29**).

Fig. 27 Shift of conflict (1)

Fig. 28 Shift of conflict (2) Steps I-IV

Fig. 29 Shift of conflict situation (3)