The Relevance of Mosaic Health Laws in Contemporary Public Health Practice

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Abstract

The Torah/Pentateuch instituted health laws for the Israelites during their exodus from Egypt to Canaan around the 13th or 15th century BC. This literature review examines the Old Testament health laws and their contemporary relevance to public health. It analyses the Old Testament's guidance on quarantine (Lev. 13–14), sanitation (Deut. 23), dietary restrictions (Lev. 11; Deut. 12:23), personal hygiene (Lev. 15; Num. 19), and sexual health (Lev. 18). These laws highlight early disease control principles that mirror modern public health concepts of isolation, sanitation, food safety, and behavioral change interventions. Communal responsibility was culturally and ethically emphasized, combined with a focus on spiritual values and stigma reduction. Although these laws are theocratic, their disease-prevention benefits extend beyond any religion. A limitation in implementing these laws within a pluralistic society is their theocratic orientation, which may restrict their adoption among those who do not follow Abrahamic religions. Therefore, this study recommends integrating faith-based and cultural perspectives into health policies to foster interdisciplinary dialogue. This suggests the need to deploy Old Testament laws to encourage the adoption of optimal health practices.

Keywords: Mosaic health laws, public health, infection control, faith-based health promotion

Introduction

The Old Testament's health laws, primarily articulated in Lev, Deuteronomy, and Numbers, are comprehensive measures governing sanitation, hygiene, disease control, and isolation practices. The source of the health laws was Yahweh, who is the ultimate source of all laws, and Moses was the human mediator (Milgrom, 1991. Similarly, Houston (2020) emphasized that priestly writers attributed these laws to God's revelation through Moses, making them sacred and theologically significant. The Old Testament law demonstrates sophistication in understanding ritual purity, hygiene, and community health (Shulga, 2014). These texts demonstrate the complex and profound interplay between religious instruction and well-being.

The Pentateuch's health laws contribute to a comprehensive public health system. These measures included promoting personal and communal hygiene, isolating individuals with leprosy and

other forms of uncleanness, safeguarding water sources, maintaining clean camps and settlements, ensuring proper waste disposal, and protecting food supply (Tulchinsky & Varavikova, 2014). These health laws also laid the foundation for medical and public health jurisprudence (ibid).

The quarantine instructions outlined in Leviticus 13-15 prescribed an observation period, isolation of (infectious) skin lesions, cleansing rituals, and disposal of contaminated objects (Answers in Genesis, 2023; Shulga, 2014). These laws, which predate modern epidemiological and infection control strategies, were effective in minimizing the risk of contamination and, thus, protected community health. The Bible underscores that Moses ordered that persons with contagious diseases, such as leprosy, should be isolated and their dwellings inspected.

This article examines how Old Testament health laws reflect early public health principles and remain relevant to modern health challenges. By comparing the Mosaic health laws in the Pentateuch (Torah) with contemporary public health frameworks, it highlights how these ancient mandates anticipated modern epidemiology. Additionally, this article underscores how Old Testament health laws can inform contemporary approaches to disease control, sanitation, and culturally sensitive health communication. This paper advocates for an interdisciplinary integration of theological insights and health sciences, using historical, exegetical, and epidemiological analyses to demonstrate their enduring value and limitations for application in the present, theologically pluralistic society.

Mosaic Health Laws

Moses gave the health laws to the Israelites during the Exodus, which is estimated to have taken place in the 15th or 13th century, depending on the dating method used (Dever, 2015; Drummond, 2023; Faust, 2016). The Mosaic laws contained in the Pentateuch embed a series of health regulations that range from contagion control integrated into the religious, social, and communal fabric (Nissinen, 1998). Though presented as religious rituals, they closely align with contemporary epidemiological and public health principles (Douglas, 1966; Feder, 2021)

Infection Control

In the 13th chapter of Leviticus, Moses outlines a health protocol for identifying skin diseases. According to this protocol, skin disease diagnosis required examination by a priest, isolation of the patient, and potential quarantine from the camp of Israel until they recovered or were deemed clean (Lev 13:4–5, 46). This is a classic case of quarantine, segregating leprosy cases to manage the spread of the disease. Historical analysis confirms that such measures resonate with ancient isolation practices and modern containment strategies (Lemchi, 2023; Ogwu & Izah, 2025). Below are some typical examples.

Waste Disposal

The book of Deuteronomy instructs that human waste must be buried outside the camp of Israel: "And you shall have a trowel with your tools, and when you sit down outside, you shall dig a hole with it and turn back and cover up your excrement." (Deut. 23:13, ESV). This instruction was packaged as a ritual to ensure purity and served as a vital hygiene law that limited the fecal-oral transmission of diseases (Eja, 2020; Nyatsikor, 2024). This Bible-based model can contribute to eradicating open defecation in Ghana (Nyatsikor, 2024). Moreover, the model has the potential to be applied to other faith communities.

Dietary Restrictions

The book of Leviticus categorizes animals into clean and unclean subgroups. The flesh of clean animals could be consumed, while there was a prohibition on humans consuming the flesh of unclean animals. The same book also explicitly condemns the consumption of scavengers, shellfish, and carrion (Lev. 11-15, 17). These laws were based on several rationales, including health, holiness, and creation order. Moskala (1998) argues that the primary rationale was respect for the Creator, although health and life preservation were integral components. While the primary role was religious, the laws in Lev 11 have benefits such as reducing exposure to pathogens, toxins, and parasites in the absence of a food safety system (Barrett, 2016; Handzlik et al., 2025)

Personal Hygiene

Additional laws, including those in Leviticus 15 and Numbers 19, make washing after contact with bodily discharges (including male discharge, semen, menstruation, prolonged bleeding by women, the dead, or contact with unclean objects mandatory. These laws promoted hygiene by mandating bathing, laundering garments, and disinfection of household vessels (Answers in Genesis, 2023). These practices align with contemporary infection control protocols that emphasize decontamination and disease transmission prevention (Hawk & Parker, 2020; Shulga, 2014). The 15th chapter of Leviticus outlines the procedures to be followed after seminal emissions or menstruation. The chapter mandates washing and temporal abstention as precautionary infection control measures (Hawk & Parker, 2020; Shulga, 2014).

Intimate Behavioural Regulations

Leviticus 18 outlines sexual prohibitions that likely had two main purposes: promoting spiritual values and safeguarding community health, including the prevention of sexually transmitted infections (STIs). Leviticus 18 also shows how Israel's laws served both theological and social purposes, promoting stable family systems and preventing sexual exploitation (Wells, 2022). The sexual prohibitions in Leviticus 18 reflect a divine call to create a community marked by ethical restraint and mutual respect. These moral laws are connected to broader notions of purity,

communal health, and legislation (Cohen & Levine, 2017).

Prior to the development of modern scientific methods, these Mosaic statutes, founded on rituals and morality, embodied early public health principles. These early-stage public health principles prevented contagion, managed waste, ensured food safety, and regulated bodily exposure. These are a testament to the effectiveness of faith-based health promotion in influencing health behaviours.

Comparative Analysis: Mosaic Health Law and Contemporary Public Health

The Mosaic health laws outlined in the Pentateuch, compared to contemporary public health measures, are interesting to both public health and theology scholars (see Table 1). Despite being framed in a religious and cultural context, these laws anticipate modern approaches to disease prevention, sanitation, hygiene, diet, and optimal health behavior (Barclay, 2014; Milgrom, 1991).

Table 1

Comparative Analysis of Mosaic Health Laws and Contemporary Public Health

Practice/Regulation	Old Testament	Contemporary Public Health
Disease Containment	Isolation of individuals with skin diseases; ritual examination for re-entry (Lev. 13–14).	Scientific isolation, testing, and contact tracing. (Shulga, 2014; Wilder-Smith & Freedman, 2020).
Personal Hygiene	Ritual washing after contact with bodily discharges, dead, or unclean objects; laundering garments (Lev. 15; Num. 19).	Emphasis on handwashing, bathing, and sterilization to prevent infection transmission (Answers in Genesis, 2023; Hawk & Parker, 2020; Shulga, 2014).
Waste disposal	Waste burial outside camp (Deut 23:12–14); cleansing of dwellings with mold /disease (Lev 14).	Advanced water treatment, solid waste management, sewage systems, and hygiene campaigns. (Eja, 2020; Hawk & Parker, 2020; WHO, 2022).
Dietary Regulations	Differentiation between clean and unclean animals; avoidance of scavengers, certain seafood, and blood consumption (Lev. 11; Deut. 12:23). Prohibition on consuming blood to prevent disease transmission and maintain ritual purity. (Deut. 12:23). Implicit food hygiene practices such as proper slaughter and preparation methods, including draining blood and avoiding carrion (Lev. 17:10–14).	Evidence-based nutrition for disease prevention and chronic illness management (Cawood et al., 2023; Montgomery et al., 2023; Navratilova et al., 2024). Drinking raw blood is unsafe (Clark & Biggers, 2022; Oketch et al., 2025). Food safety standards to prevent contamination and foodborne illnesses (Mphaga et al., 2024; WHO, 2022).
Intimate Behavioral Regulations	Sexual prohibitions: ritual purity to prevent disease and promote social order (Lev. 15, 18)	STI prevention and treatment, Health education, mental health support, behavioral interventions with respect for individual rights Glanz et al., 2015; Merrill, 2006)

Source: Author's own construct

Table 1 presents a comparative analysis of the principles of Mosaic health laws and contemporary public health. The Mosaic health laws and modern public health systems share similar objectives: preventing disease and promoting community well-being. These approaches differ fundamentally in their foundations, methods, and scope. Mosaic laws, such as those pertaining to quarantine, hygiene, waste disposal, diet, and sexual conduct, were theologically grounded, emphasizing obedience to divine command and communal purity (Barrett, 2016; Douglas, 1966; Lev. 13–14; Lev. 15; Deut. 23:12–14). In contrast, modern health practices are evidence-based and rely on scientific research, epidemiology, and human rights principles (Wilder-Smith & Freedman, 2020). While the Old Testament focused on priestly oversight, ritual cleansing, and spiritual symbolism (Hawk & Parker, 2020; Shulga, 2014; Wenham, 1979), modern systems use diagnostic testing, sanitation infrastructure, and behavioral science to achieve health outcomes (Eja, 2020; Glanz et al., 2015).

Dietary and hygiene regulations in the Mosaic framework were fixed and religiously motivated (Barrett, 2016; Cohen & Levine, 2017), whereas contemporary guidelines evolve with scientific discoveries and global health needs (Nestle, 2013). Moreover, Mosaic laws prioritized collective responsibility under divine authority (Merrill, 2006; Wilson, 2015), while modern public health balances communal welfare with individual autonomy (Childress, 2020). Despite these contrasts, both frameworks recognize the link between personal behavior and community health, offering enduring lessons on discipline, compassion, and social cohesion (Greenberg, 2011; Kass, 2003; Parker & Aggleton, 2003).

These Old Testament laws underscore the fact that maintaining community well-being is a collective responsibility. The priest played a key role during the isolation of the sick and other purification rituals, thereby protecting the community from diseases (Merrill, 2006). Moreover, the laws prohibiting sexual immorality and observances concerning bodily discharges highlight the link between individual-level behaviour and its impact on communal health outcomes (Wilson, 2015). This understanding is reflected in modern public health, which primarily focuses on social determinants of health and the role of society in disease control. Furthermore, the analysis (Table 1) shows that despite the Mosaic health laws and subsequent practices being theocratic, their public health value transcends religion. The health laws in the Pentateuch not only prevented diseases but also focused on holistic well-being, which integrated spiritual, social, and physical health (Greenberg, 2011; Kass, 2003). The law's scope was communal as opposed to individual autonomy; hence, it had practices such as the isolation of patients with infectious diseases (Lev. 13–14) to protect the community (Merrill, 2006). This communal approach is also reflected in modern public health ethics, which seeks to balance individual rights with

population-level concerns (Childress, 2020). This highlights the relevance of the Mosaic Health Framework in promoting social solidarity and shared responsibility.

Modern public health practice increasingly emphasizes cultural competence and acknowledges the integration of spiritual and cultural beliefs in health interventions (Airhihenbuwa, 1995; Kleinman & Benson, 2006). Old Testament health laws on diseases such as leprosy underscore an intricate balance between quarantine and the restoration of social dignity (Wilson, 2015; Lev. 14). The Old Testament model provides key insights into modern-day stigma and the reintegration of marginalized groups, especially within communities that uphold faith and traditions (Parker & Aggleton, 2003). By balancing public health safety and the preservation of dignity, Mosaic health laws provide critical ethical lessons that can be applied to the modern-day health landscape.

Therapeutic Agents in the Torah and Other Parts of Scripture

Ebach (2014) argues that the Old Testament account does not articulate medicine but underscores popular knowledge of healing practices integrated into religion and culture. On the other hand, other scholars have highlighted that ancient Israelites used resins, oils, and flora for ritual and medicinal purposes without distinctions (King & Stager, 2001; Oeming, 2004). Some of these were used primarily for religious, ritualistic, and symbolic functions, and they also provided health benefits.

Table 2 presents a summary of the therapeutic and ritual agents described in the Torah and other biblical texts, along with their traditional uses. In addition, the table outlines the possible physiological or therapeutic effects associated with each agent and cites relevant modern scientific studies that provide empirical evidence supporting (or exploring) their efficacy. This analysis confirms the health benefits of ancient therapeutic or ritual agents by referring to contemporary studies in the fields of pharmacology and physiology.

Table 2

Summary of Therapeutic Agents in Biblical Texts

Substance	Use	Possible Effect	Torah/Pentateuch Reference	Other Biblical References	Modern Scientific reference
Balm צְרִי (*tsori*)/ *Commiphora gileadensis*	Wound treatment	Anti-inflammatory, soothing	Gen. 37:25	Jer. 8:22; 46:11	Althurwi et al. (2022), Stanciauskaite et al. (2021)
Hyssop	Purification	Antiseptic, cleansing	Exod. 12:22; Lev. 14:4–7; Num. 19:6,18	Psalm 51:7; John 19:29	Atazhanova et al. (2024)
Olive Oil & Wine	Wound care	Soothing and disinfecting	Lev. 14:10–18 (for oil in rituals)	Luke 10:34 (Good Samaritan)	Al-Warhi et al. (2022), Chen et al. (2021), Abdoli et al. (2022), Satapathy et al. (2023)
Myrrh & Frankincense	Ritual, embalming	Antimicrobial, analgesic	Exod. 30:23–34 (anointing oil and incense)	Matt. 2:11; John 19:39–40	Rahmani et al. (2022), Su et al., (2020), Shalaby (2019),
Figs	Skin healing	Enzymatic, anti-inflammatory	(Not explicitly in Pentateuch)	Isa. 38:21 (boil treatment)	Rezagholizadeh, et al. (2022)
Ash & Water Mixture	Ritual cleansing	Possibly antimicrobial	Num. 19:9–17 (red heifer ashes)	(No direct later reference)	Shithi et al. (2024), Butazimbaine, (2024)
Honey	Nourishment, healing	Antibacterial, soothing	Exod. 3:8 (land of milk & honey)	Prov. 16:24; Luke 24:42	Al-Sayaghi et al. (2022), Ogwu and Izah (2025)
Bitumen/Resin pith	Protective coating	Antiseptic, waterproofing	Gen. 6:14; Exod. 2:3	(No later explicit medicinal use)	Resin – Rajala et al. (2024),

Source: Author's own construct

Discussion

The Mosaic health laws served a dual purpose: both a spiritual mandate and a disease-prevention approach. This synergy between spiritual rituals and health underscores how communities preserve social and spiritual cohesion while mitigating health risks (Merrill, 2006; Uhlmeyer, 2022; Wilson, 2015). Although these laws were not grounded in scientific research, they underscore early epidemiological awareness that improved the health and longevity of the Israeli community (Barrett, 2016; Cohen & Levine, 2017; Feder, 2021; Nziwa, 2023; Thompson, 2021).

The Mosaic health laws introduced concepts such as contamination, isolation, hygiene, and sanitation. Mosaic health laws helped prevent disease at a time when scientific knowledge of epidemiology was limited (Blevins & Bronze, 2010). Many Jews and Christians, such as Seventh-day Adventists, continue to observe these laws, which have a noticeable effect on their health (Uhlmeyer, 2022).

Contemporary medicine and public health have benefited from ancient health knowledge (Handzlik et al., 2025). The germ theory of disease was developed between 1857 and 1884, pivoting on the works of Louis Pasteur and Robert Koch. Modern microbiology, epidemiology, pharmacology, and sanitation have enhanced disease prevention and treatment (Bloom & Cadarette, 2019; Chen et al., 2019; Kolter, 2021). Pathogen and risk stratification, which were absent during Old Testament times, are now the standard in disease control (Wilder-Smith & Freedman, 2020).

Contextual Differences: Theocracy versus Secular Public Health

Mosaic health and purity laws were formulated within a theocratic framework in which divine authority governed all aspects of communal life, including sanitation, disease control, and personal hygiene (Wenham, 1979). In this context, priests served not only as religious officials but also as health inspectors, determining isolation, cleansing, and reintegration procedures for those with conditions such as *tzaraʿat* (Lev. 13–14). This system integrated moral, ritual, and public welfare dimensions, reflecting a worldview in which health and holiness were inseparable (Uhlmeyer, 2022; Olanisebe, 2014).

In contrast, contemporary public health operates within secular, pluralistic societies that rely on evidence-based medicine, biomedical ethics, and legal regulations rather than divine commands. Decisions regarding quarantine, vaccination, and sanitation are informed by epidemiological data and ethical principles such as autonomy, beneficence, and justice (Aliyu, 2021; Moberg et al., 2018). While the Mosaic law enforced compliance through religious duty and social cohesion, modern systems rely on public consent, civic responsibility, and legal enforcement Answers in Genesis,2023; Olanisebe, 2014). This transition underscores a major challenge: translating prescriptive, theologically grounded rules into voluntary, rights-respecting interventions compatible with liberal democratic norms (Gostin et al., 2023).

Moreover, while Mosaic health governance derived its legitimacy from sacred covenantal law, modern public health is legitimized by science and civic accountability (Uhlmeyer, 2022). This divergence illuminates both the continuity of moral concern for community welfare and the shift in authority from divine revelation to scientific reasoning. Despite the divergence in authority, both frameworks converge on one moral objective: the preservation of life and flourishing of the community.

Enduring Principles: Hygiene, Dignity, and Social Responsibility

Despite their vastly different contexts, the Mosaic laws articulate enduring public health principles that resonate with modern practices. Hygiene measures, such as isolating the infected, performing ritual washing, and disposing of sanitary waste, are essential for contemporary infection control and environmental health standards (Shulga, 2014; Wilder-Smith & Freedman, 2020). For instance, there is a requirement to isolate individuals with skin diseases outside the camp (Lev. 13:45–46) parallels quarantine practices used to manage communicable diseases (Karat et al., 2021; Tang et al., 2020). Similarly, Mosaic laws mandating clean water, safe food preparation, and waste management align closely with the current World Health Organization (WHO) hygiene recommendations (WHO, 2022).

Beyond infection control, the Mosaic Framework emphasizes human dignity and communal responsibility. The reintegration of healed individuals (Lev. 14) reflects a concern not only for physical recovery but also for social and spiritual restoration. This aligns with the modern understanding of health as a holistic state encompassing physical, social, and emotional well-being (Marmot & Allen, 2020; Public Health Agency of Canada, 2017). Moreover, Mosaic injunctions to care for the poor, strangers, and widows (Deut. 15:7–11; 24:19–22) embody an early public health ethic of equity and protection for vulnerable populations, foundational principles in today's global health agenda (Braveman et al., 2022; Gostin et al., 2023).

In addition, the Mosaic perspective connects personal hygiene to collective welfare, suggesting that individual behavior (such as cleanliness, diet, and isolation) has consequences for community health. This mirrors the modern "social determinants of health" framework, which recognizes that individual health outcomes are influenced by community conditions and collective norms (Hahn, 2021; Solar & Irwin, 2010). The underlying principle that the health of one affects the health of all remains a cornerstone of both ancient theocratic and modern secular health systems.

Application Opportunities: Faith Partnerships and Culturally Tailored Interventions

The enduring relevance of Mosaic health principles opens up opportunities for faith-based and culturally contextualized public health interventions. Religious communities often serve as trusted social institutions, particularly in regions where state health services lack credibility or reach. Engaging these communities can enhance health literacy, promote behavioural change, and improve adherence to public health recommendations (Balasubramanian et al., 2023; Levin, 2021). Recent studies have shown that partnerships with faith leaders have been instrumental in promoting vaccination uptake, sanitation practices, and mental health awareness in diverse contexts (Berkley Center for

Religion, Peace, and World Affairs, 2022; Olagoke et al., 2020).

Incorporating spiritually resonant messages, such as stewardship of the body, ritual cleanliness, and care for one's neighbour, can strengthen health campaigns without compromising scientific accuracy. For example, framing handwashing or waste disposal as expressions of religious duty can reinforce compliance and community ownership. There is also scientific evidence suggesting that targeted faith-based initiatives are effective in the prevention of non-communicable diseases (Levin, 2021; Odukoya et al., 2022).

Moreover, integrating faith values into health initiatives fosters cultural sensitivity and mutual respect, thereby reducing resistance to interventions perceived as externally imposed (Idler et al., 2019; McLaren et al., 2021). From an epidemiological perspective, contemporary public health continues to build on the lessons learned from this early framework. Contemporary public health compounds the health benefits of Mosaic health laws through improved technology and scientific understanding. This greatly expanded the scope and efficacy of the principles underpinning the Mosaic health laws (Hawk & Parker, 2020; Wilder-Smith & Freedman, 2020).

However, such collaborations must remain grounded in scientific rigor, public health, and biomedical ethics. Ethical frameworks for faith-based health interventions emphasize transparency, respect for autonomy, equity, and non-coercion (Childress, 2020; Gostin et al., 2023). Recent scholarship on ethical resource allocation in public health suggests that religious partnerships can strengthen solidarity and trust while upholding universal principles of justice and reciprocity (Braveman et al., 2022; Daniels & Sabin, 2009).

The health benefits of upholding Mosaic health laws transcend the religious divide and have the potential to impact individual, public, and global health. The link between Torah observance and human health reflects the divine wisdom underlying these commandments (Uhlmeyer, 2022). Ultimately, the convergence between Mosaic health ethics and contemporary public health reveals not a contradiction but rather a potential synergy. The Mosaic ideal of communal purity and responsibility can inform the moral and cultural dimensions of health promotion, while modern secular systems contribute to the evidence, equity frameworks, and legal protections. Together, they offer a comprehensive vision of public health that is both scientifically grounded and ethically robust.

Levin (2014) highlighted that faith traditions influence health behaviours and community values. Hence, integrating faith-based perspectives into public health practice and policy will improve its impact through improved outreach, acceptance, and adherence to interventions, especially in religious communities. Collaborating with religious leaders during health activities, such as vaccination and health education campaigns, builds trust and enhances campaign effectiveness

(DeHaven et al., 2004). Faith-based health frameworks, such as Mosaic health laws, may be beneficial for health promotion within faith communities.

Conclusion

The principles of Mosaic health laws are relevant to contemporary public health, and the health benefits of adherence transcend religion. Public health practitioners can leverage these common principles when promoting the adoption of optimal health practices among adherents of Abrahamic religions (Christians, Muslims, and Jews). Despite contextual differences and scientific advances, Mosaic health laws provide ethical and practical guidance that can enhance public health frameworks. The impact of these frameworks can be enhanced by integrating cultural competence and respect for spiritual beliefs. Acknowledging the historical roots of public health in Abrahamic religions opens opportunities for interdisciplinary dialogue between theology and public health practitioners. These synergies may lead to the development of holistic, culturally sensitive approaches that contribute to addressing public, global, and interplanetary health challenges. Additionally, acknowledging this connection may promote the integration of faith-based and cultural perspectives into health policy and enhance interdisciplinary dialogue between theology and public health.

Finally, the Mosaic health laws are relevant to contemporary public health challenges; however, their adoption and application in religiously pluralistic communities are limited due to their theocratic nature. The laws were prescribed primarily to the Israelites, who were a religious community, and may be difficult to apply in secular communities and other faith groups, despite their benefits transcending the religious divide. Despite this limitation, public health practitioners can use the laws to design guidance and health frameworks integrated with cultural competence and respect for spiritual beliefs to promote the adoption of optimal health practices

Recommendations for Future Research

Researchers should continue to explore interdisciplinary approaches that integrate theology, anthropology, and medical science to enhance the understanding of Mosaic Health laws. Furthermore, researchers should examine potential culturally responsive health interventions pivoting on biblical ethics and faith-based public health partnerships that enhance community engagement and social behavior change. Scholars should also investigate how the Torah's health laws can inform equitable health systems, promote sustainability within health systems, enhance public trust, and promote the adoption of optimal health systems based on moral responsibility.

Conflict of Interest

None

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