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BIOETHICS

Textbook

For students of the medical faculty, studying
in educational programs, partially implemented
in a foreign language

Vladikavkaz, 2022

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The manual is intended for seminars with the students of specialty in medicine studying in educational programs, partially implemented in a foreign language. In this case, English.

The guide describes and summarizes all the major themes of the discipline of "Bioethics", for each theme presented the lesson plan, review questions and assignments, Glossary. During the sessions to study the rules of bioethics students use a Collection of normative ethical documents issued additionally.

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Introduction

The discipline of "Bioethics", as an important part of student training, among other disciplines, aims to ensure the completeness of basic humanitarian knowledge. The provisions of bioethics made a base for the formed in recent years, a new internationally recognized ethical standard of medical science and practice, which found expression in the documents of international law, national legislation, ethical codes and declarations of international and national organizations and medical associations.

The main sections of modern bioethics is reflected in this teaching manual intended for students of a medical faculty, enrolled in educational programs, partially implemented in a foreign language. The task of studying bioethics is in introduction to range of philosophical, ethical and legal issues of bioethics related to the future professional activities of physicians. The study of this discipline aims to develop skills of moral perception and the ability to logically present and defend their vision of bioethical issues.

Structuring the content of the discipline of "Bioethics" in this tutorial in a logically consistent and complete thus allows you to use it in the rating system of evaluation of students ' knowledge.

Self-study work of students includes the study manuals, making notes of the issues for self-study, the decision of situational tasks, followed by a discussion of their in the classroom and other forms of work.

For the successful development of the discipline in addition to this textbook, published ethical normative documents, and lecture notes.

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Philosophical foundations of ethics and bioethics. Causes of
and the essence of bioethics

The Subject, the principles and rules of bioethics. Bioethical infrastructure

Bioethics as a philosophy and science of human survival

Bioethics – course on healthy lifestyle

Moral essence of interpersonal communication in medicine

"Moral problems" in bioethics

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Theme: Philosophical foundations of ethics and bioethics. Causes of and the essence of bioethics (4h)

Plan

1. Ethics as a science of morality
2. The ethics of humanism
3. The reasons for the emergence of bioethics
4. Definitions of Bioethics

Basic concepts: morality, ethics, conscience, humanism, medical ethics, ethics, biotechnology, the medicalization, bioethics

An abstract

Ethics - science of morality. Ethics examines the place and role of morality in the system of various forms and types of social consciousness. She comprehends the nature and moral status of the people in a particular society. Ethics examines the development of morality, as a special internal settings of the individual. Thus, ethics as science formulates ideas and principles and offers moral ideals for applied ethics.

Morality is a special form of social consciousness, the system of beliefs that reflect an understanding of the most importantphenomens of social life from the point of view of good and evil.

The moral support certain social norms. Morality is an ancient regulator of relations in society. It was formed in connection with the society's need for self-preservation. Its existence is due to the presence of socially recognized values, without which it is impossible to live. Man finds ready-made system of values, proven by the society selected by the people as a result of long and painful experience.

Internal matching criterion of moral actions, and therefore, the criterion of morality is the conscience.

In everyday speech the concept of morality and ethics are regarded as synonyms. For example, an unethical act is the act not conforming to moral norms. Ethical standards - it is the same as moral norms or standards of morality. And even in scientific literature these concepts with a certain degree of conditionality are often used interchangeably.

Today, no one doubts that man must be taught to live and act according to the ideals and principles of humanism.

Humanism is a philosophy and ideology that glorifies humanity. It is a system of views and positions, according to which the highest value recognized by the person as an individual .

Bioethics can be considered as a new direction of modern humanistic ethical school. Bioethics teaching people, especially professionals, to live and enjoy life and in any case not to sacrifice the conscience as a moral criterion.

For medicine from the very beginning of its existence the main controller has always been the rules of morality and always moral regulation in medicine were stricter than in other areas of life. Since ancient times, formed and there is a special regulatory system of medical ethics.

The question of history and development of medical ethics – is a separate large topic.

Bioethics was a continuation of traditional medical ethics and deontology. Bioethics has expanded the scope of regulation of medical ethics and the shifted starting position of the view on ethical problems of medicine - a look from the point of view of human rights.

Historically, a significant prerequisite for the emergence of bioethics was the ideology of the ecologymovement, which emerged as a reaction to the threat of physical existence by destroying the natural environment. This condition led to the emergence of a human rights movement that became widespread in the mid-twentieth century. It can be regarded as a very significant cultural prerequisite for the formation of bioethics.It is no coincidence that the term

"bioethics" began to display interdisciplinary research primarily related to the protection of the dignity and rights of patients.

The term "bioethics" first appeared in scientific, medical and philosophical literature in the middle of the last century. It was coined by American biologist, the doctor, van Rensselaer Potter (1911-2001), the content of this term, first of all, the idea of establishing an organic relationship to traditional ethical teaching of biological science and modern medicine.

Let us dwell on the question of why today there isn't enough good old-fashioned medical ethics. Why has it taken a new form of standard regulation of not only medicine, but all relationships related to health. What were the prerequisites for the emergence of this doctrine and normative system.

Professor N. Sedov distinguishes three main reasons for the emergence of bioethics:

• changes in the society of the twentieth century
• changes in science and technology
• extension of the phenomenon of medicalization.

Change in society. The society, having survived revolutions and wars, in particular the fascist dictatorship in the twentieth century come to understand the need for change in approaches to the question of human rights, the status of doctors and the need to adopt special documents regulating this status. So in 1948, as is well known, adopted the universal Declaration of human rights, and in the same year in Geneva adopted the international physicians oath (Declaration of Geneva), in which doctors took upon themselves the obligation never to resort to torture, not to experiment on humans. It was a very important document, which showed that the relationship between medicine and society has changed.

In 1964 was adopted the Declaration of Helsinki which is called "Ethical principles for medical research involving humans as subjects". Its function executes the Declaration of Helsinki and now it is updated and expanded.

Social phenomena that contributed to the emergence of bioethics:

• the adoption of the universal Declaration of human rights, the human rights movement
• development of the ecology movement, alarmist attitudes in connection with environmental
• increasing numbers of older people
• increase in the number of severe pathologies
• lack of social resources for health and the desire for euthanasia
• aggression religion
• the pressure of capital on morality
• commercialization of medicine
• weakening moral fabric of society
• the potential for corporate abuse
• etc.

So, society has become more liberal, democratic and integrated. Totalitarian regimes and dictatorships replaced by democratic States in which human rights first, was just recognized, and then declared the main value. And the relations of medicine to society began to be built on the basis of new norms, which today are still in their infancy.

The second reason for the emergence of bioethics is linked with the **development of science and technology.** The development of biotechnology has changed the face of medicine.

There was just a collapse of moral issues, the pendency of which impedes the implementation of new biotechnologies. To determine approaches to solving these issues requires a kind of normative system, whose role is intended to perform bioethics.

And **thethird reason** of the appearance of bioethics is the expansion of **medicalization**. Is a term used by sociologists. Try to explain its meaning. The medicalization is a process during which the state or human behavior came to be defined as a medical problem requiring a medical solution (Peter Conrad and Joseph Schneider, 1992)

The medicalization is inseparable from the financial structure of medicine. Medicalization increases the profit of the capitalists of medicine. In principle, doctors can control the social behavior of people, can completely subdue the social processes, just expanding their purely medical advice.

Excessive strengthening of the medicalization dangerous because, first, potentially uncontrollable increase in the power of doctors and discipline them in public processes, and, secondly, the main problem of medicalization is the problem of manipulating the patient.

Affect is uncontrolled, undue expansion of medicalization is possible only by applying again the kind of regulatory system, which should be bioethics.

Thus, due to these reasons and prerequisites in the framework of usual medical ethics already has become impossible to study and to regulate relations in the new scientific and social conditions and a new regulatory system – bioethics appeared.

Furthermore, bioethics is an interdisciplinary teaching that includes scientific, medical, moral and legal issues, as globalization, which involves integration of scientific knowledge in environmental issues, nutrition, computerization, terrorism, ethnic problems, etc a medical component, and it is not possible to distinguish in a pure form, without affecting the whole system of social institutions.

In the modern world bioethics – **not only the science** that studies and specific socio-cultural system, but it is **the regulator** ofbioethical relations.

There are three levels of bioethics: theoretical, practical and applied.

At the theoretical level, analyses the latest scientific advances and the potential risks, solved the fundamental questions of truth, values, freedom and responsibility, good and evil.

The second level – practical – associated with the establishment of certain norms – rules of conduct, monitoring and assessing the fulfillment of standards.

The third level is applied – is associated with individual behavior, the application of ethical standards in specific situations.

On the second level we're talking about bioethics as a normative system

It is in medicine all three levels is most clearly manifested.

Definition of bioethics

Bioethics is an interdisciplinary teaching and regulatory system aimed at preserving the life and health of people and the survival of humanity.

Bioethics the science of survival, uniting biological knowledge and human values. This is a form of protection living in general, and human rights to life, to health, to self-determination of his life, to a dignified old age and a dignified death

Bioethics is a research direction of an interdisciplinary character, dealing with the ethical problems arising from the progress of medicine and biology, associated primarily with the protection of the dignity and rights of patients

Bioethics – a set of requirements and standards on the basis of traditional spiritual values to protect and promote the physical and mental health of the individual and society that establishes the level of responsibility of those who make decisions in this area, as well as regulatory arising in connection with this relationship.

Today, the relations in medicine are regulated not only by ethics, Butby law (law emanating from the state).The possibility of its strengths, as the right secured by state power.Legal regulation of relations in the field of health and medicine – a relatively new phenomenon by historical standards. So, in Russia, the stage of development of the legislation on health care, when it began to be systematic and wide coverage relations began in the 90-ies of XX century.

But the rule of law is inconceivable without moral justification, they come from morality, moreover, law and morality are the same in content. The right must not be inconsistent with morality. Most ethical rules in medicine have become legal norms, such as ethical norm of maintaining medical confidentiality, and more.etc. But there are some relationships that are not

subject to legal regulation – such as compassion, sympathy, respect, mutual assistance, moral support, etc. In this case, the absolute reference point is morality. As social regulators of morality and law operate on the principle of complementary.

Control questions and tasks

1. Give the definition of: morality, ethics, humanism, medical ethics, deontology, bioethics.
2. List the social phenomena that contributed to the emergence of bioethics/
3. What is the danger of excessive expansion of medicalization?
4. How do the concepts of medical ethics and deontology, medical ethics and bioethics?
5. Why bioethics is an interdisciplinary teaching? The problems of what science it include?
6. Bioethics is a science and the regulatory system. What's the meaning of that?
7. Who and when has formulated the concept of bioethics?
8. Give at least three definitions of the term "bioethics»
9. What are the regulators of relations in medicine, which act with the ethics. How do they interact?

Theme: The Subject, the principles and rules of bioethics. Bioethical infrastructure (4h)

Plan

1. Problem field (object) of bioethics
2. The principles and rules of bioethics
3. Basic bioethical normative acts (documents)
4. The entities participating in bioethical relationship

Basic concepts: ethics Committee, clinical research, clinical trials, the autonomy of the person, justice

A brief abstract

Based on the opinion of prof. Sedova, you can specify the following list of issues included in the field study and regulation of bioethics in medicine and, therefore, are the subject of bioethics:

- The relationship between doctor and patient
- Justice in healthcare
- Relationships within professional groups of medical workers
- Relations of ownership and profit in medicine

In relation to new scientific achievements and the criteria for their use in medical practice

- Attitude to death and dying
- Relationship of medicines on the market
- Attitude of health workers to social and natural factors that affect the health of their patients
- Principles of isolation of health workers as a social group in a given society
- The moral status of the patient concerning their health

As you can see, the scope of bioethical regulation is much broader than medical ethics.

All of these problems combined into a whole new understanding of the importance of human rights, responsibility for the preservation of life and preservation of health.

Today, along with the ethics of relations in medicine are regulated by law (law emanating from the state). The role of legal regulation cannot be overemphasized. The possibility of its strengths, as the right secured by state power.Legal regulation of relations in the field of health and medicine – a relatively new phenomenon by historical standards. So, in Russia, the stage of development of the legislation on health care, when it began to be systematic and wide coverage relations began in the 90-ies of XX century.

But the rule of law is inconceivable without moral justification, they come from morality, moreover, law and morality are the same in content. The right must not be inconsistent with morality. Most ethical rules in medicine have become legal norms, such as ethical norm of maintaining medical confidentiality, and more.etc. But there are some relationships that are not subject to legal regulation – such as compassion, sympathy, respect, mutual assistance, moral support, etc. In this case, the absolute reference point is morality. As social regulators of morality and law operate on the principle of complementarity that is complementary.

The principles and rules of bioethics

Ethical principles are the real elements of the system of ethical knowledge and be value-normative content of bioethics.

One of the established classifications of the principles of bioethics:

The principle of "do no harm" (based on the historical model of medicine Hippocrates)

The principle of "do good" (based on the historical patterns of healing, Paracelsus)

The principle of the debt (based on the deontological model of healing)

The principle of respect for patient autonomy (formed at the stage of modern bioethics)

The principle of justice (universal principle)

Once we explain that these principles are specific rules of bioethics, which we will further detail to consider, they come from these principles. You could say that – the principles of bioethics are implemented through compliance with specific rules of bioethics.

Will focus on the above principles.

The principle of "do no harm" is associated with the name of Hippocrates (460-377 BC). In his work "the Oath", "Law", "doctor", "On blagopoluchno behavior", "Instruction", and others, was first described sequentially in the moral foundations of doctoring:

- obligations to the teachers, colleagues, students
- respect and guarantee of assistance to anyone suffering
- nonviolence
- rejection of euthanasia
- opposition to abortion
- full care for the benefit of the patient
- maintaining patient confidentiality

Among these is the fundamental principle of "do no harm" – the original ethical position relationship of the medical worker and the patient. The principle of “do no harm” focuses in a civilian credo of the medical class.

The rules and principles of behaviour of the doctor, defined by Hippocrates, are not simply a reflection of specific relations in specific historical epoch. They are filled with content appropriate to the goals and objectives of healing, regardless of the place and time of their implementation. Because of this, changing a few, they are observed today, purchasing in a particular ethical document, whether a “Declaration”, “Oath”, etc. your style, a particular form of expression.

Thus, the harm principle can be formulated as: healthcare worker in the course of communication with the patient should not cause him any moral or physical harm. If the damage is objectively inevitable, it needs to be as minimal as possible. You need to expect the result of medical intervention, the benefit exceeds the harm.

The second principle of biomedical ethics has developed in the Middle ages, the most consistent exponent of her think of Paracelsus (1493-1541). The basic principle of bioethics, derived from the ethical teachings of Paracelsus, sounds like "do good." From the standpoint of this model, healing is a well — organized implementation of good.

The principle of “debt observance” — the main deontological model.“Follow the debt” means to fulfill certain requirements. The undue act — one that is contrary to the requirements of the doctor from the medical community, of society and of his own will and mind.

The idea of duty is determining the necessary and sufficient basis of actions of the doctor. If a person is able to act according to the unconditional demand of duty, he meets his chosen profession, if not, he must leave the professional community.

The principle of respect for patient autonomy, in contrast to the principle of "do no harm" and "do good", is bioethics only in the last decade. The principle of individual autonomy asserts the individual's right to non-interference in her plans and actions and, therefore, the duty of others not to limit Autonomous action.

Under the influence of this principle is changing the decision “basic question” of medical ethics — the question of the relation of physician and patient. Today there is a question about the participation of the patient in making medical decisions. Based on this principle a model of "informed consent".

The principle of justice in General form is as follows: each patient should receive medical treatment that he needed, and as soon as it needs it, regardless of race, religion, position in society, wealth.

Justice – the major philosophical and social issue of particular relevance for both the theory of morals and of law. Its value increases in our days, in connection with:

• Social reforms, causing changes in notions of justice in health care

• Spread of new biotechnologies that offer new interpretations of the concept of "justice" that has not received a legal assessment

Justice – the ideal of society.Broad agreement on the issues of equity – a sign of the health of society, one of the conditions for the normal functioning of all its subsystems, including health care.

Justice is a criterion in the allocation of resources of medical care across society as a whole, and in specific situations. For example, when deciding on priority for transplantation, with the opportunity of receiving high-tech medical aid at the solution of a question on differentiation of payment for medical services in setting priorities to apply principles in specific situations.

The principles is not absolute, but only relative power, they function in fact. All situations in medical practice should be analyzed specifically with regard to all the circumstances and bioethical principles.

Rules of bioethics based on the above principles emanate from them. The sets of rules developed for virtually every medical specialty. They formulated codes of ethics, declarations, oaths.

Let's call the most basic of **documents** outlining the principles and rules of bioethics:

1. The Nuremberg code (the Nuremberg Tribunal in 1947.)
2. Declaration of Geneva (oath of the doctor) (BMA, Geneva, 1948)
3. The international code of medical ethics (WMA, Geneva, 1949)
4. Declaration of Helsinki "Ethical principles for medical research involving human subjects (WMA, 1964)
5. The Lisbon Declaration on the rights of the patient (WMA, 1981)
6. The Council of Europe Convention "On human rights and Biomedicine (Council of Europe, 1996)
7. Convention on the protection of the rights and dignity of the person in connection with the use of achievements in biology and medicine (VMA, Oviedo, 1997)
8. Convention on human rights and Biomedicine (Council of Europe, 1997) and its additional protocols relating to the prohibition of human cloning, transplantation, biomedical research.
9. The universal Declaration on the human genome and human rights (UNESCO, 1997);
10. Code of medical ethics of the Russian Federation (all-Russian Pirogovsky Congress of doctors, 1997.)
11. The universal Declaration on bioethics and human rights (UNESCO, 2005);
12. Declaration on human cloning (United Nations, 2005);

13. Code of ethics nurses of the Russian Federation (the Association of nurses of Russia, 2010.)

14. Oath of the doctor (the Federal law "About bases of health protection of citizens in Russia", 2011)

15. The code of professional ethics of the doctor of the Russian Federation (First national Congress of doctors of the Russian Federation, 2012.)

For example, in the **International code of medical ethics** contains such rules:

• Taking professional decisions, the physician must take into consideration the benefit to the patient, not from their own material interests.
• Regardless of professional specialization, the physician must put at the forefront of compassion and respect for human dignity of the patient and is fully responsible for all aspects of medical care.
• The doctor should be honest with patients and colleagues. He has no right to cover colleagues who deceive their patients.
• The doctor must respect the rights of patients, colleagues, other healthcare professionals, and maintain confidentiality.
• The doctor can intervene, which can impair physical or mental condition of the patient only in the interests of the latter.
• The doctor should be extremely cautious, giving information about discoveries, new technologies and methods of treatment through non-professional channels.
• The physician must claim only what is proven to them personally.
• With the aim of preserving life and health of the patient, the physician should use your full professional potential. If you need testing or treatment beyond the capability level of the doctor, it should refer to more competent colleagues.
• The death of the patient does not relieve the physician from the obligation to keep information confidential.
• To provide urgent assistance – human doctor's duty.
• In relation to their colleagues the doctor should behave as he would like them to behave towards him.
• Doctor must not entice patients from his colleagues.

Bioethical infrastructure is a system of social institutions necessary for the implementation of bioethical principles and rules.

At the theoretical level, analyses the latest scientific advances, possible risks, truths, and values, solved the fundamental questions of the relation of freedom and responsibility, good and evil. At this level the subjects are a variety of scientific organizations and scientists, philosophers, physicians, lawyers, sociologists, ecologists, political scientists, etc.

On a practical level, establishes standards and rules and monitors compliance. Here there are public institutions - the International (who, UNESCO, WMA, Council of Europe, etc.) and national (congresses of physicians, national medical Association, etc.), as they are based on the conclusions of science are developing and adopting ethical rules, which are documented in Conventions, Declarations, Oaths, codes of Ethics, etc. documents.

To ensure that the achievements and insights of science such as bioethics, the meaning and content of bioethical norms became available, and the internal contents of the consciousness of people requires the use of the educational system. Bioethics is taught from an early age, starting with pre-school and school education, teaching in medical and technical universities, the philosophical faculties.

And finally, the so-called application layer, is associated with the individual use of the generated knowledge and norms. At this level involves all kinds of subjects, such as bioethics relations:

• All people or everyone as subjects of moral obligation to take care of your health, as holders of life and health, responsible for their conservation and preservation and transmission to future generations.
• Doctors and patients as special subjects – relationships in clinical practice
• The researchers and the subjects – in the relations between clinical research and clinical testing
• Ethical committees (at the international level and national level) that conduct ethical review and monitor compliance with ethical standards.

Among the subjects – participants of bioethical relations deserves special attention in subjects such as **ethics committees** – formally elected or appointed group of independent experts exercising informal control and risk prevention in relation to:
• implementation of biomedical innovation
• the consequences of medical interventions
• resolve conflicts in medical practice»
Historically formed **two types of ethics committees**
• Committees that are directly engaged in rating new advances in Biomedicine, review of research projects, the protection of the rights of subjects and the definition of social risks within regions, States and the international community as a whole
• The committees who work directly in medical organizations, are engaged in practical medicine and in its activity shall be guided rather by the good old principles of medical ethics

The independence of the EC can be achieved by implementing the following requirements:
• Mandatory application of the who document (2000). "Recommendations to the committees on ethics, carrying out examination of biomedical researches»
• Required informing the General public about the existence of Recommendations.
• All stakeholders should know the contents of these who Recommendations. This means that the necessary educational programs and broad media campaign
• Discussion of committees and their work should be public
• Regular financial audit of the financial flows of those companies and organizations that appeal from the ethics Committee

Control questions and tasks
1. Give the definition of the ethical Committee, clinical research, clinical trials, the autonomy of the person, justice
2. What kind of relationship are included in the subject of bioethics?
3. What are the three levels of bioethics. What characterizes each of them
4. What are the two types of ethics committees. What are their functions?
5. The levels at which ethics committees?
6. List the basic principles of bioethics.
7. Which contains rules of bioethics?

Theme: Bioethics as a philosophy and science of human survival (2h)

Plan
1. Bioethics – the study of the preservation of life and the guarantee of the saving health of the people
2. The moral responsibility of man for the preservation of life and preservation of health. The theory of co-evolution

Basic concepts: biosphere, coevolution

A brief abstract

The achievements of scientific and technical progress in medical science and Biomedicine not only greatly expanded the possibilities in the treatment of humans but also affected the traditional notions of good and evil, the welfare of the individual patient, understanding of the beginning and end of human life, and accordingly, gave one an impetus to the development of bioethics.

The path of superindustrial development of modern civilization has become a way of slow physical and chemical destruction of nature, the genetic degeneration of the species, including mankind. Modern society has been intellectually and morally unprepared for the latest discoveries in biology, medicine, genetic engineering, etc. This has given rise to a global anthropological, social and spiritual crisis of humanity. Arose a paradox: modern science has helped man to achieve unprecedented power in the development of nature, but at the same time, led to a sharp increase of negative natural factors that affect the life, health and well-being. Before the society the question arose about how the survival of the human species and the preservation of the Earth's biosphere.

Bioethics emerged in the early 70s years of the 20th century, and was a kind of "cry for help" from people who have faced risk and negative implications of biomedical technologies. It arose as a response to technological challenges in medicine as an intuitive sense according to which long-term survival of the species itself in a normal and sustainable civilization is only possible with the development of a new ethics – the ethics of life.

The term "bioethics" consists of two words: "bio" – "life". Ethics – the philosophical science of morality – the system of values that guided the people. Traditionally, ethics is treated as a humane philosophy and is regarded as one of the manifestations of humanity. Therefore, bioethics is the ethics of life.

It explores the moral aspects of man's relationship to life and death and includes a wide range of socio-economic, ethical and legal problems in modern medicine. In this sense, bioethics is a concept of moral basis for the protection of human health and the General population, protection of the quality of life, physical and mental integrity of man and his human dignity. It examines the contradiction between the interests of the people and in the field of health and biology, medicine and pharmacy that directly or indirectly can harm the health and quality of life.

In our time on the lifestyle and lifestyle of people is greatly influenced by scientific and technological advances. They certainly make life easier, and advances in medicine allow its extension and a more active state. However, these achievements give rise and global crises – ecological and anthropological, with which people cannot cope. The frantic rhythms of modern life deprive people of wisdom and responsibility necessary to live in harmony with nature. People seemed to misunderstand what they do. Today required a reassessment of the meaning of the basic ethical categories such as wisdom, creative freedom, duty, personal responsibility, a conscience, which in the new conditions become somewhat different content.

Today the task is to upgrade and medical ethics and creation of ethics of the struggle with death, the preservation of life, which would rely on reason and conscience of physicians. Scientists, doctors, clinicians need to take personal responsibility for the preservation of life on Earth and saving people's health. The recommendations of the parliamentary Assembly of the Council of Europe (1999) States that ... the Latest scientific achievements and successes in biotechnology today should be seen as a challenge to modern humanity, and all measures taken for the resolution of new problems – as a moral choice.

Man transforms the world in accordance with the growing needs. But improving the world, man himself is far from perfect. To overcome its imperfections in principle possible, because in spite of everything, man still focuses on the highest humane ideals.And in the crucial moments of the history of his increasing interest in moral values.

The resulting threat of life and the need for survival has intensified the search for ways and means to enhance the moral responsibility of man. The famous scientist and thinker N. N. Moiseev (1917 – 2000) warned that humanity is at fault is to a global catastrophe. Anthropogenic load on the biosphere is increasing and is close to critical. "The man approached the limit, he

writes, which cannot be crossed under any circumstances". He proposed the idea of co-evolution of nature and humanity, social and geopolitical structures. Coevolution, in his opinion, is "the art to live together", which assumes the following requirements for people:
• To live with each other and not "against each other»
• To live in a way that does not reduce the life chances of others, including future generations
• To take care of those who are poor and disenfranchised, to seek to preserve their life and health
• To expand the circle of attention, sympathy and care for the natural world and society, bioethics and forming of ecological consciousness of people.

Among the problems of the third Millennium, an important place is occupied by problems of formation and development of bioethical consciousness. Scientists, especially physicians, promoting innovative ideas for the preservation of health, appealing to the modern concept of bioethics. We are talking about the new concept proposed by the world health organization. The main idea is that in 21 century the medicine is gradually moving from traditional protective and defensive attitude to an innovative – social-constructive associated with the creation of health and the prolongation of active longevity of people. The physician specialist in treatment of diseases must become a designer of health, and "medicine diseases" should turn into "medicine of health".

Meanwhile, we have to admit that while medicine has given little attention to prevention and disease prevention, and focuses mainly on diseases.

Control question
1. Why is there a problem of human survival as a species?
2. What are the main global crises of mankind
3. How bioethics can protect life?
4. What is the main idea the theory of "coevolution"?
5. The Council of Europe has called "an affront to humanity"?
6. What is the idea of the new concept of health proposed by the world health organization?

Theme: Bioethics – course on healthy lifestyle (2 h)

Plan
1. The moral requirements of the person in bioethics
2. The philosophy of a healthy lifestyle
3. Bioethical aspects of quality of life

Basic concepts: dietetics, healthy lifestyle, quality of life

A brief abstract

The basic moral requirements of the person in bioethics, very briefly, can be represented as follows:
• Accountable for the past (preservation of the gene pool)
• Responsibility for the future (ensuring healthy offspring transmission of the gene pool kids)
• Responsibility to the present (preservation of befunky to participate in the creation and enrichment of the culture)

The concept of "health" incorporates many different meanings, because this concept is one of the fundamental characteristics of human existence. The problem of saving human health in the new Millennium is of particular relevance. Human health determined by physical, social and spiritual condition. They all depend on such human qualities as will, reason, responsibility etc.

Maintenance and support of their health conscious person is his adherence to the ideals of a healthy lifestyle and creative activity, which since antiquity is called dietetics (from the Greek diaita – lifestyle). Dietetics today is considered the most effective means of improving the health status of the people aimed at addressing the causes of diseases.

HLS can be defined as the set hygienic norms and rules, motivated human behavior aimed at the formation, preservation and strengthening of health in real conditions of exposure to natural and social environmental factors.

One of the main conceptual approaches to the formation of HLS is the activity of man himself. At the same time, freedom of choice HLC often restricted to the social conditions, regional economic and environmental situation, cultural environment, financial capabilities, stress exposures.

According to the medical approaches in the characterization of HLS allocate 12 blocks:

- Rational work and rest
- Physical culture and hardening
- Food culture
- Psychological culture
- Ecological culture
- Personal hygiene
- Self-medication and prevention of harm from him
- Sexual culture
- Prevention of drug and substance abuse
- Individual prevention of infectious diseases
- The prevention of alcoholism
- Warning nicotinism

Bioethical value of the HLS - in the fulfilment of man's moral debt to the past, present and future generations.

The **goal** of HLS is to achieve optimal quality of life (QOL).

The **term "quality of life"** came to be regarded as a component of health since 1947, when who first defined the concept of health as a state of complete physical, mental and social well-being.

Initial studies concerning QOL, began shortly thereafter, though the term has become a separate category later in the second half of 80-ies – when the assessment of QOL has become one of the tasks of therapy.

The who recommends to determine individual QOL as the ratio of their position in society in the context of its culture and values with the goals of the individual, its plans, abilities and degree of disorder. If QOL is a subjective concept, it must be determined only by the prospects of a particular person.

Bioethics is used in the structuring of QOL, based on the three parameters originating from ideas about the structure of personality: biological, psychological, social. A balanced ratio of these components is the norm QOL.

Really it (the norm) is unreachable because this balance prevents the divergence in the temporality of all three components. But to achieve this balance is working to improve QOL. Obviously, this work is impossible without the influence of external factors, most important of which is moral regulation.

Quality of life – the adequacy of the psychosomatic condition of the individual to his status. This definition takes into account all three of the structural level of personality – biological (physiological), mental and social.

In practice, because of the comprehensiveness of QOL often do not assess quality of life as such and its components. Unlike natural Sciences, where objective truth is the highest value,

utility of obtaining objective knowledge, not an end in itself, there are important values such as human life, compassion, sympathy, etc., which come to the fore.

Assessment of QOL is very subjective. The same situation can be assessed in different ways. This may affect the quality of treatment and care. Practice shows that the doctor evaluates the patient's quality of life is usually lower than the patient. Doctors assess QOL in health indicators, while patients consider other factors – interpersonal communication, family well-being, the ability to engage in their favorite Hobbies, etc.

Assessing QOL, consider the following:

• The conclusion about the discrepancy between the desired QL may be based on different criteria - the patient comes from a single set of criteria and by a doctor from another
• Evaluation of QOL is of a temporary nature, so don't jump to conclusions based on this evaluation
• Evaluation of QOL by the patient based on formed his habits and views, so may be some bias concepts in the mind of the patient
• The man is extremely adaptive. He is able to create life out of nothing
• Evaluation of QOL reflects the socio-economic conditions in which the patient was before and the actual improvement of health does not change the conclusion about QOL, while factors of non-medical in nature not a Statute adequate to the expectations of the patient

As we have noted, evaluation is always subjective QOL. However, it is possible to define a criterion more or less objectively identify four levels of QOL. This criterion - a person's ability to perform vital functions. The more he needs external assistance, the lower the level of QOL.
First level.Normal QOL. All physiological functions are normal, there is no need to worry about your health, because nothing bothers him.

Second level.Limited QOL. People suffering from some physical defect or mental health, functional abilities do not correspond to the physiological norm. People can cope with physiological problems.

Third level.Minimum QOL. There are significant physiological deterioration with the restriction of personal freedom and possibilities of communication. A person experiences suffering and pain. He needs help of others to maintain vital functions.

Fourth level.QOL below the minimum. Man is in a stable vegetative state. Vital functions are only supported from the outside.

The assessment of QOL included in all discussions on health care. Doctor and patient must work together to determine what level of QOL is desirable, how to achieve this, what are the risks. The issue of QOL after treatment is always included in the ethical side of the relations about the disease. For adequate assessment of QOL is necessary to consider both personal and social characteristics of the patient, prognosis, subjective values that are important to the patient.

Control questions and tasks

1. What are the three main criteria of health. What is the definition of health gives the world health organization?
2. What are the main moral requirements for the individual in relation to their health
3. Give the definition of "dietetics»
4. Give the definition of "healthy lifestyle".
5. What conditions can be restricted to a healthy lifestyle?
6. List the characteristics of a healthy lifestyle (not less than 10)
7. How to apply the category of "quality of life"?
8. What is the criterion allows to distinguish four levels of quality of life?

Theme: Moral essence of interpersonal communication in medicine (6h)

Plan

1. The moral requirements of the physician's personality in bioethics
2. The characteristics of medical etiquette
3. Ethical norms of communication between medical professionals
4. The basic models of the relationship of doctors and patients
5. Confidentiality (confidentiality)
6. The rule of informed consent

Basic concepts: etiquette, medical (clinical) etiquette, internal culture, identity, respect, culture, conflict, paternalism, autonomy, identity, privacy

A brief abstract

The moral requirements of the physician's personality in bioethics. Bioethics considers moral issues of the doctor in the broad sense of the term, i.e., his moral qualities, a sense of professional duty, conscience, honor, dignity, tact, intelligence and common culture, physical and moral clarity, calling and clinical reasoning. These qualities are basically determined by the physician relationship with patients, with colleagues and assistants work with the whole team and finally with society.

Compared to traditional medical ethics in bioethics has increased the value of the doctor as a person. High demands on the personality of the doctor, the society has presented since ancient times.

In ancient India believed that the doctor may be the only person having the following properties: staid, venerable origin, with a strong character, selfless, intelligent, with a mind and memory, all talented and coming from a family of doctors or, at least, rotating among physicians, loving the truth, without the disadvantages of any sense, tidy in all, not quick-tempered, sharp-witted and clever, not lazy, wants to benefit, the whole being aspiring to the treatment of the patient even in cases where he may pay for it with his life.

Here such high requirements.

Russian educator, doctor and writer VikentyVikentyevichVeresaev (Smidovich) said: "Under all other equal conditions the doctor on the head morally above all other specialties".

In condensed form the basic requirements to personality of doctor formulated codes of ethics, oaths and other documents.

The characteristics of medical etiquette. Etiquette is a unique form of communication, co-creation, in which there is an understanding between people. The French word etiquette means "hard right people". Etiquette is a generally accepted procedure of communication between people, which manifests itself in external behaviour.

Communication is a natural need of all human beings and the condition of their normal life and activities. The quality of communication is determined by the level of ethical culture. Communication is necessary for human being as a personality, as it reveals the inner essence of the person. The communication is implemented in various forms of individual behaviour which are enshrined in the requirements of etiquette. It finds expression in the system of rules of politeness, kindness, courtesy. Etiquette is defined by respect for people. Etiquette involves following certain rules and manners of communication. It is based on, of course, moral principles.

Very important etiquette in medicine. Special clinical etiquette helps to establish understanding, and thus affects the quality of medical care. You could even say that the disregard for the rules of etiquette have a very negative impact on the state of health. Rules of medical etiquette are intended to patients having confidence in the professionalism and intelligence of the doctor that you can trust your health and life. Important in medical etiquette – respect for people.

The health worker is inconceivable without attention to people. Etiquette requires the doctor to be polite, tactful, honest, not to afford in dealing with colleagues and patients of the acts that has diminished their honor and dignity.

Medical etiquette demands the manner of communication of the doctor, his speech, to the appearance. Appearance health care worker needs to convince the patient respect, trust, evoke positive emotions. Emphasized professional wear neat, no frills cosmetics, calm, friendly facial expression, confident, unhurried motion, never any fussiness, haste.

Communication is, above all, conversation. Art, talent, communication, speech, ethics of the word requires skill and a high level of culture and effort.

In speech and voice of the doctor as a mirror reflects its culture.

The doctor is especially necessary to watch not only what he says but how he says. In the pronunciation of words is of great importance intonation, through which are transmitted the subtle nuances of our thoughts and feelings. Doctor improperly or without intonation pronouncing words, speaking in monotone, incoherent, unclear, often losing the respect of patients, meets difficulties in the implementation of those or other methods of treatment. You should always remember that the tone of voice of the doctor is a powerful source of information, not always healing for the patient.

To felt doctor, his negative feelings should not appear neither in words nor in gestures. This requirement deontology as hard imperative.

A serious problem of communication is the verbosity of individual patients and doctors. Doctor if it is necessary to show patience and wisdom. And in those cases where the story-the confession of the patient is unnecessarily long and does not contain information on the merits of the disease, the conversation should be directed in the right direction. The doctor should avoid the taunts, reproaches, to get excited, if the patient is repeated, confused, bogged down in unnecessary detail, jumping from one to another.

Undoubtedly, the doctor always have to solve difficult problems, what words can be healing, and which can burn the last hope. Sick person reacts to all the nuances of the word. A negative word may worsen the condition of human health, to weight all manifestations of existing diseases. Proven physiological mechanisms of the effects of words on people both healthy and sick.

Word in medicine is not only a communication tool but also a powerful healing factor.

Of course, not only word the doctor treats the ailments of their patients, it needs to be professional. Only the combination of high professional and ethical qualities, defines the ideal of the doctor.

The etiquette of the physician is an integral part of the art of healing. The basis of etiquette is a professional humanism, internal culture and the desire to do good.

Ethical norms of communication between health professionals. The ethical norm of the relationships of workers among themselves is mutual respect. This is in the interest of the common cause, depends on the tasks facing the team. Must be able to tolerate personal and characterological peculiarities of their employees.

Mutual respect, friendliness and help the health care provider to find their place in the team, to develop a sense of responsibility, camaraderie and mutual assistance. Good organization of labor and streamlined production discipline in the medical staff occupy an important place in the formation of a business, healthy relationships.

The relationship of the doctor with colleagues and all medical staff requires a physician of great knowledge, and training, culture and aging, education and self-education. A doctor must develop the ability applies to all health care workers with maximum fairness. Long known that the best members of any team (not only medical) are those who ask themselves the most strongly, and without mercy. With colleagues can require less than yourself. By the way, in any medical team in the analysis of the ethical side of any business, the most weighty opinions of people that are strictly judging yourself (and not blanch yourself and accusing everyone around); often such

people are the formal leaders of the medical staff, their soul and conscience. There is great educational value example of senior colleagues.

So, coming into any team in friendly family associates that makes a total and very difficult, the physician should be open and accessible communication, friendly and fair, free from initial distrust, suspicion, or wariness.

Medicine is a special area of human activity where moral relations play a leading role, at least no less than the professional competence and skill. Even – or rather, they mutually enrich and complement each other.

Among the various moral problems to medical staff very important relationships of doctors with secondary and Junior medical staff and especially nurses.

In the relationship between doctor and nurse should not be arrogance, to underline his privileged position in the work, prikazna ton, however, harmful excessive familiarity, such directness of relationship that already interferes with work. Disputes in the presence of patients, loud comments in the wards, dismissive tone, notation harmful in all respects.

Nurses, nurses, Junior nurses, whatever they are called, are also members of the medical team, their work largely depends on the success of treatment, and they deserve a respectful attitude.

The key to right relationships in the medical staff is strict and unswerving compliance by all health workers of the business chain of command.

The professional dignity of the physician collectively characterizes his moral qualities. Fulfilling professional responsibilities, placing the responsibility, the personality transformerait social requirements into the motives of his conduct. The freedom of moral decisions – that's the basis of the personal dignity of man.

The conflict – from the Latin.conflictus – collision, strife, controversy, dispute threatening complications". Interpersonal conflict is the result of a difference of characters, attitudes, values, goals and to identify its causes, considerable efforts are required to achieve its resolution. Sometimes this conflict occurs because resources are limited, sometimes due to differences in goals, perceptions, values, demeanor, experience. Its cause may be ignorance, speculation, rumors, gossip (poor communication). In any case, without identification of reasons, it cannot be eliminated.

Negative consequences of conflict is reducing productivity, deterioration of morale, increased staff turnover, poor reputation, reduced social interaction.

There are different styles of conflict resolution: avoidance, smoothing, forcing, compromise, concession, to some extent, a different point of view and addressing the causes of conflict. To a certain meta of these functions are to fulfil the ethical committees of medical organizations.

The best way to prevent conflicts – ethics in the relationship.

The basic models of the relationship of doctors and patients. In the system of relations "doctor-patient" philosophers and doctors concerned with questions of bioethics, there are few models: paternalism, collegiality, technicism, a contract or a contractual option.

For paternalism typical of the paternal, patronizing attitude.Doctor – unquestioned authority, assuming the solution to all problems of the patient. Opinion the patient is usually not asked. This variant is most common in practice.

When peer relations (model of "informed consent") the doctor and the patient, respect each other responsible employees, United by a common purpose. Mutual understanding is supported in the dialogue, the means to achieve the goals agreed. The current Russian legislation in the field of healthcare focused on the development of a collegial relationship between doctor and patient.

Technicism (engineering model), which suffer from many modern doctors, a kind of manifest themselves in relations with patients. The doctor prefers to deal with a dozen of analyses, instrumental examinations data, not the patient directly. Diagnosed, he begins to treat the disease,

clearly following well-known technology. Such issues as the personality of the afflicted, his feelings, care for them, doctors are interested enough.

A contract in the relationship between doctor and patient – a naive attempt to make communication extremely simple, business on the market. Is a contract in clear terms: the doctor sells a specific service, the patient buys and pays for. In medical practice, this option pure almost never occurs.

Given the huge diversity of situations in which interact the doctor and the patient, it can be assumed that all allocated relationships and their combination is found in real practice. Preferred close to ideal are the collegiate version of the relationship or the so-called model of "informed consent".

The main rule based on the principle of respect for patient autonomy is the rule of **informed consent (IC).**

The idea is – it is a product not just of medical ethics, it is developed in the framework of law and medical practice. Its development was stimulated by historical events and social change, heading the legal and practical considerations, ethical and philosophical theory, social movements (such as the civil rights movement and the movement for rights of patients). IP – this is a legal doctrine, and ethical concept, and clinical practice. It is not surprising that today there is a tension between what is morally desirable, legally binding and feasible in clinical practice.

It is important that the patient understands the information provided, For true informed consent is important not only disclosed information than the degree of the understanding. Unfortunately, in clinical practice, a disclosure is separate from understanding.

American law has developed three standards to achieve the understanding to determine the nature and amount of information that must be disclosed.

The earliest of these is the standard "professional practice" - patients need to give as much information as accepted in medical practice. What you have to disclose the doctor determined that would reveal any other doctor under the same circumstances.

A more modern standard is a standard of "objective or reasonable person," which requires that the patient has been given information that any reasonable person in the same situation would have found it relevant and necessary for informed decision-making.

And the third standard is "subjective", focuses on the information needs of a particular, individual patient, not an abstract reasonable person.

Which standard to use? In the U.S. the most widely used standard of "reasonable person" in the UK it is standard professional practice, and in Germany – a subjective standard.

In the Russian legislation the rule of informed consent are spelled out in articles 20 and 22 of the Federal law №323-FZ "About bases of health protection of citizens in the Russian Federation".

Consider the features of implementation of IP rules in case of adverse weather forecast. Merciful Lee and feasibility of providing the whole truth in this case? The experience of physicians shows that in many cases the message to the patient the true diagnosis of an incurable disease leads to a hard injury to his psyche, depriving its crucial psychological support – hope and leads to a rapid mental and physical collapse. Often tragic situation for the patient becomes more important than all earthly Affairs and concerns. Moreover, it can result in suicide.

The problem is complicated and ambiguous. No one person is like another. Each requires an individual approach. Folk wisdom says "Some say the truth. Others have grace." Tact is preferable.

The study of the psychology of patients shows that many of them live with the hope and wish of deception. For example, most of the patients of the hospitals, despite the obvious signs of the disease, believe that the lights were only for examination.

The physician should not leave the patient in the soul, with faith and hope. The power of medical words is hard to overestimate. "The goal of medicine if possible to cure, if not to relieve, but always to comfort" (Ambrois Pair French surgeon, one of the fathers of modern medicine). As

rightly writes L. B. Likhterman (Professor, M. D., neurologist) in medicine, the truth is what is useful to the patient, even if it is sometimes a lie.

In fairness it should be said that not every person injures the truth about the disease.

Unfortunately, in practice, the most difficult is the ability to determine what kind of reaction can cause "the whole truth" in a particular patient.

Of course, in real medical practice, the doctor must adhere to the rules of informed consent, but in cases of unfavorable outcome requires a differentiated approach. Russian legislation provides for this possibility. If the doctor realizes that the truth is bad for the patient, the doctor may discuss a patient's condition with relatives. Thus it is necessary to take into account the patient's wishes as to who exactly from the family information can be provided. Typically, the patient indicates it is in a special form at the stage of admission for treatment in a medical organization.

The most important universal rule, applicable in any of the considered models, is a rule of privacy or confidentiality.

The rule is: the information that the medical worker receives in connection with the performance of their professional duties, may not be transferred to third parties without the patient's consent.

Confidentiality, or patient confidentiality, allows you to set between patient and physician offer the most open, trusting relationships. In conversation with the doctor, the patient tells you such details, which often hides from his family, friends, who is shy himself. The preservation of medical confidentiality guarantees him peace of mind and professional help.

In the international code of medical ethics in the section "responsibilities of the physician towards the patient" says: "a Doctor must preserve absolute secrecy in all that concerns the patients who trust him". Similar ethical rule is contained in all ethical codes, both international and Russian.

The legislation also applies the legal rule concerning the duty of confidentiality (article 13 of Federal law No. 323-FZ "About bases of health protection of citizens in the Russian Federation").

The subjects of confidentiality, are not only doctors, but all health care workers, as well as, as well as persons to whom information became known at training, execution of professional, service and other responsibilities.

With the consent of the citizen or his legal representative allowed the transfer of information constituting a medical secrecy to other citizens, including officials, in interests of inspection and treatment of the patient, for research, publications in scientific literature, the use of this information in the educational process and for other purposes. The researcher must ensure confidentiality of patient's identity.

An exhaustive list of cases of the provision of information constituting a medical secret without the consent of the citizen or his legal representative contained in article 13 of the Federal law №323-FZ. But in these cases, first information is provided only in a definite person, prescribed by law, and second, these individuals are also required to observe confidentiality.

The procedure of providing information of medical secrecy, stipulated by law. For example, in the case of the provision of information upon request of law enforcement bodies, the doctor can provide information only official person on the basis of a formal written request in respect of a particular case. Blunder is the communication of information about the patient, the investigator and the investigator based on the fact that it is such. The doctor is obliged to always inform the patient that medical mystery solved.

Another important aspect is the provision of information to the relatives of the patient. The General rule certainly applies in this situation. It is impossible without the patient's consent to provide information to the relatives! Especially the wife! Only with the permission of the patient. He can deny it or have to indicate with whom you can discuss the state of his health. Moreover, the informed consent form even provides a special field where you have to specify which relatives receive the information.

The only exception is when information without a patient's consent may be granted to the relatives – a situation unfavourable prognosis. The situation in the Russian legislation is provided by article 20 of the Federal law №323-FZ, which lists a range of relatives. Here the decision is for the doctor. If the doctor realizes that the truth will harm the patient, the physician discusses the patient's condition with someone from relatives. Thus he must proceed from the content filled with the words of the patient counts on the persons to whom this information may be provided.

If the patient is in a state not allowing him to Express their will, and in this case, the situation is not discussed with relatives! Medical intervention in emergency in this case is carried out in the manner stipulated in articles 20, 22 of the law No. 323 without the consent, respectively, without providing any information. The decision to take doctors or collectively, if possible, or alone. But not relatives!

The disclosure of medical confidentiality is fraught with serious complications in a patient's life. The doctor should not interfere in personal, family and kindred relationships of the patient. If he believes that some information should be shared by some persons, he should talk with the patient and convince him to talk to this person, or to consent to an interview.

Of course, this does not apply to situations constituting the list of exceptions provided for in article 13 of the law No. 323, for example, if there is a threat of dissemination of infectious diseases. But in the case when there are circumstances from the list of exceptions, the physician must act in accordance with the procedure prescribed by law.

Control question
1. What are at least 10 moral qualities of the personality of the doctor
2. What is the meaning of the word in the art of healing?
3. What is the etiquette?
4. Which documents contained the ethical requirements of the personality of the doctor?
5. What are the moral qualities of the personality of the physician in the relationship with colleagues.
6. What are the main models of the relationship "doctor – patient". Give a description of each of them
7. What distinguishes the standards for understanding provided by the patient information?
8. Does not provide the whole truth to the patient about his health?
9. Whether the provision of information about the patient's health status to his family?
10. In some cases, permitted without the patient's consent, the transfer of information constituting a medical secret?

Theme: "Moral problems" in bioethics (6h)

Plan
1. Bioethical problems of medical intervention in human reproduction
2. Bioethical issues of death and dying

Basic concepts: the human embryo, abortion, surrogacy, euthanasia, palliative care, hospice

A brief abstract
Bioethical problems of medical intervention in human reproduction. Modern international

norms affirm the right of every human to health, birth and upbringing of children and the right to dispose of these values.

Consultation, diagnostic and treatment actions the implementation of the rights of family planning, forcing doctors and patients to untangle a complex knot of ethical, legal and social problems. The main of them are:

• The legal status of the human embryo.

• At what stage of development the embryo should be considered human.

• Whether and to what extent manipulation of sex cells and human embryos for therapeutic and research purposes.

• Is it right to abortion at all; if so, on what indications: medical, social, or rather only the desire of women; at any time possible.

• Is it right to preservation of reproductive cells.

• What are the legal and moral basis of surrogate motherhood.

None of these problems has no single solution. Each of them branching into many small issues as complex and contradictory.

Ethical, social and religious issues of abortion. There are two opposing viewpoints on abortion:

1. This is a personal problem of women, more than anyone she's not concerned, and to interfere no one but a doctor should not.

2. It's murder, but because this is a complex ethical issue about each person.

Dominant from ancient times had a negative attitude to abortion and doctors, and churches, and the majority of the population. Our ancestors knew that the creature that bears in itself the woman, became a man long before his birth. Therefore, in the Hippocratic oath condemns abortion. The state in different eras tried to solve this problem practically, depending on the needs of the population that was not paying attention, letting things drift, we introduced strict legal action including imprisonment and the death penalty. For the sake of objectivity, it should be noted that these measures had little impact on the number of abortions.

You can distinguish three basic approaches to solving the problems of human reproduction: the liberal, moderate and conservative.

The liberal point of view is gradually strengthening its position in the European public opinion. Her essence: a woman has the right to dispose of his own body, including to make a decision about abortion.

Reasonable point of view, too, in its own way logical: the embryo gradually accumulates as a person, and it is necessary to consider the balance of interests and his mother specifically for each trimester.

The conservative point of view is simple and unequivocal: abortion is murder, and no moral justification can not be. The embryo from conception is a person with fundamental human rights, primarily the right to life. The most extreme conservative position – any abortion is unacceptable, no exceptions.

The world medical Association (WMA) in 1983, attempts to define common guidelines in this controversial issue and generates a balanced Declaration on medical abortion, the principal provisions of which are as follows:

1. The fundamental moral principle of the doctor – respect for human life from the moment of its conception.

2. The ambiguity of the choice is determined by different religious and moral positions, and any decision requires respect.

3. Determination of the attitudes and rules of decision in this state outside the scope of medicine; doctors need only to protect their patients and defend their rights in society.

4. In those countries where medical abortion is legal, competent professionals can do them legally.

5. If your personal beliefs do not allow the doctor to recommend or to do a medical

abortion, he should entrust the patient to a competent colleague.

Russian legislation provides for a woman's right to an abortion at her will to 12 weeks, abortion for social reasons up to 22 weeks for medical reasons – regardless of the timing. These rules are stipulated by the Federal law №323 "On the fundamentals of health protection in the Russian Federation". The list of social indications was approved by the Government of the Russian Federation. In 2003, he reduced to four: the presence of the court decision on deprivation or restriction of parental rights, pregnancy resulting from rape, women stay in imprisonment places, presence of disability of 1-2 groups at the husband or death of a spouse during pregnancy. The list of medical indications – the order of the Ministry of health.

Neither the code of medical ethics or the oath of the Russian doctor, the text of which is contained in the Federal law №323, does not contain obligations similar to what was in the oath of Hippocrates concerning the ban on abortion. However, Federal law No. 323 provides for the right of doctor to refuse to perform the operation of artificial interruption of pregnancy without explanation, with regards to personal beliefs and to transfer the patient to a competent colleague.

Bioethical issues of the so-called "new reproductive technologies (NRT)". Technologies of human reproduction are: artificial insemination, in vitro fertilization (IVF), "surrogate motherhood".

Artificial insemination, according to its opponents, is an irresponsible attitude to the Supreme gift of each healthy person can participate in the creation and prolongation of life. It's a way to cheat nature, to hide their physical disability. It is dangerous for society and future generations, for it is impossible to guarantee the prevention of the participation of persons with mental, sexual, hereditary defects.

It is considered that the most elaborate scheme of donation of genetic material for artificial insemination should include that:

• donors can only be men with children;

• artificial insemination is carried out only for medical reasons and only for heterosexual couples;

• all donors are checked for the presence of sexually transmitted diseases;

• be sure to carried out a genetic analysis of gametes to identify possible chromosomal defects.

These rules are implemented in some European countries.

IVF. Among the new reproductive technologies a special place is in vitro fertilization with embryo transfer. The indication for the use of absolute infertility women.

Almost every application stage of the IVF method requires the solution of complex moral problems. What is the status of the embryo? Justified if the sex selection? How to deal with surplus fertilized ova? If "spare embryos" become a material donation, the object of scientific research? A number of these and similar issues continue to be actively discussed, some resolved legally and in documents of the SCA.

So in the "Regulation on in vitro fertilization and transplantation of embryos" adopted by the SCA in 1987 stated that the use of the IVF method is justified when other methods of infertility treatment ineffective. This method can be useful both for individual patients and for society as a whole, not just adjusting the infertility, but also to investigate the disappearance of genetic diseases and to stimulate fundamental research in human reproduction and contraception. Ethical positions in vitro method justified, for implementing the inherent right of women to be a mother, to have a child.

Ethical and legal complexities of surrogacy is well demonstrated by the following fact: a child born in this way, it may be 5 parents, 3 biological (male donor, female donor, female donor of the womb) and 2 social (who made the order). Furthermore, the need for social control of each stage of surrogacy is dictated by the danger of commercialization of procreation. Unfortunately, in the Russian legislation, the legal regulation of any problems of surrogate motherhood is missing.

In terms of democratization and expanding human rights of specific relevance and necessity of the discussion becomes the desire of sexual minorities to have children.

Ethical aspects of death and dying.The theme of death - an edge in philosophy, medicine, law. Medicine has always been focused on the experiential side of the problem of death, philosophy sought the meaning, the right has mostly defined the legal consequences of the occurrence of death. Ethics, philosophy and law were United and concentrated on the issue of euthanasia. The issue of euthanasia is one of the most challenging issues of medical ethics, medical debt.

In contemporary bioethics, euthanasia is usually understood the deliberate acceleration of death of a terminally ill person to end his suffering.

The proponents of "euthanasia," equating it with the concept of " easy death," opponents to the killing.

There are three values that define the concept of "euthanasia" from the "Concise Oxford dictionary". The first is "calm and easy" death, the second "to" third "action for its implementation".

The definition of the Dutch law euthanasia is called every action aimed to put an end to the life of the go particular person, going to her own will, and made a disinterested face.

Euthanasia is a controversial action. First of all, distinguish between active and passive euthanasia. Active euthanasia is the introduction of a doctor of a lethal dose. If passive euthanasia is terminated the provision of medical care to speed up the onset of natural death. Western experts, for example, the Council on ethics and judicial Affairs of the American Medical Association, introduced the concept of "supported suicide." From active euthanasia, it differs by form of participation of a physician. "Support suicide" is the assistance of a doctor on the entry of death of the patient by ensuring the necessary resources or information (e.g., lethal dose of sleeping pills appointed). In addition, we introduce the gradation of "voluntary", "involuntary" and "unintentional" (involuntary) euthanasia.

Voluntary euthanasia is carried out at the request of a competent patient. This competence refers to the ability of the patient to realize and understand the situation, make a decision. Involuntary euthanasia is conducted with an incompetent patient on the basis of the decision of relatives, guardians, etc.

Euthanasia must be distinguished from similar situations

- euthanasia is present in the case when is used the drug that causes death and if the patient is deprived of all that he needs for living (food), or all that beneficial for him (intensive care unit, which would allow him to recover and to maintain their own life, get a treatment that is able to give a chance to continue life in normal conditions);

- no euthanasia in the event of termination of intensive care when the cerebral death state is irreversible (all treatment does not have any result, not ease suffering, has no chance for further recovery, but only continues a time of agony and, in addition, brings untold suffering to the family and the disproportionate costs to the state);

- euthanasia is not in the case of areanimal malformed newborn child, or in severe pathological if it naturally leads to death (when only artificially to prolong life with no hope of improvement and the emergence of the capacity for independent existence):

Conflicting views on euthanasia have led to the formation of two basic positions: liberal and conservative.

The liberal position. It is based mainly on the principle of patient autonomy and the obligation of the doctor to respect patient choice.

Supporters of euthanasia believe that it is an act aimed at addressing the unbearable pain. If the pain persists, administer, give an easy death, can be seen as humane and compassionate. The following argument might be called "altruistic". It is the desire of a seriously ill person not to burden themselves, people close to him. In modern literature can be found and the demographic argument. The acceptability of euthanasia is associated with the "significant aging of the population," with the growing number of disabled elderly, keeping, care and treatment which entails a number of economic and social problems.

The logical conclusion of recognition of the social acceptability of euthanasia euthanasia is defective. Particularly acute problem arises regarding newborns.

A special threat is a forced euthanasia. Everyone knows the experience of Nazi Germany, where in 1938-1939, was designed and carried out the "euthanasia Program" to "vitally defective" persons.

In 30-ies in the United States there was a society of "Euthanasia", which aims to change the laws and legalize the killing of "defective". And if at the end of the first half of the twentieth century, these ideas were condemned by the international community, at the end of the second half of the twentieth century, they are once again gaining strength. In this case, however, changing ideology of forced euthanasia with the concept called "mercy" in relation to hopeless patients and "justice" in relation to their families or even society as a whole, including insurance companies and government agencies funding medical care, forcing them to cut funds for providing medical assistance to other categories of "promising" patients.

The use of the terms "mercy" and "justice" to justify involuntary euthanasia is the path to eventual social chaos, the path that violates all moral principles.

Conservative position. At first approximation, it seems that the conservative position on the issue of euthanasia is simple and straightforward.

The arguments of physicians, opponents of euthanasia based on medical practice.

First, medicine known facts "spontaneous cure" of cancer. Although such cases are rare, eliminate their ability in each individual situation it is impossible.

Second, the practice of military doctors indicates a person's ability to adapt to life despite a disability (amputation of feet, hands). Adaptation and new quality of life, as a rule, led most of them to a negative evaluation of its previous requests to the doctors about the acceleration of their death.

Third, the acceptance of death as a "type" of medical treatment (pain, suffering) can be a powerful obstacle to the development of medical knowledge, the development of which is constantly stimulated by the "fight against death".

The social purpose of medicine has always been in the fight for human life. In this struggle, is her moral task. Constant desire to solve this task, despite its insolubility, and the series resistance of the inevitability of death has always evoked the respect and trust of a doctor. In some cases, the doctor may be the undeniable facts of the hopelessness of further struggle with the disease, it is absolutely exact data about a potentially fatal outcome. Can the doctor stop the fight against the disease in such cases. Legal aspects of the problem are clearly defined and in such cases it did not. The doctor is obliged to continue the struggle for the life of the sick person even in the most seemingly hopeless cases. This is his duty. In some cases doctors have come in to continue the fight for life even in spite of the request of the relatives to stop further treatment.

Social and legal recognition of euthanasia — the destruction of public positions in medicine and the moral basis of healing.

In practice, requests for euthanasia often come from relatives. The doctor must politely but firmly decline them. Such requests simply illegal from a legal point of view.

In addition to ethical sides, the problem of euthanasia has a purely medical aspect. The fact that the term "hopeless patient" may not be a statistical concept. The concept of the incurability to a large extent dependent on the resources and opportunities that are currently available. Besides, it is widely known how big the possibility of error, when the doctors make their forecasts.

W. Galen, President of the Hastings center of bioethics (new York), writes: "being put to the Test the very soul of medicine, the moral core of medicine. If doctors will become killers or even just will have the right to kill, all of medicine as a profession and each doctor individually, will be forever deprived of trust and respect that society gives to those who heals, soothes pain and supports life in all its fragility. For if the power of medicine over life will likewise be used for treatment, and for murder, the doctor is morally neutral technician, not a moral representative of the profession."

Hospice and palliative care – that is the civilized way for terminally ill patients. If we want to help hopelessly ill and suffering people, it makes sense not to justify a right to suicide for them and the right to kill the doctor. Hospice is "an alternative to the negative and socially dangerous

representation" of humanity active euthanasia. Hospice - a special hospital for terminally ill patients, where all conditions are created for the relief of human suffering. For the first time the establishment of hospices began in Britain in the nineteenth century, Dublin was founded by the monastic order of sisters of mercy who cared for the dying. About a hundred years later, in 1967, near London built the first modern hospice – the hospice of St. Christopher

Dying is a special time in human life and medicine can help the person as a human to die. In hospice, the patient's personality, his desires and emotions brought to the fore. Hospice is a condition of the patient, such as a person's life, when self-sufficient and relevant is the present, not the future. Thus, the die becomes a human time, a meaningful life, the ability to accept death with dignity

Every doctor, every nurse, everyone who decides to devote himself to hospice care, must find some personal experience of philosophical and religious comprehension of the border between life and death. Physician palliative care professes the following ethical principle: if you can not interrupt or even slow down the progression of the disease, quality of life becomes more important than its duration.

Despite the fact that palliative care does not require high technology, it is considered in the West a rather expensive – mainly due to high temporary staff costs.

About the assisted dying movement – one can speak about a kind of civilizational factor in modern world:

First, the patient's right to freedom from pain, a dignified death is one of the civil rights of the individual.

Second, the hospice in a sense can play the role of a kind of social medication for our society as a whole.

Thirdly, an exceptionally beneficial influence hospices will have on the rest of our medicine, rehabilitating in our age of high-tech, highly specialized medicine, the ethical value of the ancient medical precept "Salusaegroti suprema lex" ("the Good of the patient above all else").

Control question

1. Give the definition of the iatrogenic
2. That is the basis of legal responsibility of medical workers?
3. How to minimize injury or harm to the patient?
4. List the main approaches to the problem of abortion
5. What are the features of medical care to terminally ill patients?
6. What do you know about hospice?
7. What is the ethical credo of palliative care?

Theme: «Moralproblems» in bioethics (continued) (6h)

Plan

1. Bioethical issues the use of innovative methods in medicine
2. Bioethical issues of medical genetics
3. Bioethical problems of Transplantology

Basic concepts of clinical research, ethical expertise, eugenics

A brief abstract

As we have already found out, a keen interest in biomedical ethics arose originally in connection with the use of man as a test subject in clinical studies. Gradually formed a strict concept of ethical expertise of clinical and preclinical research (KI) on the basis of principles and rules of bioethics.

The main ethical principle KEY of the Kantian principle that man is not a means but a goal. The doctor conducting the study shall be guided by the priority of the patient's good above the public good and scientific interests.

Ethical basis of scientific researches are formulated, the Nuremberg code and the Helsinki Declaration (WMA, 1964) "Ethical principles for medical research involving human as a subject". Should be called and the Convention on the protection of the rights and human dignity in application of biology and medicine: Convention on human rights and Biomedicine (VMA, Oviedo, 1997).

Human studies are divided into two types: medical and biological research (non-clinical) and clinical studies. Biomedical research studying the reaction, change of state of an organism of healthy people under the influence of certain external factors. Such studies complement and improve the scientific data, but the treatment of diseases have no direct relationship. Clinical studies in the treatment of diseases. These studies are clear rules that exclude distorting the result moments. All research ethically when it is intelligently well-organized.

Distinguishing between the concepts "research" and "test", prof.Sedov offers to match them as the General and the particular. Meaningful research involves both theoretical and empirical levels, and the test is only empirical observation, formalized Protocol proposals. In the documents and in the literature these concepts, unfortunately, are often used as synonyms.

Stages of the clinical trial. The clinical trial (S) begin with a problem statement, followed by a review of the literature, the nomination of hypotheses and theoretical analysis, then the laboratory empirical testing and then testing involving human subjects. A clinical study is entirely subordinated to the logic of scientific knowledge in medicine.

Clinical studies on humans can, according to the above documents, be performed by physicians in the following cases:

- if they serve to improve the health of patients;

if they make a significant contribution to medical science and practice;

- if the results of the previous studies and the data of the scientific literature did not indicate a risk of developing complications.

You can call provided for in these documents, the basic norms of research involving human subjects:

• Full and accessible information of the patient and obtaining his explicit consent in writing

• The investigator must ensure the patient's right to refusal to continue the study at any stage and for any reason. The subject can experience not only physical pain but also emotional discomfort, fear, prejudice.

• If the test is detrimental to the health or dangerous to life, it should be immediately aborted. The insistence on its continuation will bring more harm and distort the research results.

• If the patient cannot give informed consent to participate in the study, it can be obtained in written form from the legal representative. Such studies can only be conducted in the interests of the patient, in order to save his life, restore, or maintain his health.

KI conducted in four stages based on the recommendations on the results of tests on animals. They are preceded by the stages of theoretical and laboratory research.

Objectives of the study, its plan, methods, potential benefits and harms, possible complications should be clearly formulated and submitted to the ethics Committee. Any biomedical research should be conducted by qualified scientific experts. In addition, testers must insure their liability in case of causing unintentional harm to the health of the subjects.

If legal or ethical documents are not spelled out cases faced by the researcher, it is obliged to apply for help to the ethics Committee. Read more the issue of ethics committees we consider next.

There is a specific group of people who are considered "vulnerable". So called, especially children, subjects with mental disorders, pregnant women, military personnel, medical students, prisoners. Research involving these populations is restricted or prohibited. But in extreme cases, if the investigation is necessary, help to solve the problem of the group and of the patient, the event may be specially considered by the ethics Committee.

The results of studies and experiments should be published in the professional literature they may not otherwise be subjected to peer review and would not make sense. In describing the progress and results of the tests must comply with the rule of confidentiality, so as not to cause moral, material or any other damage to the person participating in the experiment. The results of the experiment should not be distorted, exaggerated, premature or unchecked. After publication, come into force-copyright, using information without authors will be considered illegal.

The necessity of using animals in biomedical research, few in the science contest. International Committee on laboratory animals in 1974. proposed the following definition of experiment on animals: "experiments on animals can be considered any experiment conducted on the animal or in its partial participation in the course of which it collects information, results, or test of the effect of some process on the animal". Its main goal is to obtain maximum scientific information at the minimum applied minimum number of animals and causing them suffering and concern.

Laboratory animals play an important role in the implementation of health programs on an international scale, and the restriction of their use may exert an inhibitory effect on the progress of medicine and biology. Research using animals must comply with strict ethical standards:

1) goal approved by the society and ethics Committee, based on the principle of humanism;

2) apply effective pain relief;

3) necessary care;

4) animals are not used in the repeated experiments, which transform their life in continuous suffering;

5) the killing painlessly;

6) the experiments are conducted by trained personnel to avoid unnecessary suffering;

7) refusal of carrying out of experiment on the living organism, if the answer to the research question can be obtained in an alternative way (cell culture, mathematical modeling, etc.);

8) avoiding the use of animals for demonstrations of known phenomena (the use of slides, charts, films etc.)

As we have said, one of the stages KI is the ethical examination. According to the dictionary definition of the terms used when conducting a KEY goal of ethical expertise "...protecting the rights, safety and well-being of research subjects and assurance of the public of this protection by (amongst other ways) consideration and approval of the Protocol of CI eligibility researchers, equipment, methods and materials...". KI requires moral conduct of the researcher in any situation and towards any object of study – biomaterials, animals, people.

Ethical review is carried out by special organs - the group of experts, which are called ethics committees. The ethical committees we have mentioned in previous lectures and exercises.

Bioethical problems of medical genetics. In 1995, the world health organization (who) issued a document called "a summary of the ethical aspects of medical genetics". "Summary" contains the main points of a larger document "Program of human genetics of who." In these documents summarized the international experience on ethical issues arising in research and clinical practice in the field of genetic pathology in connection with the introduction of modern health care, bio - and genomic technologies. As it relates to the ethical regulation of professional

activities of doctors, all questions in these documents are considered the Trinity of their genetic, legal and social aspects.

The aim of medical genetics, the document says, is the diagnosis, treatment and prevention of hereditary diseases. The researches are carried out to achieve this goal. Based on medical genetic practices should be the following General ethical principles:

• respect for the individual: the doctor's duty to respect self-determination and Autonomous choice of the individual and protection of persons with disabilities (e.g., children, persons with mental retardation, mental illness). The principle of respect for the individual should be the basis of any relationship of a professional geneticist and consulting;

• use: mandatory welfare of the individual, acting in her best interests and maximizing possible benefits;

• nonviolence: the duty to reduce and eliminate the harm caused by identity;

• balance: the need to balance risk of action to benefit were more likely than harm to patients and their families;

• justice: fair distribution of benefits and burdens.

Such documents are developed and are also being developed by other international organizations. Many doctors, geneticists, and lawyers speak of the need to develop a special genetic code, which would regulate respective rights, responsibilities and rules of conduct of the parties in these matters.

One of the essential features of ethical problems in medical genetics is that hereditary diseases affect not only the individual suffering from them. These diseases are transmitted to descendants, so problems are essentially a family and clan in nature.

The second feature is the dramatic gap between the success of diagnosis of hereditary diseases and the ability to treat them. Any successful treatment susceptible to very few diseases, so the actions of the physician are limited to their detection and prevention. This leads to the appearance of unusual medical problems – ethical diagnosis of a particular hereditary disease, if there is no way to treat it. As practice shows, the vast majority of people at risk for hereditary diseases diagnosis not want, do not want to know their future, for it is not able to change it.

The third specific feature of medical genetics is that the main object of her attention are the future generation, and material costs borne by the generation now living. It requires special spiritual climate in society when the majority of citizens are able to understand their responsibility for the health and the lives of those yet to be born. If such an understanding exists, can be reasonably solved the problem of equitable distribution of public resources between generations of people and those that will come after him.

The project "Human Genome", which started in 1990 and not yet completed, has become one of the most ambitious scientific programs. The main goal of this project is to determine the nucleotide sequence of human DNA.

The first developers of the project "human Genome" foresaw the inevitability of the ethical, legal and social problems and formulate ethical objectives of the Project:

to specify and to predict the consequences of kartirovanija of the human genome;

- to stimulate public discussion of this problem;

- to develop options for regulation that ensures the use of information in the interests of the individual and society.

There are three areas in which it is necessary to analyze the socio-ethical implications of the project "human Genome" is the individual and the family, society, philosophical ideas of man about himself.

At the level of the individual and the family, one example of the emerging problems could be next. In the near future will be developed, thousands of new methods of genetic analysis and each person can have unique information on their genetic features. But there is a natural asymmetry in the rights of ownership and disposition of such property. Parents as legal representatives of minors have the right to access their genetic information. However, the law does not provide for children's right to the possession of genetic information about their parents. Since the genome of

the child obtained them partly from his father and partly from his mother, the restriction of the right to access genetic information of the parents means failure to obtain the sometimes vital information about himself. This is a clear form of injustice in the relations between generations within the family. Will have to broaden the scope of traditional concepts of "privacy", "privacy", "autonomy of personality". They must now apply not only to the individual but to the family, genus. The importance of family ties, mutual responsibility, fairness, decency all the relatives. Only family solidarity can protect each family member from unwanted invasion of stakeholders in their "genetic secrets". It can be employers and their agents, insurance companies, government agencies and others.

At the level of society, first of all, there is a need of qualitative improvement of General biological and especially genetic education of the population. The possession of genetic information involves the responsible disposal of property. This is impossible without mastering the foundations of modern genetic knowledge, without understanding the language of probability laws that describe the characteristics of the manifestation of hereditary traits. Genetic ignorance of the population was and is a fertile environment for unscrupulous political speculation and unfair commercial practices in the field of genetic testing and genetic counseling.

Another social problem faced by society in the course of the project "human Genome" is equity of access to methods of genetic diagnosis, genetic consultation and appropriate methods of prevention and treatment of hereditary diseases.

Ethical aspects of gene therapy and genetic counseling. Gene therapy represents one of the newest directions of development of medicine. To date, she applied to have hundreds of patients, and in some cases with a rather encouraging result. Most promising is the application of gene therapy for the treatment of monogenic hereditary diseases in which it is assumed that the introduction into an organism of genetic material containing a normally functioning gene will cause a decisive therapeutic effect. Promising developing methods for gene therapy of malignant neoplasms. Significant hopes are pinned on the development of efficient methods for gene therapy of AIDS.

Mixed prospects of gene therapy for multifactorial disorders such as cardiovascular. But here, in identifying "bottlenecks" of the disease, possible genetic correction, promising at least the possibility of slowing the development of pathology.

However, it should be emphasized that currently none of the existing methods of gene therapy cannot be considered to be sufficiently Mature and reliable. Successful cases, caused the excitement and enthusiasm of the public, interspersed with the tragic failures followed by persistent appeals to stop these dangerous experiments. Therefore, it is safe to assume that in the coming decades gene therapy will come from the field experiments, and consequently in relation to it is necessary to apply an appropriate set of legal and ethical standards.

Genetic consultation is a process in which patients or their relatives with the risk of inherited or suspected genetic condition get information about the impact of this disease, the likelihood of its development and heredity, as well as on its prevention and treatment.

The ultimate effect of genetic counseling is determined not only by the accuracy of the conclusions of the consultant, and to a large extent understanding, awareness consulting meaning of genetic prediction. The constant memory of the troubles, fears, concerns, misconceptions about the nature of hereditary diseases hinder the process of perception consulting information reported by the consultant. Message to parents even top the results of the study may be ineffective if they are not suitably prepared to accept this information. Explanation of risk should be carried out consistently, taking into account characteristics of the consultation.

Most patients of the doctor-genetics by analogy with the recommendations of the therapist, surgeon and other specialists believes the doctor's office make them a clear program of action, assign appropriate activities, and give a definite answer, which parent to blame for the birth of a child and how to avoid trouble. Often, however, they will be disappointed. Many of the issues they must decide, for example, when they announced the amount of repeated genetic risk.

Therefore, it is very important that parents leave the consultation with a fairly clear picture of possible outcomes of future pregnancies. It is necessary to inform patients not only of the probabilistic forecast, but also to explain the probable cause of the disease in the family, mechanisms of transmission, early diagnosis, treatment, etc.

The doctrine of selection as applied to man, as well as on ways to improve its hereditary characteristics is called **Eugenics** (from the ancient grecheskogoeὐγενής — "well born, noble"). The doctrine was intended to deal with the phenomenon of degeneration in the human gene pool. The term "eugenics" in 1883 proposed by F. Galton. In his view, eugenics must develop methods of social control, which "can fix or improve the racial qualities of future generations, both physical and intellectual". Supporters of eugenics believed that the development of medicine and other measures to improve the quality of life has weakened the action of natural selection, there was a danger of degeneration of the people. "Subnormal" individuals participating in reproduction, "clog up the gene pool of the nation" pathological genes. Eugenics offered a system of measures able to prevent genetic degeneration of the population.

There are two types of eugenics: positive and negative. The first aims to develop methods that can suspend transmission by inheritance "subnormal" genes. The second is to provide diverse opportunities and advantages for the reproduction of the most physically and intellectually gifted individuals.

The idea of eugenics has had a significant influence on the formation of Nazi racial theory and practice in Germany, what was the reason of discrediting the idea of genetic improvement among scientists and the public.

However, some of the ideas of eugenics can not be denied rational. Improving the health of the population by systematically reducing the concentration of genes that define a particular pathology is quite a morally justifiable action.

Bioethical problems of Transplantology. Transplantation, the occurrence of which approximately dates back to 1954, gave surgery to a whole new level of development and caused a huge amount of previously unknown ethical and legal issues.

In 1992 was an important step towards establishing the legal framework of transplantation adopted the "Federal Law on the transplantation of organs and (or) tissues". In it, in particular, the law has established the principle of ascertaining a person's death the criterion of brain death, doctors have the right fence of organs for transplantation from individuals who are in this state.
The law established the rule of the presumption of consent of potential donors and their relatives that similar legal standards of most European countries. A ban on the sale of organs for transplantation.

The law, however, reglamentary only the most General rules for doctors, recipients, donors and their relatives. There remain a signicant number of problematic situations that require more subtle and detailed ethical training and legal regulation.

The first fundamental question that arises in connection with transplantation – moral to spend money on the development of this field of surgery. Organ transplantation is a very expensive operation that consumes significant healthcare resources. In Russian hospitals, the shortage of the most basic medicines, instruments, equipment. The moral is to ignore the interests and health of thousands of citizens for the sake of the tens?

In this situation it is necessary to refer to developed by the bioethics principle of justice and to solve complex dialectical contradiction of life specific analysis of the particular situation. On the one hand, transplantation is the most promising direction of increase of medicine, develops the latest technology the highest difficulty, which stimulate the development of many areas of practical medicine. This may justify some redistribution of resources in favor of transplantation. On the other hand, from the position of high justice, unacceptable situation in which for the salvation of one patient will be spent hundreds of thousands of rubles, and children's hospitals will not receive funds to, guaranteed by law, free medical care. It is clear why the equitable distribution of scarce health resources is a permanent subject of discussion.

For the implementation of the principle of justice and equality of citizens in the allocation of organs for transplantation in Russia are guided by three sufficient criteria: the degree of compatibility of a pair of donor-recipient; urgency of the situation; the duration of the recipient in the "waiting list". All three criteria are sufficiently objective.

Far from solving the moral problems of obtaining organs from living donors, although, for example, kidney transplant is the first successful application of transplantation, have already extended the lives of millions of people.

Any surgery is a serious psychological trauma and possible complications in the course of removal of the kidney from the donor, including death. People without one of the paired organ, or part Gypsy, to the detriment of their health and life at risk. This action clearly violated the basic moral principle of medicine – "do no harm", which is also in conflict with another fundamental principle – "do good."

From an ethical point of view, a mitigating circumstance of a breach of the principle of "do no harm" is the right the possible donor's noble act. People of compassion, to save the life of a loved one can donate one of the organs or part of body. However, the law prohibits a transplant, if it is known that it will cause irreversible breakdown of the health of the donor.

From the ethical standpoint, the donation must be voluntary and knowingly committed and selfless sacrifice. Voluntariness in the absence of coercion to donation, based on the patrimonial, administrative, financial or other dependence. Altruism implies the exclusion of commercial transactions, i.e. sale and purchase, in the relationship between donor and recipient. Awareness of victims should be based on the completeness of information provided by the doctor about the possible risk in relation to health and social well-being (disability) potential donor, and also about the chances of success for the intended recipient.

The most difficult moral problems arise in connection with the huge shortage of donor organs. First, the shortage of organs forcing patients to look for any. On the other hand, poverty pushes people to seek a livelihood by a criminal even sell their own bodies. And finally, thirdly, the crisis of budgetary financing encourages medical institutions to survive through commercialization of their activities. The circle is closed.

Moral problems of transplanting organs from a deceased person is also quite challenging. For religious and secular understanding of the world is dead the human body has a special moral status, suggesting rules governing access to them. It is advisable to distinguish several groups of problems in the transplantation of organs from a cadaver:

- the moral problems of procedure of the organs (the principles of informed consent, implied consent and routine fence);
- the problem of justice among potential recipients of scarce resources transplantation;

ethical issues associated with trafficking in human organs and tissues in transplantation practice.

Central among these is the question of reliability of diagnosis of brain death. The most important principle that protects the diagnosis of brain death from interference by vested interests of the "producers" of bodies is independent from transplant medical units engaged in the diagnosis and organs.

There is an opinion that it is necessary to legalize the possibility of sale of human organs. But this, of course, unacceptable. This leads to the fact that the human body becomes a commodity, and he himself, through the mechanism of purchase and sale is equivalent to other things on the market. Destroyed special social status, humiliated the personality of the person and moral damage has far-reaching consequences. The drama of the situation is that a simple ban of commercialization when there is a huge demand for transplantation increases the desire for the formation of the shadow market, leading part of the medical community under the rule of crime.

Control question

1. What are the main documents on the ethics of clinical research.
2. What is the main ethical principle of clinical research?
3. List the main ethical and the rules of clinical research. They are reflected in the legislation?

4. Who is responsible for ethical review? What are its aim and object?
5. Who belongs to vulnerable categories of subjects in respect of which the restrictions and prohibitions?
6. What are the basic international document containing abstracts on ethical aspects of medical genetics
7. List the ethical principles of medical genetics
8. Which document lists ethical principles in transplantation of human organs? Whatarethesеprinciples (atleast 8)