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named after the first President of the Russian Federation B.N. Yeltsin

FACULTY OF MEDICINE
Department of Public Health and Health Care

BIOETHICS

Textbook for foreign students

Approved by the Ministry of Education and Science
of the Kyrgyz Republic as a Manual
for students of higher educational institutions

*Dedicated to the 30th
anniversary of the Kyrgyz-Russian Slavic
University named after B.N. Yelcin*



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Reviewers:

M.A. Mambetov, Dr. of med. sciences, professor
of the Department of Public health and health care,
Medical Faculty KRSU named after B.N. Yeltsin,
R.S. Roziyeva, Candidate of med. sciences, Associate Professor,
Head of the Department of health management and economics,
Kyrgyz State Medical Institute for Retraining and Advanced
Training named after S.B. Daniyarov,
T.O. Abdullaev, Candidate of med. sciences, Assistant
of the Department of Family Medicine of Postgraduate Education,
Kyrgyz State Medical Academy named after I.K. Akhunbaev

Writing team:

N.K. Kasiev, O.A. Bolbachan, D.D. Ibraimova, R.R. Aitalieva, N.E. Lee

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The textbook contains information on the study of bioethics and basic ethical issues, such as the relationship between a doctor and a patient, new reproductive technologies, genetic engineering, transplantology, transfusiology, the problems of dying and death of a person, the idea of justice in medicine, dentistry, psychiatry, oncology, family medicine. The manual also provides a presentation of the main international documents, answers to control questions of these topics, as well as situational tasks as an active method of teaching the subject and questions for discussion on bioethical issues, as well as topics for essays and role-playing games.

Designed for medical students of higher educational institutions.

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INTRODUCTION

Medicine is closely related to human health, his life. From this follow the special moral qualities of the medical profession, they are most fully defined in medicine by the concept of "humanism". Without humanism, medicine loses its right to exist. The profession of a doctor is one of the most ancient, it is an expression of the human need to help those in need. At all times, among all peoples, healing was highly valued and was defined in medicine by the concept of "justice".

For a medical student, in his professional activities after graduation, knowledge of bioethical issues in many areas of medicine is necessary.

The purpose of the manual is to teach the future doctor to apply theoretical knowledge about the principles, values and rules of biomedical ethics in the practice of a doctor.

To achieve this goal, the task is to determine the moral and ethical aspects of specific situations and in the relationship "doctor – patient".

This study guide is a presentation of the main issues of bioethics that arise in modern society and in the health care system.

THEMATIC PLAN OF LECTURES AND PRACTICAL CLASSES

Thematic plan of lectures

№	Theme of lecture	Number of hours
1	Introduction to bioethics. Myelogeny	2
2	The relationship between doctor and patient. Ethics of the professional relationship of medical workers	2
3	Medical and ethical problems of abortion and new reproductive technologies	2
4	Bioethical problems of medical technologies. Ethical issues of conducting clinical trials and experiments on humans and animals	2
5	Bioethical problems of dying and human death	2
6	The idea of justice in medicine and healthcare	2
7	Ethical and legal foundations of psychiatry	2
8	Family medicine, oncology and ethics. AIDS – moral and ethical problems	2
9	Main international documents on biomedical ethics	2
	Total in discipline	18

Thematic plan of practical classes

№	Theme of practical classes	Number of hours
1	Introduction to bioethics. Myelogeny	2
2	The relationship between doctor and patient. Ethics of the professional relationship of medical workers (module test No.1)	2
3	Medical and ethical problems of abortion and new reproductive technologies	2
4	Bioethical problems of medical technologies. Ethical issues of conducting clinical trials and experiments on humans and animals (module test No.2)	2
5	Bioethical problems of dying and human death	2
6	The idea of justice in medicine and healthcare	2
7	Ethical and legal foundations of psychiatry	2
8	Family medicine, oncology and ethics. AIDS – moral and ethical problems	2
9	Main international documents on biomedical ethics	2
	Total in discipline	18

Topic 1. INTRODUCTION TO BIOMEDICAL ETHICS

Theme purpose:

The student must know:

- content of the subject “Bioethics”;
- basic concepts, definitions on the topic;
- medical ethics, deontology, moral categories;
- the content of myelogeny and the causes of iatrogeny.

The student must be able to:

- analyze the basic concepts and moral categories necessary in the activities of a doctor;
- solve situational problems on the topic.

Topic study plan

1. Analysis of the topic on educational issues:

- 1.1. Ethics and medical ethics – definition, concept.
- 1.2. Deontology and medical deontology – definition, concept.
- 1.3. Bioethics – definition and its principles.
- 1.4. Moral categories.
- 1.5. Types of models of ethical principles.
- 1.6. Myelogeny – definition, factors.
- 1.7. The main components of iatrogenesis.

2. Distribution of reference papers on the next topic.

3. Students’ Independent work:

- solution of situational problems;
- role play (work in a focus group).

4. Survey of students on test questions.

Literature

1. Balalykin D.A., Kiselev A.S. Bioethics: textbook. M.: GEOTAR-Media, 2012. History and modern issues of bioethics development
2. Khrustalev Yu.M. Bioethics. Moscow: Medicine, 2011. 400 p.
3. Bolbachan O.A., Abdullin K.D. Bioethics: textbook / edited by K.D. Abdulin; 2nd ed., revised. and amended Bishkek: Publishing House of KRSU, 2009.

4. Shamov I.A. Bioethics: textbook. Moscow: Medicine, 2009. 369 p.
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6. Campbell A. Medical ethics [Text]: textbook / A. Campbell, G. Gillette, G. Jones; translation from English; ed. Yu.M. Lopukhin, B.G. Yudin. M.: GEOTAR-MED, 2010. 400 p.
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8. Shamov I.A. Biomedical ethics [Text]: textbook / IA. Shamov. M.: GEOTAR-Media, 2014. 286 p.
9. Bolbachan O.A. Bioethics [Text]: textbook / O.A. Bolbachan, D.D. Ibraimov. Bishkek, 2019. 202 p.
10. Ushakov E.V. Bioethics: textbook and workshop for universities / E.V. Ushakov. – M.: Yurayt Publishing House, 2016. 306 p. – Series: Specialist.
11. Electronic version of the teaching aid "Bioethics", 2009.
12. Electronic version of lectures.
13. Text of the lecture.

Test questions on the topic

1. Ethics – concept, definition.
2. Moral categories.
3. Medical ethics – definition.
4. Deontology, medical deontology – definition.
5. Bioethics – its definition.
6. Bioethical models according to Hippocrates.
7. Bioethical models according to Paracelsus.
8. Myelogeny – definition, main factors.
9. Deontological model.
10. Iatrogeny – the main components.
11. Main International documents on bioethics.

Answers to test questions

1. Ethics, concept, definition

Ethics (Greek *ethos* – custom, temper, character) is a philosophical discipline that studies issues of morality and goodness. Ethics is based on moral categories: conscience, duty, honor, dignity.

2. Moral categories

Conscience is the consciousness and feeling of a person's moral responsibility for his actions to society, and by individuals (moral) self-assessment of the personality of his actions and thoughts that have become an internal conviction of a person.

Duty – the duties of a person in relation to society, homeland, state or individuals.

Honor is the prevailing opinion of others about the personal dignity of a person, his moral and ethical qualities.

Dignity is a person's awareness of his social significance.

3. Medical ethics, definition

Medical ethics is a branch of ethics that studies the moral aspects of medicine.

Medical ethics is a system of moral ideas, views, traditions and norms related to biology and medicine.

4. Deontology, medical deontology, definition

Deontology (Greek deon – due, proper, logos – study) is a set of ethical norms of human behavior.

Medical deontology is a set of ethical standards for the performance of their professional duties by medical workers.

5. Bioethics, its definition

Bioethics is a combination of biological knowledge and human values, an interdisciplinary field of knowledge that studies philosophical, moral, legal and social problems.

Bioethics – studies the relationship between biology and medicine.

6. Bioethical models according to Hippocrates

Hippocratic model (460-377 BC) the main principle "Do no harm" "Harm" caused by:

- inaction, non-provision of medical care (doctor in the performance of his duties and outside the performance);
- negligence or malicious intent (selfish purpose);
- non-qualified actions.

7. Bioethical models according to Paracelsus

Model of Paracelsus (1493-1514) – the emphasis is on taking into account the emotional and mental characteristics of the individual, he

considered the basis of medical ethics to be the principle "give back to society".

The Principle "Give back to society":

- compassion for the sick (mercy);
- prevention of harm to the patient (when providing medical care);
- Ensuring the benefit of the patient aimed at a quick recovery.

8. Myelogeny, definition, main factors

Myelogeny is an adverse effect of the medical environment on the patient's psychic. Myelogeny consists of three factors – egogeny, egrogeny, iatrogeny.

Egogeny – unfavorable self-influence of the patient, "gain from illness", fear of death, fear of medical manipulations, prejudices.

Egrogeny – the unfavorable influence of others on the patient (advice of "experienced" patients, being in the ward with seriously ill patients, the death of the patient).

Iatrogeny is an adverse effect of medical personnel, a negative effect on the patient's condition, up to a painful condition (wrong word, behavior, etc.).

9. Deontological model

The deontological model "Observance of duty" – to fulfill certain requirements associated with professional activity, does not recognize excuses for a doctor evading his duties.

Justice is the provision of medical care regardless of nationality, gender, age, social status.

10. Iatrogeny (negative influence of the medical environment).

Main components:

- *iatropsychogeny* – a negative impact on the patient's psychic by a word, the result of a laboratory test, the conversation of medical workers among themselves;
- *iatopharmacology* – a disease state caused by the action of drugs on the human body (allergic reaction, self-medication);
- *iatrophysiogeny* – a disease state caused by the impact on the human body of physical factors (mechanical, thermal, radiation) used for diagnostic and therapeutic purposes.

11. Main international documents on bioethics:

- The Nuremberg Code (1947).
- Universal Declaration of Human Rights (1948).
- Declaration of the Rights of the Child (1959).
- Geneva Declaration (1948).
- International Code of Medical Ethics (1949).
- Convention of the Council of Europe (1997).

Issues for discussion

1. Is there a difference between the concepts of "ethics" and "morality"?
2. Key ethical principle of bioethics.
3. What is the peculiarity of ethical documents?

Essay topics for lesson 2

1. The Hippocratic Oath and modern codes of ethics: what has changed (Oath of a Doctor of the Kyrgyz Republic, Russian Federation)?
2. Ethical committees: goals, objectives, powers.
3. The role of the Nuremberg Code (1947) in the process of developing legal acts in the field of medicine.
4. The concept of "duty" in the medical profession.

Role play for lesson 2

1. Myelogeny.
2. Hippocratic model – "Do no harm".
3. Model of Paracelsus.
4. Deontological model of bioethics.

Situational tasks for topic 1

"Introduction to Biomedical Ethics"

Task 1

A car was sent for the surgeon of the district hospital on December 31 at 23.00.

A patient was admitted with an open craniocerebral injury. The doctor's mother said that he was not at home, he and his wife went to their friends to celebrate the New Year eve and did not leave the coor-

dinates. After that, the doctor's mother called him and told him about the situation. The doctor did not want to leave the company of friends and, moreover, he had already drunk a certain amount of alcohol. As a result of the doctor not being at home, the car followed another young doctor who lived a very long distance from the hospital. The patient could not be saved because he lost a large amount of blood.

The next day, the doctor came on duty and learned that the emergency patient had died. The staff of the surgical department subsequently began to treat the doctor with more restraint.

What moral categories were forgotten by the surgeon?

Task 2

A young promising doctor of the N resuscitation department did not go home after the end of his duty, but took care of “his” difficult patients. In his free time, he constantly improved his professionalism. The team has a positive opinion about his professional qualities. But one day the doctor fell ill with the flu and came down with a high fever. His patients were transferred to another doctor, D, who had extensive experience in the department. Having come to the department after recovery, doctor N saw that his patients were on the mend, and when the patient was discharged, he told his relatives that doctor D was treating patients according to the old method.

Mark what moral principles doctor N does not have.

Evaluate his actions in relation to doctor D.

Task 3

Patient N was admitted for examination in one of the departments of the oncological dispensary. In addition to him, there were three patients in the ward, in whom the diagnosis had already been clarified. Patients began to talk about their illnesses to the newly admitted. Within 3 days, the patient's condition began to deteriorate, he closed up and began to think that in a few months he would die from a serious illness. Once in the building, he heard a conversation between two nurses, as he thought, about him, allegedly he was diagnosed with “CR” based on laboratory tests. In fact, the nurses were talking about another patient, and patient N, as it turned out later, had negative tests. However, he did not believe the attending physician. His condition continued to deteriorate.

Note what factors in myelogeny were present in this case.

Task 4

An ambulance team responded to a call: a 40-year-old woman was torn off 2 fingers of her right hand (a concrete slab fell on her hand). The ambulance doctor, being unwell himself, naturally wanted to finish the job as soon as possible. But when the woman was brought to the hospital, it turned out that they did not perform hand microsurgery there. The doctor refused to leave the woman in this hospital and, overcoming his own ill health, instructed her to go to another hospital where the woman could receive help.

What moral and ethical ideas underlay the doctor's actions?

Recommended literature

1. Balalykin D.A., Kiselev A.S. Bioethics: textbook. M.: GEOTAR-Media, 2012. History and modern issues of bioethics development

2. Khrustalev Yu.M. Bioethics. Moscow: Medicine, 2011. 400 p.

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12. Bolbachan O.A. Bioethics [Text]: textbook / O.A. Bolbachan, D.D. Ibraimov. Bishkek, 2019. 202 p.

13. Ushakov E. V. Bioethics: textbook and workshop for universities / E.V. Ushakov. M.: Yurayt Publishing House, 2016. 306 p. – Series: Specialist.

Topic 2. DOCTOR AND PATIENT RELATIONSHIPS, ETHICS OF PROFESSIONAL INTERACTION OF MEDICAL WORKERS

Theme purpose:

The student must know:

- basic concepts on the topic;
- models of doctor-patient relationship;
- ethics of professional interaction;
- Oath of Hippocrates;
- The oath of a doctor of the Kyrgyz Republic and the Russian Federation;
- doctor's offenses.

The student must be able to:

- analyze the ethics of doctor-patient relationships, as well as professional relationships between medical workers.

Topic study plan

1.0. Analysis of the topic on educational issues.

1.1. Obligations of a doctor according to the international code of medical ethics.

1.2. Paternalistic model of behavior.

1.3. Anti-paternalistic model of behavior.

1.4. Engineering and contract models.

1.5. Patient's autonomy and informed consent.

1.6. Ethics of professional interaction of medical workers.

1.7. Physician's oath.

1.8. Physician misdemeanors.

2.0. Distribution of reference papers on the following topic.

3.0. Independent work of students.

- solution of situational problems, role-playing game;
- listening to reference papers

4.0. Survey of students on test questions.

Test questions on the topic

1. Models of doctor-patient relationship.
2. Paternalistic model of behavior – definition.
3. Anti-paternalistic model of behavior – definition, reasons.
4. Patient's autonomy – definition.
5. Informed consent.
6. Doctor's oath – definition.
7. Offenses of a doctor.
8. Crime – definition.
9. Misdemeanor and medical error – definition, types.

Answers to test questions

1. Models of doctor-patient relationship

- Paternalistic model – the form of relationship refers to the doctor's paternal care for the patient.
- Engineering model – the patient is considered by the doctor not as a person, not as an individual, but as an object that needs to be repaired.
- Contract model – the word "patient" is replaced by "client", and relationships in medicine are determined by the contract.
- Anti-paternalistic (collegiate) model – the relationship between the doctor and the patient is built according to the type of relationship of colleagues to each other.

2. Paternalistic model of behavior, definition

- The name paternalistic model comes from the word "pater" – father.
- The doctor decides how to examine the patient, what treatment to prescribe to him, what to recommend to him for prevention.
- Recommendations are given without alternatives.
- Physicians make decisions for others, based on their own values, which patients may not share.
- This model has dominated in medicine for many centuries ("The Hippocratic Oath").

3. Anti-paternalistic model of behavior, definition, reasons

- The doctor respects the rights of patients.
- It is considered with the opinion of the patient.

- It is considered with the opinion of the relatives of the patient.
- The patient receives truthful information about his state of health.
- The patient realizes the individual's right to freedom of choice.

Reasons for the emergence of the anti-paternalistic model:

- Emergence of insurance and private medicine.
- New medical technologies.
- Growing educational level of the population.
- Demands for patient autonomy.
- Legal norms for treatment.
- Establishment of the legal status of the patient.

4. Patient autonomy, definition

Patient autonomy – the right to non-intervention, individual choice, respectful treatment, disclosure of information, the patient has the right to get acquainted with medical records and receive advice from other specialists, the right to demand copies of medical documents.

5. Informed consent

Informed consent implies that each person is considered the master of his own body and can, if he is of sound mind, allow or prohibit any medical intervention.

6. Doctor's oath – definition

The oath of a doctor is a solemn (oath) promise, which is pronounced by a person who has graduated from a higher medical educational institution and received the title of doctor.

7. Medical Offenses

There are the following offenses of a doctor that arise in the course of his work: crime, misdemeanor, medical error.

8. Crime – definition

A *crime* is a violation that encroaches on the foundations of the state or causes significant damage to public relations, individual citizens (failure to help the sick, abuse of position, illegal doctoring, taking a bribe).

9. Misdemeanor and medical error – definition, types

A *misdemeanor* is an incorrect action that is devoid of the nature of a socially dangerous action (damage to property, absenteeism, failure to follow orders, poor storage of medicines and their use).

A medical error is a doctor's mistake in the performance of his professional duties, which is a conscientious error and does not contain components of crime or signs of misconduct.

Types of medical errors:

- Tactical (incorrect choice of research or diagnostic method, incorrect evaluation of research results).
- Technical (incorrect performance of manipulations, incorrect execution of medical documentation).
- Medical errors are not the result of negligence, ignorance, or malicious acts.

Issues for discussion

1. To whom does Hippocrates commit in his oath?
2. How many moral positions does the Hippocratic Oath contain?
3. What positions are united by the Hippocratic oath and the doctor's oath of Russia and Kyrgyzstan?
4. What professional obligation is present in the Hippocratic oath, in contrast to the doctor's oaths in Russia and Kyrgyzstan?

Themes of reference papers for lesson 3

1. Ethical problems of “new technologies of conception” (in vitro fertilization, cloning).
2. Feminism: women are against childbearing.
3. Surrogacy.
4. Use of embryonic stem cells (ESCs) in medical practice: problems and prospects.
5. The history of the formation of medical and social indications for abortion.

Role-playing game

1. The relationship between the doctor and the patient.
2. Ethics of professional interaction of a medical worker.

Situational tasks for topic 2
"Relationship between doctor and patient, ethics
of professional interaction of medical workers"

Task 1

Is the subject of confidentiality?

- diagnosis of the disease;
- forecast;
- information that the doctor receives about the patient;
- information that the doctor receives about the patient's close relatives;
- non-medical information about the patient;

Can a doctor transfer the information he knows about a patient to third parties (please list in which cases)?

Make a situational task on the subject of confidentiality.

Task 2

The patient turned to the district clinic with complaints in the right undergrowth, an increase in body temperature, nausea. The doctor diagnosed: "Acute cholecystitis", prescribed the appropriate treatment and research methodology. The patient's condition worsened, and after 2 days he was hospitalized by an "ambulance" with a diagnosis of "Viral hepatitis A".

What offense did the doctor commit in this case and why?

Task 3

In one of the departments of the city hospital, the patient heard negative information from the nurses of this department about his attending physician. The nurses said that he had made mistakes in the treatment of another patient.

After that, the attitude of the patient to the doctor became less trusting, which affected the course of the disease and the timing of recovery.

Evaluate the actions of nurses in this situation. What is the ethics of the professional relationship of medical workers?

Task 4

A 34-year-old patient is admitted to the admission department of the hospital with lacerations of the face. The surgeon of the admission department refuses to perform primary surgical treatment of facial wounds, motivating his refusal by the fact that the wounds are not deep and do not pose a threat to health. In response to the patient's requests for medical care, the doctor requires a monetary reward.

What offense did the doctor commit?

Task 5

The doctor of one of the departments of the hospital was engaged in self-promotion among all the patients in this department, motivating by the fact that he is one of the best doctors, as well as demanding remuneration from patients for their treatment.

Assess the doctor's performance. Give an ethical and legal assessment of the doctor's actions.

Recommended literature

1. Balalykin D.A., Kiselev A.S. Bioethics: textbook. M.: GEOTAR-Media, 2012. History and modern issues of bioethics development
2. Khrustalev Yu.M. Bioethics. Moscow: Medicine, 2011. 400 p.
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16. Ushakov E. V. Bioethics: textbook and workshop for universities / E.V. Ushakov. M.: Yurayt Publishing House, 2016. 306 p. – Series: Specialist.

Topic 3. MEDICAL AND ETHICAL PROBLEMS OF ABORTION AND NEW REPRODUCTIVE TECHNOLOGIES

Theme purpose:

The student must know:

- legal issues of abortion and sexual sterilization;
- moral and ethical problems of new reproductive technologies.

The student must be able to:

- understand the moral and ethical issues of abortion and new reproductive technologies.

Topic study plan

1.0. Analysis of the topic on educational issues:

- 1.1. History of abortion.
- 1.2. Legal and ethical issues of abortion.
- 1.3. Viewpoints on abortion.
- 1.4. Basic reproductive technologies, artificial insemination, in vitro fertilization (moral and ethical problems).
- 1.5. Ethical aspects related to the determination of the status of the human embryo.
- 1.6. Moral and ethical problems of surrogate motherhood.
- 1.7. Ethical aspects in the choice of gender.
- 1.8. Ethical issues of sexual sterilization.

2.0. Distribution of reference papers on the following topic.

3.0. Independent work of students:

- solution of situational problems;
- listening to reference papers.

4.0. Survey of students on test questions.

Test questions on the topic

1. The main arguments of the anti-abortion movement.
2. Ethical arguments of the movement for the legalization of abortion.
3. Legal aspects of abortion under international law.
4. The religious aspect of abortion.

5. Sterilization of women – legal, ethical aspects.
6. Sterilization of men – legal, ethical aspects.
7. Artificial insemination – moral and ethical problems.
8. Ethical aspects related to the determination of the status of the embryo.
9. Surrogate motherhood, moral and ethical problems.
10. Ethical aspect in the choice of sex.

Answers to test questions

1. The main arguments of the anti-abortion movement

- The negative impact of abortion on a woman's body.
- Every human being, even an embryo, has the right to life.
- Man has no right to take the life of other innocent beings.
- Human life begins at the moment of conception, abortion even at the very beginning of pregnancy is the murder of the fetus.
- Abortion is a social evil (up to 70,000 women die every year in the world).
- When abortion is allowed, the nation is depopulated.

2. Ethical Arguments of the Abortion Legalization Movement

- The illegality of the emergence of a new life due to the death or disability of the mother (medical indications).
- Mercy, that is, doctors, the state help people who find themselves in difficult life situations (social indications).
- No one has the right to force a woman to keep her pregnancy against her will.
- Should not produce unwanted children.
- Only the woman herself has the right to decide when to become a mother.

3. Legal aspects of abortion under international law

In 1994, the 46th World Medical Association (WMA) Assembly proclaimed:

"Even in cases where political, religious figures of a country oppose the use of contraception, women living in these countries should have the right to choose." The WMA insists that all women be allowed to control their reproductive function.

4. Ethical aspect of abortion

- Every woman has the right to independently decide the issue of motherhood.
- Artificial termination of pregnancy is carried out at the request of a woman for up to 12 weeks, for social reasons – up to 22 weeks, for medical reasons (up to 28 weeks – the decision is made by a council of doctors or a doctor).
- Any medical intervention during pregnancy is carried out with the consent of the spouses or the woman.
- A woman cannot be forced by anyone into pregnancy, abortion, childbirth. Such actions should be considered as violence against a woman.
- Persons who forced them to do so bear criminal liability.

5. The religious aspect of abortion

- *Catholicism*: Abortion is strictly prohibited as a flagrant violation of the natural moral law and is regarded as a form of murder. However, abortion is permissible to preserve the health of the mother.
- *Orthodoxy*: understands artificial termination of pregnancy as the murder of life that has begun.
- *Islam*: prohibits abortion, but recognizes medical indications for abortion.
- *Jewish religion*: strictly forbids abortion.
- *Buddhism*: abortion is a terrible sin – "Do not take anyone's life."

6. Sterilization of women – legal, ethical aspects

- *International law*: contains neither norms nor principles specifically relating to voluntary sterilization.
- *Ethics*: there is no special international deontological document on this issue.
- *Religion*: Catholic prohibits, other religions allow with various stipulations.

7. Sterilization of men – legal, ethical aspects

- *International law* allows sterilization.
- *Ethics*: there is no special deontological document.
- *Religion*: Catholic allows only for medical reasons, Protestant, Buddhist – allow, Islam, Jewish – prohibit.

8. Artificial insemination, moral and ethical issues:

- In institutions that have received a license for the specified type of activity;
- Availability of the written consent of the spouses (single woman);
- Information about the conducted on artificial insemination, about the identity of the donor constitute a medical secret;
- Women have the right to information about the artificial insemination procedure, the medical and legal aspects of its consequences, the data of the medical genetic examination, external data and the nationality of the donor;
- Illegal artificial insemination performed on a woman entails criminal liability;
- In case of no effect (the birth of children with anomalies), the recipients refuse to claim to the doctor;
- The donor undertakes not to hide previous illnesses; to report truthful information about heredity.
- The right of adult children to have information about the "biological father".

9. Ethical aspects related to the determination of the status of the embryo:

- Most doctors allow the use of a human embryo for treatment.
- Minority (religion does not allow this), because they believe that life begins from the moment of conception.
- It is allowed to use no longer than 14 days after fertilization.

10. Surrogate motherhood – moral and ethical problems

- Notarized contract.
- A surrogate mother can be a woman aged 18 to 35 years old, somatically and mentally healthy, who has undergone medical genetic counseling.
- The surrogate mother is obliged to register for medical records (up to 12 weeks), be observed regularly and strictly follow the doctor's recommendations.
- Spouses who have given their consent are liable during pregnancy and 42 days after childbirth.

- Spouses who have entered into an agreement with a surrogate mother can be registered as parents only with her consent.
- In the absence of the consent of the surrogate mother to transfer the child to the parents, the right of motherhood remains with the surrogate mother.
- Spouses do not have the right to abandon the born child.

5. Ethical aspect in the choice of sex.

The choice of the sex of the child according to international documents is not allowed, as there will be a demographic imbalance in the population (only girls or only boys will be born).

Issues for discussion

1. Is he a man who should become a man?
2. In your opinion, will women who are going to have an abortion, agree to keep their pregnancy if they are offered material assistance (money, baby clothes, food)?
3. When and in which country was sterilization technology first used and applied on a massive scale?
4. Comparative analysis of attitudes towards abortion in Orthodoxy, Catholicism and Islam.

Themes of reference papers for lesson 4

1. Moral problems of finding a potential donor.
2. "Dramatic medicine": history and modernity.
3. Experiments on human of Nazi Germany doctors.
4. Ethical problems of clinical trials of drugs.
5. Genetic passport – moral and ethical aspects.
6. Ethical and legal issues of cloning.
7. Legal ethical problems of the purchase and sale of human organs.

Situational tasks for topic 3
“Medico-ethical problems of abortion and
new reproductive technologies”

Task 1

A 30-year-old woman consulted a doctor about abortion. The doctor set the gestational age at 10 weeks and set the date for the abortion. The woman's husband was against the termination of the pregnancy, but she argued her desire by the fact that they already have two children (5 and 10 years old), and also that she does not want to lose her job.

List the bioethical issues that arise in this case.

Task 2

More than 20 years ago, a woman was artificially inseminated (from a donor) with the consent of her husband, who was diagnosed with “Infertility”. Quite by chance, a 19-year-old son found out about this.

Name the moral and ethical problems of insemination and answer, does the child have the right to receive information about the “biological father”?

Task 3

The N family decided after repeated unsuccessful in vitro fertilization to find a surrogate mother to carry their child. A 25-year-old woman was found with a family, but as a result of a difficult financial situation, with the consent of her husband, she decided on “surrogate motherhood”. A woman during pregnancy became very attached to her unborn child. After the birth, she did not want to give the child to the biological parents.

Name the moral and ethical aspects of surrogate motherhood, as well as the bioethical problems that have arisen in this family.

Task 4

In the N family, when the wife was pregnant with a third child, the question arose of the need to find out the sex of the child's fetus, since this family already had two boys, and the parents did not want a third.

What ethical aspects arose in this case?

Task 5

In the fetus of a child (pregnancy 40 weeks), an electroencephalographic study revealed a violation of the functional state of the brain of a severe degree with a likely unfavorable prognosis. The mother of the child asks the doctor not to inform her husband of the diagnosis, fearing his inadequate reaction. Given the high percentage of divorces in families with difficult children, the doctor leaves this right to the mother.

Are the doctor's actions correct?

Recommended literature

1. Balalykin D.A., Kiselev A.S. Bioethics: textbook. M.: GEOTAR-Media, 2012. History and modern issues of bioethics development

2. Khrustalev Yu.M. Bioethics. Moscow: Medicine, 2011. 400 p.

3. Bolbachan O.A., Abdullin K.D. Bioethics: textbook / edited by K.D. Abdulin; 2nd ed., revised. and amended Bishkek: Publishing House of KRSU, 2009.

4. Shamov I.A. Bioethics: textbook. Moscow: Medicine, 2009. 369 p.

5. Siluyanova I.V. Bioethics in Russia: values and laws. Moscow: Grant, 2001. 192 p.

6. Campbell A. Medical ethics [Text]: textbook / A. Campbell, G. Gillette, G. Jones; translation from English; ed. Yu.M. Lopukhin, B.G. Yudin. M.: GEOTAR-MED, 2010. 400 p.

7. Sergeev V.V. Bioethics [Text]: textbook allowance for students enrolled in higher specialties, prof. formation of the Healthcare group / V.V. Sergeev, V.N. NIA. Shmelev. M.: GEOTAR-Media, 2013, 240 p.

17. Shamov I.A. Biomedical ethics [Text]: textbook / IA. Shamov. M.: GEOTAR-Media, 2014. 286 p.

18. Bolbachan O.A. Bioethics [Text]: textbook / O.A. Bolbachan , D.D. Ibraimov. Bishkek, 2019. 202 p.

19. Ushakov E. V. Bioethics: textbook and workshop for universities / E. V. Ushakov. M.: Yurayt Publishing House, 2016. 306 p. – Series: Specialist.

Topic 4. BIOETHIC PROBLEMS OF MEDICAL TECHNOLOGIES. ETHICAL ISSUES OF CLINICAL TESTS AND EXPERIMENTS ON HUMAN AND ANIMALS

Theme purpose:

The student must know:

- bioethical problems of human genetics, genetic engineering;
- bioethical problems in clinical transplantology, transfusiology;
- ethical problems of tests and experiments on humans and animals.

The student must be able to:

- understand the general ethical principles of genetics, genetic engineering, transplantation and transfusiology, as well as when conducting experiments on humans and animals in moral, ethical and legal issues.

Topic study plan

1.0. Analysis of the topic on educational issues.

- 1.1. Moral and legal foundations of genetic engineering.
- 1.2. Eugenics – definition and content.
- 1.3. Cloning – ethical issues.
- 1.4. Bioethical problems in transplantology (living and dead donor).
- 1.5. Ethical aspects of transfusiology.
- 1.6. Ethical principles for conducting clinical trials and human experiments.
- 1.6. Features of the moral and ethical principles of conducting research on animals.

2.0. Distribution of reference papers on the following topic.

3.0. Independent work of students:

- solution of situational problems, role-playing game;
- listening to reference papers.

4.0. Survey of students on test questions.

Test questions on the topic

1. General ethical principles in medical genetics.
2. Eugenics – definition, concept.
3. Religion and transplantation.
4. Specificity of deontological principles in transplantology (recipient).
5. Specificity of deontological principles in transplantology (donor).
6. Ethical aspects of transfusiology (donor).
7. Ethical aspect of transfusiology (recipient).
8. Principles of medical research and informed consent of the patient to participate in the experiment.
9. Main international documents regulating experiments with human participation.
10. Requirements for conducting research on animals.

Answers to test questions

1. General ethical principles in medical genetics

- The human genome underlies the commonality of all people.
- The human genome – human heritage, dignity and diversity.
- The human genome should not serve as a source of increased income.
- Universal access to genetic information.
- Creation of ethical committees in countries to assess ethical, social and legal issues related to the human genome.

2. Eugenics – definition, concept

Eugenics (*Greek* eugenes – a good kind) is the doctrine of preventing a possible deterioration in the hereditary qualities of a person, about the conditions and methods of influencing the improvement of these qualities in the future. Most scientists believe that the concept of "eugenics" is incompatible with the scientific worldview. Others recognize eugenics but see its reactionary essence in the theory of the inferiority of individual races, peoples and social groups (racial theory). Still others believe that reasonable means of eugenics must be used rationally.

3. Religion and transplantation

- *The Catholic Church* is a supporter of transplantation, believing that it is an act of mercy and a moral duty.

- *Protestants* are in favor of transplantation, but for free organ donation, otherwise it is immoral.
- *The Orthodox Church* does not forbid transplantation, but morally warns to consider the human body as a set of spare parts.
- *Confucianism* (China): the human body is considered inviolable, belonging to ancestors and descendants.

4. Specificity of deontological principles in transplantology (recipient)

- Removal of organs and tissues from a living donor is permissible only if the council of doctors gives a conclusion that significant harm will not be caused to him, and subsequently guarantees free treatment and rehabilitation.
- Removal of organs and tissues from a living donor under the age of 18 is not allowed (excl. bone marrow).
- The removal of organs from persons who are in service dependence is not allowed.
- Organ transplantation is carried out with the written consent of the recipient or his relatives.
- The sale and purchase of organs, as well as the advertising of these activities, are subject to criminal liability.
- Objects of transplantation can be: heart, lungs, kidney, liver, bone marrow, etc.
- The recipient must be informed about the complications for his health.

5. Specificity of deontological principles in transplantology (donor)

- The diagnosis of brain death is established by the commission of doctors of the health facility where the patient is located, consisting of: an resuscitator-anaesthesiologist with at least 5 years of experience in the intensive care unit, a neuropathologist, and other specialists using an additional research method.
- A protocol for establishing brain death is issued.
- Organ retrieval is only allowed in public health facilities.
- Removal of organs or tissues from a corpse is not allowed if the health care institution at the time of removal was informed that during the life of the person, his close relatives expressed their disagreement.

- Removal of organs from a corpse is carried out with the permission of the head doctor of the health facility, by a forensic medical expert with the notification of the prosecutor.

6. Ethical aspects of transfusiology (donor)

- Blood donation must be voluntary, psychological pressure must not be exerted on the donor.
- Discrimination on the basis of nationality, race, gender, or religion is unacceptable in donation.
- Donor anonymity must be respected.
- The donor is morally responsible for information about his or her health status.
- Mandatory testing of donated blood for AIDS, hepatitis and venereal diseases.

7. Ethical aspect of transfusiology (recipient)

- The purpose of transfusion of blood and its components is to provide the recipient with the most effective and safest possible care (the patient should benefit, and the side and harmful effects of the procedure should be minimized).
- Relatives and friends of the patient can donate blood (referral donation).
- The patient himself can donate blood before the operation – auto donation.
- Anonymity.
- Side effects and harmful effects of the procedure should be kept to a minimum.

8. Principles of medical research and informed consent of the patient to participate in the experiment

- Any biomedical research involving a human may only be conducted with written consent.
- Propaganda, including in the media, of methods of prevention, diagnosis, and treatment of medicines that have not been tested is prohibited.
- When consent is obtained, the citizen must be provided with information about the goals, methods, side effects and possible risks.
- It is not allowed to conduct the experiment on children under 15 years of age.

9. The main international documents regulating experiments with human participation

- Convention of the Council of Europe – designed to ensure respectful attitude of medical personnel to the patient, minimize possible moral and material damage during the experiment and increase the responsibility of medical workers for the moral

10. Requirements for conducting research on animals

- Respect for animals during the experiment and during slaughter.
- Animals selected for the experiment should be kept to a minimum.
- Procedures with the use of animals, which can cause minor pain, stress, should be performed with the use of analgesics, sedatives.
- Surgical interventions should not be performed without the use of anesthesia.

Issues for discussion

1. Under what conditions can a genetic passport restrict a person's freedom?
2. Is it logical to say that a person retains the right to his body after death?
3. Is it moral to extend the life of some people at the expense of others?
4. What is the moral evil of trafficking in human organs?
5. Is it possible to conduct biomedical experiments on military personnel or prisoners?

Themes of reference papers for lesson 5

1. Euthanasia: the history of the problem.
2. Attitude towards the body of the dead (philosophical and medical aspects).
3. Death and dying as stages of life.

Role-playing game

1. Bioethics in transfusiology.
2. Transplantation of tissue organs from a living donor – bioethical issues.

Situational tasks for topic 4
“Bioethical problems of medical technologies.
Ethical Issues in Conducting Clinical Trials
and Experiments on man and animals”

Task 1

An obstetrician-gynecologist during the management of a woman's pregnancy (a period of 20 weeks) without fail prescribed a genetic consultation using a genetic examination of the fetus. He argued that the first child in this family, who is currently 5 years old, was born with Down's disease. There were no signs of perinatal pathology in the gestating fetus.

What ethical principles were involved in this situation? Are the doctor's actions correct?

Task 2

A 27-year-old young man in the terminal stage was admitted to one of the hospitals after a severe accident. Doctors did not state death, but only noted the futility of life, that is, resuscitation measures were not carried out. The relatives of the dying man were not informed that organs (heart, kidneys) were taken from him for further transplantation. In this department there was an 18-year-old patient with congenital heart disease, who later underwent a heart transplant. After the operation, the recipient lived only 2 months.

What deontological and ethical principles have been violated by doctors? List the deontological principles in transplantology.

Task 3

The honored donor of the Kyrgyz Republic was notified that he needed to visit the blood transfusion institute and donate 300 grams of blood free of charge. In case of refusal, the donor will be deprived of the title of “Honored Donor”.

What ethical aspects of transfusiology have been violated? List ethical aspects.

Task 4

One of the professors of a medical school, conducting a series of experiments on animals, received certain results. Further, to study the

pharmacological action of drugs, he needed several people. For this purpose, he attracted three students with problems in the subject, which were led by a professor. The students were not informed about the purpose of this experiment. One of the students felt bad during the experiment, but the professor forbade interrupting the experiment.

Do you think the professor is right? What ethical principles of clinical trials are violated in this case?

Task 5

Due to the difficult financial situation, a young man of 20 years old decided to become a donor, offering one of the kidneys for an appropriate fee and consent, which was issued by a notary in a notary's office. After the removal of an organ, a deterioration in health was noted in a young man. He sued the courts for damages.

What are the ethical rules for collecting organs and tissues from living donors for the purpose of their transplantation”?

Recommended literature

1. Balalykin D.A., Kiselev A.S. Bioethics: textbook. M.: GEOTAR-Media, 2012. History and modern issues of bioethics development

2. Khrustalev Yu.M. Bioethics. Moscow: Medicine, 2011. 400 p.

3. Bolbachan O.A., Abdullin K.D. Bioethics: textbook / edited by K.D. Abdulin; 2nd ed., revised. and amended Bishkek: Publishing House of KRSU, 2009.

4. Shamov I.A. Bioethics: textbook. Moscow: Medicine, 2009. 369 p.

5. Siluyanova I.V. Bioethics in Russia: values and laws. Moscow: Grant, 2001. 192 p.

6. Campbell A. Medical ethics [Text]: textbook / A. Campbell, G. Gillette, G. Jones; translation from English; ed. Yu.M. Lopukhin, B.G. Yudin. M.: GEOTAR-MED, 2010. 400 p.

7. Sergeev V.V. Bioethics [Text]: textbook allowance for students enrolled in higher specialties, prof. formation of the Healthcare group / V.V. Sergeev, V.N. NIA. Shmelev. M.: GEOTAR-Media, 2013, 240 p.

20. Shamov I.A. Biomedical ethics [Text]: textbook / IA. Shamov. M.: GEOTAR-Media, 2014. 286 p.

21. Bolbachan O.A. Bioethics [Text]: textbook / O.A. Bolbachan , D.D. Ibraimov. Bishkek, 2019. 202 p.

22. Ushakov E. V. Bioethics: textbook and workshop for universities / E. V. Ushakov. M.: Yurayt Publishing House, 2016. 306 p. – Series: Specialist.

Topic 5. BIOETHIC PROBLEMS OF DYING AND DEATH. EUTHANASIA

Theme purpose:

The student must know:

- bioethical problems of dying and death;
- deontology in clinical resuscitation;
- euthanasia, bioethical and legal issues.

The student must be able to:

- understand the deontological and legal problems of dying and death of a person.

Topic study plan

1. Analysis of the topic on educational issues.

- 1.1. Deontology in clinical resuscitation.
- 1.2. Bioethical problems of death, brain death.
- 1.3. Euthanasia – definition, classification.
- 1.4. Problems of euthanasia, suicide, cremation, embalming are bioethical problems.

2. Distribution of abstracts on the next topic.

3. Independent work of students:

- solution of situational problems;
- listening to abstracts.

4. Survey of students on test questions.

Test questions on the topic

1. Requirements for the diagnosis of brain death.
2. Euthanasia – definition.
3. Classification of euthanasia.
4. Approach to the problem of euthanasia (supporters).
5. Arguments of opponents of euthanasia.
6. Suicide – ethical issues.

Answers to test questions

1. Requirements for the diagnosis of brain death

- Diagnostics must be absolutely reliable, carried out by specially trained personnel and properly documented.
- The decision to discontinue circulatory and gas exchange support therapy, after a collegiate discussion, should be made by the attending physician in accordance with his conscience and convictions.
- In such cases, it is not necessary to inform relatives. It is important for them to know that all measures were taken, but they turned out to be ineffective.

2. Euthanasia – definition

Euthanasia is a conscious action or refusal to act, leading to the imminent death of a hopelessly ill person, in order to end pain and suffering (mercy killing).

3. Classification of euthanasia

1. *Active* – the application, at the request of the patient, by medical personnel or other persons of measures to accelerate or facilitate the death of the patient (mercy killing).

2. *Passive (let die)* – the termination of the provision of medical care aimed at prolonging life, the rejection of medical measures to fight for a person's life.

Types of active euthanasia

- The decision is made by the doctor without the request of the patient (mercy killing).
- The doctor helps to perform euthanasia at the request of the patient.
- Actions are taken at the request of relatives or a court order.
- The patient himself turns on the device, which leads him to a quick and painless death.

4. Approach to the problem of euthanasia (proponents)

There are several considerations for stopping treatment:

- medical – death, a means to end the suffering of the patient;
- care of the patient about relatives;

- dignified departure from life;
- destruction of inferior people;
- termination of ineffective life support measures in order to use the equipment for prospective patients;
- economic reasons (sustaining life requires the use of expensive drugs).

5. Arguments of opponents of euthanasia

- Do not kill, "love of neighbor."
- Medicine knows cases of curing even incurable diseases.
- With an active social position of society, full rehabilitation of the disabled is possible.

6. Ethical issues of suicide

Suicide from an ethical point of view is any form of participation or assistance that is unacceptable on the part of a doctor. Both secular and religious morality condemn suicide.

Issues for discussion

1. Is euthanasia prohibited by law in the Kyrgyz Republic and the Russian Federation, if it is prohibited, then by what documents?
2. What criteria are currently used to ascertain the death of a person in the Kyrgyz Republic and the Russian Federation?

Themes of reference papers for lesson 6

1. Paid medical services and professional ethics.
2. Social justice and healthcare.
3. Monastery infirmaries as the first form of public health.

Situational tasks for topic 5 “Bioethical problems of dying and death”

Task 1

Patient N, who has been suffering from bilateral paralysis for 20 years as a result of an injury, not wanting to burden her loved ones and in order to end her suffering, asked to find a way to die. Relatives refused this, then the patient began to ask the attending physician about

this, arguing that she no longer had the physical strength for further existence.

Check all pros and cons of euthanasia. How should the doctor act in this situation?

Task 2

Patient N was in a coma in the intensive care unit for 60 days. His vital activity was supported by an artificial respiration and circulatory apparatus. The doctors stated the futility of life and decided to stop the maintenance therapy. Relatives of this decision were not informed.

What are the requirements for diagnosing brain death? The actions of doctors in this situation.

Task 3

Is it possible to perform euthanasia on a seriously ill person at the request of his relatives?

Mark the pros and cons of the euthanasia point of view.

Task 4

At the request of a seriously ill person in the terminal stage, who was in excruciating pain, a nurse in one of the departments of an oncology hospital administered an overdose of a strong painkiller, after which the patient fell into an unconscious state.

Assess the performance of the nurse. Can this action be considered euthanasia?

Task 5

A 42-year-old patient was on a ventilator for 3 days in a persistent state. The attending physician held a consultation with other specialists, as a result of which some colleagues noted the futility of life, and two others noted the need to change the treatment tactics.

What action should the attending physician take? Is it possible to take action to disconnect from the ventilator (ALV)?

Recommended literature

1. Balalykin D.A., Kiselev A.S. Bioethics: textbook. M.: GEOTAR-Media, 2012. History and modern issues of bioethics development
2. Khrustalev Yu.M. Bioethics. Moscow: Medicine, 2011. 400 p.
3. Bolbachan O.A., Abdullin K.D. Bioethics: textbook / edited by K.D. Abdulin; 2nd ed., revised. and amended Bishkek: Publishing House of KRSU, 2009.
4. Shamov I.A. Bioethics: textbook. Moscow: Medicine, 2009. 369 p.
5. Siluyanova I.V. Bioethics in Russia: values and laws. Moscow: Grant, 2001. 192 p.
6. Campbell A. Medical ethics [Text]: textbook / A. Campbell, G. Gillette, G. Jones; translation from English; ed. Yu.M. Lopukhin, B.G. Yudin. M.: GEOTAR-MED, 2010. 400 p.
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23. Shamov I.A. Biomedical ethics [Text]: textbook / I.A. Shamov. M.: GEOTAR-Media, 2014. 286 p.
24. Bolbachan O.A. Bioethics [Text]: textbook / O.A. Bolbachan, D.D. Ibraimov. Bishkek, 2019. 202 p.
25. Ushakov E. V. Bioethics: textbook and workshop for universities / E. V. Ushakov. M.: Yurayt Publishing House, 2016. – 306 p. – Series: Specialist.

Topic 6. THE IDEA OF JUSTICE IN MEDICINE AND HEALTH CARE

Theme purpose:

The student must know:

- the principle of justice and the human right to health care and medical care;
- major ethical issues in various emergencies and among prisoners.

The student must be able to:

- understand ethical issues in various emergencies and with prisoners.

Topic study plan

1. Analysis of the topic on educational issues:

- 1.1. Justice, as equality in the right to mercy.
- 1.2. Ethical problems in emergency situations and in prisoners.
- 1.3. Bioethical problems of the elderly.
- 1.4. Bioethical problems of those who went on a hunger strike.

2. Distribution of abstracts on the next topic.

3. Independent work of students:

- • solution of situational problems, role-playing game;
- • listening to abstracts.

4. Survey of students on control questions.

Test questions on the topic

1. Ethical problems of extreme situations.
2. Ethical problems of doctors in relation to prisoners.
3. Ethical aspects of physicians in relation to the elderly and the elderly.
4. Moral and ethical aspects of doctors in relation to those who went on a hunger strike.

Answers to test questions

1. Ethical problems of extreme situations

Emergencies are violations of the normal conditions of life and activity of people in a certain area, caused by an accident, catastrophe, natural or environmental disaster, leading to human and material losses.

- During emergencies, difficult conditions arise for the provision of medical care or treatment to victims.
- The main ethical principle is the readiness of medical personnel to conduct emergency medical measures (first aid, qualified and specialized).

2. Ethical problems of doctors to prisoners

- A physician must not authorize torture, inhuman treatment, or humiliation.
- A doctor cannot provide premises, tools, drugs, his knowledge in order to use them for torture and other forms of treatment.
- A doctor should not be present during torture.
- The doctor is obliged to explain to the prisoner the possible consequences of refusing food (he has no right to force artificial feeding).

3. Ethical aspects of physicians to the aged and the elderly

- If the doctor suspects poor care, he must report it to the social services.
- The right of the elderly to freely choose a doctor should not be restricted.
- The doctor must remain objective and unbiased.
- Physicians must protect the physical, mental health and interests of the elderly.

4. Moral and ethical aspects of doctors to those who went on a hunger strike (A person of sound mind who chooses not to eat or drink for a long time):

- The doctor must have detailed information about the fasting person.
- Before starting a hunger strike, the doctor should conduct a thorough medical examination.
- The physician should not exert pressure to end the hunger strike.

- The doctor is obliged to inform about the medical consequences of the hunger strike.
- Medical assistance is provided only with the permission of the starving person.
- If the patient falls into a coma, the doctor has the right to make an independent decision on the provision of assistance.
- The physician has a duty to inform the family of the consequences.
- The doctor should inquire daily about the patient's intention to continue the hunger strike.

Issues for discussion

1. Mercy and justice: moral and medical aspects of the problem.
2. The problem of the doctor's attitude to the patient's gratitude (material, financial forms of expression).

Themes of reference papers for lesson 7

1. Abuse of psychiatry.
2. Modern theories of personality psychopathology.
3. The history of the development of psychiatry and attitude towards the patient.

Role-playing game

1. Ethics of a doctor in relation to those who went on a hunger strike.
2. Ethics of a doctor in relation to the elderly.

Situational tasks for topic 6

“The Idea of Justice in Medicine and Public Health”

Task 1

As a result of the catastrophe (gas leak), a large number of residents of one of the houses suffered. The rescuers of the Ministry of Emergency Situations, who arrived at the scene of the accident, first of all provided medical assistance to young promising victims, while people of more mature age were left without attention.

Are the actions of the rescuers of the Ministry of Emergency Situations correct?

Task 2

When a hunger strike was declared at one of the enterprises as a result of non-payment of wages, doctors from the ambulance station were invited to provide medical assistance. One of the doctors began to put pressure on the starving person to end the hunger strike, arguing that this had a negative effect on the health of the starving person.

Mark the violations of ethical rules that arose in this situation?

Task 3

A seriously ill elderly patient lives at the district clinic doctor-therapist. The doctor found out that the patient was treated poorly and cared for by the family.

How should the doctor act in this situation?

Recommended literature

1. Balalykin D.A., Kiselev A.S. Bioethics: textbook. M.: GEOTAR-Media, 2012. History and modern issues of bioethics development

2. Khrustalev Yu.M. Bioethics. Moscow: Medicine, 2011. 400 p.

3. Bolbachan O.A., Abdullin K.D. Bioethics: textbook / edited by K.D. Abdulin; 2nd ed., revised. and amended Bishkek: Publishing House of KRSU, 2009.

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26. Shamov I.A. Biomedical ethics [Text]: textbook / IA. Shamov. M.: GEOTAR-Media, 2014. 286 p.

27. Bolbachan O.A. Bioethics [Text]: textbook / O.A. Bolbachan, D.D. Ibraimov. Bishkek, 2019. 202 p.

28. Ushakov E. V. Bioethics: textbook and workshop for universities / E. V. Ushakov. M.: Yurayt Publishing House, 2016. – 306 p. – Series: Specialist.

Topic 7. ETHICAL AND LEGAL BASES OF PSYCHIATRY AND PSYCHOTHERAPY

Theme purpose:

The student must know:

- ethical and legal foundations for the provision of mental health care;
- deontology of doctor-patient relationship.

The student must be able to:

- to understand ethical, deontological and legal problems of psychiatry.

Topic study plan

1. Analysis of the topic on educational issues:

- 1.1. Ethical and legal regulation in the provision of psychiatric care.
- 1.2. Peculiarities of doctor-patient relationship in psychiatry.
- 1.3. Protecting the privacy of mental patients.
- 1.4. The rights of a patient in a psychiatric hospital.
- 1.5. Involuntary hospitalization.
- 1.6. Abuse in psychiatry.

2. Distribution of abstracts on the next topic.

3. Independent work of students:

- solution of situational problems;
- listening to abstracts.

4. Survey of students on control questions.

Test questions on the topic

1. Basic rights of mentally ill people.
2. Restriction of rights on the recommendation of the attending physician.
3. Mental examination of persons without their consent.
4. Protecting the rights of the patient.
5. Diagnosis of mental illness.
6. Guarantee of the rights of citizens in the provision of psychiatric care.

7. Hospitalization in a psychiatric hospital on an involuntary basis.
8. Confidentiality of the mentally ill.
9. Abuse in psychiatry.
10. Discrimination of the mentally ill.

Answers to test questions

1. Basic rights of mentally ill people

- Address directly to the head physician or head. department for treatment, examination, discharge.
- Submit uncensored complaints, applications to executive authorities, the prosecutor's office, the court, etc.
- Meet with a lawyer, clergy in private.
- Perform religious rites.
- Receive education under the program of a general education school (up to 18 years).
- Subscribe to newspapers, magazines.
- Receive remuneration for work.

2. Restriction of rights on the recommendation of the attending physician

- Conduct correspondence without censorship.
- Receive and send parcels, money transfers.
- Use the phone.
- Receive visitors.
- Use your clothes.

3. Mental examination of persons without their consent

- A psychiatric examination without the patient's consent is accepted by a psychiatrist with a court order.
- A person placed in a psychiatric hospital is subject to mandatory examination within 48 hours by a commission of psychiatrists.
- If the hospitalization was carried out on an involuntary basis justifiably, then such a patient during the first 6 months at least once a month is subject to examination by psychiatrists.
- After 6 months, the administration of the psychiatric hospital applies to the court about the need to extend the hospitalization.

4. Protecting the rights of the patient

- Protection of the rights of patients in a psychiatric hospital: A service for the protection of the rights of the patient has been established, independent of the health authorities.
- Protect the rights of patients, accept their complaints and applications, which are considered with the administration of this psychiatric institution, or sent to the court or the prosecutor's office.

5. Diagnosis of mental illness

The diagnosis of a mental disorder is made only in accordance with generally accepted international standards and cannot be based only on a citizen's disagreement with socially accepted, moral, cultural, political or religious values, or for other reasons not directly related to his mental health.

6. Guarantee of the rights of citizens in the provision of psychiatric care

- Persons suffering from a mental disorder have all the rights and freedoms of citizens.
- Psychiatric care for adults is provided upon voluntary treatment with his consent.
- Minors (under 15 years of age), incapacitated, assistance is provided at the request or with the consent of the guardians, etc.
- Respectful and humane attitude towards patients, excluding humiliation of human dignity.
- Getting information about your rights and treatment options.
- Detention in a psychiatric hospital only for the period necessary for examination and treatment.
- Prior consent or waiver at any stage of a clinical trial.

7. Hospitalization in a psychiatric hospital on an involuntary basis

- Isolation of the mentally ill (without the consent of the patient and his legal representatives).
- Measures of physical restraint and isolation during involuntary hospitalization are applied:
 - in case of danger to the patient and others;
 - with the participation of the police in involuntary hospitalization;

- a record is made in the medical records about the forms and time of application of measures of physical constraint or isolation;
- by a court decision in relation to persons suffering from a mental illness who have committed a socially dangerous act.

8. Confidentiality of the mentally ill men

Persons who are subject to the obligation not to disclose confidential information are doctors, psychologists, paramedical personnel, orderlies, medical students.

9. Abuse in psychiatry

Making a psychiatric diagnosis:

- medical errors;
- non-medical factors (political in order to isolate a person who expresses his views on the structure of society, country).

The use of psychotropic and sedative drugs for non-medical purposes under the guise of treatment:

- as a punishment (for violation of the regime).

Abuse of professional position:

- a doctor has no right to conclude property transactions with a patient, use his labor for personal gain.

10. Discrimination against the mentally ill

When hiring this category of persons for work or in educational institutions, the disclosure of medical secrets by a doctor to an employer.

According to the current law, neuropsychiatric dispensaries have the right to provide court and investigation authorities with information about the state of mental health of only those citizens who are under investigation, but often the internal affairs authorities apply for such information in relation to citizens from whom complaints are received.

Issues for discussion

1. Is it possible to carry out property transactions with a patient when providing psychiatric care?
2. The difference between medical secrecy in psychiatry and other specialties of medicine.

Themes of reference papers for lesson 8

1. Problems of HIV-infected children and adults.
2. Attitude to especially dangerous infections in the ancient world, the Middle Ages and the present.
3. Birth of a healthy child from an HIV-infected mother: ethical and medical aspects.

Situational tasks for topic 7 “Ethical and legal foundations of psychiatry and psychotherapy”

Task 1

A patient with mental illness was admitted to one of the departments of a psychiatric hospital. After 3 days of stay in the hospital, he began to ask for an extract. The attending physician refused, arguing that the patient should undergo a course of treatment. The patient reacted violently to the doctor's refusal. The doctor introduced a restriction on the rights of the patient: visiting relatives, using their own clothes, etc.

Are the doctor's actions correct? In what cases can a doctor apply restrictions on a patient's rights?

Task 2

The patient with the diagnosis "Neurosis" was in one of departments of a psychiatric hospital. The doctor, without the consent of the patient, included her in the list of persons who underwent an experiment to identify the side effects of drugs.

Assess the doctor's actions in this situation.

Task 3

The psychiatrist hid from the patient's wife that her husband was suffering from a mental illness. 10 years later (during this time the second child was born in the family), when the progression of the disease convinced the woman that her husband was seriously ill, she turned to the attending physician. The woman began to persistently ask the doctor about what kind of mental illness her husband had. She accused the doctor of not telling her the truth for 10 years.

Was the doctor correct in this situation?

Task 4

An elderly woman was admitted to a psychiatric hospital. The attending physician, having learned that she is lonely and she has an apartment in which no one lives at the moment, decided to conclude a property deal with the patient – to rent housing for the duration of the patient's hospitalization

Is this situation an abuse of the doctor?

Task 5

By court order, a patient was admitted to a psychiatric hospital without voluntary consent to treatment. The patient stayed in the hospital for more than 12 months, his health was not examined.

Assess this situation from ethical and legal aspects.

Recommended literature

1. Balalykin D.A., Kiselev A.S. Bioethics: textbook. M.: GEOTAR-Media, 2012. History and modern issues of bioethics development
2. Khrustalev Yu.M. Bioethics. Moscow: Medicine, 2011. 400 p.
3. Bolbachan O.A., Abdullin K.D. Bioethics: textbook / edited by K.D. Abdulin; 2nd ed., revised. and amended Bishkek: Publishing House of KRSU, 2009.
4. Shamov I.A. Bioethics: textbook. Moscow: Medicine, 2009. 369 p.
5. Siluyanova I.V. Bioethics in Russia: values and laws. Moscow: Grant, 2001. 192 p.
6. Campbell A. Medical ethics [Text]: textbook / A. Campbell, G. Gillette, G. Jones; translation from English; ed. Yu.M. Lopukhin, B.G. Yudin. M.: GEOTAR-MED, 2010. 400 p.
7. Sergeev V.V. Bioethics [Text]: textbook allowance for students enrolled in higher specialties, prof. formation of the Healthcare group / V.V. Sergeev, V.N. NIA. Shmelev. M.: GEOTAR-Media, 2013, 240 p.
29. Shamov I.A. Biomedical ethics [Text]: textbook | IA. Shamov. M.: GEOTAR-Media, 2014. 286 p.
30. Bolbachan O.A. Bioethics [Text]: textbook / O.A. Bolbachan, D.D. Ibraimov. Bishkek, 2019. 202 p.
31. Ushakov E. V. Bioethics: textbook and workshop for universities / E. V. Ushakov. M.: Yurayt Publishing House, 2016. – 306 p. – Series: Specialist.

Topic 8. FAMILY MEDICINE AND ETHICS. AIDS – MORAL AND ETHICAL ISSUES

Theme purpose:

The student must know:

- basic concepts on the topic;
- ethical and deontological issues in the activities of oncologists, family medicine doctors;
- ethical issues of AIDS.

The student must be able to:

- analyze the peculiarities of ethical issues arising in the work of oncologists, groups of family doctors and doctors of the AIDS Centers.

Topic study plan

1. Analysis of the topic on educational issues.

- 1.1. Medical and ethical features of the work of a family doctor.
- 1.2. Ethical and legal issues in oncology.
- 1.3. The reason for the refusal of surgical intervention in oncology.
- 1.4. Moral and ethical problems of AIDS.

2. Distribution of abstracts on the next topic.

3. Independent work of students.

- solution of situational problems;
- listening to abstracts.

4. Survey of students on control questions.

Test questions on the topic

1. Ethical aspects of family medicine.
2. Moral and ethical problems of AIDS.
3. HIV testing in the context of patient autonomy.
4. Occupational risk honey. worker.
5. Violation of professional ethics in AIDS.
6. Problems of ethics for various cancer patients.

Answers to test questions

1. Ethical aspects of family medicine

- The doctor must be competent and timely refer the patient for consultation with a specialist.
- It is necessary to convince patients of the undesirability of his intention to be treated by psychics and healers.
- The doctor needs to speak carefully about the diagnosis of the disease and its prognosis.
- The family needs complete information about the disease.
- Ethical and deontological problem is also the relationship of a doctor with an elderly patient, it is necessary to treat him as a person with his past, present and future.

2. Moral and ethical problems of AIDS

- At the level of everyday life – "spidophobia", discrimination of patients (dismissal from work, relatives and friends stop communicating, refusal to accept a child in a children's institution, etc.).
- Law in the Russian Federation, the Kyrgyz Republic "On the prevention of the spread of the disease":
 - dismissal from work, refusal to hire, etc. are not allowed.
- Emergence of stress in healthcare workers dealing with infected and sick patients in the provision of medical care:
 - refusal of health workers to provide medical care.
- At the state level:
 - disability, mortality, reduced performance, reduced quality of work.

3. HIV testing in the context of patient autonomy

- **Voluntary testing** (anonymous):
 - the patient is registered under the number (full name, address is not indicated);
 - mandatory patient consultation (before and after testing);
 - a positive result does not yet mean AIDS and the patient cannot be informed after the first positive result (only after repeated testing);

- **Mandatory testing:**

- compulsory registration of diseases was introduced in the USSR in 1985;
- screening of donated blood since 1986;
- donors;
- people arriving from other countries;
- representatives of certain professions (physicians, scientists in the manufacture of immunobiological preparations);
- febrile patients (more than 1 month);
- weight loss of 10% or more (unexplained);
- lingering pneumonia.

4. Professional risk of a medical worker:

- There is a risk of infection if healthcare workers come into contact with blood, and measures should be taken to reduce the risk of HIV infection.

WHO recommends:

1. Technical measures – it is forbidden to suck liquid into the pipette by mouth, use disposable instruments.
2. Social, organizational – in all medical institutions there should be monitoring, registration of cases of HIV infection.
3. If medical workers are diagnosed with HIV (according to the existing list of professions that prohibit working in a certain specialization), the medical worker is transferred to another job.

5. Violation of professional ethics in AIDS

- Failed pre-test counseling and reporting a positive result to the patient.
- Patients are finally informed of the test results only after confirmation of a positive result. This is done in order to avoid tragic accidents.

6. Problems of ethics for various cancer patients

- Take into account the psychology of a cancer patient who is not subject to antitumor treatment, with advanced disease.
- Take into account the psychology of a cancer patient with clinical manifestations of a disease subject to special antitumor treatment.

- Consider the psychology of a cancer patient without clinical manifestations of a malignant tumor.

Issues for discussion

1. Does a doctor have the moral right to refuse to provide care to an HIV-infected person?
2. List the ethical issues that arise in connection with the spread of HIV/AIDS infection?

Situational tasks for topic 8 “Family Medicine and Ethics. AIDS – moral and ethical problems”

Task 1

When a young man was donating blood for HIV, the doctor talked to him. After receiving a positive analysis, the doctor held another consultation with the patient about the result of the testing.

Are the doctor's actions correct?

Task 2

A young man, upon admission to the hospital, donated blood for HIV infection. After testing the blood, a positive result was found. The doctor informed the patient about the results.

Indicate whether in this case there were violations of the professional ethics of the doctor.

Task 3

During the investigation of the nosocomial HIV infection of a group of children, the initial source of the infection was identified – a child who had died a few months earlier, whose parents also turned out to be infected. The fact became known not only to doctors and persons involved in the investigation, but also to outsiders. After that, this family was attacked. The father was forced into hiding, and the mother developed AIDS, as a result of which she died.

What are the requirements of medical ethics on the problem of HIV / AIDS infection?

Task 4

During a medical examination of a 35-year-old woman, the doctor suspected an oncological disease. The doctor gave a referral to an oncologist. The woman had no complaints and she was in good health. The oncologist, after the examination, diagnosed “Oncological disease” and offered an operable treatment, but the woman refused.

What are the reasons for the refusal of oncological patients from operations and the problems of ethics?

Recommended literature

1. Balalykin D.A., Kiselev A.S. Bioethics: textbook. M.: GEOTAR-Media, 2012. History and modern issues of bioethics development

2. Khrustalev Yu.M. Bioethics. Moscow: Medicine, 2011. 400 p.

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7. Shamov I.A. Biomedical ethics [Text]: textbook / IA. Shamov. M.: GEOTAR-Media, 2014. 286 p.

8. Bolbachan O.A. Bioethics [Text]: textbook / O.A. Bolbachan, D.D. Ibraimov. Bishkek, 2019. 202 p.

Topic 9. MAIN INTERNATIONAL DOCUMENTS FOR BIOMEDICAL ETHICS

Theme purpose:

The student must know:

- Fundamentals of international documents on biomedical ethics.

The student must be able to:

- to understand ethical questions according to international documents.

Topic study plan

1.0. Analysis of the topic on educational issues:

- 1.1. Geneva Declaration.
- 1.2. International Code of Medical Ethics, main content.
- 1.3. Helsinki-Tokyo Declaration.
- 1.4. Convention for the Protection of the Rights and Dignity of the Person.
- 1.5. Nuremberg Code.

2.0. Independent work of students:

- solution of situational problems, role-playing game;
- listening to abstracts.

3.0. Survey of students on test questions.

Test questions on the topic

1. The essence of the Geneva Declaration.
2. Sections of the International Code of Medical Ethics (ICME).
3. Obligations of a doctor in relation to each other (ICME).
4. Responsibilities of the doctor in relation to the patient (ICME).
5. General duties of a doctor (ICME).
6. Basic principles of the Helsinki-Tokyo Declaration.
7. Convention for the Protection of Human Rights and Dignity – part 2 (Consent).
8. Convention for the Protection of Human Rights and Dignity – part 7 (Prohibition of financial gain and trade in parts of the human body).

Answers to test questions

1. The essence of the Geneva Declaration

Essence – the text of the doctor's oath (Appendix 1).

2. Sections of the International Code of Medical Ethics (ICME)

Section 1 – general duties of doctors.

Section 2 – the duties of doctors in relation to patients.

Section 3 – the duties of doctors in relation to each other.

3. Obligations of a doctor in relation to each other (ICME):

- the doctor should behave towards his colleagues in the same way as they behave towards him (causes controversy);
- a doctor should not poach patients from his colleagues;
- a physician should not speak bad things of his colleagues in the presence of a patient.

4. Responsibilities of the doctor in relation to the patient (ICME).

- the physician must always remember the obligation to preserve human life;
- the doctor must show complete loyalty to the patient and use all the means of science;
- if treatment or research is beyond his capacity, he must invite another doctor who has the necessary ability;
- The doctor must keep absolutely confidential everything he knows about his patient (excludes disclosure of the patient's secret when the interests of third parties are affected).

5. General duties of a doctor (ICME):

- the doctor should be engaged in business, not being guided by the motive for making a profit;
- “any self-promotion” is recognized as unethical (excl. sanctioning by the National Code of Medical Ethics);
- It is unethical to “collaborate in the provision of any type of medical care in which the doctor does not have professional independence”;
- it is unethical to receive any amount of money in connection with services rendered to a patient, in addition to an appropriate professional remuneration, even if the patient is aware of this;

- The physician is advised to exercise caution when publishing or discovering new treatments. The doctor should only approve what he personally checked.

6. Basic principles of the Helsinki-Tokyo Declaration: (app. 3).

7. Convention for the Protection of Human Rights and Dignity – Part 2 (Consent):

- medical intervention should be carried out with the voluntary informed consent of the patient;
- medical intervention in relation to minors is carried out only with the permission of the parents or legal representative;
- medical intervention on an incapacitated adult is permitted only with the consent of the legal representative or without the consent of the person, when the lack of intervention is fraught with serious harm to health.

8. Convention for the Protection of Human Rights and Dignity – Part 7 (Prohibition of financial gain and organ harvesting):

- the human body and its parts should not, as such, be a source of financial gain;
- a part of a human body removed during a medical intervention may be stored and used for the purposes for which it was removed. For other purposes, it can only be used in accordance with the procedures for obtaining the appropriate consent.

Situational tasks for topic 9

Main international documents on biomedical ethics

Task 1

Before the operation, the surgeon appointed the patient's relatives a certain amount of remuneration for a qualified operation.

Evaluate the doctor's actions according to the International Code of Medical Ethics What are the doctor's duties?

Task 2

A patient came to one of the clinics. At the reception, he learned that the doctor who was recommended to him was not currently available. Near the reception, another doctor stopped the patient and found out why he wants to go to this doctor only. The doctor advised not to go to that doctor, because, according to him, he has a lower qualification than his.

What are the obligations of doctors towards each other according to the International Code of Medical Ethics?

Task 3

The doctor completed his scientific research on the defense of his doctoral dissertation by conducting an experiment. At the last stage of the experiment, the patient felt a sharp deterioration in his health. The doctor provided emergency medical assistance, and the next day he completed the experiment on the same patient, despite the deterioration in his state of health.

What ethical norms have been forgotten by the doctor under the Convention for the Protection of Human Rights and Dignity?

Recommended reading

1. Balalykin D.A., Kiselev A.S. Bioethics: textbook. M.: GEOTAR-Media, 2012. History and modern issues of bioethics development

2. Khrustalev Yu.M. Bioethics. Moscow: Medicine, 2011. 400 p.

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6. Campbell A. Medical ethics [Text]: textbook / A. Campbell, G. Gillette, G. Jones; translation from English; ed. Yu.M. Lopukhin, B.G. Yudin. M.: GEOTAR-MED, 2010. 400 p.

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32. Shamov I.A. Biomedical ethics [Text]: textbook / IA. Shamov. M.: GEOTAR-Media, 2014. 286 p.

33. Bolbachan O.A. Bioethics [Text]: textbook / O.A. Bolbachan, D.D. Ibraimov. Bishkek, 2019. 202 p.

34. Ushakov E. V. Bioethics: textbook and workshop for universities / E. V. Ushakov. M.: Yurayt Publishing House, 2016. 306 p. – Series: Specialist.

TICKETS

Ticket 1

1. Ethics is a concept, a definition.
2. Models of doctor-patient relationship.

Ticket 2

1. Moral categories.
2. Paternalistic model of behavior – definition.

Ticket 3

1. Medical ethics – definition.
2. Anti-paternalistic model of behavior – definition, reasons.

Ticket 4

1. Deontology, medical deontology – definition.
2. Patient autonomy – definition.

Ticket 5

1. Bioethics – its definition.
2. Informed consent.

Ticket 6

1. Bioethical model according to Hippocrates.
2. Doctor's oath – definition.

Ticket 7

1. Bioethical model according to Paracelsus.
2. List the doctor's offenses.

Ticket 8

1. Myelogeny – definition, main factors.
2. Crime – definition.

Ticket 9

1. Deontological model.
2. General duties of a doctor.

Ticket 10

1. Iatrogenicity – the main components.
2. Ethics of professional interaction of medical workers.

Ticket 11

1. Main international documents on bioethics.
2. Doctor's oath – definition.

Ticket 12

1. List the models of biomedical ethics.
2. Informed consent – definition.

Ticket 13

1. Differences between ethics and deontology.
2. Misdemeanor and medical error – definition, types.

Ticket 14

1. List the moral categories.
2. Supporters and opponents of the paternalistic model.

Ticket 15

1. Causes of iatrogenic.
2. Supporters and opponents of the anti-paternalistic model.

Ticket 16

1. The main arguments of the anti-abortion movement.
2. General ethical principles in medical genetics.

Ticket 17

1. Ethical arguments of the movement for the legalization of abortion.
2. Legal and ethical problems of transplantation.

Ticket 18

1. Legal aspects of abortion under international law.
2. The attitude of religion to transplantology.

Ticket 19

1. Religious aspects of abortion.
2. Specificity of deontological principles in transplantology (recipient).

Ticket 20

1. Sterilization of women – legal, ethical aspects.
2. Specificity of deontological principles in transplantology (donor).

Ticket 21

1. Sterilization of men – legal, ethical aspects.
2. Ethical aspects of transfusiology (donor).

Ticket 22

1. Artificial insemination – moral and ethical problems.
2. Ethical committees (EC).

Ticket 23

1. Ethical aspects related to the determination of the status of the embryo.
2. Historical aspects of eugenics.

Ticket 24

1. Surrogate motherhood – moral and ethical problems.
2. Ethical issues of cloning.

Ticket 25

1. Ethical aspect in the choice of sex.
2. Requirements for conducting research on animals.

Ticket 26

1. History of abortion.
2. Human genome – ethical principles.

Ticket 27

1. Moral and ethical problems of induced abortion.
2. Main international documents regulating experiments with human participation.

Ticket 28

1. Reproductive technologies (artificial insemination, in vitro fertilization).
2. Principles of medical research and informed consent of the patient to participate in the experiment.

Ticket 29

1. The essence of the Law "On the reproductive rights of citizens in the Kyrgyz Republic".
2. Ethical aspect of transfusiology (recipient).

Ticket 30

1. Attitudes towards abortion in different countries.
2. Eugenics – definition, concept.

KNOWLEDGE TESTS

Find the correct answer from the four given.

Test 1. Ethics – concept, definition:

- a) studies questions of morality and ethics;
- b) studies the relationship between the doctor and the patient;
- c) a science that studies questions of debt in various professions;
- d) the adverse effect of medical personnel on the human psyche.

Test 2. Moral categories:

- a) justice, respect for the rights of the patient, compassion for the patient;
- b) mercy, prevention of harm to the health of the patient;
- c) conscience, duty, honor, dignity;
- d) egogeny, egrogeny, iatrogeny.

Test 3. Medical ethics – definition:

- a) a set of job rules;
- b) a system of ethical standards for the performance of their professional duties by medical workers;
- c) unfavorable self-influence of patients;
- d) a section of ethics that studies the issues of moral aspects of medicine.

Test 4. Deontology, medical deontology – definition:

- a) a set of ethical norms of human behavior;
 - a set of ethical standards for the performance of their professional duties by medical workers;
- b) the prevailing opinion of others about the dignity of a person;
 - patients about their health;
- c) studies the totality of ethical norms of behavior by medical ethics;
 - studies morality;
- d) a set of human rights;
 - adverse effect on the human psyche.

Test 5. Bioethics – its definition:

- a) studies the adverse effects of the environment on the patient;
- b) studies the relationship in medicine, biology, between a doctor and a patient;

- c) studies the obligations of a person in relation to society;
- d) a form of medical ethics that studies the relationship between doctors.

Test 6. Bioethical model according to Hippocrates:

- a) relationships between doctors;
- b) mercy, compassion, goodness;
- c) respect for patient autonomy;
- d) the main principle of “Do no harm” is the fulfillment of duty, selflessness.

Test 7. Bioethical model according to Paracelsus:

- a) the traditions and norms of the medical profession;
- b) "Do no harm" – the fulfillment of duty;
- c) "Do good" – compassion and mercy;
- d) autonomy, withdrawal into illness.

Test 8. Myelogeny – definition, main factors:

- a) a set of ethical norms for the behavior of health workers;
- b) the adverse impact of the medical environment on the health of the patient;
- c) respect for patient autonomy;
- d) conscience honor dignity.

Test 9. Deontological model:

- a) feeling of fullness of life;
- b) unfavorable influence of the medical environment;
- c) respect for the rights and dignity of patients;
- d) a set of ethical rules.

Test 10. Iatrogenicity – definition:

- a) unfavorable influence of medical personnel, a negative impact on the patient's condition, up to a painful condition;
- b) a set of job rules;
- c) unfavorable self-influence of the patient;
- d) unfavorable influence of surrounding patients.

Test 11. Main international documents on bioethics:

- a) bioethical models;
- b) Physician's oath, the Law “On the reproductive rights of citizens”;

- c) the universal "Declaration of the Rights of Man";
- d) International Code of Medical Ethics, Helsinki-Tokyo Declaration.

Test 12. Models of the relationship between a doctor and a patient:

- a) paternalistic and anti-paternalistic models;
- b) autonomy, informed consent;
- c) "Do no harm", "Do good" for the patient;
- d) justice, duty.

Test 13. Paternalistic behavior model – definition:

- a) the doctor decides for the patient; recommendations are given without an alternative;
- b) patient autonomy;
- c) informed consent;
- d) a person is treated as a set of spare parts.

Test 14. Anti-paternalistic behavior model – definition:

- a) a contract is concluded with the patient for receiving medical services;
- b) a person is treated as a set of spare parts;
- c) the doctor must respect the rights of the patient, take into account his opinion and the opinion of relatives;
- d) the doctor does not disclose information about the disease to the patient.

Test 15 Patient Autonomy – Definition:

- a) increasing the duty of the doctor and concluding a contract;
- b) it is the right of the patient or his relatives to choose the method of treatment and control over medical intervention;
- c) fulfillment of duty;
- d) wrongdoing by a doctor.

Test 16. Informed consent:

- a) a contract is concluded with the patient;
- b) the doctor does not disclose information about the disease to the patient;
- c) the patient is considered from the position that needs to be "repaired";
- d) each person is considered the master of his body and can, if he is of sound mind, allow or prohibit any medical intervention.

Test 17. Doctor's oath – definition:

- a) this is a solemn (oath) promise, which is pronounced by a person who has graduated from a higher medical educational institution and received the title of a doctor;
- b) prohibits medical interventions;
- c) the patient may refuse medical intervention;
- d) a doctor's solemn oath.

Test 18. Doctor's offenses:

- a) the educational level of the patient
- b) establishing legal standards for treatment
- c) crime, misdemeanor, medical error
- d) emergence of insurance and private medicine.

Test 19. Crime – definition:

- a) new methods of treatment;
- b) demands for patient autonomy;
- c) these are violations that encroach on the foundations of the state or cause significant damage to public relations, individual citizens;
- d) legal norms of treatment.

Test 20. Misdemeanor – definition:

- a) an incorrect action that is devoid of the nature of a socially dangerous action (damage to property, absenteeism, failure to follow orders, poor storage of medicines and their use);
- b) incorrect action of a doctor related to receiving a bribe;
- c) failure to provide medical care;
- d) conscientious delusion of the doctor related to the method of treatment.

Test 21. Medical error – definition:

- a) damage to property;
- b) a doctor's mistake in the performance of his professional duties, which is a conscientious error and does not contain corpus delicti or signs of misconduct;
- c) poor storage of medicines;
- d) non-compliance with the orders of the head physician.

Test 22. The main arguments of the anti-abortion movement:

- a) have the right to regulate the reproductive function;
- b) the right of a woman to dispose of her body;
- c) denial of the personality status of the embryo;
- d) every human being, even a child in the womb, receives the right to life.

Test 23 Ethical Arguments of the Abortion Legalization Movement:

- a) a person has no right to take the life of other innocent creatures;
- b) social evil;
- c) the human embryo has the right to life;
- d) only the woman herself should decide when to become her mother.

Test 24. Legal aspects of abortion under international law:

- a) a woman has no rights to her reproductive function;
- b) no medical action should be performed without the informed and voluntary consent of the patient;
- c) no one has the right to force women to have a child;
- d) the embryo has the right to life.

Test 25. Religious aspects of abortion:

- a) Buddhists allow abortion up to 12 weeks of pregnancy;
- b) Catholics, Orthodox allow abortion;
- c) all confessions forbid abortion;
- d) all religions allow.

Test 26. Sterilization of women – legal, ethical aspects:

- a) international law and ethics have no norms;
- b) religion allows;
- c) prohibition under international law;
- d) social evil.

Test 27. Sterilization of men – legal, ethical aspects:

- a) prohibition under international law;
- b) international law and ethics have no norms;
- c) religion allows;
- d) social evil.

Test 28. Artificial insemination – moral and ethical problems:

- a) artificial insemination is allowed for women of childbearing age who are not married;
- b) the demographic shift of the population;
- c) prohibition of AI under international law;
- d) the transformation of a woman into an incubator.

Test 29. Ethical aspects related to determining the status of an embryo:

- a) a woman has no right to leave a child;
- b) it is allowed to use the embryo for in vitro fertilization for more than 1 month after fertilization;
- c) an agreement is concluded between the spouses and the donor;
- d) it is allowed no longer than 14 days after fertilization to carry out implantation of the embryo.

Test 30. Surrogate motherhood under international law:

- a) the woman loses her freedom;
- b) religion is positive;
- c) is a social evil;
- d) humane consideration for the preservation of the family.

Test 31. Attitude to the choice of the sex of the child under international law:

- a) is permitted in exceptional situations;
- b) religion allows;
- c) permission under international law;
- d) prohibits sex selection without medical indications.

Test 32. General ethical principles in medical genetics:

- a) the use of anesthesia in animal testing;
- b) organ retrieval is carried out only in health facilities;
- c) perinatal diagnostics for medical reasons;
- d) with the permission of the attending physician.

Test 33. Eugenics – definition, concept:

- a) the doctrine of the status of the embryo;
- b) the doctrine of the prevention of a possible deterioration in the hereditary qualities of a person;

- c) the doctrine of human organ and tissue transplantation;
- d) the doctrine of blood transfusion and its components.

Test 34. Religion and transplantology:

- a) allow Islam, Confucianism;
- b) the Orthodox Church does not prohibit, Catholics and Protestants allow;
- c) do not allow Catholics, Orthodox;
- d) allows Confucianism.

Test 35. Specificity of ethical principles in transplantology (recipient):

- a) mandatory declaration of brain death;
- b) statement of death: absence of a heartbeat;
- c) psychological pressure on the patient is allowed;
- d) without the consent of relatives can be carried out.

Test 36. Specificity of ethical principles in transplantology (donor):

- a) psychological pressure on the donor;
- b) statement of brain death of a potential donor;
- c) there is no ascertainment of brain death;
- d) informed consent, autonomy, rehabilitation.

Test 37. Ethical aspects of transfusiology (donor):

- a) blood donation must be voluntary, psychological pressure cannot be exerted on the donor;
- b) the surgical team must be highly qualified;
- c) the moment of death is established by a commission of doctors;
- d) choice of method on a voluntary basis.

Test 38. Ethical aspect of transfusiology (recipient):

- a) directed donation, autodonation;
- b) establishment of brain death;
- c) the removal of organs is carried out in a medical institution;
- d) patient autonomy.

Test 39. Principles of medical research and informed consent of the patient to participate in the experiment:

- a) the researcher financially provides the subject;
- b) medical experiments with human participation should be carried out with consent, voluntarily and exit from the experiment – at any time;
- c) a notarized contract is concluded;
- d) you cannot leave the experiment.

Test 40. The main international documents regulating experiments involving humans:

- a) the Helsinki-Tokyo Declaration;
- b) Declaration of Human Rights – the human right to non-intervention;
- c) International Code of Medical Ethics – professional ethics;
- d) The Geneva Declaration is the essence of the Doctor's Oath.

Test 41. Requirements for conducting research on animals:

- a) use in large quantities;
- b) procedures must be performed with the use of painkillers and sedatives;
- c) no anesthetics are used;
- d) the inviolability of animals.

Test 42. Requirements for the diagnosis of brain death:

- a) the optional presence of a specialist in additional methods;
- b) only in the absence of heart contractions;
- c) a death protocol is drawn up and law enforcement agencies are notified;
- d) participation of the commission, specialists in additional diagnostic methods, brain death.

Test 43. Euthanasia – definition:

- a) suicide;
- b) the patient's concern for others;
- c) this is a conscious action or refusal to act, leading to the imminent death of a hopelessly ill person in order to stop pain and suffering;
- d) it is the termination of the life of inferior people.

Test 44. Classification of euthanasia:

- a) active and passive;
- b) paternalistic;
- c) anti-paternalistic;
- d) contract.

Test 45. Approach to the problem of euthanasia (proponents):

- a) death is a means to end the suffering of the patient;
- b) trade in the body;
- c) "Do not kill" your neighbor;
- d) demographic crisis.

Test 46. Arguments of the opponents of euthanasia:

- a) the termination of the life of inferior people;
- b) termination of ineffective activities;
- c) "Do not kill" your neighbor;
- d) a dignified death.

Test 47. Ethical issues of suicide:

- a) secular and religious morality does not encourage suicide;
- b) encouragement according to secular morality;
- c) the departure from the life of inferior people;
- d) promotion of religious morality.

Test 48. Ethical problems of extreme situations:

- a) prohibition to force-feed a prisoner;
- b) medical assistance to priority patients, respect for religious beliefs;
- c) protecting the health of prisoners of war;
- d) voluntarily seeking medical help.

Test 49. Ethical problems of doctors in relation to prisoners:

- a) providing psychological assistance;
- b) engineering model;
- c) doctors should not authorize torture and other forms of cruelty, inhuman treatment or humiliation of human dignity, as well as participate in them;
- d) paternalistic model.

Test 50. Ethical aspects of the attitude of doctors towards the aged and the elderly:

- a) informed consent, voluntariness;
- b) sanctioning torture, force-feeding;
- c) confidentiality, informed consent;
- d) medical assistance, reporting poor care to the police, social services.

Test 51. Moral and ethical aspects of the attitude of doctors to those who went on a hunger strike:

- a) humiliation of human dignity is prohibited;
- b) informed consent, autonomy, the right to non-interference;
- c) respect for religious traditions;
- d) torture is prohibited.

Test 52. Basic rights of mentally ill people:

- a) obtaining information about their rights and the nature of the disease, meeting with a lawyer, filing a complaint;
- b) voluntary hospitalization up to 6 months;
- c) mental examination without the consent of the patient;
- d) children under 15 years of age are placed in a hospital at their request.

Test 53. Restriction of the rights of mentally ill people on the recommendation of the attending physician:

- a) receive parcels, use the telephone, conduct correspondence;
- b) obtaining information about their relatives;
- c) get an education;
- d) apply to the head physician.

Test 54. Mental examination of persons without their consent:

- a) with the consent of the prosecutor's office;
- b) if the patient does not want to go to the hospital;
- c) without a court order;
- d) is accepted by a psychiatrist with court authorization if the patient is incapacitated.

Test 55. Protecting the rights of a mentally ill patient:

- a) a service for the protection of the rights of the patient has been established, independent of the health authorities;
- b) the Ministry of Health;
- c) a psychiatric hospital;
- d) ethical commissions.

Test 56. Diagnosis of mental illness:

- a) placed on the basis of disagreement in the 10th specialization;
- b) is placed only in accordance with generally accepted international standards;
- c) in danger to others;
- d) is put on the basis of a somatic disease.

Test 57. Guaranteeing the rights of citizens in the provision of psychiatric care:

- a) mandatory hospitalization;
- b) in case of possible significant harm to health due to deterioration of condition, incapacity;
- c) physical restraint of the patient;
- d) voluntary hospitalization, for the period of receiving a course of treatment.

Test 58. Involuntary hospitalization in a psychiatric hospital:

- a) children under 15 years of age;
- b) if the patient refuses medical care;
- c) in case of possible significant harm to health due to deterioration of the condition, incapacity;
- d) in case of disagreement with the existing situation in the country.

Test 59. Abuse of psychiatry:

- a) involuntary hospitalization of the incapacitated;
- b) hospitalization of children with the consent of the parents;
- c) the psychiatrist is not entitled to enter into property transactions with the patient and use his labor;
- d) hospitalization by court order.

Test 60. Discrimination of the mentally ill:

- a) harm caused by the doctor's inaction, selfish purpose, non-observance of duty;
- b) legal restriction, refusal to hire and study;
- c) conclusion of a property transaction with the patient;
- d) hospitalization with the consent of the guardians.

Test 61. Ethical aspects of family medicine:

- a) support of the doctor, his encouragement and sympathy;
- b) establishing business relations with officials;
- c) patient autonomy;
- d) take into account the interests of the whole society.

Test 62. Moral and ethical problems of AIDS:

- a) preservation of medical secrecy, prevention of discrimination;
- b) egrogeny, ethogeny;
- c) iatropharmacology, ethogeny;
- d) relationships between health workers.

Test 63 HIV testing in the context of patient autonomy:

- a) testing of children under 15 without parental consent;
- b) informed consent, patient autonomy;
- c) universal testing and informed consent;
- d) voluntary testing, mandatory testing.

Test 64. Occupational risk of medical workers of HIV infection:

- a) egrogeny, ethogeny;
- b) egogeny, iatrogeny;
- c) iatropharmacology;
- d) technical and social measures.

Test 65. HIV/AIDS Breach of Confidentiality:

- a) communication of information to the patient;
- b) transfer of information to medical workers;
- c) transfer of information to the employer;
- d) transfer of information to the Ministry of Health.

Test 66. Problems of ethics in relation to various cancer patients:

- a) take into account the psychology of a cancer patient with clinical manifestations of the disease, subject to special antitumor treatment and untreated;
- b) the psychology of healthy people is taken into account;
- c) the psychology of patients with mental disorders is taken into account;
- d) take into account the opinion of others around the patient.

Test 67. The essence of the Geneva Declaration:

- a) the fight against especially dangerous infections;
- b) the text of the Doctor's Oath;
- c) human clinical trials;
- d) clinical trials on animals.

Test 68. Sections of the International Code of Medical Ethics (ICME):

- a) Doctor's oath;
- b) human and animal testing;
- c) the duties of doctors in relation to patients;
- d) the rights of the child.

Test 69. The duties of a doctor in relation to each other (ICME):

- a) the duty of doctors to maintain confidentiality;
- b) provision of emergency assistance;
- c) the doctor should not poach patients from his colleagues;
- d) doctor's self-promotion.

Test 70. Obligations of the doctor in relation to the patient according to the ICME:

- a) receiving remuneration from the patient;
- b) the implementation of medical intervention without the consent of the patient;
- c) receive financial benefits;
- d) confidentiality.

Test 71. General duties of a doctor for ICME:

- a) loyalty to the patient, timely provision of medical care;
- b) unethical self-advertising, receiving money from patients;
- c) confidentiality, autonomy;
- d) informed consent, protection of the patient's rights.

Test 72. The main principles of the Helsinki-Tokyo Declaration:

- a) voluntary participation and withdrawal from the experiment;
- b) patient autonomy;
- c) obtaining a photocopy of medical documents;
- d) confidentiality.

Test 73. Convention for the Protection of Human Rights and Dignity – Part 2 (Consent):

- a) unethical self-advertising, receiving money from patients;
- b) the implementation of medical intervention without the consent of the patient;
- c) the doctor must keep in absolute secrecy everything he knows about his patient;
- d) medical intervention should be carried out with the voluntary informed consent of the patient.

Test 74. Convention for the Protection of Human Rights and Dignity – Part 7 (Prohibition of financial gain and organ harvesting):

- a) medical intervention should be carried out with the voluntary informed consent of the patient;
- b) the human body and its parts should not be a source of financial gain;
- c) voluntary participation and withdrawal from the experiment;
- d) the doctor must keep in absolute secrecy everything that he knows about his patient.

Test 75. Ethics – concept, definition:

- a) studies questions of morality and ethics;
- b) studies the relationship between the doctor and the patient;
- c) a science that studies questions of debt in various professions;
- d) the adverse effect of medical personnel on the human psychic.

Test 76. Moral categories:

- a) mercy, prevention of harm to the health of the patient;
- b) conscience, duty, honor, dignity;
- c) justice, respect for the rights of the patient, compassion for the patient;
- d) egogeny, egrogeny, iatrogeny.

Test 77. Medical ethics – definition:

- a) a system of ethical standards for the performance of their professional duties by medical workers;
- b) unfavorable self-influence of patients;
- c) a section of ethics that studies the issues of moral aspects of medicine;
- d) a set of job rules.

Test 78. Medical deontology – definition:

- a) the prevailing opinion of others about the dignity of a person;
- b) the totality of human rights;
- c) studies the totality of ethical norms of behavior of medical workers;
- d) a set of ethical norms of human behavior;
- a set of ethical standards for the performance of their professional duties by medical workers.

Test 79. Bioethics – its definition:

- a) studies the adverse effects of the environment on the patient;
- b) studies the relationship in medicine, biology, between a doctor and a patient;
- c) studies the obligations of a person in relation to society;
- d) a form of medical ethics that studies the relationship between doctors.

Test 80. Bioethical model according to Hippocrates:

- a) “Do no harm” – fulfillment of duty, disinterestedness;
- b) mercy, compassion;
- c) respect for patient autonomy;
- d) relationships between doctors.

Test 81. Bioethical model according to Paracelsus:

- a) "Do good" – compassion and mercy;
- b) "Do no harm" – the fulfillment of duty;
- c) autonomy, withdrawal into illness;
- d) traditions and norms of the medical profession.

Test 82. Myelogeny – definition:

- a) a set of ethical norms of behavior of medical workers;
- b) conscience, honor, dignity;
- c) respect for patient autonomy;
- d) this is the adverse effect of the medical environment on the health of the patient.

Test 83. Deontological model:

- a) unfavorable influence of the medical environment;
- b) a set of ethical rules;
- c) a feeling of fullness of life;
- d) respect for the rights and dignity of patients.

Test 84. Iatrogenicity – definition:

- a) a set of job rules;
- b) unfavorable self-influence of the patient;
- c) the negative impact of the medical environment on the patient's condition, up to a painful condition;
- d) unfavorable influence of surrounding patients.

Test 85. Main international documents on bioethics:

- a) Doctor's oath, the Law "On the reproductive rights of citizens";
- b) Oath of a doctor of the Kyrgyz Republic;
- c) the universal "Declaration of the Rights of Man";
- d) International Code of Medical Ethics, Helsinki-Tokyo Declaration.

Test 86. Models of the relationship between a doctor and a patient:

- a) autonomy, informed consent;
- b) "Do no harm", "Do good" for the patient;
- c) paternalistic and anti-paternalistic models;
- d) justice, duty.

Test 87. Paternalistic behavior model – definition:

- a) the doctor decides for the patient; recommendations are given without an alternative;
- b) patient autonomy;
- c) informed consent;
- d) a person is treated as a set of spare parts.

Test 88. Anti-paternalistic behavior model – definition:

- a) a person is treated as a set of spare parts;
- b) a contract is concluded with the patient for receiving medical services;
- c) the doctor must respect the rights of the patient, take into account his opinion and the opinion of relatives;
- d) the doctor does not disclose information about the disease to the patient.

Test 89. Patient autonomy – definition:

- a) increasing the duty of the doctor and concluding a contract;
- b) it is the right of the patient or his relatives to choose the method of treatment and control over medical intervention;
- c) fulfillment of duty;
- d) wrongdoing by a doctor.

Test 90. Informed consent:

- a) the doctor does not disclose information about the disease to the patient;
- b) an agreement is concluded with the patient;
- c) the patient is considered from the position that needs to be “repaired”;
- d) each person is considered the master of his body and can, if he is of sound mind, allow or prohibit any medical intervention.

Test 91. Doctor's oath – definition:

- a) prohibits medical intervention;
- b) a solemn (oath) promise, which is pronounced by a person who has graduated from a higher medical educational institution and received the title of a doctor;
- c) the patient may refuse medical intervention;
- d) a doctor's solemn oath.

Test 92. Doctor's offenses:

- a) establishing legal standards for treatment;
- b) crime, misdemeanor, medical error;
- c) violation of ethical standards;
- d) violation of morality.

Test 93. Crime – definition:

- a) requirements for patient autonomy;
- b) new methods of treatment;
- c) violations that encroach on the foundations of the state or cause significant damage to public relations, individual citizens;
- d) legal norms of treatment.

Test 94. Misdemeanor – definition:

- a) an incorrect action that is devoid of the nature of a socially dangerous action (damage to property, absenteeism, failure to follow orders, poor storage of medicines and their use);
- b) incorrect action of a doctor related to taking a bribe;
- c) failure to provide medical care;
- d) conscientious delusion of the doctor related to the method of treatment.

Test 95. Medical error – definition:

- a) damage to property;
- b) poor storage of medicines;
- c) a doctor's mistake in the performance of his professional duties, which is a conscientious error and does not contain corpus delicti or signs of misconduct;
- d) non-compliance with the orders of the head physician.

Test 96. The main arguments of the anti-abortion movement:

- a) every human being, even a child in the womb, receives the right to life;
- b) the right of a woman to dispose of her body;
- c) denial of the personality status of the embryo;
- d) have the right to regulate the reproductive function.

Test 97. Ethical Arguments of the Abortion Legalization Movement:

- a) social evil;
- b) the human embryo has the right to life;
- c) only the woman herself should decide when to become her mother;
- d) a person has no right to take the life of other innocent creatures.

Test 98. Legal aspects of abortion under international law:

- a) no medical action should be performed without the informed and voluntary consent of the patient;
- b) no one has the right to force women to have a child;
- c) a woman has no rights to her reproductive function;
- d) the embryo has the right to life.

Test 99. The religious aspect of abortion;

- a) Catholics, Orthodox allow abortion;
- b) all confessions forbid abortion;
- c) Buddhists allow abortion up to 12 weeks of pregnancy;
- d) all religions allow.

Test 100. Sterilization of women: – legal, ethical aspects:

- a) religion allows;
- b) prohibition under international law;
- c) international law and ethics have no norms;
- d) social evil.

Test 101. Conscience, moral category:

- a) a set of job rules;
- b) studies the relationship between the doctor and the patient;
- c) responsibility of a person for his actions and deeds;
- d) the totality of human rights.

Test 102. Moral categories:

- a) justice, respect for the rights of the patient, compassion for the patient;
- b) mercy, prevention of harm to the health of the patient;
- c) egogeny, ergogeny, iatrogeny;
- d) conscience, duty, honor, dignity.

Test 103. The concept of duty:

- a) the responsibility of a person for his actions to society, people;
- b) studies the relationship between the doctor and the patient;
- c) a set of job rules;
- d) the totality of human rights.

Test 104. Medical ethics – definition:

- a) unfavorable self-influence of patients;
- b) a section of ethics that studies the issues of moral aspects of medicine;
- c) a system of ethical standards for the performance of their professional duties by medical workers;
- d) a set of job rules.

Test 105. Medical deontology – definition:

- a) studies morality;
- b) it is a set of ethical standards for the performance of their professional duties by medical workers;
- c) self-influence of patients on their health;
- d) adverse effect on the human psychic.

Test 106. Honor – a concept:

- a) studies the duties of a person in relation to society;
- b) studies the adverse effects of the environment on the patient;
- c) the prevailing opinion of others about the dignity of a person;
- d) a form of medical ethics that studies the relationship between doctors.

Test 107. Bioethics – its definition:

- a) studies the relationship in medicine, biology, between a doctor and a patient;
- b) studies the adverse effects of the environment on the patient;
- c) studies the obligations of a person in relation to society;
- d) a form of medical ethics that studies the relationship between doctors.

Test 108. Bioethical model according to Hippocrates – "Do no harm":

- a) respect for patient autonomy;
- b) mercy, compassion, goodness;

- c) harm caused by the failure to provide medical care, the inaction of a doctor;
- d) relationships between doctors.

Test 109. Bioethical model according to Paracelsus:

- a) autonomy, withdrawal into illness;
- b) "Do no harm" – the fulfillment of duty;
- c) traditions and norms of the medical profession;
- d) "Do good" – compassion and mercy.

Test 110. Justice in medicine:

- a) respect for patient autonomy;
- b) a set of ethical norms of behavior of medical workers;
- c) conscience, honor, dignity;
- d) provision of medical care regardless of age, gender, social status, religion.

Test 111. Myelogeny – definition, main factors:

- a) the adverse effect of the medical environment on the patient's psyche;
- b) a set of ethical norms of behavior of medical workers;
- c) respect for patient autonomy;
- d) conscience, honor, dignity.

Test 112. Egogeny – definition:

- a) feeling of fullness of life;
- b) unfavorable influence of surrounding patients;
- c) a set of ethical rules;
- d) unfavorable self-influence of the patient.

Test 113. Egrogenia – definition:

- a) feeling of fullness of life;
- b) adverse impact on the health of the patient surrounding patients;
- c) unfavorable self-influence of the patient;
- d) a set of ethical rules.

Test 114. Iatrogenicity – definition:

- a) unfavorable self-influence of the patient;
- b) unfavorable influence of medical personnel, a negative impact on the patient's condition, up to a painful condition;

- c) a set of job rules;
- d) unfavorable influence of surrounding patients.

Test 115. Deontological model of bioethics:

- a) respect for the rights and dignity of patients;
- b) unfavorable influence of the medical environment;
- c) a feeling of fullness of life;
- d) a set of ethical rules.

Test 116. Main international documents on bioethics:

- a) the universal “Declaration of the Rights of Man”;
- b) Physician's oath, the Law “On the reproductive rights of citizens”;
- c) International Code of Medical Ethics, Helsinki-Tokyo Declaration;
- d) bioethical models.

Test 117. Models of the relationship between a doctor and a patient:

- a) “Do no harm”, “Do good” for the patient;
- b) autonomy, informed consent;
- c) justice, duty;
- d) paternalistic and anti-paternalistic models.

Test 118. Paternalistic behavior model – definition:

- a) the doctor decides for the patient, recommendations are given without an alternative;
- b) patient autonomy;
- c) informed consent;
- d) a person is treated as a set of spare parts.

Test 119. Anti-paternalistic behavior model – definition:

- a) a contract is concluded with the patient for receiving medical services;
- b) a person is treated as a set of spare parts;
- c) the doctor must respect the rights of the patient, take into account his opinion and the opinion of relatives;
- d) the doctor does not disclose information about the disease to the patient.

Test 120. Engineering model of the relationship between a doctor and a patient:

- a) unfavorable self-influence of the patient;
- b) the doctor considers a person as a set of "spare parts";
- c) a set of job rules;
- d) unfavorable influence of surrounding patients.

Test 121. Contract model of the relationship between a doctor and a patient:

- a) unfavorable self-influence of the patient;
- b) the doctor considers a person as a set of "spare parts";
- c) unfavorable influence of surrounding patients;
- d) a contract is concluded with the client for receiving medical services.

Test 122. Patient autonomy – definition:

- a) fulfillment of duty;
- b) the right of the patient or his relatives to choose the method of treatment and control over medical intervention;
- c) increasing the duty of the doctor and concluding a contract;
- d) wrongdoing by a doctor.

Test 123. Informed consent:

- a) each person is considered the master of his body and can, if he is of sound mind, authorize or prohibit any medical intervention;
- b) the doctor does not disclose information about the disease to the patient;
- c) the patient is considered from the position that needs to be “repaired”;
- d) a contract is concluded with the patient.

Test 124. Patient's rights:

- a) non-interference, respectful treatment, make a photocopy of medical records;
- b) the doctor does not disclose information about the disease to the patient;
- c) the patient is considered from the position that needs to be “repaired”;
- d) a contract is concluded with the patient.

Test 125. Doctor's oath – definition:

- a) the patient may refuse medical intervention;
- b) a solemn oath of a doctor;
- c) prohibits medical intervention;
- d) a solemn (oath) promise, which is pronounced by a person who has graduated from a higher medical educational institution and received the title of doctor.

Test 126. Doctor's offenses:

- a) the educational level of the patient;
- b) establishing legal standards for treatment;
- c) emergence of insurance and private medicine;
- d) crime, misdemeanor, medical error.

Test 127. Crime – definition:

- a) new methods of treatment;
- b) demands for patient autonomy;
- c) violations that encroach on the foundations of the state or cause significant damage to public relations, individual citizens;
- d) legal norms of treatment.

Test 128. Misdemeanor – definition:

- a) failure to provide medical care;
- b) an incorrect action that is devoid of the nature of a socially dangerous action (damage to property, absenteeism, failure to follow orders, poor storage of medicines and their use);
- c) incorrect action of a doctor related to taking a bribe;
- d) conscientious delusion of the doctor related to the method of treatment.

Test 129. Medical error – definition:

- a) a doctor's mistake in the performance of his professional duties, which is a conscientious error and does not contain corpus delicti or signs of misconduct;
- b) damage to property;
- c) poor storage of medicines;
- d) non-compliance with the orders of the head physician.

Test 130. Doctor's crime:

- a) poor storage of medicines;
- b) failure to provide medical assistance, accepting a bribe, illegal abortion;
- c) damage to property;
- d) non-compliance with the orders of the head physician.

Test 131. Types of medical errors:

- a) active, passive;
- b) contract, engineering;
- c) paternalistic, anti-paternalistic;
- d) tactical, technical.

Test 132. The main arguments of the anti-abortion movement:

- a) denial of the identity of the status of the embryo;
- b) the right of a woman to dispose of her body;
- c) have the right to regulate the reproductive function;
- d) every human being, even a child in the womb, receives the right to life.

Test 133. Ethical Arguments of the Abortion Legalization Movement

- a) the human embryo has the right to life;
- b) social evil;
- c) only the woman herself should decide when to become a mother;
- d) a person has no right to take the life of other innocent creatures.

Test 134. Legal aspects of abortion under international law:

- a) no one has the right to force women to have a child;
- b) no medical action should be performed without the informed and voluntary consent of the patient;
- c) a woman has no rights to her reproductive function;
- d) the embryo has the right to life.

Test 135. Law “Reproductive rights of citizens of the Kyrgyz Republic”:

- a) a woman has no rights to her reproductive function;
- b) social evil;
- c) the embryo has the right to life;
- d) the right of women to decide independently, the doctor is obliged to exercise the right of a woman to have an abortion.

Test 136. The religious aspect of abortion:

- a) all confessions forbid abortion;
- b) Catholics, Orthodox allow abortion;
- c) Buddhists allow abortion up to 12 weeks of pregnancy;
- d) all religions allow.

Test 137. Sterilization of women – legal, ethical aspects:

- a) prohibition under international law;
- b) international law and ethics have no norms;
- c) religion allows;
- d) social evil.

Test 138. Sterilization of men – legal, ethical aspects:

- a) religion allows;
- b) international law and ethics have no norms;
- c) prohibition under international law;
- d) social evil.

Test 139. Social indications for abortion in the Kyrgyz Republic:

- a) the health of the fetus;
- b) woman's health;
- c) at will;
- d) disability of the husband or wife, unemployed, being in places of deprivation of liberty.

Test 140. Ethical aspects related to determining the status of an embryo:

- a) an agreement is concluded between the spouses and the donor;
- b) it is allowed to use the embryo for in vitro fertilization for more than 1 month after fertilization;
- c) it is allowed to implant the embryo no longer than 14 days after fertilization;
- d) a woman has no right to leave a child.

Test 141. Moral and ethical aspects of doctors to those who went on a hunger strike:

- a) informed consent, autonomy;
- b) humiliation of human dignity is prohibited;
- c) respect for religious traditions;
- d) torture is prohibited.

Test 142. Basic rights of mentally ill people:

- a) mental examination without the consent of the patient;
- b) obtaining information about their rights and the nature of the disease, meeting with a lawyer, filing a complaint;
- c) involuntary hospitalization up to 6 months;
- d) children under 15 years of age are placed in a hospital at the request of their parents or guardians.

Test 143. Restriction of rights on the recommendation of the attending physician:

- a) get an education;
- b) receive parcels, use the telephone, conduct correspondence;
- c) obtaining information about their relatives;
- d) apply to the head physician.

Test 144. Mental examination of persons without their consent:

- a) without a court order;
- b) mental examination of patients only with the consent of the prosecutor's office;
- c) a mental examination without the consent of the patient is taken by a psychiatrist with a court sanction if the patient is incapacitated;
- d) if the patient is less than 15 years old.

Test 145. Diagnosis of mental illness:

- a) the diagnosis of a mental disorder is made only in accordance with generally accepted international standards;
- b) the diagnosis is made on the basis of disagreement with the political structure of the state;
- c) in danger to others;
- d) with a religious worldview.

Test 146. Involuntary hospitalization in a psychiatric hospital:

- a) if the patient refuses medical care;
- b) children under 15;
- c) in case of disagreement with the existing situation in the country;
- d) in case of possible significant harm to health due to deterioration of condition, incapacity.

Test 147. Abuse of psychiatry:

- a) hospitalization of children with the consent of the parents;
- b) involuntary hospitalization of incapable persons;
- c) the psychiatrist is not entitled to enter into property transactions with the patient and use his labor;
- d) hospitalization by court order.

Test 148. Ethical aspects of family medicine:

- a) acceptance of non-coercive character;
- b) support of the doctor, his encouragement and sympathy;
- c) establishing business relations with officials;
- d) take into account the interests of the whole society.

Test 149 HIV testing in the context of patient autonomy:

- a) general testing;
- b) testing only children under 15;
- c) informed consent;
- d) voluntary testing, mandatory testing.

Test 150. Problems of ethics for various cancer patients:

- a) the psychology of patients with mental disorders is taken into account;
- b) the psychology of healthy people is taken into account
- c) take into account the opinion of others around the patient;
- d) take into account the psychology of a cancer patient with clinical manifestations, subject to special antitumor treatment.

Test 151. Surrogate motherhood – moral and ethical problems:

- a) the woman loses her freedom;
- b) religion is positive;
- c) is a social evil;
- d) humane consideration for the preservation of the family.

Test 152. Surrogate motherhood according to the law “Reproductive rights of citizens in the Kyrgyz Republic”:

- a) the woman loses her freedom;
- b) is obliged to give the child;
- c) is obliged to register the child in the name of the biological parents;
- d) age from 18-35 years old, having one child, must be registered up to 12 weeks.

Test 153. Attitude to the choice of the sex of the child under international law:

- a) prohibits sex selection without a medical indication;
- b) religion allows;
- c) permission under international law;
- d) is allowed in exceptional situations.

Test 154. Perinatal diagnosis is carried out:

- a) with the permission of the attending physician;
- b) for medical reasons related to the health of the fetus, voluntarily, disclosure of full information about the procedure;
- c) is carried out on an involuntary basis;
- d) for social indications related to insufficient social security of the family.

Test 155. Eugenics – definition, concept:

- a) the doctrine of blood transfusion and its components;
- b) the doctrine of the status of the embryo;
- c) the doctrine of the prevention of a possible deterioration in the hereditary qualities of a person;
- d) the doctrine of human organ and tissue transplantation.

Test 156. Religion and transplantation:

- a) allows Confucianism;
- b) allows Islam, Confucianism;
- c) the Orthodox Church does not forbid, Catholics and Protestants allow, Islam forbids;
- d) do not allow Catholics, Orthodox.

Test 157. Specificity of deontological principles in transplantology (recipient):

- a) mandatory declaration of brain death;
- b) statement of death: absence of a heartbeat;
- c) full information to patients who will undergo transplantation and their relatives about the futility of life without transplantation of an organ from a deceased person;
- d) psychological pressure on the patient is allowed.

Test 158. Specificity of deontological principles in transplantology (donor):

- a) statement of brain death of a potential donor;
- b) psychological pressure on the donor;
- c) there is no ascertainment of brain death;
- d) informed consent, autonomy, rehabilitation.

Test 159. Ethical aspects of transfusiology (donor):

- a) the moment of death is established by a commission of doctors;
- b) blood donation must be voluntary, psychological pressure cannot be exerted on the donor;
- c) choice of method on a voluntary basis;
- d) the surgical team must be highly qualified.

Test 160. Ethical aspect of transfusiology (recipient):

- a) the removal of organs is carried out in health organizations;
- b) establishment of brain death;
- c) directed donation, autodonation;
- d) patient autonomy.

Test 161. Ethical aspects of human cloning:

- a) the originality of the person, psychological problems are unclear;
- b) informed consent, rehabilitation;
- c) a notarized contract is concluded;
- d) patient autonomy.

Test 162. Principles of medical research and informed consent of the patient to participate in the experiment:

- a) medical experiments with human participation must be carried out with consent, voluntarily and exit from the experiment – at any time;
- b) the researcher financially provides the subject;
- c) a notarized contract is concluded;
- d) you can not leave the experiment.

Test 163. The main international documents regulating experiments involving a man:

- a) The Geneva Declaration is the essence of the “Doctor's Oath”;
- b) Declaration of Human Rights – the human right to non-intervention;

- c) International Code of Medical Ethics – professional ethics;
- d) Helsinki-Tokyo Declaration.

Test 164. Requirements for conducting research on animals:

- a) the inviolability of animals;
- b) use in large quantities;
- c) no anesthetics are used;
- d) procedures should be performed with the use of painkillers and sedatives.

Test 165. Requirements for the diagnosis of brain death:

- a) the optional presence of a specialist in additional methods;
- b) only in the absence of heart contractions;
- c) a death protocol is drawn up and law enforcement agencies are notified;
- d) participation of the commission, specialist in additional diagnostic methods, brain death.

Test 166. Euthanasia – definition:

- a) a conscious action or refusal to act, leading to the imminent death of a hopelessly ill person, in order to stop pain and suffering;
- b) the patient's concern for others;
- c) suicide;
- d) the termination of the life of inferior people.

Test 167. Classification of euthanasia:

- a) contract;
- b) active and passive;
- c) anti-paternalistic;
- d) paternalistic.

Test 168. Approach to the problem of euthanasia (proponents):

- a) demographic crisis;
- b) trade in the body;
- c) "Do not kill" your neighbor;
- d) death is a means to end the suffering of the patient.

Test 169. Arguments of opponents of euthanasia:

- a) a dignified death;
- b) "Do not kill";

- c) the termination of the life of inferior people;
- d) termination of unsuccessful activities.

Test 170. Ethical issues of suicide:

- a) secular and religious morality does not encourage suicide;
- b) encouragement according to secular morality;
- c) the departure from the life of inferior people;
- d) promotion of religious morality.

Test 171. Ethical problems of extreme situations:

- a) voluntary seeking medical care;
- b) prohibition to force-feed a prisoner;
- c) medical assistance to priority patients, respect for religious beliefs.
- d) protecting the health of prisoners of war.

Test 172. Ethical problems of the attitude of doctors towards prisoners:

- a) paternalistic model;
- b) engineering model;
- c) providing psychological assistance;
- d) doctors should not authorize torture and other forms of cruelty, inhuman treatment or humiliation of human dignity, as well as participate in them.

Test 173. Ethical aspects of medical workers in relation to the aged and the elderly:

- a) medical assistance, reporting poor care to the police, social services;
- b) sanctioning torture, force-feeding;
- c) confidentiality, informed consent;
- d) informed consent, voluntariness.

Test 174. Moral and ethical aspects of doctors to those who went on a hunger strike:

- a) torture is prohibited;
- b) informed consent, autonomy;
- c) respect for religious traditions;
- d) humiliation of human dignity is prohibited.

Test 175. Basic rights of mentally ill people:

- a) children under 15 years of age are placed in a hospital at their request;
- b) mental examination without the consent of the patient;
- c) involuntary hospitalization up to 6 months
- d) obtaining information about their rights and the nature of the disease, meet with a lawyer, file complaints.

Test 176. Restriction of rights on the recommendation of the attending physician:

- a) submit an application to the head physician;
- b) obtaining information about their relatives;
- c) get an education;
- d) receive parcels, use the telephone, conduct correspondence.

Test 177. Mental examination of persons without their consent:

- a) if the patient is less than 15 years old;
- b) mental examination of patients only with the consent of the prosecutor's office;
- c) a mental examination without the consent of the patient is taken by a psychiatrist with a court sanction if the patient is incapacitated;
- d) without a court order.

Test 178. Diagnosis of mental illness:

- a) with a religious worldview;
- b) the diagnosis is made on the basis of disagreement with the political structure of the state;
- c) the diagnosis of a mental disorder is made only in accordance with generally accepted international standards;
- d) in danger to others.

Test 179. Involuntary hospitalization in a psychiatric hospital:

- a) in case of disagreement with the existing situation in the country;
- b) in case of possible significant harm to health due to deterioration of condition, incapacity;
- c) if the patient refuses medical care;
- d) children under 15 years of age.

Test 180. Abuse of psychiatry:

- a) a psychiatrist is not entitled to conclude property transactions with a patient and use his labor;
- b) involuntary hospitalization of incapable persons;
- c) hospitalization of children with the consent of the parents;
- d) hospitalization by court order.

Test 181. Ethical aspects of family medicine:

- a) support for the doctor, his encouragement and sympathy;
- b) establishing business relations with officials;
- c) adoption of a non-coercive character;
- d) take into account the interests of the whole society.

Test 182. HIV testing in the context of patient autonomy:

- a) informed consent;
- b) testing only children under 15;
- c) general testing;
- d) voluntary testing, mandatory testing.

Test 183. Ethical problems in relation to various cancer patients:

- a) take into account the opinion of others around the patient;
- b) the psychology of healthy people is taken into account;
- c) take into account the psychology of a cancer patient with clinical manifestations of the disease, subject to special antitumor treatment and untreated;
- d) the psychology of patients with mental disorders is taken into account.

Test 184. Sections of the International Code of Medical Ethics (ICME):

- a) the duties of doctors in relation to patients;
- b) doctor's oath;
- c) testing on humans and animals;
- d) the rights of the child.

Test 185. The duties of a doctor in relation to each other (ICME):

- a) self-promotion of a doctor;
- b) the doctor should not poach patients from his colleagues;

- c) provision of emergency assistance;
- d) the obligation of doctors to maintain confidentiality.

Test 186 Responsibilities of the doctor in relation to the patient according to the ICME

- a) the implementation of medical intervention without the consent of the patient;
- b) receiving remuneration from the patient;
- c) the doctor must keep in absolute secrecy everything he knows about his patient;
- d) receive financial benefits.

Test 187. General duties of a doctor for ICME:

- a) informed consent, protection of the patient's rights;
- b) loyalty to the patient, timely provision of medical care;
- c) unethical self-advertising, receiving money from patients;
- d) confidentiality, autonomy.

Test 188. The main principles of the Helsinki-Tokyo Declaration:

- a) confidentiality;
- b) patient autonomy;
- c) obtaining a photocopy of medical documents;
- d) voluntary participation and withdrawal from the experiment.

Test 189. Convention for the Protection of Human Rights and Dignity – Part 2 (Consent):

- a) medical intervention should be carried out with the voluntary informed consent of the patient;
- b) unethical self-advertising, receiving money from patients;
- c) the doctor must keep in absolute secrecy everything he knows about his patient;
- d) the implementation of medical intervention without the consent of the patient.

Test 190. Convention for the Protection of Human Rights and Dignity – Part 7 (Prohibition of financial gain and trade in parts of the human body):

- a) the doctor must keep in absolute secrecy everything that he knows about his patient;

- b) medical intervention should be carried out with the voluntary informed consent of the patient;
- c) voluntary participation and withdrawal from the experiment;
- d) the human body and its parts should not, as such, be a source of financial gain.

Test 191. Conscience, moral category:

- a) responsibility of a person for his actions and deeds;
- b) studies the relationship between the doctor and the patient;
- c) a set of job rules;
- d) the totality of human rights.

Test 192. Moral categories:

- a) egogeny, egrogeny, iatrogeny;
- b) conscience, duty, honor, dignity;
- c) justice, respect for the rights of the patient, compassion for the patient;
- d) mercy, prevention of harm to the health of the patient.

Test 193. The concept of duty:

- a) a set of human rights;
- b) studies the relationship between the doctor and the patient;
- c) the responsibility of a person for his actions to society, people;
- d) a set of job rules.

Test 194. Medical ethics – definition:

- a) a set of job rules;
- b) a system of ethical standards for the performance of medical workers of their professional duties;
- c) a section of ethics that studies the issues of moral aspects of medicine;
- d) unfavorable self-influence of patients.

Test 195. Medical deontology – definition:

- a) adverse effects on the human psyche;
- b) self-influence of patients on their health;
- c) a set of ethical standards for the performance of their professional duties by medical workers;
- d) studies morality.

Test 196. Honor is a concept:

- a) the prevailing opinion of others about the dignity of a person;
- b) studies the adverse effects of the environment on the patient;
- c) studies the obligations of a person in relation to society;
- d) a form of medical ethics that studies the relationship between doctors.

Test 197. Bioethics – its definition:

- a) a form of medical ethics that studies the relationship between doctors;
- b) studies the adverse effects of the environment on the patient;
- c) studies the relationship in medicine, biology, between doctor and patient;
- d) studies the duties of a person in relation to society.

Test 198. Bioethical model according to Hippocrates – “Do no harm”:

- a) relationships between doctors;
- b) mercy, compassion, goodness;
- c) respect for patient autonomy;
- d) harm caused by the failure to provide medical care, the inaction of a doctor.

Test 199. Bioethical model according to Paracelsus:

- a) the traditions and norms of the medical profession;
- b) “Do good” – compassion and mercy;
- c) autonomy, withdrawal into illness;
- d) “Do no harm”, fulfillment of duty.

Test 200. Justice in medicine:

- a) conscience, honor, dignity;
- b) a set of ethical norms of behavior of medical workers;
- c) respect for patient autonomy;
- d) provision of medical care regardless of age, gender, social status, religion.

Annex 1

HISTORY OF THE ORIGIN OF MEDICAL ETHICS

The history of medical ethics has more than three millennia. In ancient India, doctors took an oath as early as 1500 Before the Common Era (BCE). Thus, the student was obliged to highly honor his teacher – up to personal self-sacrifice, to lead an ascetic lifestyle, to put the needs of the patient above his own, to keep professional secrets in silence.

Islamic medicine is, first of all, a collection and interpretation of ancient Greek, ancient Roman medicine, enriched with information from India, Iran and Egypt. Abu Ali ibn Sina, who wrote the "Canon of Medicine" where he pays great attention to medical ethics. Another physician of the Middle Ages – Maimonides – was a representative of two cultures: Jewish and Arab. In his work "The Teacher of the Lost," he paid great attention to medical ethics. So, he asserted a rule bold for the East: for the sake of "a seriously ill patient, a puerperal, you can violate all the instructions of Saturday and consider it an ordinary day." The famous "Prayer of the Physician" by Maimonides is a way for the doctor to gain moral strength without which it is impossible for him to fulfill his noble mission: **"Do not allow the thirst for profit, the pursuit of fame and honors to be mixed with my vocation. Strengthen the energy of my heart so that it is always equally ready to serve the poor and the rich, friend and foe, good and evil."**

For European medicine, the ethics of the ancient Greek physician Hippocrates (about 460 – about 370 BCE), in particular his famous "Oath", is still important. Ethical requirements are set out in the books of the "Hippocratic Corpus", "The Oath", "On Auspicious Behavior". For example, the first part of the "Oath" contains a description of the relationship within the medical profession, in particular between a teacher and a student. Important are the requirements that prohibit the disclosure of medical knowledge to those who have not taken the oath, and protect the ranks of doctors from the penetration of the unworthy. Great importance in these works is given to the ethics of humanity, philanthropy, mercy. It is based on respect for the sick person, the patient, so that the treatment does not harm him. Doctoring prohibits disclosing medical secrets. The attitude of a doctor to his profession runs through

all the ethical writings of Hippocrates, especially on the education and self-education of a doctor. In them, he points out that it is necessary to keep under ethical control not only one's own professional activity, but also one's entire way of life.

Hippocratic Oath

I swear by Apollo the Physician, Asclepius, Hygeia and Panacea and all the gods and goddesses, taking them as witnesses, to fulfill honestly, according to my strength and my understanding, the following oath and written obligation: to consider the one who taught me the medical art on an equal footing with my parents, to share with him my wealth and, if necessary, help him in his needs; consider his offspring as his brothers, and this is an art, if they want to study it, to teach them free of charge and without any contract; instructions.

I direct the regime of the sick for their benefit, according to my ability and my understanding, refraining from causing any harm and injustice. I will not give to anyone the lethal agent asked of me, nor show the way for such a design; nor will I hand any woman an abortifacient pessary.

Purely and undefiled shall I conduct my life and my art. In no case will I perform a section in those suffering from stone disease, leaving it to people involved in this matter. Whatever house I enter, I will enter there for the benefit of the sick, being far from everything intentional, unjust and harmful, especially from love affairs with men and women, free and slaves.

So that during treatment – and also without treatment – I do not see or hear about human life from what should never be divulged, I will keep silent about that, considering such things a secret. To me, who inviolably fulfills the oath, may happiness be given in life and in art, and glory among all people for all eternity; but to the one who transgresses and gives a false oath, let it be the opposite of this.

Annex 2

GENEVA DECLARATION OF THE WORLD MEDICAL ASSOCIATION (1948)

(Doctor's oath)

“As a member of the medical profession, I solemnly pledge to dedicate my life to the service of humanity.

I will do my job conscientiously and with dignity.

My main concern will be the health of the patient.

I will respect the secrets that are entrusted to me.

I will uphold the honor and noble traditions of the medical profession with all my might.

I will not allow religion, nationalism, racism, politics or social status to influence the performance of my duty.

I will uphold the highest respect for human life from the moment of its conception; even under threat, I do not use my knowledge of medicine against the laws of humanity.

I make these promises solemnly, from the bottom of my heart, with a clear conscience.”

Oath of the Russian Federation Doctor

“Receiving the high title of a doctor, in the face of my teachers and colleagues of the profession, I solemnly swear: to honestly serve the great cause of healing, to devote all my knowledge and skills to protecting and improving the health of the population, treating and preventing diseases.

When carrying out medical activities, I swear to strictly observe the Constitution of the Russian Federation and the legislation of the Russian Federation, to show absolute respect for the life and health of a citizen, his rights, honor and dignity, and to keep medical secrets.

I swear to act solely in the interests of the patient, regardless of his age, gender, nationality, religion, citizenship, social status and political orientation, to provide medical care with the same patience and diligence to the best of knowledge, skills and medical and diagnostic tools at my disposal, to facilitate all available means of suffering the patient

until the last minute of his life, but never to give a deadly remedy and not to indicate the way out of life.

I swear to turn, if necessary, for advice and help to more experienced colleagues, not to obstruct the patient for treatment by another doctor.

I swear to constantly improve my professional skills, study medical science and promote its prosperity, protect and develop the noble traditions of domestic medicine, preserve the nobility and respect for those who taught me the art of medicine, treat my colleagues kindly, never refuse them in help and advice, to be fair and demanding to my students, to contribute to their creative growth”.

OATH OF THE KYRGYZ REPUBLIC DOCTOR

“Receiving the high title of a doctor, embarking on a medical career chosen by vocation, and deeply aware of the duties associated with it, I solemnly swear:

- devote all knowledge and strength to the preservation and restoration of the health of our people;
- to the extent of the forces, knowledge and skills to alleviate the suffering of the patient;
- provide medical care to patients, regardless of nationality, social status, political views and religion, respecting their human dignity;
- do not abuse the trust of their patients and maintain medical secrecy;
- observe the ethical principles of the medical profession and do not tarnish the high title of a doctor;
- constantly improve my knowledge and skills, based on modern achievements of medical science and practice, protect and develop the noble traditions of domestic medicine;
- apply, if the interests of the patient require it, for advice to colleagues and always be ready to help and advise them;
- sacredly honor the Hippocratic oath and the precepts of Ulukman.

I give this oath before my mentors and the people and assure that I will honorably fulfill my professional and civic duty and throughout my life I will carry the purity of my thoughts and actions.

Annex 3

UNIVERSAL DECLARATION OF HUMAN RIGHTS

Adopted by resolution 217 A (III) of the UN General Assembly of December 10, 1948

Preamble

Whereas recognition of the inherent dignity and of the equal and inalienable rights of all members of the human family is the foundation of freedom, justice and peace in the world; and

Whereas the disdain and contempt for human rights have led to barbaric acts that revolt the conscience of mankind, and that the creation of a world in which people will have freedom of speech and belief and will be free from fear and want is proclaimed as the high aspiration of people; and

Whereas it is necessary that human rights be protected by the rule of law in order to ensure that the individual is not compelled to resort, as a last resort, to rebellion against tyranny and oppression; and

Considering that it is necessary to promote the development of friendly relations among peoples; and

Whereas the peoples of the United Nations have reaffirmed in the Charter their faith in fundamental human rights, in the dignity and worth of the human person and in the equal rights of men and women, and have resolved to promote social progress and better living conditions in greater freedom; and

Whereas Member States have committed themselves to promoting, in cooperation with the United Nations, universal respect for and observance of human rights and fundamental freedoms; and

Considering that a universal understanding of the nature of these rights and freedoms is essential to the full fulfillment of this obligation,
General Assembly,

Proclaims this Universal Declaration of Human Rights as a task to which all peoples and nations should strive, so that every individual and every organ of society, keeping this Declaration constantly in mind, strives by enlightenment and education to promote respect for these rights and freedoms and to ensure , through national and international

progressive measures, their universal and effective recognition and implementation both among the peoples of the Member States of the Organization and among the peoples of the territories under their jurisdiction.

Article 1

All human beings are born free and equal in dignity and rights. They are endowed with reason and conscience and should act towards each other in a spirit of brotherhood.

Article 2

Everyone shall have all the rights and all freedoms set forth in this Declaration, without distinction of any kind, whether as regards race, skin color, sex, language, religion, political or other opinion, national or social origin, property, class or other status.

Furthermore, no distinction shall be made on the basis of the political, legal or international status of the country or territory to which a person belongs, whether that territory is independent, trust, non-self-governing or otherwise limited in its sovereignty.

Article 3

Everyone has the right to life, liberty and security of person.

Article 4

No one shall be held in slavery or servitude; slavery and the slave trade are prohibited in all their forms.

Article 5

No one shall be subjected to torture or cruel, inhuman or degrading treatment or punishment.

Article 6

Every person, wherever he is, has the right to recognition of his legal personality.

Article 7

All people are equal before the law and are entitled, without distinction, to the equal protection of the law. All human beings are enti-

ted to equal protection against any form of discrimination in violation of this Declaration and against any incitement to such discrimination.

Article 8

Everyone has the right to an effective remedy by the competent national courts in cases of infringement of his fundamental rights granted to him by the constitution or by law.

Article 9

No one may be subjected to arbitrary arrest, detention or exile.

Article 10

Every person, in order to determine his rights and obligations and to establish the validity of the criminal charge brought against him, has the right, on the basis of full equality, to have his case heard publicly and with all the requirements of fairness by an independent and impartial court.

Article 11

1. Everyone charged with a crime has the right to be presumed innocent until proven guilty according to law in a public trial at which he has had all the means to defend himself.

2. No one may be convicted of a crime on account of any act or omission which, at the time it was committed, did not constitute a crime under national or international law. Nor shall a heavier penalty be imposed than that which could have been applied at the time the crime was committed.

Article 12

No one may be subjected to arbitrary interference with his private and family life, arbitrary attacks on the inviolability of his home, the secrecy of his correspondence or on his honor and reputation. Everyone has the right to the protection of the law against such interference or attacks.

Article 13

1. Everyone has the right to move freely and choose his residence within the boundaries of each state.

2. Everyone has the right to leave any country, including his own, and to return to his country.

Article 14

1. Everyone has the right to seek and enjoy asylum from persecution in other countries.

2. This right shall not be exercised in the event of prosecution in fact based on the commission of a non-political crime or an act contrary to the purposes and principles of the United Nations.

Article 15

1. Everyone has the right to a nationality.

2. No one may be arbitrarily deprived of his nationality or the right to change his nationality.

Article 16

1. Men and women who have reached the age of majority have the right, without any restriction on grounds of race, nationality or religion, to marry and found their own family. They enjoy the same rights in relation to entering into marriage, during the state of marriage and at the time of its dissolution.

2. Marriage may be entered into only with the free and full consent of both parties entering into marriage.

3. The family is the natural and basic cell of society and has the right to protection by society and the state.

Nuremberg Code

The weight of the evidence before us leads us to conclude that certain types of medical experiments on humans are only ethical in the medical profession as a whole if they are carried out within appropriate, well-defined limits. Defenders of the practice of human experimentation justify their views on the grounds that the results of such experiments are extremely useful for the whole society, which cannot be achieved using other methods of research. Everyone agrees, however, that certain fundamental principles must be observed, satisfying considerations of morality, ethics and law.

1. An absolutely necessary condition for conducting an experiment on a person is the voluntary consent of the latter.

This means that the person involved in the experiment as a subject must have the legal right to give such consent; be able to exercise free choice and not be influenced by any elements of violence, deceit, fraud, cunning or other hidden forms of pressure or coercion; possess knowledge sufficient to understand the essence of the experiment and make an informed decision. The latter requires that before making an affirmative decision about the possibility of his participation in a particular experiment, the subject was informed about the nature, duration and purpose of this experiment; about the methods and methods of its implementation; about all the alleged inconveniences and dangers associated with the experiment, and, finally, the possible consequences for the physical or mental health of the subject that may arise as a result of his participation in the experiment.

The responsibility and liability for ascertaining the quality of the consent obtained rests with everyone who initiates, directs, or conducts the experiment. This is a personal duty and responsibility of each such person, which cannot be transferred to another person with impunity.

2. The experiment must bring positive results to society, unattainable by other methods or methods of research; it should not be random, inherently optional.

3. The experiment must be based on data obtained in laboratory studies on animals, knowledge of the history of the development of this disease or other problems under study. Its implementation should be organized in such a way that the expected results justify the very fact of its implementation.

4. When conducting an experiment, all unnecessary physical and mental suffering and damage must be avoided.

5. No experiment should be conducted if there is “a priori” reason to believe the possibility of death or disabling injury to the subject; an exception, perhaps, may be cases where medical researchers act as test subjects in their experiments.

6. The degree of risk associated with conducting an experiment should never exceed the humanitarian importance of the problem that the experiment is aimed at solving.

7. The experiment must be preceded by appropriate preparation, and its conduct must be provided with the equipment necessary to protect the subject from the slightest possibility of injury, disability or death.

8. The experiment should be carried out only by persons with scientific qualifications. At all stages of the experiment, those who conduct it or are involved in it require maximum attention and professionalism.

9. During the experiment, the subject must be able to stop it if, in his opinion, his physical or mental condition makes it impossible to continue the experiment.

10. During the course of an experiment, the investigator in charge of conducting it must be prepared to terminate it at any stage if professional considerations, good faith, and caution in judgment are required of him or her to suggest that continued experimentation could result in injury, disability, or death. subject.

International Code of Medical Ethics

Adopted by the 3rd General Assembly of the World Medical Association (London, UK, October 1949), supplemented by the 22nd General Assembly of the WMA (Sydney, Australia, August 1968) and the 35th General Assembly of the WMA (Venice, Italy, October 1983).

General duties of doctors

A PHYSICIAN MUST maintain the highest professional standards at all times.

A PHYSICIAN MUST not allow considerations of self-interest to interfere with the freedom and independence of professional decision, which should be made solely in the interests of the patient.

A PHYSICIAN MUST place compassion and respect for the human dignity of the patient at the forefront and be fully responsible for all aspects of medical care, regardless of their own professional specialty.

A PHYSICIAN MUST be honest in dealing with patients and colleagues and fight those of his colleagues who show incompetence or are seen as deceitful.

The following are not compatible with the norms of medical ethics:

a) self-promotion, unless it is specifically permitted by the laws of the country and the code of ethics of the national medical association;

b) payment by a doctor of a commission for referring a patient to him, or receiving payment or other remuneration from any source for referring a patient to a certain medical institution, to a certain specialist or prescribing a certain type of treatment without sufficient medical grounds.

A PHYSICIAN MUST respect the rights of patients, colleagues, other medical professionals, and also keep medical secrecy.

The PHYSICIAN MUST only in the interests of the patient in the process of providing medical care to carry out interventions that can worsen his physical or mental condition.

A PHYSICIAN MUST be extremely careful when giving information about discoveries, new technologies and treatments through non-professional channels.

A PHYSICIAN MUST only approve what he has personally verified.

The duty of the physician to the patient

A PHYSICIAN MUST always be mindful of his duty to preserve human life.

A PHYSICIAN SHOULD turn to more competent colleagues if the examination or treatment required by the patient is beyond the level of his own professional abilities.

A PHYSICIAN MUST maintain medical secrecy even after the death of his patient.

A PHYSICIAN MUST always provide emergency care to anyone in need of it, except only in those cases when he is convinced of the desire and ability of others to do everything necessary.

Responsibilities of physicians towards each other

A PHYSICIAN MUST behave towards his colleagues as he would like them to behave towards him.

A PHYSICIAN MUST not poach patients from his colleagues.

THE PHYSICIAN MUST abide by the principles of the "Geneva Declaration" approved by the World Medical Association.

HELSINKI DECLARATION
OF THE WORLD MEDICAL ASSOCIATION

**Ethical principles for conducting medical research
involving humans as research subjects**

Adopted at the 18th General Assembly of the World Medical Association (WMA), Helsinki,

Finland, June 1964, as amended and supplemented by:

- 29th WMA General Assembly, Tokyo, Japan, October 1975;
- 35th WMA General Assembly, Venice, Italy, October 1983;
- 41st WMA General Assembly, Hong Kong, September 1989;
- 48th WMA General Assembly, Somerset West, South Africa, October 1996;
- 52nd WMA General Assembly, Edinburgh, Scotland, October 2000;
- 53rd WMA General Assembly, Washington, USA, 2002;
- 55th WMA General Assembly, Tokyo, Japan, 2004;
- 59th WMA General Assembly, Seoul, South Korea, October 2008

A. Introduction

1. The WMA has developed the Declaration of Helsinki as a foundation for the ethical principles for conducting medical research involving a human subject, including research that uses biological materials obtained from a person or personal data that can be identified as belonging to any person.

The Declaration should be read as a whole, and each of its paragraphs should not be applied without taking into account all the others that pertain to it.

2. Although the declaration is directed primarily at physicians, the WMA encourages the use of these principles by other participants in human medical research.

3. The duty of the doctor is to improve and protect the health of people, including patients participating in medical research. His knowledge and conscience must be directed to the service of this duty.

4. The WMA Declaration of Geneva defines the doctor's duty as follows: "The health of my patient will be my top priority." At the same

time, the International Code of Medical Ethics states: "when providing medical care, the doctor must act only in the interests of the patient."

5. The basis of medical progress is research, which should eventually include research involving people as subjects. Patient populations that are underrepresented in medical research should be given appropriate access to participate in them.

6. In medical research involving a human subject, the health of the participant takes precedence over all other interests.

7. The main goal of medical research involving a human as a subject is to understand the causes, development and effects of diseases, as well as to improve preventive, diagnostic and therapeutic interventions (methods, procedures and therapies). Even the best currently used interventions must be constantly evaluated through studies of their safety, efficacy, availability and quality.

8. Most interventions in medical practice and medical research involve risks and inconveniences.

9. Medical research is based on ethical standards that proclaim respect for all people and protect their health and rights. Some populations of study participants are particularly vulnerable and need special protection. Such populations include patients who are unable to give their consent or refuse to participate in the study, as well as those who may give consent under duress or under someone else's adverse influence.

10. Researchers should take into account ethical, legal and administrative requirements, as well as standards for conducting research involving people, both in their own country and relevant international norms and standards. No national or international ethical or legal or administrative requirements can prejudice or nullify any of the remedies for study participants set forth in this declaration.

B. Principles for all medical researches

11. The duty of physicians participating in medical research is to protect the life, health, dignity, integrity, right to self-determination, the right to privacy, and the confidentiality of personal information of the research participant.

12. Medical research involving humans must comply with generally accepted scientific principles and be based on the maximum knowledge of the scientific literature, other relevant sources of infor-

mation, the results of appropriately conducted laboratory studies, and, where applicable, animal studies. It is also necessary to show humanity in relation to animals used in the study.

13. Particular attention must be paid when conducting research that may adversely affect the environment.

14. The design and procedure for performing each experimental procedure involving human subjects should be clearly stated in the study protocol. The study protocol must contain a statement of the ethical rationale and an indication that it complies with the principles of this declaration. The protocol should also include information about sources of funding, sponsors, institutional affiliation, other possible conflicts of interest, incentives for research subjects, and provisions for treatment and/or compensation for research subjects who have been harmed as a result of participation in the trial. The protocol should describe the arrangements made to provide subjects of the study with access to interventions identified as beneficial in the study, or access to other appropriate health care, or other benefits, after study completion.

15. The study protocol must be submitted for review, comments, recommendations and approval to the research ethics committee prior to the start of the study. Such a committee should be independent of the investigator, sponsor, or any other influence. The Commission shall take into account the laws and regulations of the country or countries in which the study is to be conducted, as well as relevant international norms and standards, which, however, shall not prejudice or nullify any remedy for study participants set forth in this declaration. The Commission has the right to monitor ongoing research. It is the responsibility of the investigator to provide the committee with information to be monitored, especially information regarding serious adverse events. Changes cannot be made to the protocol without consideration and approval by the commission.

16. Medical research involving human subjects should only be carried out by qualified, scientifically trained personnel. Research on patients or healthy volunteers must be carried out under the supervision of a competent physician or other qualified healthcare professional. The responsibility for the health of a research participant is always the responsibility of a physician or other health care professional, and not the research subjects, even though they have given consent.

17. Conducting medical research in a population or community of indigent or particularly vulnerable patients is only justified if the research meets the needs and priorities in the care of that population or community, and if there is a reasonable likelihood that the population or community will benefit from research results.

18. Any medical research study involving a human subject must be preceded by a careful assessment of the foreseeable risks and disadvantages for the subjects and communities involved in the study, against the expected benefits both for them and for other individuals and communities affected by the disease under investigation.

19. Any clinical trial must be registered in a publicly viewable database prior to enrollment of the first subject.

20. Physicians should refrain from participating in human research unless they are confident that the risks involved have been adequately assessed and can be adequately controlled. Physicians should discontinue any study if the risks are found to outweigh the potential benefits, or if there is convincing evidence of a positive and beneficial outcome.

21. Medical research involving the human subject should only be conducted when the importance of the goal outweighs the known risks and inconvenience to the subject.

22. The participation of capable subjects in medical research should be voluntary. Although it may be appropriate to consult with family members or community leaders, no capable person may be enrolled in scientific research unless he or she has given their free consent.

23. Every precaution must be taken to protect the privacy of research subjects and their personal information, and to minimize the impact of research on their physical, mental and social well-being.

24. In a medical research involving a human subject, each potential participant should be adequately informed about the objectives, methods, sources of funding, any possible conflicts of interest, the researcher's affiliation with the institution, expected benefits, potential research risks and inconveniences that may arise during participation in the study, and any other relevant aspects of the study. The potential research subject must be informed of their right to refrain from participation in the research and the right to withdraw their consent to participate at any time without any negative consequences. Particular atten-

tion should be paid to the special information needs of individual potential subjects, as well as the methods used to convey information. Once satisfied that the potential subject has understood this information, the physician or other suitably qualified person should ask the potential subject to provide voluntary informed consent, preferably in writing. If the participant's consent cannot be obtained in writing, his oral consent must be appropriately recorded and certified.

25. In order to conduct medical research using biological materials or personal data obtained from a person, whose belonging to any person can be identified, doctors should generally ask for consent to collect, analyze, store and / or reuse such materials and data. There may be situations in which it is impossible or impractical to obtain consent for such a study, or consent would be a threat to the credibility of the study. In such cases, research may only be conducted after it has been reviewed and approved by an ethics committee.

26. When obtaining informed consent to participate in a study, the clinician should be especially careful in cases where the potential subject is in a dependent position in relation to the researcher, or where there is a risk of obtaining consent under duress. In such a case, informed consent must be obtained by an appropriately qualified individual who is completely independent of the relationship.

27. In the event that the potential research subject is incapacitated, the physician should obtain informed consent from the legal representative. Such persons may be included in a study that is likely to be of no benefit to them only if it is intended to improve the health of the population represented by the subject, cannot instead be carried out on able-bodied individuals, and the risk and inconvenience to the subjects is minimized.

28. When a potential research subject who has been declared legally incompetent is able to express their consent to participate in the research, the investigator should obtain their consent in addition to that obtained from the legal representative.

29. Research involving individuals who are physically or mentally unable to consent, such as unconscious patients, may only be conducted if a physical or mental condition that precludes obtaining informed consent is a characteristic of the study population. Under such circum-

stances, the doctor should obtain informed consent from the legal representative. If such a representative is not available and the study cannot be delayed, the study may continue without obtaining informed consent, provided that the special reasons for enlisting subjects in a condition that makes it impossible to obtain informed consent from them are indicated in the study protocol, and the study has been approved by the commission on issues ethics. Consent to continue participation in the study must be obtained as soon as possible from the subject or legal representative.

30. Authors, editors, and publishers all have ethical obligations regarding the publication of research results. Authors must disclose the results of their human studies and are responsible for the integrity and correctness of their reports. They must follow generally accepted guidelines regarding the ethical aspects of prescribing.

Both positive and negative and controversial research results should be published or otherwise made available to the general public. The publication must identify funding sources, institutional affiliations, and conflicts of interest. Research reports that do not conform to the principles set forth in this declaration should not be accepted for publication.

C. Additional principles for conducting medical research combined with the provision of medical care

31. A doctor may combine medical research with the provision of medical care only if the research is justified by its potential preventive, diagnostic or therapeutic value, and if the doctor has good reason to believe that participation in scientific research will not harm the health of patients acting as subjects research.

32. The benefits, risks, disadvantages and effectiveness of a new intervention should be tested against the best proven interventions currently in use, except in the following cases:

- use of placebo or no treatment is acceptable in studies where no proven intervention exists; or
- where there are compelling scientifically sound methodological reasons for using a placebo to determine the efficacy or safety of an intervention, and patients receiving placebo or no treatment would not be at risk of serious or irreversible harm to health. Extreme care must be taken not to abuse this option.

33. At the conclusion of a study, patients participating in the study have the right to be informed about the results of the study, as well as the right to enjoy any benefits derived from the study, such as access to interventions determined to be beneficial in the study or access to other appropriate types of medical care. or other benefits.

34. The physician must provide the patient with full information about which aspects of medical care are related to the study. The refusal of a patient to participate in a study or the patient's decision to withdraw from it should never affect his future relationship with the doctor.

35. When treating a patient, if there are no proven interventions or they are ineffective, after an examination, the doctor, having obtained the informed consent of the patient or legal representative, may apply an unproven intervention if, in the opinion of the doctor, it gives hope for saving life, recovery health or relief from suffering. Where possible, such an intervention should be the subject of a study designed to evaluate its safety and efficacy. In all cases, new information should be recorded and, where appropriate, made public.

Annex 4

LAW OF THE KYRGYZ REPUBLIC

“On the reproductive rights of citizens and guarantees for their implementation”

dated July 4, 2015 No. 148
(as amended by the Law of the Kyrgyz Republic
dated July 6, 2016 No. 99)

This Law regulates public relations in the field of reproductive rights of citizens, determines the guarantees of the state for their implementation and is aimed at strengthening the interested and responsible attitude of citizens, the state, and organizations to the protection of reproductive health.

Chapter 1. General Provisions

Article 1. Basic concepts used in this Law

The following basic concepts are used in this Law:

- 1) assisted reproductive technologies – the collective name of medical technologies, methods of treatment and procedures aimed at achieving pregnancy by the patient, in which some or all of the stages of conception are carried out outside the body of the expectant mother;
- 2) surrogate motherhood contract – an agreement between persons wishing to have a child and a woman who has agreed to use the method of artificial insemination or implantation of an embryo and carrying it until birth;
- 3) implantation – a method of artificial insemination by introducing a fertilized egg into the uterine cavity;
- 4) insemination – a method of artificial insemination by artificially introducing male germ cells into the uterine cavity for the purpose of fertilization;
- 5) information – the transfer of general information and (or) knowledge about sexual and reproductive health without giving any recommendations;
- 6) contraception – methods and means of preventing unwanted pregnancy;

7) medical intervention – any examination, treatment and counseling that has a preventive, diagnostic, therapeutic, rehabilitative or research orientation, performed by a doctor or other medical worker in relation to a specific patient;

8) artificial insemination methods – infertility treatment methods used in the implementation of certain or all stages of conception and early development of the embryo outside the body;

9) minor – a child under 18 years of age;

10) patient – a person who is provided with health care in healthcare organizations or private medical workers with the execution of relevant medical documentation;

11) family planning – a system of social, medical and legal measures aimed at the informed choice by citizens of the birth and upbringing of a certain number of children, observance of the intervals between their births, as well as the preservation of the reproductive health of citizens;

12) germ cells – male germ cells (spermatozoa) and female germ cells (ova);

13) reproduction – reproduction of offspring;

14) reproductive health – the state of complete physical, mental health and social well-being of a person, which determines his ability to reproduce offspring;

15) reproductive rights – the rights of citizens to reproduce offspring, protect their reproductive health and freely make decisions regarding the birth or refusal to have children in marriage or out of wedlock, methods of conceiving and giving birth to children, as well as medical and social, informational and advisory assistance in this domain;

16) sexual health – the state of physical, mental and social well-being, which determines the safe conduct of sexual life, in which there are no elements of violence, discrimination or coercion;

17) sexuality education – knowledge that provides reliable and evidence-based information on reproductive health issues and develops skills related to decision-making, communication and reducing the risk of diseases of the reproductive system;

18) sexual rights are an integral part of human rights based on the principles of freedom, dignity and equality.

Article 10. Care and protection of the reproductive health of citizens

1. Citizens, regardless of gender, race, age, ethnicity, language, disability, marital status, religion, political or other beliefs, education, origin, property or other status, have the right to care and protection of sexual and reproductive health.

2. Citizens should not be subjected to medical experiments related to sexual and reproductive health without their written full and free informed consent.

3. Citizens have the right to protect their sexual and reproductive rights by appealing against actions (or inaction), decisions of bodies, organizations and officials related to the exercise of their sexual and reproductive rights, in state bodies or in court in accordance with the legislation of the Kyrgyz Republic.

Article 11. The right to receive information on the protection of reproductive health

Citizens have the right to receive reliable and complete information:

1) on the state and protection of their sexual and reproductive health;

2) about methods of contraception;

3) on the conditions and methods of obtaining services for the protection of sexual and reproductive health;

4) about any psychological and physiological consequences, possible complications during medical intervention;

5) as well as other information necessary for the implementation of their sexual and reproductive rights.

Article 14 Right to a safe pregnancy

1. A woman has the right to prepare for pregnancy, health protection during pregnancy, medical care during childbirth and in the postpartum period using methods that minimize the risk to her health, the health of the fetus and newborn, social support from the state before and after childbirth .

2. Any medical intervention during pregnancy is carried out with the written consent of the woman. In situations dangerous to the life of a pregnant woman, when her condition does not allow her to express her will, the decision is made by the relevant specialists of the healthcare organization.

3. A woman cannot be forced into pregnancy, abortion. Such actions should be considered as violence against a woman.

Persons who forced a woman to do this are liable in accordance with the legislation of the Kyrgyz Republic.

Article 15. Right to infertility treatment

1. Citizens have the right to receive infertility treatment using safe and effective methods, including the use of assisted reproductive methods and technologies, the use of which is permitted on the territory of the Kyrgyz Republic. Citizens have the right to receive complete and comprehensive information about the safety and effectiveness of the medical services received, the optimal timing of use, any possible consequences and other information regarding their impact on the body.

2. Citizens who are married have the right to use assisted reproductive technologies only by mutual agreement and have equal rights and obligations of parents in relation to the unborn child for his upbringing and maintenance in accordance with the legislation of the Kyrgyz Republic.

3. Treatment of infertility using assisted reproductive technologies is carried out by healthcare organizations licensed for this type of medical activity.

Article 16. The right to artificial termination of pregnancy

1. Artificial termination of pregnancy (abortion) for a period of not more than 12 weeks is carried out at the request of the woman. For social reasons, artificial termination of pregnancy can be performed up to 22 weeks with the consent of the woman, and for medical reasons – regardless of the duration of pregnancy.

2. Health organizations are obliged to inform a woman who has made a decision to terminate a pregnancy or refuse to terminate a pregnancy for medical reasons, of any possible negative consequences for her health.

3. Artificial termination of pregnancy for persons under 16 years of age is carried out with their consent, the consent of their parents or other legal representative.

4. Artificial termination of pregnancy is carried out in healthcare organizations licensed for this type of medical activity.

5. Before and after artificial termination of pregnancy, women undergo mandatory medical and social counseling, followed by the selection of means to prevent unwanted pregnancy.

6. The conditions and procedure for conducting artificial termination of pregnancy, the list of medical indications for artificial termination of pregnancy are determined by the Government of the Kyrgyz Republic.

7. Violation of the established procedure for artificial termination of pregnancy entails liability in accordance with the procedure established by law.

Article 17. Right to use contraception

1. Citizens, if necessary, have the right to choose methods of contraception, their use, as well as their refusal.

2. Citizens have the right to have access to a wide range of safe, effective and acceptable methods of contraception.

3. Medical and social assistance in the individual selection of methods for preventing unwanted pregnancy is carried out taking into account the state of health, age and individual characteristics with a warning about any possible undesirable consequences. If there are medical and social indications, citizens can receive means of preventing unwanted pregnancies within the framework of existing programs in the field of sexual and reproductive health.

Article 18. Use of the method of surrogate motherhood

1. Citizens for medical reasons have the right to parenthood using the method of surrogate motherhood.

2. The use of the surrogate motherhood method is possible only on the basis of a notarized contract. If the surrogate mother is in a marriage union, the consent of the spouse is required to conclude the contract. The contract is concluded between the spouses or persons representing their interests, and the woman (surrogate mother) who has agreed to the implantation of the embryo in order to bear the fetus and give birth to a child, regardless of the date of birth.

3. A surrogate mother can be a woman aged 20 to 40 years old, with at least one biological child, mentally and somatically healthy, who has undergone medical genetic counseling.

4. A surrogate mother is obliged to register with a doctor at an early stage of pregnancy (up to 12 weeks), be regularly observed and strictly follow the doctor's recommendations, constantly monitor her health, refrain from smoking, using narcotic drugs, psychotropic sub-

stances and alcohol, in case of separate living from spouses – to inform them about the course of pregnancy.

5. Spouses who agreed to the implantation of a surrogate mother's embryo bear the material costs associated with her recovery during pregnancy, childbirth and the postpartum period, in accordance with the contract.

6. Persons who are married to each other and have entered into an agreement for the implantation of an embryo in another woman for the purpose of carrying it, in the event of the birth of a child, are recorded by his parents in the register of civil status acts.

7. Spouses who have entered into an agreement with a surrogate mother are not entitled to abandon the child until it is registered in their name in the civil status register.

8. In the event of the birth of a dead child or the abandonment of a child by persons who have entered into an agreement with a surrogate mother, they are not entitled to demand from the surrogate mother reimbursement of any material costs associated with paying for the medical services of the surrogate mother, as well as the amount of remuneration, if any.

9. Subsequently, for any actions in relation to the child and his parents, the surrogate mother is responsible in accordance with the legislation of the Kyrgyz Republic.

10. The procedure and conditions for using the surrogacy method are approved by the Government of the Kyrgyz Republic.

Article 20. Artificial insemination

1. Citizens, if necessary, have the right to give birth to children using the methods of artificial insemination – insemination, embryo implantation and in vitro fertilization.

2. A woman who has reached marriageable age, in the absence of contraindications for medical aspects, has the right to artificial insemination.

3. Artificial insemination is carried out in healthcare organizations with the written consent of the spouses or an unmarried woman. In this case, the choice of the sex of the unborn child is not allowed, except in cases where a high probability of inheriting diseases is detected.

4. When using artificial insemination methods, no more than two embryos may be transferred into the uterus of a patient, and no more

than three embryos may be transferred into the uterus of a patient in respect of which the use of artificial insemination methods three or more times did not lead to pregnancy.

5. If there are medical indications, a reduction can be carried out, which consists in performing a medical intervention to reduce the number of embryos. The list of medical indications for reduction is determined by the Government of the Kyrgyz Republic.

6. Information about artificial insemination performed is a medical secret.

7. Citizens have the right to information about the procedure of artificial insemination, the medical and legal aspects of its consequences, the data of the medical genetic examination of the donor, external data and the nationality of the donor. Relevant information is provided by the doctor performing the medical intervention.

8. It is prohibited to obtain a human embryo for commercial, military, industrial or other purposes, except for the reproduction of the offspring of a particular person.

9. The procedure for conducting artificial insemination is determined by the Government of the Kyrgyz Republic.

Article 21. Storage and use of germ cells

1. Citizens who have reached marriageable age have the right to store germ cells.

2. The husband (wife), father, mother, brothers and sisters shall have the right to use germ cells stored in order to reproduce the offspring of a person in the event of his death.

3. The procedure for storage and conditions for the use of germ cells are determined by the Government of the Kyrgyz Republic.

THE FEDERAL LAW

“Fundamentals of protecting the health of citizens”

No. 323-Φ3 of November 21, 2011

Article 55

1. Assisted reproductive technologies are infertility treatment methods, in the application of which some or all stages of conception and early development of embryos are carried out outside the mother's

body (including using donor and (or) cryopreserved germ cells, tissues of the reproductive organs and embryos, as well as surrogacy).

2. The procedure for the use of assisted reproductive technologies, contraindications and restrictions to their use are approved by the authorized federal executive body.

3. A man and a woman, both married and unmarried, have the right to use assisted reproductive technologies in the presence of mutual informed voluntary consent to medical intervention. A single woman also has the right to use assisted reproductive technologies if she has her informed voluntary consent to medical intervention.

4. When using assisted reproductive technologies, the choice of the sex of the unborn child is not allowed, except in cases of the possibility of inheriting diseases associated with sex.

5. Citizens have the right to cryopreservation and storage of their germ cells, tissues of the reproductive organs and embryos at the expense of personal funds and other means provided for by the legislation of the Russian Federation.

6. Sex cells, tissues of the reproductive organs and human embryos cannot be used for industrial purposes.

7. Citizens between the ages of eighteen and thirty-five, physically and mentally healthy, who have undergone a medical genetic examination, have the right to be donors of germ cells.

8. When using donor germ cells and embryos, citizens have the right to receive information about the results of a medical, medical and genetic examination of the donor, about his race and nationality, as well as about external data.

9. Surrogate motherhood is the bearing and birth of a child (including premature birth) under an agreement concluded between a surrogate mother (a woman carrying a fetus after transfer of a donor embryo) and potential parents whose germ cells were used for fertilization, or a single woman, for which the bearing and birth of a child is impossible for medical reasons.

10. A surrogate mother can be a woman aged twenty to thirty-five years old, who has at least one healthy child of her own, who has received a medical certificate on a satisfactory state of health, and who has given written informed voluntary consent to medical intervention.

A woman who is married, registered in the manner prescribed by the legislation of the Russian Federation, can be a surrogate mother only with the written consent of her husband. A surrogate mother cannot be an egg donor at the same time.

Annex 5

THE FEDERAL LAW

“Fundamentals of the legislation of the Russian Federation for the Protection of the Health of Citizens”

No. 5487-1 of July 22, 1993

Article 35. Artificial insemination and embryo implantation

- Information about artificial insemination and embryo implantation, as well as the identity of the donor, is a medical secret.
- Artificial insemination of a woman and implantation of an embryo is carried out in institutions that have received a license, with the written consent of the spouses.

Article 36. Artificial termination of pregnancy

- A woman has the right to independently decide the issue of motherhood.
- Artificial termination of pregnancy is carried out at the request of a woman with a gestational age of up to 12 weeks, according to social indications – up to 22 weeks, and if there are medical indications and the woman's consent – regardless of the gestational age.

Article 45. Prohibition of euthanasia

- Medical personnel are prohibited from performing euthanasia.
- A person who knowingly induces a patient to euthanasia and performs it bears criminal liability.

Article 47. Removal of human organs and tissues for transplantation.

- Removal of human organs and tissues for transplantation is allowed in accordance with the legislation of the Russian Federation.
- Human organs and tissues cannot be the subject of purchase, sale and commercial transactions.
- Coercion to remove organs and tissues is not allowed.
- Persons involved in these commercial transactions, purchases and sales bear criminal liability in accordance with the legislation of the Russian Federation.

Article 61. Medical secret

- Information about the fact of applying for medical care, the state of health, the diagnosis of the disease and other information ob-

tained during the examination and treatment constitute a medical secret.

- With the consent of a citizen or his legal representative, it is allowed to transfer information constituting a medical secret to other citizens, including officials, in the interests of examining and treating a patient.
- Providing information constituting a medical secret without the consent of a citizen or his legal representative is allowed:
 - for the purpose of examination and treatment of a citizen who, due to his condition, is unable to express his will;
 - with the threat of the spread of infectious diseases, mass poisoning and lesions;
 - at the request of the prosecutor's office, court, investigation;
 - in the case of assistance to a minor under the age of 15 to inform his parents.

LAW OF THE RUSSIAN FEDERATION

“About organ transplantation and (or) human tissues”

No. 4180-1 dated December 22, 1992

Article 2. List of human organs and tissues – objects of transplantation

- The objects of transplantation can be the heart, lung, kidney, liver, bone marrow, and other organs and tissues (the list is determined by the Ministry of Health of the Russian Federation).

Article 3. Limitation of the range of living donors

- Removal of organs or tissues for transplantation is not allowed from a living donor under the age of 18 (except in cases of bone marrow transplantation).
- Removal of organs and tissues is not allowed from persons who are in official or other dependence on the recipient.

Article 9. Determination of the moment of death.

- Organs or tissues can be removed from a corpse for transplantation if there is indisputable evidence of the fact of death, recorded by a council of medical specialists.

Annex 6

LAW OF THE KYRGYZ REPUBLIC

“On public health protection”

(dated December 18, 1992 No. 1091-XII,
October 16, 2002 No. 144, June 11, 2003 No. 96)

- Citizens entering into marriage in order to protect their own health and their offspring have the right to undergo a medical genetic examination.
- Citizens have the right to receive complete and objective information about the state of their health and the health of their children.
- A woman is given the right to decide for herself the issue of motherhood. In order to protect the health of a woman, modern methods of preventing unwanted pregnancy can be carried out with her consent (surgical sterilization only if there are medical indications).
- Artificial insemination, embryo implantation can be performed on the basis of the mutual consent of the spouses (to an unmarried woman with her consent).
- Every healthy citizen between the ages of 18 and 60 has the right to donate blood and blood components.
- Every citizen who has reached the age of 18 can become a donor for transplantation of organs and tissues. Forced removal of organs and tissues and their transplantation is not allowed.

LAW OF THE KYRGYZ REPUBLIC

“On donation of blood and its components”

(dated December 18, 1992 No. 1091-XII,
October 16, 2002 No. 144, June 11, 2003 No. 96)

- Donors – persons who voluntarily donate their blood and its components for transfusion to sick and injured people.
- The main principles of donation are voluntariness, harmlessness and safety.

- Every citizen who has passed a medical examination and does not suffer from diseases for which donation is contraindicated can be a blood donor.
- The donor is obliged to provide all information known to him about the past diseases.
- The amount of monetary compensation for enhanced nutrition of the donor and the cost of the donor's nutrition on the day of blood donation are established by the Government of the Kyrgyz Republic.

Annex 7

SELECTED DOCUMENTS OF THE WORLD MEDICAL ASSOCIATION

The World Medical Association (WMA, www.wma.net) was founded in 1947 in Paris by the joint efforts of the medical communities of 27 countries. The headquarters is located in France. The organization was created to guarantee the professional independence of doctors. The WMA considers its mission to be the preservation and development of the humanistic principles of medical practice through the formation of the highest international standards of medical education, medical science, medical art, medical ethics and law. Currently, WMA members are professional medical associations from 80 countries. The WMA formulates its position on the most pressing issues of medical activity in the documents adopted at the annual World Medical Assembly (in October 2004, the 55th WMA Assembly was held in Tokyo). Russia became a member of the WMA in 2002.

INTERNATIONAL CODE OF MEDICAL ETHICS

Adopted by the 3rd General Assembly of the World Medical Association (London, Great Britain, October 1949), supplemented by the 22nd World Medical Assembly (Sydney, Australia, August 1968) and the 35th World Medical Assembly (Venice, Italy, October 1983).

General duties of doctors

A PHYSICIAN MUST maintain the highest professional standards at all times.

A PHYSICIAN MUST not allow considerations of self-interest to interfere with the freedom and independence of professional decision, which should be made solely in the interests of the patient.

A PHYSICIAN MUST place compassion and respect for the human dignity of the patient at the forefront and be fully responsible for all aspects of medical care, regardless of their own professional specialty.

A PHYSICIAN MUST be honest in dealing with patients and colleagues and fight those of his colleagues who show incompetence or are seen as deceitful.

The following are not compatible with the norms of medical ethics:

a) self-promotion, unless specifically permitted by the laws of the country and the code of ethics of the national medical association;

b) payment by a physician of a commission for referring a patient to him, or receiving payment or other remuneration from any source for referring a patient to a certain medical institution, to a certain specialist or prescribing a certain type of treatment without sufficient medical grounds.

A PHYSICIAN MUST respect the rights of patients, colleagues, other medical professionals, and also keep medical secrecy.

The PHYSICIAN MUST only in the interests of the patient in the process of providing medical care to carry out interventions that can worsen his physical or mental condition.

A PHYSICIAN MUST be extremely careful when giving information about discoveries, new technologies and treatments through non-professional channels.

A PHYSICIAN MUST only approve what he has personally verified.

The duties of the physician to the patient

A PHYSICIAN MUST always be mindful of his duty to preserve human life.

A PHYSICIAN SHOULD turn to more competent colleagues if the examination or treatment required by the patient is beyond the level of his own professional abilities.

A PHYSICIAN MUST maintain medical secrecy even after the death of his patient.

A PHYSICIAN MUST always provide emergency care to anyone in need of it, except only in those cases when he is satisfied with the desire and ability of others to do everything necessary.

Responsibilities of physicians towards each other

A PHYSICIAN MUST behave towards his colleagues as he would like them to behave towards him.

A PHYSICIAN MUST not poach patients from his colleagues.

A PHYSICIAN MUST abide by the principles of the Geneva Declaration approved by the World Medical Association.

DECLARATION OF HUMAN RIGHTS AND INDIVIDUAL FREEDOM OF PRACTITIONING PHYSICIANS

Adopted by the 37th World Medical Assembly
(Brussels, Belgium, October 1985)

The World Medical Association advocates for equality of opportunity for every physician in medical associations and learned societies, in postgraduate and continuing education, in employment and in all other aspects of professional activity, regardless of race, color, religion, creed, ethnicity, affiliation, national origin, gender, age or political orientation. The World Medical Association strongly opposes the practice of depriving a physician of his legal right and obligation to be a full member of a national medical association on the basis of race, color, religion, creed, ethnicity, national origin, sex, age, or political orientation. The World Medical Association calls on all representatives of the medical profession and every member of national medical associations to make every effort to stop any case of violation of the principle of equality of opportunity, rights and duties, which confirms its own unswerving commitment to this principle at the 37th World Medical Assembly in Brussels.

DECLARATION OF INDEPENDENCE AND PROFESSIONAL FREEDOM OF THE DOCTOR

Adopted by the 38th World Medical Assembly
(Rancho Mirage, California, USA, October 1986)

Recognizing the importance of respecting the professional independence and freedom of the doctor, the World Medical Association declares the following principles: Physicians are obliged to recognize and support the rights of the patient, especially those proclaimed by the "Lisbon Declaration" of the WMA (1981). The professional freedom of the doctor implies freedom from outside interference in the medical process. At all times and in all places, the independence of the professional medical and ethical decisions of the physician must be protected and protected. As a representative of the needs of his patients and seeking to protect them from everything that interferes with the provision or

limits the provision of care to the sick and injured, the doctor must enjoy the right of professional independence. In fulfilling their duty, physicians should not rely solely on priority allocations from the scarce resources allocated to health care by government or social services. Such an orientation is fraught with an internal conflict of the doctor's obligations to the patient and violates the principle of the doctor's professional independence, which the patient has the right to count on. Physicians should know the real cost of treatment and make every effort to reasonably contain the price of medical services. The doctor's priority duty is to represent the interests of patients and victims in the struggle against society's claims to reduce prices, because it endangers health, and sometimes even human life. By ensuring the independence and professional freedom of medical practice, society must guarantee its citizens the best possible level of health care, which in turn contributes to a stronger and more durable society.

STATEMENT FOR FREEDOM OF CONTACTS BETWEEN DOCTORS

Adopted by the 36th World Medical Assembly
(Singapore, October 1984)

Professional independence and freedom are necessary for doctors to provide full medical care. Therefore, philosophical, religious, racial, political, geographical, physical and no other barriers that can prevent professional medical activity aimed at acquiring new information, knowledge and skills are unacceptable. The purpose of the World Medical Association is to serve humanity by promoting the highest international standards in medical education and science, medical art and ethics, in order to protect the health of people around the world. There can be no barriers to the participation of physicians in WMA sessions or any other medical meetings, wherever they are held.

LIST OF RECOMMENDED LITERATURE

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8. *Shamov I.A.* Biomedical ethics [Text]: textbook / IA. Shamov. M.: GEOTAR-Media, 2014. 286 p.
9. *Bolbachan O.A.* Bioethics [Text]: textbook / O.A. Bolbachan, D.D. Ibraimov. Bishkek, 2019. 202 p.
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GLOSSARY OF TERMS (GLOSSARY)

Patient autonomy is the right of the patient or his relatives to choose the method of treatment and control over medical intervention.

Bioethics is a combination of biological knowledge and human values, an interdisciplinary field of knowledge that studies philosophical, moral, legal and social problems.

A medical error is a doctor's mistake in the performance of his professional duties, which is a conscientious error and does not contain corpus delicti or signs of misconduct.

The World Medical Association (WMA) is a non-governmental international organization of physicians dealing with issues of medical ethics.

Deontology is a set of ethical norms of human behavior.

Duty – the duties of a person in relation to society, homeland, state or individuals.

Dignity is a person's awareness of his social significance.

Eugenics (Greek eugenes – a good kind) is the doctrine of preventing a possible deterioration in the hereditary qualities of a person.

Informed consent implies that each person is considered the master of his own body and can, if he is of sound mind, allow or prohibit any medical intervention.

Medical deontology is a set of ethical standards for the performance of their professional duties by medical workers.

Medical ethics is a branch of ethics that studies the moral aspects of medicine.

International Code of Medical Ethics (ICME) – considers the main issues of ethical behavior of doctors.

Myelogeny is the adverse effect of the medical environment on the patient's psyche.

Crime – violations that encroach on the foundations of the state or cause significant damage to public relations, individual citizens.

The oath of a doctor is a solemn (oath) promise, which is pronounced by a person who has graduated from a higher medical educational institution and received the title of a doctor.

A misdemeanor is an incorrect action that is devoid of the nature of a socially dangerous action.

Conscience is the consciousness and sense of moral responsibility of a person for his actions to society, the people and individuals, the moral self-assessment of the personality of his actions and thoughts, which have become the inner conviction of a person.

Fear of AIDS is a socio-psychological phenomenon associated with the reaction of most people to the word "AIDS", an obsessive fear of catching AIDS.

Transplantation (lat. transplantare – transplant) – transplantation of organs or tissues to living beings.

Transfusiology is a field of medicine that provides the procurement of donor blood, its processing into components and preparations.

Honor is the prevailing opinion of others about the personal dignity of a person, his moral and moral qualities.

Euthanasia – (Greek εὖ – good + θάνατος – death) – a conscious action or refusal to act, leading to the imminent death of a hopelessly ill person in order to stop pain and suffering (mercy killing).

Egogeny – unfavorable self-influence of the patient, "care for the disease", fear of death, fear of medical manipulations, prejudices.

Egrogeny – the adverse influence of others on the patient (advice of "experienced" patients, being in the ward with seriously ill patients, the death of the patient).

Ethics (Greek ethos – custom, disposition, character) is a philosophical discipline that studies issues of morality and morality.

Iatrogeny is an adverse effect of medical personnel, a negative effect on the patient's condition, up to a painful condition (wrong word, behavior, etc.).

Iatropsychogeny is a negative effect on the patient's psyche by a word, the result of a laboratory study, a conversation between medical workers.

Iatropharmacology is a painful condition caused by the action of drugs on the human body (allergic reaction, self-medication).

Iatrophysiogeny is a disease state caused by the impact on the human body of physical factors (mechanical, thermal, radiation) used for diagnostic and therapeutic purposes.

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Writing team:

*N.K. Kasiev, O.A. Bolbachan,
D.D. Ibraimova, R.R. Aitalieva, N.E. Lee*

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