

The Role of Medical Culture in the Development of Society

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Abstract. *The article analyzes modern sociocultural processes. The role of medical culture in the development of society is revealed. Particular attention is paid to the development of bioethics, its sections, as well as the praxeological aspect of medical culture.*

Keywords: *Doctor, medicine, culture, professionalism, biomedical research, creativity.*

Today, medicine, medical culture and medical education are changing rapidly. The change in value paradigms in professional medical culture brings to the fore at the present stage ethical and bioethical parameters, since problems related to the moral, ethical, and value aspects of a specialist's professional thinking have become incredibly significant in medicine today.

The idea of social partnership in medicine and medical education XXI in the complex and systemic interdisciplinary nature of the interaction of medical workers, bioethicists, lawyers, religious figures, representatives of public organizations, the priority of the principles of equality, tolerance, dialogue and interaction in their work are strategic guidelines for bringing medicine to a qualitatively different the level of resolution of many modern "open" problems in medicine.

It is obvious that the solution to most problems of practical medicine or approaches to their solution largely depend on the ethical competence of a clinician, medical scientist, teacher, on the creation and implementation of a standard of medical culture and a specific model of behavior in the medical environment into the system of medical education and practice.

The effectiveness of medical practice today largely depends on the technical culture of the professional, his ability to work with the most advanced instruments and instruments used in diagnosis and directly in treatment, as well as in the research activities of physicians.

A diagnosis as a brief medical opinion about the essence of the disease and the patient's condition, expressed in terms of modern medical science, is an integral set of data obtained as a result of a comprehensive comprehensive examination of the patient. The increasing importance of instrumental and laboratory diagnostics in clinic and research practice is due to the fact that they allow a deeper and more comprehensive study of the disease and earlier diagnosis, without which timely and productive treatment is impossible.

Modern sociocultural processes require a developed professional medical culture. The appearance of medicine as a form of knowledge and activity in modern culture is changing significantly. Medicine, in applying the achievements of genetic engineering, biotechnology, organ transplantation, in determining the psychosomatic and sociocultural nature of diseases, in protecting the human ecology, addresses a wide range of new problems that have a pronounced ideological, moral-philosophical, cultural, religious, socio-psychological, environmental, economic, legal components.

involvement in the system of social and humanitarian knowledge, and high professional culture are becoming increasingly important in biomedical research and clinical medicine. It should also be noted that today the professional culture of a medical specialist, which includes not only professional

competencies, but also a certain level of general culture, the necessary moral and ethical qualities and guidelines, requires constant improvement.

This indicates the urgent need of the healthcare system and society as a whole in the formation of a professional culture of a doctor, starting from the university, and continuing to improve it in the postgraduate education system. Moreover, the mastery of modern medical culture by medical workers will contribute to the formation of a holistic, perfect personality of a doctor. However, at this stage, a holistic standard of a doctor has not yet been formed, which would serve as a "sort of standard of what should be" when assessing the real personality of a doctor (as a rule, the image of an ideal doctor is formed mainly spontaneously on the basis of individual experience), although its theoretical and practical significance is quite great.

In this regard, the most important task of medicine and medical education in the 21st century. – creating a system of value guidelines for medical students and young doctors and guiding them in future professional and everyday activities. At the same time, in shaping the personality of a student - a future doctor, an important role belongs to humanitarian education. Today, the search for innovative technologies in medical and pharmaceutical education is based on bioethical principles.

It is in connection with the rapid development of bioethics and its sections - biomedical and biopharmaceutical ethics - that there is an active development of the moral foundations for the formation of a professional culture of medical workers and pharmacists in order to ensure the safety and protection of human health - the "consumer" and the main recipient of medical and pharmaceutical care.

The professional culture of a medical worker includes not only his professional competencies, but also a high level of general culture, necessary moral qualities and value guidelines based on bioethical principles of morality. In this regard, it is permissible to assert that bioethics, including medical and pharmaceutical ones, to a certain extent shape the philosophy and culture of the activities of doctors and pharmacists .

Medical culture is a relatively new concept; it is important especially in connection with the modern development of medical science and the increasing possibilities of both therapeutic and preventive effects on the patient. It should highlight, first of all, the preventive link.

It is no secret that currently only a small part, mostly young people, are in good health. Unfortunately, saving money until old age is not one of the main life tasks of a modern person. The use of the possibilities of preventive medicine, which has been developing especially in the last few years and becoming more and more accessible, is hampered mainly by low awareness of the population about the procedure for providing medical care and the lack of formed habits for receiving it in the established manner.

The main preventive measures for a person who considers himself healthy are the following: an examination of his health should be carried out annually by visiting a therapist, gynecologist (for women) and undergoing preventive fluorography. Also, for the female population after 40 years, mammography is recommended for preventive purposes - once every 2 years. You should also visit the dentist annually.

To identify the initial preclinical stages of diseases, special examination programs for healthy people have been developed, which are carried out in health centers. It is allowed to conduct such an examination by appointment and by referral after medical examinations no more than once a year.

Another volume of free examination is carried out during additional medical examination (in particular, biochemical blood tests, examination by specialists, blood testing for tumor markers after 45 years), and for the working population it takes place in clinics.

Detected deviations in tests or studies almost never allow one to immediately establish a diagnosis, much less prescribe treatment. This will be done by the attending physician after a special examination and additional studies, often complex. Therefore, if there are deviations in the tests and examination results, patients are referred to a doctor, most often to a therapist.

For many diseases, treatment is also carried out by specialist doctors. They mainly receive referrals from local doctors, but patients can also contact them on their own. A specialist doctor, unlike a local doctor, organizes qualified care according to the profile of his disease, and does not treat everything else. He may also recommend seeing other doctors. But monitoring the patient in general for all diseases is not his responsibility. This is a matter for local doctors. They, together with nurses and paramedics, organize vaccinations and preventive examinations.

The praxeological aspect of medical culture is the ability to constantly expand and deepen the acquired theoretical knowledge independently, and improve one's professional skills. The physician is constantly between progressive tendencies and traditional conservatism. The choice of the optimal line depends largely on his personal qualities: creativity, hard work: responsibility, unselfishness, criticality and self-criticism.

The collegial model of healing is maximally dialogical, providing great opportunities for realizing the values of an autonomous individual, and is most acceptable in cases of long-term chronic diseases, as well as the pathology of old age. The amount of knowledge acquired by such a patient may exceed the knowledge of a novice specialist and to some extent approach the level of awareness of an experienced doctor. This patient is able to participate in the development of specific decisions regarding his treatment, essentially acting as a colleague of the attending physician.

In order to fully fulfill this social role, the patient must receive from the doctor a sufficient amount of truthful information about his condition, treatment options, prognosis for the development of the disease, possible complications, etc. The doctor, based on the capabilities of the patient's body, can orient him on the amount of permissible physical activity, how to change, the structure of the diet, the choice of place and form of rest or the advisability of changing something in his usual way of life. It is important to clearly justify to the patient why this particular option is preferable from the range of options.

A culture of health is a measure of a person's mastery of their health potential, the ability to enhance positive health factors, and the ability to overcome or reduce health risk factors. This is an attitude towards oneself in which the norm of not harming one's health becomes meaningful and one of the most significant, since without compliance with it personal independence and free personal self-realization will be unattainable. The creative application of modern ideological and methodological principles to understanding the ways to achieve one's life goals and the fundamental goals of society will ensure the safety of the individual's existence, the harmonization of her body with her spiritual world and the absence of conflict in her interaction with others.

LITERATURES

1. Сахаровские чтения 2018 года: экологические проблемы XXI века = Sakharov readings 2018 : environmental problems of the XXI century : материалы 18-й международной научной конференции, 17–18 мая 2018 г., г. Минск, Республика Беларусь : в 3 ч. / Междунар. гос. экол. ин-т им. А. Д. Сахарова Бел. гос. ун-та; редкол. : А. Н. Батян [и др.] ; под ред. д-ра ф.-м. н., проф. С. А. Маскевича, д-ра с.-х. н., проф. С. С. Позняка. – Минск : ИВЦ Минфина, 2018. – Ч. 3. – С. 197-198.
2. Imomjonovich, I. I., & Amirkulovna, A. G. (2021). Methods of early detection of rejection in a kidney transplant from a relative donor. *Academicia Globe*, 2(05), 293-295.
3. Imomjonovich, I. I., & Amirkulovna, A. G. (2021). Current immunological problems in kidney transplantation.
4. Arashova, G. A., & Kh, G. M. (2021). Morphological and Functional Aspects of the Lymphatic System and its Current Problems. *International Journal of Innovative Analyses and Emerging Technology*, 10(5), 149-152.
5. Арашова, Г. А., & Бобожоджаев, С. Н. (2008). Клинико-эпидемиологические особенности бруцеллоза. In *Российская научно-практическая конференция* (No. 4 Часть 1, pp. 14-15).
6. Арашова, Г. А. (2019). К вопросу о течении ветряной оспы у взрослых. *Проблемы*

биологии и медицины, (4-2), 10-12.

7. Арашова, Г. А. (2019). Клинические особенности течения ветряной оспы у взрослых. *Новый день в медицине*, (4), 130-132.
8. Arashova G.A. (2023). Clinical and Epidemiological Features of Acute Brucellosis at the Present Stage. *American Journal of Pediatric Medicine and Health Sciences* (2993-2149), 1(9), 80–84.
9. Gulgora Amirqulovna Arashova. (2023). PRESENT STAGE CLINICAL MANIFESTATIONS OF CHICKENPOX. *International Journal of Medical Sciences And Clinical Research*, 3(08), 64–71.
10. Amirqulovna, A. G. (2023). CLINICAL FEATURES OF THE COURSE OF CHICKENPOX AT THE PRESENT STAGE. *INTERNATIONAL JOURNAL OF HEALTH SYSTEMS AND MEDICAL SCIENCES*, 2(6), 74-79.
11. Amirkulovna, A. G. (2022). Observation of the Immuno-Pathogenetic State of Measles in Adults. *INTERNATIONAL JOURNAL OF HEALTH SYSTEMS AND MEDICAL SCIENCES*, 1(5), 154-158.
12. Amirkulovna, A. G. (2022). Clinical and Epidemiological Features of Measles in Adults. *Central Asian Journal of Medical and Natural Science*, 3(3), 80-86.
13. Шарипова, И. П., Эгамова, И. Н., Рахимова, В. Ш., & Арашева, Г. А. (1999). ПОКАЗАТЕЛИ ТРАНЗИЕНТНОЙ ЭЛАСТОГРАФИИ У БОЛЬНЫХ С ПОРАЖЕНИЕМ ПЕЧЕНИ ВГС ЭТИОЛОГИИ ПОСЛЕ ПРОТИВОВИРУСНОЙ ТЕРАПИИ. *ИНФЕКЦИЯ, ИММУНИТЕТ и ФАРМАКОЛОГИЯ*, 298.
14. Арашова, Г., & Худойдодова, С. (2014). Клинико-иммунологические показатели при остром бруцеллезе. *Журнал проблемы биологии и медицины*, (3 (79)), 76-77.
15. Тоиров, М., Арашова, Г., Худойдодова, С., Облокулов, А., & Мирзаева, М. (2012). Антибиотикларга полирезистент шигелла флекснер чақирган ўткир дизентериянинг серологик ва клиник тавсифи. *Журнал проблемы биологии и медицины*, (2 (69)), 100-103.
16. Namazova, N. D. (2022). WAYS TO SATISFY THE NEEDS OF SMALL BUSINESS IN THE TERRITORIES IN INNOVATIVE AND COMPETITIVE CHARACTERISTICS OF THE LABOR POTENTIAL OF YOUTH. *European International Journal of Multidisciplinary Research and Management Studies*, 2(08), 66-72.
17. Намазова, Н. Д. (2023). СТАНОВЛЕНИЕ ПОНЯТИЙ И КОНЦЕПЦИЙ ЭКОНОМИКИ ЗНАНИЙ В КАЧЕСТВЕ ФАКТОРА РАЗВИТИЯ ЭКОНОМИКИ РЕГИОНА. *IJTIMOY FANLARDA INNOVASIYA ONLAY ILMIY JURNALI*, 3(2), 224-228.
18. Namazova Nodira Djumaevna. (2023). FORMATION OF CONCEPTS AND CONCEPTS OF KNOWLEDGE ECONOMY ACTING AS A FACTOR IN THE DEVELOPMENT OF THE REGIONAL ECONOMY. *American Journal Of Social Sciences And Humanity Research*, 3(10), 24–31. <https://doi.org/10.37547/ajsshr/Volume03Issue10-05>
19. Namazova, N. D. (2023). FEATURES OF THE QUALITY OF LABOR POTENTIAL FOR SMALL BUSINESS. *Mental Enlightenment Scientific-Methodological Journal*, 4(04), 258–264. <https://doi.org/10.37547/mesmj-V4-I4-38>
20. Kenjaeva Khurshida Pulatovna. (2023). PHILOSOPHICAL-DIDACTICAL TREATISE BY ALISHER NAVAI “BELOVED OF HEARTS”. *Best Journal of Innovation in Science, Research and Development*, 2(11), 21–26
21. Namazova Nodira Dzhumaevna. (2023). PROPORTIONALITY OF THE RELEVANCE OF KNOWLEDGE AND SKILLS OF UNIVERSITY GRADUATES WITH THE REQUIREMENTS OF THE LABOR MARKET OF SMALL AND MEDIUM ENTERPRISE. *International Journal Of Management And Economics Fundamental*, 3(09), 21–30.
22. Namazova Nodira Dzhumaevna. (2023). CHALLENGES OF THE MARKET IN THE

TRANSFORMATION OF INNOVATIVE AND EDUCATIONAL METHODS FOR THE FORMATION OF THE LABOR AREA OF YOUTH. *Journal of Social Sciences and Humanities Research Fundamentals*, 3(05), 82–86.

23. Намазова, Н. Д. (2022). ИНДИКАТОРЫ В РЕГИОНАЛЬНОМ ПЛАНИРОВАНИИ КАК ВОЗМОЖНОСТЬ СОЧЕТАНИЯ ГОСУДАРСТВЕННОГО РЕГУЛИРОВАНИЯ С РЫНОЧНЫМ САМОРЕГУЛИРОВАНИЕМ. *Herald pedagogiki. Nauka i Praktyka*, 2(4).
24. Намазова, Н. Д. (2022). МЕСТО СОВРЕМЕННОГО ВУЗА В РАЗВИТИИ РЕГИОНАЛЬНОЙ ИННОВАЦИОННОЙ СИСТЕМЫ. *Gospodarka i Innowacje.*, 24, 916-925.
25. Namazova, N. D. (2022). WAYS TO SATISFY THE NEEDS OF SMALL BUSINESS IN THE TERRITORIES IN INNOVATIVE AND COMPETITIVE CHARACTERISTICS OF THE LABOR POTENTIAL OF YOUTH. *European International Journal of Multidisciplinary Research and Management Studies*, 2(08), 66-72.
26. Nizamov, A. B., & Namazova, N. D. (2016). Towards modernization of market competence of graduates of secondary specialized, vocational education. In *55th Science Conference of Ruse University, Bulgaria* (pp. 261-266).
27. Namazova, N. D. (2022). Indicative Planning As A Model For Creating Conditions For Increasing Interaction Of Economic Subjects In Regional Management. *Journal of Positive School Psychology*, 6(8), 7814-7818.
28. Намазова, Н. Д. (2022). МЕСТО СОВРЕМЕННОГО ВУЗА В РАЗВИТИИ РЕГИОНАЛЬНОЙ ИННОВАЦИОННОЙ СИСТЕМЫ. *Gospodarka i Innowacje.*, 24, 916-925.
29. Namazova, N. (2016). THE ROLE OF THE MODERN UNIVERSITY IN THE KNOWLEDGE TRANSFER РОЛЬ СОВРЕМЕННОГО ВУЗА В ТРАНСФЕРЕ ЗНАНИЙ. *Proceedings of university of ruse*, 55.
30. Namazova, N. D. (2022). The place of a modern university in the development of a regional innovation system. *Gospodarka i Innowacje.*, 24, 916-925.