

The Importance of Deontology in Teaching Bioethics to Students Studying in the Field of Medicine

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Abstract: Bioethics is a scientific discipline that investigates ethical and philosophical issues arising from the interdisciplinary advancement of biomedical sciences and the implementation of new technologies in healthcare practice. It addresses the resolution of numerous social and psychological challenges in modern medicine and the development of other sciences. This article demonstrates that teaching bioethics to students using interactive methods yields superior results.

Keywords: Bioethics, teaching methods, education and upbringing.

When teaching bioethics to students, as stated in the Law of the Republic of Uzbekistan on the Protection of Citizens' Health, it is explained that patients should be informed about all diagnostic and therapeutic procedures and their illness, in a manner that does not contradict the patient's dignity and rights and does not cause iatrogenesis. Treatment and examinations should be conducted with their consent. The doctor's art of communication is manifested in their interaction with the patient, determined by the degree to which the patient trusts them. Only by gaining the patient's trust can a complete medical history be collected, and what is required of them during the treatment process can be explained.

In bioethics, students are introduced to the issues of medical deontology and the rules of patient counseling. Treatment, care, and counseling are complementary processes aimed at alleviating the patient's condition. One of the goals of bioethics is to familiarize students with the basics of medical deontology, counseling, and practical skills. The tasks include understanding the relationship between the patient and medical staff, the problems of iatrogenesis and euthanasia, models of interaction, and the specifics of communicating with dying patients, which are the main objects of study. Currently, the relationship between doctors, nurses, and patients requires improvement. It is necessary to teach students that if a doctor cannot establish rapport with a patient, it will be difficult for the patient to recover, regardless of the prescription of strong and beneficial medicines.

It should be noted that the introduction of paid services into medicine has made it possible to analyze some areas of deontology differently. During the Soviet era, paid services were practically non-existent. Now, with special permission from the state, doctors, polyclinics, and hospitals are also providing paid medical services. This, of course, does not mean that deontology is no longer needed or has lost its significance. The idea that "after paying, they will still take good care of you" is a misconception. A patient's recovery is determined not by the amount of money paid, but by the doctor's knowledge, experience, and conduct. In fact, deontology is not just about speaking kind words to the patient and looking at them with a smile. The main goal is trust. Sometimes it may be necessary to "reprimand" a patient who constantly panics. Only then does the patient trust the doctor, developing the notion that if their illness were

truly incurable, the doctor wouldn't have scolded them. In some cases, the treatment method may not satisfy the patient, or the procedures may not yield immediate results. In such cases, the doctor should explain the illness in a language understandable to the patient and, if necessary, consult with more experienced colleagues to calm the patient and make a more accurate diagnosis. Most importantly, the doctor should not lose their composure in front of the patient, and it should be remembered that while the doctor examines the patient, the patient also observes the doctor. Although bitter, it is worth emphasizing that if a patient doesn't recover from a doctor or doesn't fully recover from the hospital, they speak ill of that doctor and the hospital. If they don't recover from a traditional healer, they think, "Well, then my illness must be incurable, since even the healer couldn't cure it." This is surprising, of course. Hospitals and polyclinics maintain records of recovered, disabled, and deceased patients. For this purpose, a statistical department operates at the Ministry of Health. The obtained data are analyzed quarterly and annually. Unfortunately, there is no accounting of those who have recovered or not recovered from traditional healers. Moreover, they don't treat seriously ill patients and don't maintain statistics. Indeed, in many cases, doctors don't listen to patients fully. They cite waiting patients and lack of time as reasons. However, it's important to remember that the current patient shouldn't be a victim of those waiting outside or the doctor's lack of time. Don't forget that this patient came for you, and a doctor should not do anything that would damage their reputation.

Medical deontology encompasses the professional ethics of medical workers and behavioral procedures aimed at enhancing the effectiveness of medicines and treatment in general. The concept of deontology, which pertains to human behavior and manners, was introduced by an English philosopher in the early 16th century. Information on medical deontology has a long history, and in fact, medical deontology has a broad philosophical content and consists of several directions. Medical deontology should include issues of doctor-patient confidentiality, the responsibility of medical workers for patients' lives and health, and the interactions among medical professionals. According to medical deontology, it is crucial for medical workers to pay great attention to patients, use all their knowledge to restore patients' health or alleviate their suffering, provide patients with only beneficial information about their health, and establish a confidential relationship between patients and doctors. The proper implementation of medical deontology in medical practice is closely tied to the doctor's consciousness, level of education, culture, worldview, knowledge, and the society in which they live. Throughout different periods of society, deontological relations have evolved, changing in accordance with the demands of the time. Medical deontology requires medical workers to possess high human qualities, including sincerity, intelligence, humanity, and others.

Deontology is the science of a doctor's duty and ethics. Medical deontology as a science encompasses a broad philosophical concept, which includes the following: relationships between doctors and patients, between doctors and patients' relatives, among doctors and colleagues, with mid-level and junior medical personnel, between mentors and apprentices, as well as issues such as doctors' rights during patient treatment, medical confidentiality, and medical errors.

The correct implementation of medical deontology in practice is closely related to doctors' consciousness, level of education, worldview, knowledge criteria, their field and position of work, and the society in which they live. Medical deontology as a science has broad branches and facets, and although at first glance it may seem closely related to general clinical science, each field of medicine has its own specific aspects of deontology. According to current requirements, general practice and family doctor deontology have gained prominence, and deontology should prepare doctors working in rural medical centers, family polyclinics, day hospitals, and home care settings to provide necessary medical care across all areas of medicine without limiting themselves to a narrow field. Medical deontology is founded on the doctor-patient relationship. All of a doctor's knowledge, manners, and behavior should aim to instill trust in the patient. The patient should feel hopeful that the doctor can provide relief for their ailment. To achieve this, doctors must first master the art of communication with patients. We recognize that the art of conversing with patients requires a unique approach, taking into account

the patient's full name, background, profession, and position. The core of the doctor-patient conversation lies in fostering hope for recovery, based on reliable, accurate, and objective information about the course and consequences of the disease, without disclosing this information to others.

A family doctor who has mastered the art of communication should not approach conversations in the same way with patients suffering from myocardial infarction, cerebral stroke, cancer, bronchial asthma, tuberculosis, schizophrenia, syphilis, AIDS, and their relatives. The proper implementation of deontological principles in medical practice is closely tied to the medical worker's consciousness, level of education, worldview, knowledge criteria, and the society in which they live.

At various stages of development, the deontological relationships between doctors, nurses, and patients have differed, evolving according to contemporary requirements. Medical deontology should encompass the nurse-patient relationship as well. A nurse's entire knowledge, duty, manners, and behavior should aim to instill trust in the patient, creating hope that only this particular doctor and nurse can provide relief for their ailment. To achieve this, the nurse must master the art of patient communication. Beyond treating specific organ or system diseases, medical professionals must first see the person, their illness, and their health concerns. While implementing the doctor's prescribed treatment, the nurse assumes a significant role in patient care, employing psychotherapeutic techniques and adhering to the principles of medical bioethics and deontology.

Medical deontology demands that healthcare workers possess exemplary human qualities, including knowledge, humanity, courage, compassion, politeness, honesty, purity, conscientiousness, sincerity, intelligence, quick-wittedness, self-restraint, modesty, inquisitiveness, and prudence.

In hospitals, patients often feel lonely and unhappy, struggling to adapt to new conditions due to separation from loved ones and friends. Therefore, nurses should be attentive and caring towards patients. Ward-related issues such as untimely treatments, cold hospital rooms, and delayed meals can lead to patient distress and complicate relationships. These factors negatively impact treatment outcomes, highlighting the crucial role of doctors and nurses in addressing these problems. In training modern young doctors and nurses in deontology at medical universities, we should effectively utilize the spiritual wealth of ancient and medieval healers, particularly representatives of Eastern medicine. It is noteworthy that in the ancient East, the medical profession was considered the most respected and virtuous among the population.

Those who choose medicine and aspire to become nurses must be modest, faithful, refined, calm, and unwavering in their complex duties. They should prioritize the patient's interests above all else, applying their knowledge, intellect, and professional experience to restore the patient's health. They must always be ready to offer help, sacrifice their comfort, and demonstrate constant readiness to provide medical assistance. They should strive to win the affection of patients and their relatives through their actions and behavior.

Considering the above, one can conclude that doctors maintaining friendly communication with patients, providing constant care, and most importantly, fostering mutual trust, instills hope for recovery in patients.

REFERENCES

1. Косарев И.И., Лисицын Ю.П. Формирование врача. — М., 1975.
2. Лисицын Ю.П., Изуткин А.М., Матюшин И.Ф. Медицина и гуманизм.
3. Деонтология в медицине / под ред. акад. Петровского. — М., 1988.
4. Проблемы медицинской деонтологии. Лекции / под общ. ред. акад. А.Ф. Билибина. — М., 1976.

5. Громов А.П. Врачебная деонтология и ответственность медицинских работников. — М.: Медицина, 1969.
6. Кассирский И.А. О врачевании. — М., 1970.
7. Кованов В.В. Призвание. — М., 1973.
8. Лазебник Л.Б. Деонтология в гериатрии // Мед. Вестн. — 2004. — № 1 (272). — С. 8–9.
9. Лисицын Ю.П.. Общественное здоровье и здравоохранение. — М.: ГЭОТАР-Медиа, 2007.
10. Петровский Б.В. Человек, медицина, жизнь. — М., 1995.
11. Петровский Б.В. Врачебная этика в прошлом, настоящем и будущем // Анналы РНЦХ РАМН. — 1998. — Вып. 7. — С. 32–42.
12. Прихода И.В. Рыбальченко А.А основы медицинской этики и деонтологии// Pedagogy of Physical Culture and Sports.- 2009.- С.130-132 3.
13. Современные правила этики и деонтологии// <http://medassociaciya.med.cap.ru>.
14. Шерова. З. Н. Развитие этики и деонтологии / З. Н. Шерова, Д. М. Маматова, А. С. Каттабеков, Г. Х. Ахатова. // Молодой ученый. — 2015. — № 22 (102). — С. 312.