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EARLY MOTHERHOOD. THE CONCEPT OF GOOD BY E. PELLEGRINO

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The article explores the model of patient's good by E. Pellegrino in the work with teenage mothers in the field of medical-social work. The patient's good is viewed as a hierarchical structure based on four levels of human existence. It includes the medical good, personal good, human good, and spiritual good. A medical good is aimed at maintaining the physical health for teenage mothers. A personal good is unique to every teenage mother – this is a good, that is defined by a patient himself, his personal preferences, personal choices, values. A human good is a good of teenage mothers as a representative of the human race. A spiritual good represents the highest level of a good in the interaction between a doctor, a social worker and a teenage mother. A spiritual good is provided by three lower levels of a good. A good as integrity is a goal of the professional activity connected with the rendering help for people (medicine, social work, pedagogy, clinical psychology).

Key words: *teenage mothers, "physician-social worker-teenage mother" relationship, patient's good, medical good, personal good, human good, spiritual good.*

РАННЕЕ МАТЕРИНСТВО. ИДЕЯ БЛАГА Э. ПЕЛЛЕГРИНО

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В статье рассматривается модель блага пациента Э. Пеллегрини в работе с несовершеннолетней матерью в сфере медико-социальной работы. Благо несовершеннолетней матери представляет собой иерархическую структуру, основанную на четырех уровнях человеческого существования. Оно включает медицинское благо, личное благо, человеческое благо и духовное благо. Медицинское благо нацелено на поддержание соматического здоровья несовершеннолетней матери. Личное благо уникально для каждой несовершеннолетней матери – это то благо, которое подразумевает для себя сам пациент, его личные предпочтения, личный выбор, ценности. Человеческое благо –

это благо несовершеннолетней матери как представителя людского рода. Духовное благо представляет собой самый высокий уровень блага во взаимодействии врача, специалиста социальной работы и несовершеннолетней матери, его обеспечивают три более низких уровня блага. Благо как целостность представляет собой предназначение профессиональной деятельности для тех, чья работа связана с оказанием помощи человеку (врач, специалист социальной работы, педагог, клинический психолог и др.).

Ключевые слова: *несовершеннолетние матери, отношения «врач-специалист социальной работы-несовершеннолетняя мать», благо пациента, медицинское благо, личное благо, человеческое благо, духовное благо.*

Physician and social worker should work as a team and work out together the strategy for team-work with a particular patient. They also should formulate the ethical rules for the "physician-patient" relation" in every individual case [3]. Their team-work should focus on the general goal. Generally the goal of medical-social work means the attainment of the highest possible level of health, the function and adaptation for the persons with physical and mental disorders and for those who are socially deprived. This paper deals with the particular situation when the patient is a teenage mother and the work with this patient aims at the teenage mother's good and her child's good and health. For this purpose it is necessary to formulate moral regulations for the physician and social worker's behavior with teenage mother [1]. We consider that for the effective team work in the "physician-social worker-teenage mother" relationship it is necessary to use the four-level structure of good proposed by E. Pellegrino: the patient's good is composed of four levels and it is viewed as the complex relationship between medical, personal, human, and spiritual good. These levels of good are placed in the hierarchically order.

The ancient dictum "do good and avoid evil" is the indispensable transcendental ground for any ethical system, because the good is the goal of moral science, and this basic principle makes the difference between moral sciences and other sciences. Thus the patient's good is the destination of any medical activity; it is the result which medicine by its definition works for; the result which identifies medicine [6]. The team "physician-social worker" works with a teenage mother for the maintenance and support of her health and psychological comfort. To achieve this result it is obligatory, in the first place, to reach the nearest result. This result means making correct bioethical decision in the "physician-social worker-teenage mother" relationship and applying this decision safely for the patient. Every adolescent mother needs this particular result, and a physician and social worker are ordered to achieve this particular result. The result of the activity of

any physician and social worker is the teenage mother's good as a whole. Physical, emotional, human, and spiritual parts of teenage mother's personality should be taken into consideration. As stated before, good represents four-component scheme. It is based on four levels of human existence: the first level is the medical good; the second is the personal good (teenage mother's personal preferences); the third level is the teenage mother's human good. The fourth (the highest level) is the spiritual level of the teenage mother. Thus the good represents itself the hierarchical structure, in which every level should appropriately correlate with other levels [2]. The medical good is the good which relates most directly to the art of medicine; this part is exclusively medical part. The medical good aims at the maintenance of teenage mother's somatic health using medical treatment, surgical intervention, physiotherapy treatment, etc. At this level the teenage mother's good depends on the right use of the physician's knowledge and skills. But the medical good must be brought into the proper relationship with the other levels of the teenage mother's good. Otherwise it may be harmful. Medical good based only on the physiological effectiveness may not be good, if it violates higher levels of good, like the teenage mother's personal good. Teenage mother's personal good as she perceives that good presents the second level of teenage mother's good. At this level we are concerned with the adolescent mother's personal preferences, her personal choice, decisions on the benefit and burdens of the proposed intervention. Personal qualities are unique for each teenage mother and cannot be defined by the physician, the family, or anyone else. They are determined by the tender years, new social role, mother's role, new real-life situation, etc. To serve the general good of the patient, the medical good must be placed within the context of this teenage mother's life-plans.

Medical good and personal good of the teenage mother should be related to the human good of teenage mother. At this level we consider the good peculiar to humans. Respect for dignity of the teenage mother, respect for teenage mother as a human are inherent components of this level and must not be determined by teenage mother's social background, education, level of material prosperity, etc. A teenage mother, a physician, and social worker are people who are bound by solidarity and mutual respect. In the communication with a physician, social worker and teenage mother the medical good and personal good must

not contradict with the human good. Medical good and personal good should protect human good. Professionals who ignore the teenage mother's opinion violate the good (the right) of the teenage mother to be self-determining rational being. Denial of care to the poor teenage mother violates her dignity and value as human beings. Putting a teenage mother at risks that outweigh potential benefits, even with her consent, violates the duty of beneficence and avoidance of evil.

The highest level of good in the team-work of physician, social worker with teenage mother is the good of the teenage mother as a spiritual being (spiritual good), i.e., as one who acknowledges soul and spirit. This realm of spirit gives ultimate meaning to human lives. From the perspective of natural law, the spiritual destiny of human being is his highest and ultimate good [7].

Whatever the origin and content of one's spiritual beliefs, the three lower levels of good which have been described before must support the spiritual good. One of the complex examples is a teenage mother's child adoption by her mother. In this case for one teenage mother this personal good may not be good as it violates her highest good, but for another teenage mother it determines her highest good. Bioethics imposes duties upon a physician and social worker to assess each of the four levels of teenage mother's good and establishes the order of priorities among them. For this purpose it is obligatory to be aware of teenage mother's personal preferences and moral principles [6]. The individual spiritual good of the teenage mother should be included in the process of rendering help by physician and social worker if it serves the teenage mother's good. Consequently serving the human good is common for all helping professions (physician, pedagogue, social worker, clinical psychologist, etc.). Good is the mission of their professional activity. Minor results may be different for each professional; it depends on the particular activity specific to each profession. Whatever the minor results are, certain virtues and moral principles are necessary for each professional in the field of helping people to reach the four-level good of the patient.

The advancement of the concept of the patient's good in the unity of its spiritual and medical components, the realization of this concept into the medical-social practice become the perspective directions of scientific investigations on bioethics in our country.

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PRACTICAL BIOETHICS

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VALUE OF GENDER'S RATIO FOR INTEGRITY ETHICAL AND SCIENTIFIC STANDARDS IN CLINICAL TRIALS

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This article has stressed on actual problem to take into consideration the gender's ratio in clinical trials for following the ethical principles and maintain data quality. It is shown that the essential different in medications activity are depended from gender factors. Bioethical and gender indexes have been companied at the different phases of planning the study, selecting the participants and conducting clinical trials. In article is presented that the data of gender's ratio in R&D of medications dose should be available and the evaluation of pharmacological features of drug necessary to make in clinical trials where gender balance of participants take place. All potential problems of gender balance connected with cultural, religion and social-economic factors. There are the specific of gender's behavior for different groups of participants what influence on following ethical standards in the process of obtaining and documenting informed consent. Subject protection and the collecting of relative data requires the transparency of gender's ratio concerning with trial's participants.

Key words: gender's ratio, bioethics, human rights, relative data, scientific efficacy of clinical trials.

ЗНАЧЕНИЕ ГЕНДЕРНОГО БАЛАНСА ДЛЯ СОБЛЮДЕНИЯ ЭТИЧЕСКОЙ И НАУЧНОЙ ЦЕЛОСТНОСТИ КЛИНИЧЕСКИХ ИССЛЕДОВАНИЙ

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Представлены материалы, посвященные актуальной проблеме необходимости учета гендерной составляющей проведения клинических исследований, с целью соблюдения этического компонента и получения объективных данных о действии фармакологических средств. Показаны различия в действии лекарственных препаратов в зависимости от гендерного признака. Проведено сопоставление биоэтических и гендерных показателей на различных этапах планирования, организации и проведения клинического исследования. Продемонстрировано значение культурных, религиозных и социально-экономических характеристик гендерных групп для соблюдения этических стандартов и получения объективных результатов исследования.

Ключевые слова: гендерные различия, этика, права человека, объективность результатов, научная эффективность биомедицинских исследований.

General advances in biomedical science and its correct application in practice of medicine are faced with new ethical problems provoking by the influence of gender's ratio on the data's quality in clinical trials (CT). For the solving this particular problem it is necessary to indicate ethical view on gender's aspect, describe the specific value of gender's criteria in medicine and notify the different periods in process of the conducting CT where the balance of gender's elements and bioethics could be critical. The fundamental understanding of the gender's aspects should be guided by the spirit and the text of «Universal Declaration of Human Rights» (UDHR), 1948 [1,2,6,12]. In the preamble of this document has been strictly mentioned that «...the peoples of the United Nations have in the Charter reaffirmed their faith in fundamental human rights, in the dignity and worth of the human person and in the equal rights of men and women...».

Article 2 of the UDHR directly focused «...everyone is entitled to all the rights and freedoms set forth in this Declaration, without distinction of any kind, such as race, colour, sex, language, religion, political or other opinion, national or social origin, property, birth or other status...».

Sharing the principle of gender equality as an important element of observance the ethics in the scientific progress, in the frame of this article, the specific role of the gender's ratio and ethics in clinical trials will be considered. Scientific value of this observation is based on the results of 4th year's analysis that confirmed the essential different in the influence of the medications on