

2. Substantial risks in the field of implant dentistry are posed by insufficient use of achievements of personalized medicine and dentists' poor awareness of its capabilities. A higher level of personalization in the implant treatment will reduce the number of complications [2, 3].

3. Correlation of medical and social possibilities of innovative methods application in dentistry and particularly in development of implant dentistry shows that the major obstacle is not scientific difficulties or doctors' operational capabilities, but financial and personal factors which impact may be overcome only at national level [4].

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THE ROUNDTABLE DISCUSSION: ETHICAL PROBLEMS OF CHILDREN'S VACCINATION AGAINST INFLUENZA

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There was conducted the Round table discussion of the ethical problems children's vaccination against vaccination in the context of a large industrial city at the premises of the journal "Bioethics" with the participation of the editorial office of the journal "Sociology of city". Experts were introducing diverse opinions on the subject. Medial community representatives were speaking with a single voice in favor of vaccination, parents were not so much sure about it. The article contains the overall results of the discussion.

Key words: roundtable discussion, vaccination, preventive measures, influenza, pediatrician, parent

КРУГЛЫЙ СТОЛ: ЭТИЧЕСКИЕ ПРОБЛЕМЫ ВАКЦИНАЦИИ ДЕТЕЙ ПРОТИВ ГРИППА

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В редакции журнала «Биоэтика» совместно с редакцией журнала «Социология города» в рамках Круглого стола состоялась дискуссия об этических проблемах иммунопрофилактики детей против гриппа в условиях крупного промышленного города. Эксперты представляли противоположные позиции в этом вопросе. Представители медицинского сообщества единодушно высказались в пользу вакцинации, родители детей заняли не столь определенную позицию. Итоги обсуждения подведены в данной публикации.

Ключевые слова: круглый стол, вакцинация, профилактика, грипп, педиатр, родитель

In order to study the opinion of experts and population about the necessity of measures to prevent respiratory diseases and vaccination against influenza the roundtable discussion featuring medical practitioners, sociologists and children's parents was conducted at the premises of the Department of Ethical, Law and Sociological Expertise of the Volgograd Medical Science Center on 24th December, 2015.

The participants were provided with the handouts featuring 1) the results of a questionnaire survey conducted among parents who were hospitalized with their children to the Budgetary Public Health Facility – Volgograd Regional Clinical Children's Infectious Diseases Hospital; 2) the statistics of the respiratory diseases rates in Volgograd Region for the latest five years.

The participants were:

1. The Moderator, doctor of philosophy, doctor of legal Sciences, Professor, the Head of the ethical, legal and sociological examination in medicine of Volgograd Medical Research Center.
2. The Doctor of medical Sciences, Professor.
3. The Moderator's assistant, teaching assistant at the Chair of children's infectious diseases of Volgograd State Medical University, infectious disease specialist.
4. The head of the respiratory department of the infectious diseases hospital.
5. The Candidate of Medical Science, teaching assistant at the Chair of children's infectious diseases, infectious diseases hospital-based physician.
6. The head of the pediatric department of the child care clinic.
7. The teaching assistant at the Chair of children's infectious diseases.

8. The social work specialist, involved in the research of the problem of teenagers' motherhood.

9. The Candidate of Medical Science, Associate Professor of the Chair of Philosophy, Bioethics and Legal Sciences.

10. The mother of the child who had been a patient of the day and night infectious diseases clinic.

11. The mother of the child who had been a patient of the day and night infectious diseases clinic.

12. The mother of the child who had been a patient of the day and night infectious diseases clinic.

As a result of the roundtable discussion we got **answers to the next questions:**

1. What is the actual parents' attitude to the respiratory diseases prevention?

Generally most parents are wary of respiratory diseases prevention and in particular of vaccination against influenza because of lack of information on its positive effect. However the competent opinion of medical practitioners form and much promote the understanding of the necessity of such measures. Precautionary discussions with medical practitioners, visual reference material, information provided by mass media also contribute to this problem solution.

2. Is it possible to protect oneself against respiratory infection and influenza by means of vaccination?

It's not so much the cost of the vaccine that restrains the greater coverage of children vaccinated (the vaccine is included in the National immunization calendar of Russia and influenza vaccine is free for children) but mainly the absence of the right understanding of its large capabilities and the necessity of these means to control and fight this infection among our society. It's necessary to distinguish respiratory infections in general and influenza. Unfortunately influenza vaccine is not helpful in case of acute respiratory viral infections (ARVI) of non-influenza causation. A medical practitioner should raise awareness of parents in this aspect.

3. What are the dangerous consequences of children's respiratory diseases?

Respiratory diseases as such except for influenza are not so much harmful for children. However it should be paid a special attention to the development of complications after ARVI.

At present the great expertise on the usage of vaccines against hemophilic and pneumococcal infections has been accumulated. They allow to prevent most

consecutive bacterial complications such as otitis, sinusitis, bronchitis, pneumonia, etc. The drugs based on bacterial lysate have wide evidence of their clinical effectiveness.

4. Can parents themselves be responsible for frequent contractions of ARVI in their children?

Yes, they can, especially in the next cases 1) they don't take preventive measures; 2) they medicate their children by their own and tardily apply for medical care; 3) they don't keep the right day regimen and dietary pattern; and 4) they don't help their children form elementary personal hygiene skills.

5. What is the difference between commercial and free vaccines against influenza? How high is the demand for commercial medical services nowadays?

The general idea is that commercial vaccines are more effective and safe. However all modern vaccines against influenza are safe enough. The long-term observation of the usage of the Trivalent Influenza Vaccine proves that it is absolutely safe for children. Foreign and domestic research works as well as international practice also show that the frequency of negative effects of inactivated vaccines against influenza is quite low and they do not reflect on a child's health. As for the precaution against the infection itself it is very important to predict what virus strain would be spreading the next season. More over influenza vaccines for children used in state pediatric clinics (Grippol-plus) are enriched with polyoxidonium that contribute to the additional mobilization of a child's immune system.

6. What steps are being taken to improve influenza vaccines?

First of all the vaccines used are inactivated and unlike replicating vaccines that were used earlier they do not provoke vaccine-induced reaction. The form of the vaccine is also being improved. Today it is produced in the shape of a unit-dose syringe containing the clearly estimated dose of the drug that helps to avoid technical mistakes during the injection process.

7. What are the most popular preventive measures against influenza and ARVI used by parents?

Various drugs with the declared antiviral and immunomodulatory activity such as Arbidol, Anaferon, Viferon, etc. are the most widely spread. However some parents trust the advice of the senior population and prefer folk remedies which do not possess any evidential base. New parents also follow recommendations from internet-forums which often provide unverified and biased information.

The appliance of drugs with a wide evidential base allows to avoid poly-pharmacy so much spread among Russian pediatricians who prefer to treat and prevent new cases of ARVI in children with the simultaneous application of multiple remedies that sometimes do not demonstrate any evidence of their clinical efficiency.

8. Most parents trust their consulting pediatrician and try to follow his/her advice. Why pediatricians in clinics pay so little attention to the problems of preventive measures against ARVI?

Unfortunately today they are allowed a too short time interval for consulting one patient. It is hardly sufficient for listening to the complaints, getting anamnesis, examination of the sick child, prescribing a remedy, execution of documents and etc. A pediatrician has practically no time left for conducting precaution talks. This interferes with conducting outreach with parents over the problems of preventive treatment.

9. What are the other means of supplying information that would contribute to the promotion of preventive measures against ARVI and influenza?

Used in pediatric clinics visual reference materials such as posters, booklets, wall charts surely perform the functions imposed on them. But it is evidently not enough. It is necessary that pediatricians pay more attention to precaution talks during the consultation. As most parents demonstrate the high level of trust in mass media the most popular TV channels, online media and print sources should be more actively engaged into teamwork with medical practitioners.

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