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## BIOETHICS IN A “REMOTE FORMAT” OR REMOVED BIOETHICS?

**N.N. Sedova**

*Chief Editor Deputy of “Bioethics” journal, Doctor of Philosophy, Doctor of Law, Professor, Honored Scholar of RF, Head of Philosophy, Bioethics and Law Department of FSBEI HE “The Volgograd State medical university” of the Ministry of Health of Russia, Head of the Department of Ethical, Legal and Sociological Examination in Medicine of SBI “Volgograd Medical Research Center”, nns18@yandex.ru*

The active transition to digital civilization coincided with the pandemic of the new coronavirus. It can be assumed that it was the pandemic that accelerated this process. In any case, people immediately faced to new phenomena, which can affect both physical and social health. Many phenomena, including both digitalization and pandemic, have not been explained and properly assessed yet. Absence of proper explanation and assessment creates a fertile field for insurance, doubts and mistakes. Therefore at the present time the evaluative and explanatory role of bioethics is invaluable. But a paradoxical situation arises: the more bioethics help is needed, the less attention is paid to its development. The transfer of bioethics study for medical students into a distance format eliminates its communicative meanings and deprives future doctors of the opportunity to develop skills and competencies in medicine. Something must be done in order not to lose the achievements of the national training system in the field of bioethics. Certain suggestions are expressed in the article.

**Key words:** bioethics, digitalization, distance learning, medicine, pandemic, technology, medical education.

## БИОЭТИКА НА «УДАЛЕНКЕ» ИЛИ УДАЛЕННАЯ БИОЭТИКА?

**Н.Н. Седова**

*Заместитель главного редактора журнала «Биоэтика»*

*доктор философских наук, доктор юридических наук, профессор, заслуженный деятель науки РФ, заведующий кафедрой философии, биоэтики и права ФГБОУ ВО «Волгоградский государственный медицинский университет» Минздрава России, руководитель Отдела этической, правовой и социологической экспертизы в медицине ГБУ «Волгоградский медицинский научный центр», nns18@yandex.ru*

Активный переход к цифровой цивилизации совпал с пандемией нового коронавируса. Можно предположить, что именно она ускорила этот процесс. Но, в любом случае, люди столкнулись сразу с двумя новыми для них явлениями, что не может не сказаться как на здоровье физическом, так и на здоровье социальном. Многие феномены и цифровизации, и пандемии не нашли пока объяснения, не получили должной оценки, а без нее создается благодатная почва для страхов, сомнений и ошибок. Поэтому незаменима оценочно-объяснительная роль биоэтики в настоящее время. Но складывается парадоксальная ситуация: чем больше нужна помощь биоэтики, тем меньше уделяется внимание ее развитию. Перевод изучения биоэтики студентами медицинского вуза в дистанционный формат элиминирует ее коммуникативные смыслы и лишает будущих врачей возможности выработать необходимые навыки и компетенции работы в медицине. Надо что-то делать, чтобы не потерять достижения отечественной системы подготовки в области биоэтики. Некоторые предложения высказываются в этой статье.

**Ключевые слова:** биоэтика, цифровизация, дистанционное обучение, медицина, пандемия, технологии, медицинское образование.

We are all going through hard times when one very small virus made our existence a very big problem. Now only the lazy did not write about COVID19, so we will not repeat what have been already said. Let us say what ethical problems await us when all this is over. It can be assumed that bioethics will not only face new problems, but previous solutions will be also significantly modified. And they will concern not only health problems.

It seems logical to single out the following conflict situations in society as an operational subject of bioethics in the post-pandemic period:

1. The presence of persistent phobias in some (and, perhaps, many) people. Not everyone will go to a psychologist, but everyone will need moral support.

2. Changing the attitude of doctors towards patients. After working with severe "covid" patients, there may be a decrease in attention to ordinary patients. In addition, the reduction in the volume of planned medical care during the pandemic has formed a kind of "resentment" towards the health care system among those who needed medical care not about COVID19.

3. Accelerated clinical trials of vaccines under development may become the “permissive” factor for conducting other clinical trials in such an accelerated manner, which has always been opposed by experts in the field of bioethics.

4. Due to the pandemic health care is undergoing active modernization – the construction of new medical

facilities and the renovation of old ones, the provision of hospitals with modern medical equipment, digitalization of the treatment process and the widespread introduction of telemedicine, etc. A new model of relationships in medicine is emerging – not "doctor – patient", but "doctor – machine – patient". This model has not been worked out yet [1, 2].

5. In connection with the active advancement of digitalization, a certain lag in its medical arrangement has been revealed. There is no reliable data yet on the health risks associated with the presence of large groups of people in the digital environment. There is no data on what the limit of virtual communication is acceptable for maintaining health, what vital risks will be revealed when working with Big Data. There is no bioethics of digitalization yet [3, 4].

This list of problems could be continued, but it is clear that bioethical support of the ongoing processes is extremely in demand [5]. And here the question arises – who will provide such support? We do not have any special training for specialists in the field of bioethics. Yes, bioethics is included as a compulsory course in the educational program of medical universities. But in some medical colleges, for example, for some reason it is not in the program. There are no advanced courses in bioethics for those who teach it. And in the curricula of universities, bioethics was transferred to junior courses, where students have never been to the clinic, and they have never seen patients. The culmination of the degradation process of bioethical education was the transition to distance learning. Yes, this is a necessary measure during the pandemic. But it leads to the fact that future doctors do not develop any communication skills with the patient. However some efforts could be made to conduct at least some of the practical classes offline! It was possible to divide students into small groups, provide them with protective equipment, and envisage the option of volunteer activity as a practical part of bioethical training. Finally, it was possible to organize individual lessons in scientific laboratories. At the same time, they would have mastered the skills of ethical review of laboratory and preclinical research. But, of course, it is easier to send everyone to the "remote location". But if you study a bioethics course in a remote format, then the course will remain, but bioethics will indeed be removed from it.

We appeal to our readers who are not indifferent to the fate of the bioethical training of future doctors – let us think about possible methodological options for teaching bioethics under the conditions of those social constraints that are still in effect. Share your findings, ideas, achievements. Let us return to bioethics the status of a discipline that teaches a future doctor to communicate with a Human, and not with a computer.

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