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СОВРЕМЕННАЯ ЭТИКО-ПСИХОЛОГИЧЕСКАЯ КОЛЛИЗИЯ ИНФОРМИРОВАННОГО ДОБРОВОЛЬНОГО СОГЛАСИЯ (НА ПРИМЕРЕ ЧАСТНОЙ СТОМАТОЛОГИЧЕСКОЙ ПАТОЛОГИИ)

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Аннотация. Результаты анкетирования 129 родителей, детям которых было проведено оперативное вмешательство по поводу анкилоглоссии, показали: 67,5 % родителей считали, что врачи-стоматологи предоставили им достаточно полную информацию о данной медицинской услуге, но при этом только 25,6 % из них дали информированное добровольное согласие исключительно самостоятельно, а 74,4 % – после консультирования с другими людьми и/или ознакомления с иными источниками (среди последних, в первую очередь, фигурировал Интернет, где часто встречается тематически скандальная или алармистская информация). Соответственно, данную этическо-психологическую коллизию следует учитывать врачам при реализации практики информированного добровольного согласия, а организаторам здравоохранения целесообразно более широкое публичное проведение мероприятий, посвященных актуальным медицинским проблемам как федерального, так и, особенно, регионального характера (с участием в них людей, представляющих самые различные, вплоть до диаметрально противоположных точек зрения по обсуждаемой проблеме).

Ключевые слова: информированное добровольное согласие, этическо-психологическая коллизия, оперативное лечение анкилоглоссии, анкетирование родителей

Original article

MODERN ETHICAL AND PSYCHOLOGICAL COLLISION OF INFORMED VOLUNTARY CONSENT (ON THE EXAMPLE OF A PRIVATE DENTAL PATHOLOGY)

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Abstract. The results of a survey of 129 parents whose children underwent surgery for ankyloglossia showed: 67.5 % of parents believed that dentists provided them with sufficient information about this medical service, but only 25.6 % of them gave informed voluntary consent exclusively independently, and 74.4 % – after consulting with other people and / or getting acquainted with other sources (among the latter, first of all, the Internet appeared, where thematically scandalous or alarmist information is often found). Accordingly, this ethical and psychological collision should be taken into account by doctors when implementing the practice of informed voluntary consent, and healthcare organizers should better conduct public events on topical medical problems of both federal and, especially, regional nature (with the participation of people representing the most various, up to diametrically opposed points of view on the problem under discussion).

Keywords: informed voluntary consent, ethical and psychological conflict, surgical treatment of ankyloglossia, questioning of parents

Introduction. In accordance with the generally accepted vector of changes in the ethical and legal regulation of medical activity in the first decade of the 21st century, the active implementation of the principle of informed voluntary consent (IVC) begins in the national healthcare [1, 2, 3, 4]. After 10–15 years, due to the ongoing (and ongoing) institutionalization of this social practice, IVC has become an integral attribute of the treatment and diagnostic process. In particular, an informed patient agrees to the provision of one or another medical service (MS) by signing the corresponding document, or draws up a waiver of it (without giving consent to its provision). The practice of IVC is carried out practically with all MS of the most diverse orientation, which a priori implies certain nuances (for example, if MS turns out to be minor children, then IVC is given by their parents or legal representatives). In this context, it is of interest to consider the implementation in modern conditions of the practice of IVC in pediatric dentistry using the example of a particular pathology – performing frenectomy / frenulotomy (PF / F) in ankyloglossia.

In children, ankyloglossia is a common anomaly of the maxillofacial region (according to different authors, in 3–22 % of the child population), the correction of which involves surgical treatment – PF / F [5, 6].

Questioning the parents of 129 children who underwent PF / F with ankyloglossia (at the age of 3–6 years, this operation was performed 45.0 % of children, at 7–9 years old – 40.3 %, at 10–12 years old – 14.7 %; boys were 49.6 %, girls – 50.4 %) showed the following. The majority of parents – 67.5 % believed that dentists provided them with sufficient information about the upcoming operation; 17.8 % – that they were partially informed; 2.3 % – that there was practically no information and 12.4 % found it difficult to answer. 33 parents (25.6 %) gave their consent to this operation exclusively independently; 96 (74.4 %) – after consulting with other people and /or getting acquainted with other sources.

Agents of influence on the decision of these 96 parents to carry out the operation (it was possible to indicate several): other doctors in other medical organizations for 37.5 %; information found on the Internet – for 32.3 %; recommendations received on social networks – for 17.7 %; family members' advice – for 16.7 %; opinions of parents, whose children have already undergone a similar operation for – 14.6 %; advice from friends / girlfriends / colleagues who do not have medical education – for 6.3 %.

It turns out that the majority of parents (67.5 %) assessed the information provided by dentists about the upcoming operation as quite complete, but, nevertheless, 74.4 % of parents gave their consent to it only after receiving information from other sources. In this perspective, it is of interest to compare the results of the survey in the two groups. The first group consisted of parents who rated the information provided to them as "sufficiently complete" (87 people); among them, 27.6 % gave their consent to the operation exclusively on their own, not interested in other opinions, and 72.4 % – after consulting with other people, their advice or getting to know other sources (such as the Internet). The second group included parents who were critical of the information

provided to them ("practically did not provide", "partially provided", "find it difficult to answer") – 42 people in total. In this group, 21.4 % agreed to the operation exclusively on their own, without being interested in other opinions, and 78.6 % – after consulting with other people, their advice or acquaintance with other sources. Thus, we can say that 3 out of 4 parents have expressed, to one degree or another, distrust of the information provided by doctors; at the same time, satisfaction with its volume or dissatisfaction was of fundamental importance (of course, this does not negate the need to implement the IVC principle).

It is also worth paying attention to the main agents influencing the decision of the parents (their consent or disagreement). It is clear that such agents of influence are mainly (but not the only) dentists. However, 32.3 % of parents in this context noted the information found "simply" on the Internet; 17.7 % – recommendations received on social networks. At the same time, the special literature has repeatedly summarized the critical assessment of these sources due to the frequent erroneousness of the information they contain [7, 8].

To a large extent, such a large number of references to the aforementioned electronic media is due to the fact that 20 years ago, when the principle of IVC really began to be implemented in domestic health care, the Internet was available to a limited contingent of Russians. The main types of media were television, newspapers, magazines, and radio. However, in the third decade of the 21st century, the Internet became generally available, and paper versions of newspapers and magazines practically disappeared, as did the "traditional radio hanging on the wall". At the same time, if earlier the materials of television, newspapers, magazines, radio passed a certain preliminary control, then on the Internet any information is possible, in particular the "most incorrect" opinion (most often for the sake of likes, HYIPs and increasing followers on Instagram). In fact, the Internet makes it possible to implement one of the fundamental principles of the functioning of the media on a much larger scale – scandalous or alarmist information attracts the most attention (in fact, thanks exclusively to the Internet, bloggers have appeared, the activities of most of which are based on this approach).

Conclusion. Based on the consideration of the situation with IVC in a particular dental pathology, it seems possible to draw the following generalizing conclusion. Even if consumers of medical services are satisfied with the information provided by doctors, most of them give their consent only after researching other sources, among which the Internet predominates.

It seems that the solution of the revealed ethical and psychological collision in principle implies at least two main directions. First, when implementing the practice of IVC, doctors should take into account that the information they provide will be cross-checked and therefore must be extremely complete and accurate. Secondly, there are contradictions between "official" and "unofficial" information in the media, with a growing distrust of Internet materials posted on the websites of federal and municipal structures. In this regard, it is advisable for healthcare organizers to conduct more public events on topical medical problems

of both federal and, especially, regional nature, with the participation of people representing the most diverse, up to diametrically opposed points of view on the problem under discussion.

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