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BIOETHICS IN A “REMOTE FORMAT” OR REMOVED BIOETHICS?

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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?

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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 CJVID19, 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.

REFERENCES

1. Strand R., Kaiser M. Report on ethical issues raised by emerging sciences and technologies. Report written for the Council of Europe, Committee on Bioethics. 23 January 2015. 41 p.

2. Grebenshchikova, E.G., Tishchenko P.D. The digitized future of medicine: challenges for bioethics. Philosophical Sciences, 2020, vol. 63, no. 2, pp. 83–103. (In Russ.).

3. Sedova N.N. Health protection issues in regulatory documents: costs of digitalization. Medical Law, 2020, no. 5, pp. 11–16. (In Russ.).

4. Stolyarova O.E. Medical technologies, doctors and patients: the question of intensionality. Social philosophy of science. Russian perspective. Ed. I. T. Kasavina. Moscow, Knorus Pabl., 2016, pp. 201–213. (In Russ.).

5. Jonas G. The principle of responsibility. Ethics Experience for Technogenic Civilization. Moscow : Iris-Press Publ., 2004. (In Russ.).

ЛИТЕРАТУРА

1. Strand, R. Report on Ethical Issues Raised by Emerging Sciences and Technologies / R. Strand, M. Kaiser // Report written for the Council of Europe, Committee on Bioethics. – 23 January 2015. – 41 p.

2. Гребенщикова, Е.Г. Оцифрованное будущее медицины: вызовы для биоэтики / Е.Г. Гребенщикова, П.Д. Тищенко // Философские науки. – 2020. – Т. 63, № 2. – С. 83–103.

3. Седова, Н.Н. Вопросы охраны здоровья в нормативных документах: издержки цифровизации / Н.Н. Седова // Медицинское право. – 2020. – № 5. – С. 11–16.

4. Столярова, О.Е. Медицинские технологии, врачи и пациенты: вопрос об интенсиональности / О.Е. Столярова // Социальная философия науки. Российская перспектива / под ред. И.Т. Касавина. – М. : Кнорус, 2016. – С. 201–213.

5. Йонас, Г. Принцип ответственности. Опыт этики для техногенной цивилизации / Г. Йонас. – М. : Айрис-Пресс, 2004.

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MEDICAL ETHICS REVISITED (HISTORICAL RECONSTRUCTION BASED ON COMPLEMENTARY DISCOURSES)

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Reliable reconstruction of historical – cultural past, including the past related to medical culture, remains an important methodological task. However, most documents and materials traditionally used for such reconstructions are often "mythologems", influenced by official ideology. Inevitably, the historical-cultural context is replaced by the historical-clinical one. The researcher is transferred from the field of culture to the space of professional constructions that impoverish our ideas about such elusive phenomena as medical ethics, body practices, attitudes to illness and health.

The article substantiates the possibility of using literary texts as complementary discourses for such reconstructions. Important topics in the development of medicine can be clarified using literary reflection.

Key words: medical ethics, body practices, cultural text, literary text, complementary discourse, literary reflection, cultural reconstruction.

К ВОПРОСУ О ВРАЧЕБНОЙ ЭТИКЕ (ИСТОРИЧЕСКАЯ РЕКОНСТРУКЦИЯ НА ОСНОВЕ КОМПЛЕМЕНТАРНЫХ ДИСКУРСОВ)

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Достоверная реконструкция историко-культурного прошлого, в том числе связанного с медицинской культурой, остается важной методологической задачей. Однако большинство документов и материалов, традиционно привлекаемых для таких реконструкций, часто сами являются «мифологемами», опыленными официальной идеологией. Неизбежно происходит подмена историко-культурного контекста историко-клиническим. Исследователь переносится из поля культуры в пространство профессиональных конструкций, которые обедняют наши представления о таких «ускользающих феноменах», как медицинская этика, телесные практики, отношение к болезни и здоровью.

В статье обоснована возможность привлечения художественных текстов в качестве комплементарных дискурсов для таких реконструкций. Важные темы развития медицины могут проясняться для нас в их художественной рефлексии.

Ключевые слова: медицинская этика, телесные практики, текст культуры, литературно-художественный текст, комплементарный дискурс, художественная рефлексия, культурологическая реконструкция.

Reliable reconstruction of the historical-cultural past as well as a search for sources for such reconstructions continues to engross the minds of cultural scientists and remains an important methodological task. This task becomes even more difficult if it is aimed at reconstruction of special areas of human activity, such as medicine, the history of attitudes to the body and health, and the history of the emergence of medical ethics, etc. In this case the historical-cultural context is inevitably replaced by the historical-clinical (scientific) one. The researcher is imperceptibly transferred from the field of culture to the space of normative and professional structures that impoverish our ideas about the subject under study. For example, we can find and study the code of professional ethics for physicians, but we cannot imagine how this code was implemented in practice in specific actions of real practitioners until we read about it in authentic narratives.

At a first glance complementary discourses are indirectly related to the phenomenon under study, since they represent it metaphorically. Nevertheless, they can actually render an invaluable service [8]. A.S. Lappo-Danilevsky distinguished so-called *image* sources and pointed out their ability to "reconstruct the image" in line with the epoch [1]. First of all, we take into consideration fiction and literary works. The information in such texts is valuable as they are much more informative than that taken from officially recognized sources [2, 3, 5].

Many researchers rightly believe that narratives and authentic narratives contain a large amount of valuable information [9, 10]. The actions and attitudes of the heroes of artistic narratives clarify the cultural, social, economic and ethical contexts of the era. A. Chekhov, L. Tolstoy, V. Veresaev, M. Bulgakov, Petrarch, Moliere, Guy de Maupassant – all these authors believed medical and private medical issues to exist in relation to ethical and moral-philosophical experience, and, therefore, these issues are of genuine scientific interest.

Here are some examples of how a work of fiction directly immerses us in the cultural context of an era. Petrarch's Invective Contra Medicum written in the 14th century, is an excellent source of information about the attitude to the doctor in late medieval society. Petrarch believed that lying *had become a daily and habitual thing* to a doctor, and there was the worst variety of lie – a completely conscious lie [4, 6, 19].

Highly intractable moral and ethical issues were touched upon in Moliere's comedies. They raised the extremely relevant and still unresolved issue of medical error. Moliere considered *the profession of a doctor the most profitable of all, since the doctor received his fee regardless of the treatment outcome. He also noted that* the courts always took the side of doctors if they used an *established method of treatment, and it was not their fault that medical science was so imperfect.*

The works of A. P. Chekhov can be considered an encyclopedia that reliably describes medical practice, models of doctor – patient relations in Russia of the 19th century. In Chekhov's short story "General education (recent findings of dental science)", he listed common tips on how *to deal with the public*, adapting to different types of patients [5].

Health in the nineteenth century became an immutable value, and the body was translated into capital. These changes explain a massive surge in medicalization of everyday culture. In Guy de Maupassant's novel "Mont-Oriol" the specifics of medical practice of the 19th century are restored in detail, the topics covered in the novel confirm the above statement: popular methods of treatment; attitudes to the body and health, types of doctors, medical ethics and relations within the professional community; fashion in medicine, the latest theories of disease origin; methods of observation and examination of patients; the role of advertising and fashion in medicine, the first exerciser devices indicating the emergence of "health medicine".

Doctors held a high position in society; therefore, different mineral springs and resorts were named after them. Each resort had *an advertising brochure with a long list of medical ailments cured there*. The decisive factor in the development of any resort was the infrastructure and the opportunity for both to have fun and to receive therapy. The medical community of the 19th century was divided into two camps: some believed that *casinos, coffee shops and billiard rooms were compatible with warm water treatment*, while others criticized strongly this side of resorts. Russian balneologist, L. B. Bertenson criticized both patients and doctors for their addiction to being treated abroad, since they "go abroad not only for treatment, but also for entertainment" [6].

Doctors sought to stand out with a special demeanor that combined features of a man of the world and a professional. A lot of money and effort went into clothes, which had to be in line with the latest Paris fashion. There were *quite different types of doctors*: some were obsequious to patients, others preferred to be friendly with them, still others chose a paternalistic model of communication, and there were some who behaved like *prison guards.*

Maupassant describes the ethical principles that govern the relationship between doctors and patients, as well as relationships within the medical community. Doctors worked in the face of fierce competition for the right to attend to rich patients. At the same time, it was considered highly reprehensible to endeavour to entice a patient away from a colleague. They vied for the right to treat the rich. Doctors were more likely to refuse to see a patient at all than to be suspected of unfair competition. Refusing to give aid they actually set their reputation above the good of the patient, reasoning that *the requirements of medical ethics were indisputable.* Such attitude of doctors was taken for granted and did not cause indignation of patients.

We used to think that fashion and medicine are incompatible phenomena. However, this is not the case. Edward T. Tibbits noted "that in no department of science is there so much fashion as in that of medicine" [7].

The latest theories of the origin of diseases promoted new methods of examination and diagnosis. Just imagine a doctor asking a lady to put on her white negligee, and then... *most carefully drawing lines on it indicating the boundaries, size and position of the organs. In a quarter of an hour, the dressing-gown looks like a geographical map, and the doctor, like an Egyptologist, is deciphering hieroglyphs.*

Smart entrepreneurs at resorts were well aware that advertising drives sales, but only doctors could attract patients. They deftly used *famous doctors with impeccable reputation.* They asked for their "scientific conclusions" in favor of a particular resort and offered both fame and *preferential rental of houses with subsequent possibility of purchase in return*. Another common method of advertising was stories of miraculous cures, most of which were blatantly planned forgeries.However, in contrast to the medieval stories, all of them were "approved" and "supported by" the latest achievements of medicine.

Since it was believed that physical activity most effectively *helps to restore the disturbed balance*, doctors began to look for a way *to replace volitional muscular work with mechanical devices*. This is how the first simulators for sitting and standing walk appeared. The patient himself did not have to do anything – he could "run" or "ride" for an hour, "swim" or "row", and his will did not take the slightest part in this purely muscular work. *The first simulators* described by Maupassant *tormented patients so much* that they screamed piteously.

The few examples outlined in the article show that by immersing oneself in the verbal-discursive space of a literary work, a researcher who is not the author's contemporary, and who lives in a different system of scientific, aesthetic, moral and ethical frame of reference, receives an invaluable source of facts about a particular cultural-historical epoch.

REFERENCES

1. Lappo-Danilevskiy, A.S. History methodologyii. Vol. 2. Part 2. Moscow, Territoriya buduschego Publ., 2006, pp. 42–45. (In Russ.).

2. Medvedeva L.M., Cheryomushnikova I.K. Disease: analysis of a cultural phenomenon in a humanitarian context. Philosophy of Social Communications, 2013, no. 3 (24), pp. 110–118. (In Russ.).

3. Chernysheva I.V., Cheremushnikova I.K., Petrova I.A. Historical sources of the XIX century about women's fashion and health. Bulletin of the Volgograd State Pedagogical University, 2017, no. 6 (119), pp. 152–156. (In Russ.).

4. Francesco Petrarca Invective against the doctor. Aesthetics of the Renaissance. Moscow : Iskusstvo, 1981. Vol. 1. (In Russ.).

5. Cheremushnikova I.K. Did Chekhov write about the image? On the question of the use of literary texts in cultural reconstructions. Bulletin of the Tomsk State University, 2015, no. 396, pp. 64–68. (In Russ.).

6. Bertenson L.B. Can foreign medical treatment places, so beloved by Russian patients, be replaced by domestic ones? Stock Exchange, 1915, March, 28th, 30th. (In Russ.).

7. Tibbits Edw. T. Medical fashions in the nineteenth century. London, H. K. Lewis Publ., 1884. 71 p.

8. Zhura V.V., Rudova Yu.V. Corporeality and perceptions of beauty in various discourses of Russian linguoculture. Bulletin of VolSU. Series 2: Linguistics, 2019, vol. 18, no. 4, pp. 118–128. (In Russ.).

9. Zhura V.V. Narratological research of oral medical discourse. International Journal of Cultural Research, 2013, no. 1(10), pp. 72–78. (In Russ.).

10. Zhura V.V., Rudova Yu.V., Martinson Zh.S. Narrative continuum of corporeal culture. Advances in Social Science, Education and Humanities Research. Proceedings of the 7th International Scientific and Practical Conference «Current issues of linguistics and didactics: The interdisciplinary approach in humanities (CILDIAH 2017)», 2017, pp. 342–347.

11. Shkarin V.V., Donika A.D., Yagupov P.R. Volgograd experience of humanitarian education in a medical. Bioethics, 2020, no. 1 (25), pp. 22–27. (In Russ.).

12. Shkarin V.V., Donika A.D., Rejmer M.V. National characteristics of teaching bioethics at a medical. Bioethics, 2019, no. 2 (24), pp. 25–30. (In Russ.).

ЛИТЕРАТУРА

1. Лаппо-Данилевский, А.С. Методология истории. Т. 2. Ч. 2 / А. С. Лаппо-Данилевский. – М. : Территория будущего, 2006. – С. 42–45.

2. Медведева, Л.М. Болезнь: анализ культурного феномена в гуманитарном контексте / Л.М. Медведева, И.К. Черёмушникова // Философия социальных коммуникаций. – 2013. – № 3 (24). – С. 110–118.

3. Чернышева, И.В. Исторические источники XIX века о женской моде и здоровье / И.В. Чернышева, И.К. Черёмушникова, И.А. Петрова // Известия Волгоградского государственного педагогического университета. – 2017. – № 6 (119). – С. 152–156.

4. Петрарка, Ф. Инвектива против врача / Франческо Петрарка // Эстетика Ренессанса. – М. : Искусство, 1981. – Т. 1.

5. Черёмушникова И.К. Писал ли Чехов об имидже? К вопросу об использовании художественных текстов в культурологических реконструкциях / И.К. Черёмушникова // Вестн. Томского гос. ун-та. – 2015. – № 396. – С. 64–68.

6. Бертенсон Л.Б. Могут ли излюбленные русскими больными иностранные лечебные места быть заменены отечественными? / Л.Б. Бертенсон // Биржевые Вѣдомости. – 1915. – 28 и 30 марта.

7. Tibbits, Edw. T. Medical fashions in the nineteenth century / edw. T. Tibbits. – London : H. K. Lewis, 136 Gower Street W.C., 1884. – 71 p.

8. Жура, В.В. Корпореальность и представления о красоте в различных дискурсах русской лингвокультуры / В.В. Жура, Ю.В. Рудова // Вестник ВолГУ. Серия 2: Языкознание. – 2019. – Т. 18, № 4. – С. 118–128.

9. Жура, В.В. Нарратологические исследования устного медицинского дискурса / В.В. Жура // Международный журнал исследований культуры. – 2013. – № 1 (10). – С. 72–78.

10. Zhura, V.V. Narrative Continuum of Corporeal Culture / V.V. Zhura, Yu.V. Rudova, Zh.S. Martinson // Advances in Social Science, Education and Humanities Research. Proceedings of the 7th International Scientific and Practical Conference «Current issues of linguistics and didactics: The interdisciplinary approach in humanities (CILDIAH 2017)». – 2017. – P. 342–347.

11. Шкарин, В.В. Волгоградский опыт гуманитарного образования в медицинском вузе / В.В. Шкарин, А.Д. Доника, П.Р. Ягупов // Биоэтика. – 2020. – № 1 (25). – С. 22–27.

12. Шкарин, В.В. Национальные особенности преподавания биоэтики в медицинском вузе / В.В. Шкарин, А.Д. Доника, М.В. Реймер // Биоэтика. – 2019. – № 2 (24). – С. 25–30.

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ETHICAL INTERPRETATION OF THREE ELEMENTS OF MEDICINE DURING COVID-19

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The humanitarian idea underlying this article is to attempt an epidemiological interpretation of the classic Hippocratic triad "Medicine consists of three elements: the disease, the patient and the doctor". In the XIII century, the Syrian doctor Abul-Faraj in his saying: *"Look, there are three of us – you, me, and the disease. If you are on my side, it will be easier for the two of us to defeat her. But, if you go over to her side, I alone will not be able to defeat you both"* deciphered the magical meaning of these words. For centuries, the fundamental integrity of this formula has been an ethical and professional guarantee of the success of each patient's treatment and the prospect of building a personalized healthcare system. In this particular article, we have searched for new content of three key elements of the textbook aphorism in the context of the COVID-19 pandemic. An understanding of the role of the doctor – "I" as the whole complex of efforts aimed at fighting the pandemic. Patient status "You" means the whole society during a pandemic, and even is as a long-term message for the physical, mental, social and geopolitical health of future generations. The meaning of "Disease" should be understood from the perspective of the problems of the entire health system and logistical ignorance, which has become an obstacle to achieving ethical integrity in managing epidemic challenges. The paper shows how adherence to the ethical principles of social responsibility, trust, and solidarity should become the moral accompaniment of the entire complex of sanitary, anti-epidemic, economic, legal, and social technologies that can ensure success in the fight against the pandemic and prevent the development of unjustified risks.

Key words: COVID-19 pandemic, social responsibility, professional responsibility, trust, solidarity.

ЭТИЧЕСКАЯ ИНТЕРПРЕТАЦИЯ ТРЕХ ЭЛЕМЕНТОВ МЕДИЦИНЫ В ПЕРИОД COVID-19

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Гуманитарная идея, положенная в основу данной статьи, направлена на попытку эпидемиологической интерпретации классической триады Гиппократа: «*Медицина состоит из трех элементов: болезнь, больной и врач*». В XIII веке сирийский врач Абуль-Фараджа в своем изречении «*Смотри, нас трое – я, ты и болезнь. Если ты будешь на моей стороне, нам, двоим, будет легче одолеть ее. Но если ты перейдешь на ее сторону, я один не в состоянии буду одолеть вас обоих*» расшифровал магический смысл этих слов. На протяжении веков фундаментальная цельность данной формулы является этической и профессиональной гарантией успеха лечения каждого больного и перспективой строительства персонализированной системы здравоохранения. В рамках данной работы осуществлен поиск нового содержания трех ключевых элементов хрестоматийного афоризма в условиях пандемии COVID-19. Представлено понимание роли врача – **«Я»**, как всего комплекса усилий, направленных на борьбу с пандемией. Статус больного «**Ты**» рассмотрен не только с позиций общества, охваченного эпидемическим кризисом, но и имеет долгосрочный посыл для физического, психического, социального и геополитического здоровья будущих поколений. Значение **«Болезнь»** осмыслено с позиций проблем всей системы здравоохранения и логистического невежества, ставшего препятствием в достижении этической целостности управления эпидемическими вызовами. В работе показано, каким образом приверженность этическим принципам социальной ответственности, доверия, солидарности должна становиться нравственным сопровождением всего комплекса санитарно-противоэпидемических, экономических, правовых и социальных технологий, способных обеспечить успех в борьбе с пандемией и предотвратить развитие необоснованных рисков.

Ключевые слова: пандемия COVID-19, социальная ответственность, профессиональная ответственность, доверие, солидарность.

The classic foundation for understanding the ethical concept of the pandemics is clearly a thorough study of the epidemic legacy. The centuries-old panorama of the pandemics can serve as a kind of archive for searching for the answers to the ethical problems of interaction of various social components that determine the outcome of the fight against infection. The lessons learned, reflected in the world epic, became a moral resource for creating a modern algorithm for ethical management of crisis situations in medicine and determined the direction of searching for answers to the complex challenges of the global epidemic situation caused by COVID-19 [7–9, 12, 13].

The above clearly characterizes the fact that at the time of the development COVID-19, the international community, represented by all interested infrastructures, had a full-fledged baggage of historical memory and knowledge, as well as the entire arsenal of ethical principles in the field of social and behavioral response to a global epidemic disaster. This is the reality that gave rise to the main perplexity of COVID-19, when, against the background of seemingly informational and regulatory sufficiency, the world community faced a certain vacuum in the sphere of ethical and social content of decisions and actions. The latter determined the urgent need for operational research of this phenomenon and became the reason for choosing the fundamental platform for this work [10, 11].

Methodical approach. The construction of all the arguments and conclusions of this work lies on the content of the main social groups that made up the allegorical images of "doctor", "patient" and "disease" in the existing reality of COVID-19. The orientation of the formation for different groups was the degree of responsibility, social, professional, and individual, which largely determines the nature of decisions and actions taken.

In the context of a large-scale epidemic threat, the group embodying the image of a "doctor" is complex, interdisciplinary and multi-level. According to the degree of direct participation in the epidemic process, this group primarily includes the infrastructure of the health system, including scientific and practical potential, as well as pharmaceuticals and medical equipment. An important role belongs to managers at all levels, from the system of state authorities, to departmental structures of sanitary and surveillance control and medical-biological links. This group also includes all life-supporting industries, such as transport, construction, food, police, social communication, education, and culture. One of the components of this group that affects the quality of content and dissemination of socially significant information is the media. We should also note the positive contribution of a new social phenomenon of a humanitarian nature – volunteers.

Considering responsibility as a measure of effectiveness of actions, it is necessary to emphasize the presence of different levels of responsibility. Firstly, it is reasonable to focus on professional responsibility to the individual and community for the quality of the actions performed and the results obtained. A great role belongs to social responsibility for ensuring the effectiveness and safety of decisions and actions taken in relation to individuals, civil society, the entire population of the Earth and the environment. Social responsibility also includes the responsibility to prevent or minimize possible negative consequences of certain measures. The responsibility of the media exists in the mode of possible positive or destructive influence on an individual, group or society. It bases in the frame of compliance with the principles of journalistic ethics, and following the ethical standard of providing reliable and objective information. Despite all the complexity and interdependence of responsibility within the described group, the highest gradient of both personal and social components remains the category of health care, which is as close as possible to resolving conflict ethical situations.

When defining the so-called "patient" group, it is clear, that during epidemics, this category legitimately includes each patient, individual groups (for example, risk groups) and the entire society at the scale of a particular country or humanity as a whole. This format, first, changes the priority balance in relation to the interests of the individual and society. In the chosen model of the "doctor/patient" relationship, the aim of "patient" category consists of the responsible individual and social behavior in compliance with all recommendations and requirements defined by the conditions of the epidemic situation. The structure of interaction within the "doctor/patient "is based on the social expediency of the measures recommended by the" doctor "and the patient's trust in these recommendations. This approach is necessary to create a classic single block in the fight against the "disease".

At the same time, "disease" in the context of an epidemic should be considered in the broad sense of the word, both as a factor in the defeat of an individual, and as an epidemic process that engulfs society. However, this definition is peculiar to the purely medical side of the problem. In social and ethical terms, the "disease" acquires features that are even more global. For example, the modern possibility of social networks is comparable in terms of contagiousness to an infectious agent. This factor of direct and accessible information destruction has another burdensome characteristic – lack of control. On the side of "disease", there is another destructive phenomenon – fraud. Against the background of often a shortage of products and imperfect actions, scammers use the current agenda for selfish purposes. Thus, the entire given conglomerate "disease" resists the efforts of the category "doctor", and in the case of creating a lobby in the environment of the allegorical group" patient", it is able to negate all therapeutic and anti-epidemic measures.

This is the General plot of the epidemic scenario of the Hippocratic – Abul-Faraj triad. At the same time, in real conditions, each of the selected groups has its own scope and range of providing an ethically comfortable atmosphere for the course of an epidemic/pandemic. At the same time, for each of them there is both a predictable and unpredictable release of ethically destructive risks, the nature and impact of which are parallel to the scale of responsibility and social trust.

Ethical consideration of the current model in the COVID-2019 situation. The logic and emphasis of the analytical approach, first, requires knowledge of the current ethical recommendations, and the degree of their regulatory and administrative inclusion in the national regulatory system, as well as the correct interpretation in the conditions of COVID-2019. Referring directly to the" letter and spirit" of strategic ethical guidelines, it is necessary to emphasize the key ethically significant positions, what include following. First, the obligations and responsibilities of the authorized bodies for organizing assistance to the population during outbreaks of infectious diseases. Second, the possibility of restrictive measures against personal freedom in the interests of public health, which, for example, exclude such measures as the introduction of quarantine. Third, the concentration, management and fair distribution of all available resources. Forth, solidarity and coherence of steps at the international level in terms of global management of the situation to regulate activities related, in particular, to the movement of people. Important, that all the stated positions are fully represented in the format of the legal field of the Russian Federation for the period of actions in emergencies, are reflected in the current laws and were included in the operational decision-making agenda of all interested state, departmental and subordinate structures of the Russia [2–6].

Focusing on the fact that the above-mentioned, it can be clearly stated that the point of application for key ethical principles is the group – "doctor". This provision clearly implies the priority social responsibility noted earlier. In addition, it is important to emphasize, that the whole complex of key measures implementation is not possible in principle in the abstract mode of directives, without establishing a mechanism for the division of powers in the field of social responsibility between all components of this group (managers, health care system, life support system, notification system, and others).

At the same time, it is quite possible to assume that there are significant conflicts of professional responsibility deficit. The reasons lie in the background and expected ignorance of certain structures, conditionally defined, for example, as the life support system and the media, in matters of bioethics and medical ethics. This predicted gap, in fact, should be eliminated at the initial stage of interaction, by including an ethical component in the arsenal of documentary support and, in addition, rely on the canons of professional (primarily journalistic) ethics.

A special place in the sphere of ethical responsibility targets on the public health structure, which occupies an unquestionably Central position in terms of personalized involvement in the process of providing medical care. Individual and corporate ethical responsibility, which is essentially a product of education and reflects the entire administrative, moral and regulatory system of relations in the field of health protection, is of key importance.

Based on the described reality, of paramount importance is the relationship of logistics within the group. Thus, the primary social responsibility of managers who in practice do not possess the ethical heritage of medical thinking depends entirely on the quality of training and professional responsibility of physicians.

It is particularly necessary to highlight the ethical pseudo-freedom in the media information space, where it is possible to mix the concepts of objectivity, dosing, accessibility, balance of benefits and risks, confidentiality and conflict of interests. In this regard, it is necessary to note the social, and not only personal, responsibility for the formation of ethical information well-being of the COVID-19 pandemic. Potentially, the information channel of communication within the "doctor/patient" model contains a positive resource for forming the correct attitude to the recommended actions. However, the above-mentioned disregard for ethical principles, on the contrary, can create a barrier to trust and understanding. It is unacceptable to violate the moral canons in medicine, which consist in medical secrecy and confidentiality. These concepts are inviolable not only in relation to a specific patient. Neglect to follow these principles during the epidemic crisis blurs the boundaries of the "doctor/patient" unity.

Speaking of the "disease" factor, in addition to the natural threat caused by the severity of infection, it is necessary to create the strong critical analysis towards to destructive influence of personal irresponsibility. This phenomenon based on ignorance in the field of interpreted issues and unacceptable ease of achieving information goals, characteristic of social networks. It is this format that is responsible for negativity towards the measures recommended by the "doctor", and causes serious damage by spreading false and dangerous information about approaches to treatment and prevention.

Equally significant are the differences in understanding and following bioethics when interpreting the series of guidelines for ethical decision – making during pandemics. The priority set of these principles includes the right to personal freedom, protection from harm, proportionality, and the right to protect privacy, obligations to provide medical care, interaction, fairness, trust and solidarity.

In terms of applying COVID-19 to the actual situation, each of these principles provides an appropriate understanding and relates differently to the ethical powers of the groups highlighted above. Thus, the right to personal freedom in health care crises may be constitutionally restricted in order to protect the entire society. Restrictions on freedom should be carried out in proportion to necessity, appropriately, with minimal measures and fairly. In this situation, the burden of responsibility for decision-making is clearly visible, and the fact that responsibility must be shared in order to ensure that the measures introduced are appropriate. The implementation of the principle of protecting society from harm does not exclude (and often requires) actions of authorized state structures related to the invasion of personal freedoms, which is provided for by current legislation and the rapid response system [1, 4–6]. The vertical coherence and compatibility of actions used in emergencies (from the Constitutional framework to local self-government bodies, individual organizations and public associations) is extremely important, with the guarantee that human and civil rights and freedoms can be restricted only within the limits required by the severity of the situation. From the point of view of the ethical concept, such a situation has a set control mechanism at the initial and final stages. So the decisions involving the invasion of the sphere of personal freedoms and restrictions thereof, must include the balance of mandatory measures to reach agreement on their holding, rationale, providing the reasons for such action and the mechanism of monitoring of decisions and steps in this field. The monitoring activities, as well as the inclusion of a mechanism for operational adjustments, require special developments with mandatory consideration of factors of social psychology and ethical content.

In the same time, both in the course of public discussion in the media and social networks there is a very free movement of provisions in this area. Unfortunately, it is often possible to meet with the inability and ignorance of persons who have assumed the right of judgment. This phenomenon carries an incorrect (i.e. unethical) signal, and the echo of such an unethical action can distort the original essence and morally justified nature of the measures taken. This implies the requirement not only of ethical decision-making, but also of ethical presentation of the latter to society in order to ensure the ultimate goal of ethical actions.

In addition to the obligation to keep the national format of interaction, the extra measures should take place to comply with the obligations arising from international treaties. The list of these measures includes not entail any discrimination of individuals or groups solely on the grounds of gender, race, nationality, language, origin, property and official status, place of residence, attitude to religion, beliefs, membership of public associations, as well as other circumstances. International regulations establish a close relationship between the responsibility of each individual state (represented by its structures) and the implementation of the universal principle of respect for autonomy and human rights. State responsibility comes from the nature of the international legal system, which relies on the state as a means of forming and applying its rules and guides by the dual doctrine of state sovereignty and equality of States. An adequate level of professional knowledge and authority is necessary to solve problems of such a high level of interaction. Examples of a voluntary nature carried out by persons who are unable, due to lack of appropriate training, even to present the resonance of their violations to the global ethical balance are unacceptable.

Obligations to provide medical care and empathy for suffering are an integral part of all professional ethical codes in medicine. Health care workers should adequately assess the requirements for their duty in comparison with other obligations that exist in relation to their own health, their family, and other circumstances that go beyond professional boundaries. In addition, health workers face significant challenges related to the allocation of available resources, the capacity of existing practices, professional debt, and working conditions. Everywhere, the work of medics during the COVID-19 pandemic is a clear example of a unique commitment to duty, which provides the dual essence of professional knowledge and morality and the courage to follow the high level of ethics during unbearable conflicts, provoked during the pandemic.

However, it is not possible to limit professional responsibility only to the collegial circle. Compliance with the principle of "doctor/patient" interaction requires society to support those who bear a disproportionate burden to protect the public interest and take all necessary steps to minimize this burden. Measures to protect the public interest seem to impose a disproportionate burden of responsibility on health workers. Fairness, in the context of ethical standards in healthcare, is the right of every patient to receive the medical care they need. At the same time, the difference between compliance with this right in normal medical practice and during a pandemic is – that in a pandemic situation, a clear criterion for choosing exactly the type of first aid that is necessary to provide to the patient without fail is applicable and should operate. The volume of elective surgical interventions depending on the severity of the health crisis and the provision of emergency or necessary medical care could be limited and may be limited [5, 6]. It is the urgent point of ethical conflict in medicine.

As noted above, in the period of pandemics, the very concept of the patient paradoxically changes. In the usual canonical sense, it continues to be only for medical professionals; in general, it passes to the whole society. In these conditions, the ethical principle of trust becomes an integral component of the relationship between not only the doctor and the patient, employees and their organizations, civil society and authorized bodies, as well as the basis for interaction of the complex of all involved structures within global international systems. Senior managers and decision-makers in health care are faced with the need to gain confidence in their actions. It is obvious that trust is the reflection of a multi-component and long-term experience of assessing the quality of medical services and social protection by the population, which dictates an indispensable requirement for stable and guaranteed improvement of the health system in the future, regardless of crises. Epidemics/pandemics clearly reflect the imperfection of existing public health systems, as demonstrated by the current situation of COVID-2019 on a global scale.

In addition to state guarantees regarding the quality of medical products and services, a prerequisite for building trust is the quality of information support for all anti-epidemic measures. The fact of the need of informing the population about the threats related to the epidemic/pandemic and the protective measures must occupy important place in the operational documents authorized services for sanitary and epidemiological control and public health. However, the situation on informing COVID-2019 in the media clearly highlighted the problem of lack of knowledge and / or non-compliance with ethical principles of informing. The selection information blocks, especially in the early stage of awareness of the epidemic, sometimes focused on the demonstration of undue showiness of the story, without observing the principles of objectivity, completeness, balance of risks and benefits and availability understanding of the various contingents. Information blocks did not avoid polar positions: factors of intimidation, on the one hand, or the formation of excessive carelessness, which stood on the personal (usually unprofessional) position of the speaker. The latter is especially important, since the principle of informed consent is legally enshrined in the public health system and the quality of information received by an individual and/or society depends on understanding and further follow-up. This, in the end, determines the success of anti-epidemic and medical measures in the management of crises in healthcare (in particular, it forms the adoption and compliance with quarantine and other restrictive measures).

Regarding another priority principle, which is solidarity, it is necessary to note the academic and historical integrity of this ethical Canon, the truth of which based on the experience of many years of fighting infections [7]. However, in the modern world, the development of the pandemic requires the formation of a new view of the process of global solidarity and solidarity of Nations. On a global scale, the pandemic challenges ideas of national sovereignty, secrecy and territorial isolation. At the regional and national level, the pandemic requires solidarity and concerted action within and between different institutions, and calls for a reconsideration of the traditional value of one's own or territorial interests. All existing documents of the UN (UNESCO and WHO) declared these ideas. However, in some cases, the practice of actions during the COVID-19 period demonstrated the opposite, and there was a destructive impact of information relishing of such scenarios. Both of these situations undoubtedly strengthened the position of the "disease" on a global scale, and this will require careful analysis and assessment.

Conclusion. The genius of the Hippocratic triad (doctor, patient, disease), applied to the current epidemic situation COVID-19, highlighted many ethical and social problems, knowledge of which should be considered the key to the formation of a new concept of epidemic protection in the future. Individuals, groups, communities, professional organizations, government agencies and international organizations that work in the field of sanitary and epidemiological surveillance, along with those who provide information, social, legal and other types of support for global processes to combat the pandemic, should be guided by the following ethical standards in their activities:

- significance and social expediency of decisions and operational actions;
- proportionality and adequacy of anti-epidemic measures to existing risks and the level of predicted potential threat, in order to preserve public confidence and well-being;
- information precaution to prevent possible negative impact in the field of social psychology;
- ensuring equal access to all existing resources based on fair prioritization and consideration of the benefit/risk balance;
- collaboration on the base of cooperation, solidarity, monitoring and reporting to civil society on a global scale.

Knowledge of these principles, along with strict adherence to all forms of responsibility, can ensure the ethical competence of authorized bodies and society in solving acute problems in health crisis situations, thanks to an approximation to the classic Canon of *"...if you are on my side, it will be easier for both of us to overcome ..."*.

REFERENCES

1. Ilesanmi, M.A. Pandemics and problems of limiting human rights. Lawyer, 2018, no. 8, pp. 59–65. (In Russ.).

2. Constitution (Basic Law) of the Russian Federation. Moskow, 2001. 39 p. (In Russ.).

3. On immunization of infectious diseases: Federal Law of 17.09.1998 № 157-FZ (with amendments and additions) [Electronic resource]. Reference and legal system «Consultant Plus». URL: http://www.consultant.ru/document/cons_doc_LAW_20315. (In Russ.).

4. On the protection of the population and territories from natural and man-made emergencies: Federal Law of 21.12.1994 № 68-FZ (as amended by 03.07.2019 № 159-FZ) [Electronic resource]. Reference and legal system «Consultant Plus». URL: http://www.consultant.ru/document/cons_doc_LAW_5295.

5. On the sanitary and epidemiological welfare of the population: Federal Law of March 30, 1999, No. 52-FZ (with amendments and additions) [Electronic resource]. Reference and legal system «ConsultantPlus». URL: http://www.consultant.ru/document/cons_doc_LAW_22481. (In Russ.).

6. On the state of emergency: Federal Constitutional Law of 30.05.2001 N 3-FKZ (as amended on 03.07.2016) [Electronic resource]. Reference and legal system «ConsultantPlus». URL: http://www.consultant.ru/document/cons_doc_LAW_31866. (In Russ.).

7. Ethics of infectious pathology. Ed. O.I. Kubar. St. Petersburg, FBUN NIIEM imeni Pastera Publ., 2014. 116 p. (In Russ.).

8. Addressing ethical issues in pandemic influenza planning. World Health Organization [Electronic resource]. URL: http://www.who.int/ethics/influenza_project/en.

9. Ethical Guidelines in Pandemic Influenza, Prepared by Ethics Subcommittee of the Advisory Committee to the Director [Electronic resource]. February 15, 2007. URL: http://www.cdc.gov/od/science/phec/panFlu-Ethic-Guidelines.pdf.

10. Gostin, L.O., Hodge J.G. US Emergency Legal Responses to Novel Coronavirus Balancing Public Health and Civil Liberties. JAMA, 2020, vol. 323, no 12, pp. 1129–1132.

11. Kubar, O.I., Bichurina M.A., Romanenkova N.I. Ethical Consideration Regarding COVID-19. EC Microbiology, 2020, SI.02, pp. 14–15.

12. Stand on Guard for Thee. Ethical considerations in preparedness planning for pandemic influenza. A report of the University of Toronto Joint Centre for Bioethics [Electronic resource]. November 2005. URL: http://www.jointcentreforbioethics.ca/people/documents/upshur_stand_guard.pdf.

13. UNESCO 21-th Join Session IBC and IGBC [Electronic resource]. Paris, France, 2014. URL: http://www.unesco.org.

ЛИТЕРАТУРА

1. Илесанми М.А. Пандемии и проблемы ограничения прав человека / Юрист, 2018. – № 8. – С. 59–65.

2. Конституция (Основной закон) Российской Федерации. – М., 2001. – 39 с.

3. Об иммунопрофилактике инфекционных болезней: Федеральный закон от 17.09.1998 № 157-ФЗ (с изменениями и дополнениями) [Электронный ресурс] // СПС «КонсультантПлюс». – URL: http://www.consultant.ru/document/cons_doc_LAW_20315/

4. О защите населения и территорий от чрезвычайных ситуаций природного и техногенного характера: Федеральный закон от 21.12.1994 № 68-ФЗ (в редакции от 03.07.2019 № 159-ФЗ) [Электронный ресурс] // СПС «КонсультантПлюс». – URL: http://www.consultant.ru/document/cons_doc_LAW_5295/

5. О санитарно-эпидемиологическом благополучии населения: Федеральный закон от 30.03.1999 г. № 52-ФЗ (с изменениями и дополнениями) [Электронный ресурс] // СПС «КонсультантПлюс». – URL: http://www.consultant.ru/document/cons_doc_LAW_22481/

6. О чрезвычайном положении: Федеральный конституционный закон от 30.05.2001 № 3-ФКЗ (ред. от 03.07.2016) [Электронный ресурс] // СПС «КонсультантПлюс». – URL: http://www.consultant.ru/document/cons_doc_LAW_31866/

7. Этика инфекционной патологии / под общей редакцией О.И. Кубарь. – СПб. : ФБУН НИИЭМ имени Пастера, 2014. – 116 с.

8. Addressing ethical issues in pandemic influenza planning. World Health Organization [Electronic resource]. – URL: http://www.who.int/ethics/influenza_project/en.

9. Ethical Guidelines in Pandemic Influenza, Prepared by Ethics Subcommittee of the Advisory Committee to the Director [Electronic resource]. – February 15, 2007. – URL: http://www.cdc.gov/od/science/phec/panFlu-Ethic-Guidelines.pdf.

10. Gostin, L.O. US Emergency Legal Responses to Novel Coronavirus Balancing Public Health and Civil Liberties / L.O. Gostin, J.G. Hodge // JAMA. – 2020. – Vol. 323, № 12. – P. 1129–1132.

11. Kubar, O.I. Ethical Consideration Regarding COVID-19 / O.I. Kubar, M.A. Bichurina, N.I. Romanenkova // EC Microbiology. – 2020. – SI.02. – P. 14–15.

12. Stand on Guard for Thee. Ethical considerations in preparedness planning for pandemic influenza. A report of the University of Toronto Joint Centre for Bioethics [Electronic resource]. – November 2005. – URL: http://www.jointcentreforbioethics.ca/people/documents/upshur_stand_guard.pdf.

13. UNESCO 21-th Join Session IBC and IGBC [Electronic resource]. – Paris, France, 2014. – URL: http://www.unesco.org

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CROSS-CULTURAL COMMUNICATION IN MEDICAL SETTINGS

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Today there is a strong tendency to incorporate the bioethical principle of social justice in healthcare in cross-cultural communication. Considering cultural differences makes it possible to ensure that the human right to medical care and wellbeing is fully respected. Several types of most vulnerable populations were identified – immigrants and social minorities. When seeking medical care they face a number of problems such as culture and language barriers, lower socio-economic status, lack of literacy, which impede effective communication and care provision. The most promising ways of coping with the problem are developing cultural competence and practicing a patient-centered approach. New curricula aiming at raising cultural awareness have been elaborated for practical use in medical schools.

Key words: bioethics, social justice, cross-cultural communication, immigrants, cultural competence, patient centeredness.

МЕЖКУЛЬТУРНАЯ КОММУНИКАЦИЯ В ОБЛАСТИ ЗДРАВООХРАНЕНИЯ

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В современных реалиях наблюдается устойчивая тенденция к актуализации в межкультурном общении в области здравоохранения такого принципа биоэтики, как социальная справедливость. Учет культурных различий пациентов, принадлежащих к разным этническим группам, становится гарантией соблюдения права человека на медицинскую помощь и сохранение здоровья.

Выявлены наиболее уязвимые группы пациентов – иммигранты и представители социальных меньшинств. Обращаясь за медицинской помощью, они сталкиваются с такими коммуникативными помехами, как культурный и языковой барьеры, низкий социально-экономический статус, недостаточный уровень образования, которые затрудняют предоставление им эффективной медицинской помощи. Один из основных способов решения данной проблемы состоит в повышении уровня культурной компетенции медицинских работников и применении пациент-центрированного подхода. Для этой цели разрабатываются учебные курсы по повышению культурной компетенции для студентов медицинских учебных заведений.

Ключевые слова: биоэтика, социальная справедливость, межкультурная коммуникация, иммигранты, культурная компетенция, пациент-центрированный подход.

One of the problems bioethics deals with today is the problem of social justice in healthcare. Within the context of how the human rights to healthcare and wellbeing are ensured in the modern world, it covers the complicated issues related to the provision of social minorities with medical care. Currently, it is indisputable, that effective communication is crucial in healthcare and the key prerequisite for positive treatment outcomes [7]. However, in today's global world the doctor does not only have to be competent when interacting with patients belonging to the same culture, but also has to be aware of other cultures' beliefs and values, i.e. to be cross-culturally competent.

Moreover, cross-cultural communication rules, norms and expectations are coming to the foreground due to the growing rate and scope of migration. This tendency affects all spheres of social interaction, with physician-patient communication becoming mainstreamed.

The aim of this paper was to review several papers on cross-cultural medical communication giving a brief outlook on the topic. The culture-based differences in patients' and physicians' interaction models influence the style of communicative behavior of the participants. This accounts for the fact that when ignored, these differences can give rise to a lot of misunderstanding. Many interaction aspects are culturally coded, especially in relation to norms and expectations. Up-to-date studies show that effective cross-cultural communication and patient centeredness are the ways to improve healthcare quality in every community.

Cultural differences include various dimensions of patients' lives, such as their beliefs, language barriers, behavior patterns, etc. This fact has given rise to a new concept relevant to cross-cultural communication – *cultural competence*. Its main tenets include the need to consider patient's health beliefs and incorporate them into the management plan, to view patients in a biopsychosocial perspective, to elicit patient's explanatory models of illnesses and educate them about the clinical perspective of their condition, to involve them in the discussion and selection of a treatment plan [6]. Being primarily applied to the interaction with immigrants, today the concept of cultural communication is also referred to when all minority groups are in question.

Unawareness of the major components of cultural competence can result in misunderstanding, lack of trust to the health care provider and finally, incompliance. However, some researchers point out, that such aspects as the patients' cultural views, language proficiency and age are more crucial for medical care standard than ethnic origin [4].

The field of cross-cultural medical communication also involves the ability to communicate effectively and ensure a *patient-centered approach*. Previous concepts of cultural competence and patient centeredness in the healthcare system have been developed and adapted to the current conditions. The overall aims of both patient centeredness and cultural competence are as follows: to enable the healthcare providing system to treat each patient as a unique person and to maintain positive regard to a patient from any ethnic group. A patient-centered doctor considers the stages and functions of a medical interview and attends to patients' physical comfort as a culturally competent professional. For example, patients may have a variety of facilities when interacting with the healthcare system: to e-mail their doctors, or to call their office, or engage into the written interaction. Patient-centered care also focuses on other aspects of care such as convenience of appointments, making appointments freely and quickly, providing services near patients' places of residence. Thus, patient-centered approach refers to all the aspects that patients might care about [6].

The urge to combine cross-cultural awareness and patient-centered approach is supported by the problem of immigrants facing barriers when getting healthcare: culture and language barriers, lower socio-economic status, lack of literacy, etc. As it is affirmed, physicians are often uncertain if patients comprehend what is told at the encounters due to limited language proficiency. Power difference between Western physicians and immigrant patients, influenced by culture, implies that physicians are treated as having enormous authority, which makes patients wait to be encouraged by the doctor to speak freely. This is especially typical for immigrants of non-European origin, Africans, Asians, and Pacific Islander Americans [1]. It is reported that immigrant patients have difficulties understanding medical terminology in their non-native languages. In such cases they are less likely to turn to Western physicians if they have the experience of being stereotyped by doctors [1].

One of the central problems arising in cross-cultural communication is whether the patient's ethnic and cultural communication norms and expectations are taken into account by the physician and how it influences the communication strategies employed by the latter and his behaviour. The evidence for this was provided in the study by G. Gao et al. Their findings demonstrated that when the discussion of colorectal cancer screening (CRC) occurs at a cross-cultural medical encounter, the potential of misunderstanding between patients and doctors increases. This happened due to different ideas of African American, Chinese, and Latino patients of what effective communication is in medical encounters where a CRC screening is recommended and discussed. The following aspects of verbal interaction were found to be culturally bound: style of discussion (direct or indirect), power distance (which affects the physician behavior), trust rate, health beliefs (some of them made patients reluctant to go through the procedure) and the ability to listen (which deeply affects the relations between speakers). The study findings showed that most of the patients preferred direct style of communication, doctor-centered encounter style, and were eager to listen carefully [3]. However, in western cultures doctors are proponents of patient centeredness, which may become an obstacle in communication with patients from other cultures [6].

Researchers point out that many immigrant patients are reluctant to interact through online healthcare helplines. The reasons are language barriers and the fact that immigrant patients prefer direct conversation with physicians. What is more, immigrant patients are likely to want physicians of their ethnic origin, expecting them to share the same culture and language. Immigrants are often afraid that providers will misunderstand their concerns because of their limited language proficiency [1]. Even coworking with interpreters can be challenging, because immigrant patients may find unacceptable to reveal their health problems in front of an unknown person. If they ask a family member to be the interpreter during encounters, such family members may not have necessary knowledge and competence to accurately communicate information given by a physician [1].

In order to eliminate this sord of difficulties it is vital to draw parallels between patients' health beliefs, competence, experience and values and the communication experience of their care providers. The findings of the studies based on patients' surveys revealed that the most significant points to build up better rapport are detailed instructing of a patient, developing trust, and culture awareness, as well as open and direct manner of communication, comprehensive treatment, and discipline. These instruments are crucial for both patients and healthcare providers to achieve better future decision making and quality of care [5].

One of the key bioethics principles suggests that all racial and ethnic groups are to be provided with the same standard of care. The standard of cross-cultural communication and care can be raised, as proposed by modern researchers, by the development of the cross-cultural curricula for medical instructors and students. Such a curriculum teaches detailed methods to analyze the individual patient's social context, sociocultural backgrounds, cultural health beliefs and behaviors and to avoid misunderstanding and misdiagnosing.

One of the attempts to suggest this type of a curriculum was made in a study by J. E. Carillo et al. [2]. They specified several main aspects of interaction in medical encounters: physician's authority, physical contact, communication styles, gender, and family concepts. The proposed curriculum modules are to cover the following spheres: basic sociocultural concepts, potentially problematic cultural issues, patient's understanding of the illness, patients' social context and negotiating across cultures. At the beginning of education students are equipped with diverse descriptions of illness that patients may present. Then students are taught to ask about patient's preferences and gain a high level of cultural sensitivity to avoid situations that make a patient uncomfortable. The next two modules of the curriculum elaborate on the health provider's ability to collect and analyze the data on patients' social backgrounds, beliefs, individual explanatory models and take the right decision when diagnosing. The final module teaches future physicians to negotiate with different ethnic groups efficiently to engage a patient into the right treatment. The researchers believe that though providing quality care to cross-cultural populations is quite challenging, such curricula can be successfully adapted and put into medical practice [2].

This review of medical cross-cultural communication studies has made it possible to yield a number of important results, which suggest the main ways of developing effective interaction in this sphere:

1. Low level of health providers' cultural competence leads to misdiagnosing and misunderstanding when dealing with immigrant patients with limited English proficiency and other social minorities;
2. The key strategy to enhance communication and provide effective healthcare in cross-cultural settings is to develop cultural competence and employ a patient-centered approach, which will help physicians adapt their verbal behaviour to the changing sociocultural conditions.
3. These requirements can be met by introducing specially elaborated curricula. These curricula making physicians culturally competent can become part of both graduate and refresher postgraduate training.

As we can assume, effective cross-cultural communication between healthcare providers and patients is crucial to every modern community, which makes further studies in this field necessary.

REFERENCES

1. Ahmed S., Lee S., Shommu N. et al. Experiences of communication barriers between physicians and immigrant patients: A systematic review and thematic synthesis. Patient Experience Journal, 2017, vol. 4 (1), pp. 122–140.
2. Carrillo E.J., Green A.R., Betancourt J.R. Cross-cultural primary care: a patient-based approach. Annals of Internal Medicine, 1999, vol. 130 (10), pp. 829–834.
3. Gao G., Burke N., Somkin C.P., Pasick R. Considering culture in physician-patient communication during

colorectal cancer screening. Qualitative Health Research, 2009, vol. 19 (6), pp. 778–789.

4. Harmsen J.A.M., Bersen R.M.D., Bruijnzeels M.A., Meeuwesen L. Patients' evaluation of quality of care in general practice: What are the cultural and linguistic barriers? Patient Education and Counselling, 2008, vol. 72, pp. 155–162.

5. Kennedy B.M., Rehman M., Johnson W.D. et al. Healthcare providers versus patients' understanding of health beliefs and values. Patient Experience Journal, 2017, vol. 4 (3), pp. 29–37.

6. Saha S., Beach C., Cooper L.A. Patient centeredness, cultural competence and healthcare quality. Journal of the National Medical Association, 2008, vol. 100 (11), pp. 1275–1285.

7. Vermeir P., Vandijck D., Degroote S. et al. Communication in healthcare: a narrative review of literature and practical recommendations. International Journal of Clinical Practice, 2015, vol. 69 (11), pp. 1257–1267.

8. Shkarin V.V., Donika A.D., Rejmer M.V. National characteristics of teaching bioethics at a medical university. Bioetika, 2019, no. 2 (24), pp. 25–30. (In Russ.).

ЛИТЕРАТУРА

1. Experiences of communication barriers between physicians and immigrant patients: A systematic review and thematic synthesis / S. Ahmed, S. Lee, N. Shommu [et al.] // Patient Experience Journal. 2017. – Vol. 4 (1). – P. 122–140.

2. Carrillo, E.J. Cross-cultural primary care: a patient-based approach / J.E. Carrillo, A.R. Green, J.R. Betancourt // Annals of Internal Medicine. – 1999. – Vol. 130 (10). – P. 829–834.

3. Considering culture in physician-patient communication during colorectal cancer screening / G. Gao, N. Burke, C.P. Somkin, R. Pasick // Qualitative Health Research. – 2009. – Vol. 19 (6). – P. 778–789.

4. Patients' evaluation of quality of care in general practice: What are the cultural and linguistic barriers? / J.A.M. Harmsen, R.M.D. Bersen, M.A. Bruijnzeels, L. Meeuwesen // Patient Education and Counselling. – 2008. – Vol. 72. – P. 155–162.

5. Healthcare providers versus patients' understanding of health beliefs and values / B.M. Kennedy, M. Rehman, W.D. Johnson [et al.] // Patient Experience Journal. – 2017. – Vol. 4 (3). – P. 29–37.

6. Saha, S. Patient centeredness, cultural competence and healthcare quality / S. Saha, C. Beach, L.A. Cooper // Journal of the National Medical Association. – 2008. – Vol. 100 (11). – P. 1275–1285.

7. Communication in healthcare: a narrative review of literature and practical recommendations / P. Vermeir, D. Vandijck, S. Degroote [et al.] // International Journal of Clinical Practice. – 2015. – Vol. 69 (11). – P. 1257–1267.

8. Шкарин, В.В. Национальные особенности преподавания биоэтики в медицинском вузе / В.В. Шкарин, А.Д. Доника, М.В. Реймер // Биоэтика. – 2019. – № 2 (24). – С. 25–30.

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MEDICAL SCIENCE AND BIOETHICS (NAREKATSI IN FRAMES OF BIOETHICS CURRICULUM)

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In this article we analyse the ideas of outstanding Armenian thinker of X century Gregory of Narek and their connection with ideas of V. Potter. The power of Narek as a remedy for diseases is explained also by the viewpoint of Word Remedy.

Key words: sins and diseases, the sense of pity and sense of shame, objectivation of the non-objective, self-criticism.

МЕДИЦИНСКАЯ НАУКА И БИОЭТИКА (НАРЕКАЦИ В РАМКАХ УЧЕБНОЙ ПРОГРАММЫ ПО БИОЭТИКЕ)

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В данной статье анализируются идеи гениального армянского мыслителя X века Григора Нарекаци и их связь с идеями В. Поттера. Сила «Нарека» анализируется также словесным лечением.

Ключевые слова: грех и болезнь, стыд и совесть, опредмечивание беспредметного, самокритика.

While talking about medieval Armenian thinkers we first of all mean philosophers, thinkers, who created works since the fifth century a.c., who appreciate wisdom and who have had a great contribution in Armenian and international heritage. Among them we can mention the name of Narekatsi (Gregor of Narek).

In the works of this thinker we face the diversity of life and death, good and evil, repentance and remorse, truth and false and so on.

“The book of Lamentation” known as “Narek” was written by Gregor of Narek in Eastern Armenia in the X century.

There are no evidences in the world of simultaneous availability of three things in a whole:

“The Book of Prayers”
“The Book of Remedy” and
“The High Poetry”

It’s a unique work, that you cannot find such example in the world culture history [4].

Many scholars think, that if any book alike to “Narek “would written by any European or Western writer, it would gain universal acceptance.

And the first reason, that “Narek” is not as widely known and read as works of Confutsius, Mahatma Gandi, Kant, Aristotle, Hegel etc. is because he has written in Armenian, a language that only a handful of people can read.

Foreign readers being acquainted with a small part of the translation of Narekatsi’s poetry wondered, that in Armenia, during more than 1000 years an incredible treasure is reposed named Grigor Narekatsi.

On the 12 of April 2015 in Vatican St. Peter Basilica HIS HOLINESS POP FRANCIS has proclaimed Gregor of Narek the Doctor of Churches of the Universe (Doctor Ecclesiae).

[https://www.youtube.com/watch?v=nHkMeKLo_Mw&t=20s]

In fact, the Gregor of Narek is one of the greatest thinkers and mystics of world. He was an outstanding theologian, whose theology is not only an intellectual reflection on the God, but a dialog with the God.

Really, in the world of human culture we can find a lot of thinkers, who tried to explain, analyze, interpret, comment, understand and present the essence, sense of God, but Narekatsi just speaks with the God from the depth of heart.

With his “Book of Lamentations’, which is a human soul cry for mankind sins, Gregor of Narek remains as a plot of eternity.

The book known as Narek was written by Gregor of Narek a monastery in Eastern Armenia. Gregor of Narek was a high rank priest who was both a very influential cleric as well as social/political figure of his time [3].

“Narek” is composed of 95 chapters and over 10000 lines none of which repeats the other.

The work was highly valued in the middle ages and it was copied over and over numerous times. The “Book of Lamentation” otherwise known as “Narek”, is valued both for its artistic style and the important role it played among Armenians. Up to date thousands of Armenians maintain the belief that the book has a healing capacity and read it for be treated from diseases.

Narek was written for both glorifying the Almighty and for curing spiritual and physical diseases. Each of the 95 parts of the “Book of Lamentation” cures one disease.

During the history specific lists have been created which specifically names the diseases each chapter cures (In Armenian «Ban» which means «Logos», «Word» and «Idea»). These lists also indicate the number of times each part needs to be read for observing its curing effect. In the introduction of the academic publication of Narek (Yerevan, 1985, pp. 158–168) five similar lists of remedies are presented. A. Petrosyan, a scholar of Narek, adds another list from the manuscript # 8428 from the Matenadaran, the institute of Ancient manuscripts. This manuscript also indicates the number of times Narek needs to be read for attaining each of its curing effect [6].

“Narek” is a nicely written book which makes everyone analyze himself and honestly evaluate his/her behavior and values.

It leads the person to stand in front of God and in front of his sins against his/her body, his/her spirit, other individuals, the humankind and the Almighty.

Narek is written in Grabar, the ancient Armenian and is a melodic prayer [6].

It was believed that thanks to the fine style of its lines, it has gained even more power in leading people towards repentance, towards communion with God. Anyone who has read “Narek”, will assure that it eventually brings peace, harmony and love onto the reader.

As any talented, and moreover as any genius creator, he realized his eternity, so at the end of the book he wrote:

“Although me as any human being will die, but by the eternity of this “Book of Lamentation” I will live forever” [7].

This article is devoted to Gregor of Narek, a great thinker of the X century.

Why I have included this topic into the frames of Bioethics?

What connection, link can be found between Bioethics (born in XX century) and between the ideas, expressed by Narekatsi (X century).

In order to answer to that question, it would be better to take into consideration the ideas of ancient Eastern thinkers from China, India until Greek, Armenia [4].

In their opinion:

a. There isn’t leg, a nose, feet, finger etc. There is only a man who has body and soul and you should show a systemic approach to him.

b. Narekatsi as well as many other thinkers of ancient and medieval ages thinks that a real physician should not start curing the body until curing the soul.

It is not said in vain that don’t cure the body until you do not cure the soul (Plato).

- The fact is that the physician should treat the patient not only with medicine or by means of operation but first of all by his/her smile, behavior and by words, heart and soul. He should inspire faith and trustfulness in the patient and should make them believe that his only compensation and aim is to see patients recovered.

c. Do not think that you know everything, always study, study and study.

- Physician should think that even after graduating a number of courses he still has a lot to learn. Let's remember here that only one point was added to the Oath of Hypocrite in 1967 in World Congress of Deontologist in Paris [2]:

No physician should ever think that he already knows everything on medicine. But always bear in mind that still he knows nothing [6].

A piece of Omar Khayam's poetry confirms that idea:

Myriad and much mysteries
I know clear and distinct
Life and what exists beyond it
More or less is known by me.
And now I
Standing on the top of wisdom
Have realized still
That know nothing

d. Do not forget that you are a man, a mortal one and not GOD. So, You can constant a lot of scientific, technical and technological achievement. Each physician should understand the fact that he is a mortal with his shortcomings and mistakes, not a God, should not throw down the gauntlet to God to the mothers – nature and boast that he can create man and take lives of severely ill men. Today's technologies and scientific achievements can give such opportunities but as said A. Schweitzer: "If I have the right to pick up all the fruits to which my hands can reach" [1].

Narekatsi gives us an excellent example of a real man and a real physician. First of all a real physician should master his profession deeply and at the same time he should be very honest, balanced, clever and intelligent.

Narekatsi himself show the best example of modesty, of knowing his place and of not being arrogant, proud, just on the contrary always be self-critical.

The first thing to know is the self-recognition and self-understanding, the ability to analyze your deeds and behavior, and always treat yourself with self-criticism [5].

But how tell us about his wrong doings, about his iniquities Narekatsi:

"If I were to fill the basin of the sea with ink,

And to measure out parchment the length and breadth of a field of many leagues

And were to take all the reeds of the forests and woods and turn them into pens,

I still would not be able to record even a fraction of my accumulated wrong doings".

Or

If I were to set the Cedars of Lebanon as a scale
and to put Mount Ararat on one side
and my iniquities on the other,
it would not come close to balancing [3].

Each person has the right to make mistakes but the most difficult thing is to find moral courage, force to say about it, to confess its faults and not repeat them.

Unfortunately, at present civilized persons not only confess with great difficulty but even do not confess at all their sins, even minor faults.

Moreover, we suffer from vanity and Narsisism, we try to justify ourselves by all means and blame others Yes, all are guilty but not me.

It is proper here to quote Garegin Nzhdeh's words: "try to find the reason for your misfortune, unsuccessfulness and failures first of all in **you** and only outside of you".

So, we face the distortion of spiritual consciousness which leads to many diseases and closes the way to freedom, abolishes ways of curing [6].

The power of Narek as a remedy for diseases is explained also by the viewpoint of Word Remedy [5].

The Word Remedy (Khoskabuzhutyun in Armenian) is the technique of curing the person with words. It was believed from ancient times that words exist by themselves, that words existed even before the physical objects and hence, their existence is more real. And because their existence is more real, than physical objects then they should be able to affect on human body and thus, if they can affect on human body, they can also cure the human being if used correctly.

In order the words to be powerful the contents must be well chosen and the person who uses the words must have great faith. In word remedy nothing but the *Logos*, the holy word and faith in God are used.

The attempts to cure someone with words that started thousands of years ago, now has changed into the practice of hypnosis and occultism, but "Narek" is neither a book of magic, nor a text were the luxurious words conceal the reality.

In fact, the opposite is true, its words force the reader to believe that in order to live well one needs to live correctly, that in order to live well one needs to discover the true nature of humankind and take responsibility for making steps towards curing his/her spirit, towards God and towards a truly Holy reunion with the Universal Logos.

Contents/ideas of "Narek"

"The idea of curing from diseases is mentioned in Narek numerous times. However, Narek and its curing methods are not comparable to today's scientific curing methods".

Its results are not comparable to the results achieved by any contemporary medical institution. These methods are in two different spheres of culture and are used for two different types of diseases: one for spiritual diseases, the other for bodily one.

Thus these curing methods are better to consider complementary rather than contradictory.

Narekatsi claims that he has written this text for curing the ills of **body** and **soul**: "*And may you make this book of mournful psalms begun in your name, Most High, into a life-giving salve for the sufferings of body and soul*" (Prayer 3, E) [7].

Narek offers mainly spiritual remedy. Its powers, as believed from early Middle Ages, was based on the power of the Word and Will of God [5].

Gregor of Narek relates sins and diseases. According to Narek, Human Diseases are a result of Human Sins.

Sins force people to live with a life not naturally designed for human beings. For example, avarice, arrogance, gluttony, betrayal, envy etc. are forms of behavior that are not natural to human beings. Thus when a person sins, he/she starts to behave in a way for which the human body is not designed for and thus the body gets ill. Because both sins and diseases are caused by breaking the Divine law, they both can be overcome by repentance.

Narekatsi claims that the non-objective, the word and will of God can be objectified, that is to get body and heaviness. Throughout his prayers he makes the same claim over and over again. All that happens in this word is simply objectification of divine word and will.

There can also be non-physical, non-objective pain, that of the sin. When someone sins, he/she is hurt already and it eventually causes physical harm. Curing the physical damage of the body does not heal the person as a whole [4].

Only the moral courage, the courage to repent and ask for forgiveness heals the person and cleans the person from sins. Thus, according to Narekatsi, diseases are nothing else but objectification of the non-objective, the will of God, the word of God, and to cure a disease, one needs not only physical means, but also non-objective, non-physical remedies such as repentance.

That is why it is necessary even obligatory to know and read Narekatsi, his ideas, to study his works and take example from him.

REFERENCES

1. Shweitzer A. Reverence for Life. Harper and Row, translated by Reginold H. Fuller: Edited by Ulreh Neuenschnauder. 1969.
2. Davtyan S. Experimental course o bioethics upon the bioethics core curriculum of UNECSCO: methodology and results of investigation. International Journal «Medicine and Law», 2012, vol. 31, no. 4, pp. 495–513.
3. World Medical Association. «WMA Declaration of Geneva». WMA. Retrieved 17 July 2017.
4. Narekatsi S.Gr. Matean voghbergutyan & ayl erkasirutiwn (Book of Lamentation and other works). Lebanon, Antilias, 2003. (In Armenian).
5. Davtyan S.H. The use of works of medieval armenian thinkers in teaching bioethics: «Narek» as a remedy. Bioethics Education: Contents, Methods, Trends. Tiberias, Israel, 2012, pp. 52–53.
6. Davtyan S.H. Bioethics. Word curing and music therapy. UNESCO Chair in Bioethics 9th world conference on bioethics, medical ethics and health law. Naples, Italy, 2013.
7. Davtyan S.H. Bioethikayi neracutyun, Introduction of Bioethics Monography. Yerevan, 2012. (In Armenian).
8. Davtyan S.H., Bioethics. Handout YSMU after M. Heratsi. Yerevan, 2013. 189 p.
9. St. Grigor Narekatsi. Speaking with God from the Depts of the Heart [Electronic resource]. URL: http://www.stgregoryofnarek.am

ЛИТЕРАТУРА

1. Shweitzer, A. Reverence for Life / A. Shweitzer, Harper and Row, translated by Reginold H. Fuller: Edited by Ulreh Neuenschnauder. – 1969.
2. Davtyan, S. Experimental course o bioethics upon the bioethics core curriculum of UNECSCO: methodology and results of investigation / S.H. Davtyan // International Journal «Medicine and Law». – 2012. – Vol. 31, no. 4. – P. 495–513.
3. World Medical Association. «WMA Declaration of Geneva». WMA. – Retrieved 17 July 2017.
4. Narekatsi S.Gr. Matean voghbergutyan & ayl erkasirutiwn (Book of Lamentation and other works) / S.Gr. Narekatsi. – Lebanon, Antilias, 2003. (In Armenian).
5. Davtyan, S.H. The use of works of medieval armenian thinkers in teaching bioethics: «Narek» as a remedy / S.H. Davtyan // Bioethics Education: Contents, Methods, Trends. – Tiberias, Israel, 2012, P. 52–53.
6. Davtyan, S.H. Bioethics. Word curing and music therapy / S.H. Davtyan // UNESCO Chair in Bioethics 9th world conference on bioethics, medical ethics and health law. Naples, Italy, 2013.
7. Davtyan, S.H. Bioethikayi neracutyun, Introduction of Bioethics Monography / S.H. Davtyan. – Yerevan, 2012. (In Armenian).
8. Davtyan, S.H., Bioethics. Handout YSMU after M. Heratsi / S.H. Davtyan. – Yerevan, 2013. 189 p.
9. St. Grigor Narekatsi. Speaking with God from the Depts of the Heart [Electronic resource]. – URL: http://www.stgregoryofnarek.am.

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ANCIENT ASSUMPTIONS OF CONTEMPORARY CONSIDERATIONS OF NATURE, LIFE AND NON-HUMAN LIVING BEINGS

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Advocates of the questioning of the dominant anthropocentric perspective of the world have been increasingly strongly presenting (bio)ethical demands for a new solution of the relationship between humans and other beings, saying that adherence to the Western philosophical and theological traditions has caused the current environmental, and not just environmental, crisis. The attempts are being made to establish a new relationship by relativizing the differences between man and the non-human living beings, often by attributing specifically human traits and categories, such as dignity, moral status and rights to non-human living beings. The author explores antecedents of the standpoints that deviate from the mainstream Western philosophy, in terms of non-anthropocentric extension of ethics, and finds them in the fragments of first physicists, which emphasize kinship of all varieties of life. Pythagoras, Empedocles, Anaxagoras and Democritus, in this context, considered certain animals and plants as sacred, i.e. they believed that they are, in a sense, responsible for what they do and that they apart from being able to be driven by a natural desire, being able to breathe, feel, be sad and happy, also have a soul, power of discernment, awareness, the ability to think, understanding and mind. Finally, the author believes that solutions or mitigation of the mentioned crisis are not in the simple Aesopeian levelling of animals and plants "upwards", but in an adequate paideutic approach which in humans will develop an inherent (bio)ethical model of accepting non-human living beings as creatures who deserve moral and decent treatment and respect.

Key words: Pre-Socratics, contemporary, kinship, humans, non-human living beings, protection, welfare.

АНТИЧНЫЕ ПРЕДПОСЫЛКИ СОВРЕМЕННЫХ ПРЕДСТАВЛЕНИЙ О ПРИРОДЕ, ЖИЗНИ И НЕЧЕЛОВЕЧЕСКИХ ЖИВЫХ СУЩЕСТВАХ

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Противники доминирующей антропоцентрической перспективы мира все более настойчиво предъявляют (био)этические требования к новому решению взаимоотношений человека и других существ, заявляя, что приверженность западным философским и теологическим традициям вызвала нынешний экологический, и не только экологический, кризис. Предпринимаются попытки установить новые отношения путем релятивизации различий между человеком и нечеловеческими живыми существами, часто путем приписывания нечеловеческим живым существам специфически человеческих черт и категорий, таких как достоинство, моральный статус и права. Автор исследует предпосылки точек зрения, отклоняющихся от господствующей западной философии, в терминах неантропоцентрического расширения этики, и находит их в фрагментах первых мыслителей, подчеркивавших родство всех разновидностей жизни. Пифагор, Эмпедокл, Анаксагор и Демокрит в этом контексте рассматривали некоторых животных и растения как священные, то есть они верили, что они в некотором смысле ответственны за то, что они делают, и что они не только могут быть движимы естественным желанием, могут дышать, чувствовать, быть печальными и счастливыми, но также имеют душу, силу различения, осознанность, способность думать, понимать и ум. Наконец, автор полагает, что разрешение или смягчение упомянутого кризиса заключается не в простом эзоповском нивелировании животных и растений «вверх», а в адекватном пайдеутическом подходе, который в человеке выработает присущую ему (био)этическую модель принятия нечеловеческих живых существ как существ, заслуживающих морального и достойного обращения и уважения.

Ключевые слова: досократики, современники, родство, люди, нечеловеческие живые существа, защита, благосостояние.

The dignity of an individual is usually viewed from the perspective of the reasonableness of one's nature, and such nature is attributed primarily to man. Only he is considered to be liberated from the empire of goals, while the so-called non-human living beings associated to relations and relationships that exist in nature. Only men are aware of themselves and able to distance themselves from themselves in favour of higher goals, to relativize their own interests, up to self-surrender [1, 2]. This gives him, as a moral being, an absolute status that justifies his characteristic dignity, which entitles him not to be "enslaved" by anyone and that as a moral person he is not deprived of his own goals.

His unique dignity also generates his unique rights. In that sense, Article 1 of the "Universal Declaration of Human Rights" from 1948 states: *"All human beings are born free and equal in dignity and rights"* [3]. And in Article 23 of the „Устав Републике Србије" ("Constitution of the Republic of Serbia") the constitution-maker states: *"Human dignity is inviolable and everyone is obliged to respect and protect it"* [4]. This is not only an ontological statement, but at the same time a source of the law and therefore Article 3 of the Constitution stipulates: *"Rule of law is a fundamental prerequisite for the Constitution which is based on inalienable human rights"* [5]. The highest ranking legal act of Serbia seems to be written on the postulates of Kant's ethics, which strived to reach the highest ethics [6], while it developed the dignity of living beings and the rights stemming from it only for people, and thus indirectly contributed to the fact that until recently the "dignity" of animals [7] and "rights" [8] of animals were never mentioned.

The anthropocentricity [9] of this and such *Weltanschauung* is an important reason why our dominant technical civilization did not develop in harmony with nature, but much more often in opposition to it. No human act in the past was able to substantially affect the spontaneity of the existence of our planet. As much as man was changing the natural environment in which he lived, this did not leave a greater trace on Earth itself.

The rapid development of technique in the last century put man in a completely new moral situation. The new situation is reflected in the fact that modern man must assume responsibility [10] for the effects that are not the result of the actions of any individual, but represent the collective act, as Edmund Husserl would say, of an "anonymous subject". The effects of modern technique suggest a completely new situation for traditional social and humanistic sciences, since the postulate of an anthropocentric image of the world is essentially derogated in the sense that people as species are unquestionable in their existence on the Earth. Ensuring the survival of the human species in the foreseeable future is a task to whose achievement new knowledge in some of them should contribute, especially in ethics [11] or bioethics [12]. In order for this fact to be confirmed, they need to re-examine the power of technique, whose deeds thus acquire a philosophical sign, given the importance they have in the lives of the human species [13].

The advocates of questioning the dominant anthropocentric [14] view of the *cosmos* by non-anthropocentric expansion of ethics, are becoming increasingly louder in raising (bio)ethical requirements for a new resolution of the relation between humans and other living beings [15]. Attempts are being made to establish a new relationship by relativizing the differences between man and non-human living beings, i.e. by attributing specifically human qualities and categories, such as dignity, moral status and rights, to animals [16], but also, especially in regards to plants, of the ability of sight, feeling, memory, communication, consciousness and thinking. It seems just as inspiring today as it was in ancient times to ask and to look for the answer to the question of whether animals and plants are able and to what extent to develop their feelings. Can they memorize, and if so, which forms of memory they possess? What is their communication like and how sophisticated it is? Ultimately, are animals and plants conscious beings which can think distinguishingly, and can it be said to have a kind of neurology [17]?

If some of the answers to these questions are positive or positively inclined, we usually talk about a discovery of a surprising world, of animals (and plants) as complex beings that live rich and sensual lives, of their relation and analogy with humans, i.e. about a revolutionary concept that is not older than half a century. Leaving aside, for the moment, a deeper discussion about the meaning of certain terms, such as "communication", "consciousness" and "opinion", in order to be able to talk about their truthfulness in regards to non-human living beings, the author of this paper believes that the departure from mainstream Western thought and philosophy is not a novelty of the second half of the XX century. Namely, different animal rights movements were organized in Europe much earlier. In London, for example, already in 1824 the first society for the prevention of cruelty to animals was established, whereas a regulation pertaining to animal welfare [18] in the UK was adopted in 1911, and, including numerous amendments, it is still in force today.

In a classic passage that Jeremy Bentham wrote even earlier, namely in 1780, it is asserted: *"The day may come when the non-human part of the animal creation will acquire the rights that never could have been withheld from them except by the hand of tyranny. The French have already discovered that the blackness of the skin is no reason why a human being should be abandoned without redress to the whims of a tormentor. Perhaps it will some day be recognised that the number of legs, the hairiness of the skin, or the possession of a tail, are equally insufficient reasons for abandoning to the same fate a creature that can* feel*? What else could be used to draw the line? Is it the faculty of reason or the possession of language? But a full-grown horse or dog is incomparably more rational and conversable than an infant of a day, or a week, or even a month old. Even if that were not so, what difference would that make? The question is not* Can they reason*? or* Can they talk*? but* Can they suffer*?*" [19].

The search of antecedents of levelling the differences between humans and other living beings, stems from the very origins of science i.e. from the first philosophers of nature, on the basis of whose extant fragmentary manuscripts it can be established that they anticipated most of the latter modalities of non-anthropocentric approaches. In order to understand the views of philosophers of nature who were active in the so-called cosmological period, it is necessary to leave aside dualistic conceptions, especially those that on the Cartesian trail emphasize the sharp distinction between matter and spirit. For early *physicists*, in particular, there was no inert matter that due to the logical necessity would require the division of the first principle into the material and efficient element. When accepting any principle as the sole source of origin, automatically, at least to the same extent, its inherent mobility was borne in mind as well.

In short, the standing point of the first philosophers still belonged to the age when there was no serious distinction between body and soul, organic and inorganic [20]. In their minds rather figured some kind of mixture of corporeal and mental elements, as this is the time when it was difficult to imagine the body without a soul or the soul without matter. The first philosophers, consequently, understood thinking as something corporeal similar to sensation and generally understood that like is understood as well as perceived by like. The expected consequence of such approach is the assertion of some Presocratics that not only man but also all other beings have consciousness, thought and thinking.

*

Indirectly preserved Pythagoras' views confirm a universally known fact that he was the first to bring to Greece the doctrine that all living beings that were born are kindred (*ὁμογενῆ*). The idea that all forms of life are kindred brought into connection not only humans with animals and plants, but also indicated that human soul, however the truth is only after purification, can achieve melding with eternal and divine soul, to which it belongs by its own nature [21]. This kinship of all varieties of life was a necessary prerequisite for the Pythagorean doctrine on the transmigration of souls (*παλιγγενεσία*) [22].

Xenophanes reports about *palingenesia* as the Pythagoras' doctrine by a well known statement that once when Pythagoras saw some people beating a dog and advised them to stop, since in the yelping of the dog he recognized the soul of his friend (**DK**21B7) [23]. This fragment shows that the Pythagorean belief in renewal or rebirth of the soul was already so widely known in the sixth century BC that it got parodied. Pythagoras' recognition of his friend's soul embodied in a dog illustrates, on the other hand, the transfer of personal identity on the *ψυχή*, which means that a personality somehow survives in the migrations of the soul and that there is a continuity of identity. The conclusion that can be derived, at least implicitly, is that ensouled beings, therefore animals, but also certain plants, in a sense, are conscious beings.

A structural difficulty of such a view is how to fit the kinship of entire nature with logical implications that thus plants should not be consumed either since they, according to Pythagoreans, are living beings and a part of the communion of nature. As Diogenes Laertius (VIII, 28) reports Alexander Polyhistor notes that in the *Memories of Pythagoras* he found the solution to the paradox. Pythagoreans believed that all things live which partake of heat, and this is why the plants are living beings (*ζῷα*), but not all have a soul (*ψυχὴν*). The soul is a detached fragment of ether (*αἰθήρ*), the one hot and the one cold. The soul is different from life [24], it is immortal [25] because immortal is also that from which it separated [26]. Plants, therefore, have a life, but not all of them have souls which means that some of them are suitable for consumption [27].

Pythagoras, however, believed that food helps in education of men, if it is of good quality and regular, so he consented to eating everything that leads to a healthy body and a keen mind. He was also convinced that adequate food favors the skill of prophecy, purity and chastity of the soul, i.e. of sobriety and virtue.

By putting human beings into the same rank with animals, Pythagoras demanded they must be viewed as kins and friends and not to be harmed under any circumstances [28]. He thought that this promotes peace, because if men started to abominate the slaughtering of animals as something illegal and unnatural, they would not regard killing of a human being as an honorable act either, and therefore would not initiate wars. This "indirect" duty towards animals was later recognized by Clement of Alexandria, Maimonides, Thomas Aquinas, Kant, and some modern philosophers, and is still today used as an argument why we should not carry out experiments on animals [29]. The reason is potential subsequent dehumanization of man himself [30].

Empedocles, a century later, says that all beings think (*πεφρόνηκεν*), i.e. that they have understanding or consciousness, and adds that this is so by the will of Fortune. Related to this is his claim from the end of fragment 110 (**DK**31B110), that everything can have thinking and have its share of thought [31]. In the introduction to this fragment it is even possible to find the thesis that all parts of fire, whether they are visible or not, can have thinking (*φρόνησιν*) and the ability to think (*γνώμην*), rather than a share of thought (*νώματος*). Sext Empiricus adds that it is even more astounding that Empedocles holds that everything has a discernment facility (*λογικὰ*), including plants. This view shows that according to Empedocles as well, who even more explicitly asserted it than Pythagoras, the idea of kinship of all living not only has a vital-animal meaning but to a certain extent the mental meaning.

In his verses Empedocles is also telling about the sacrifice by using water, honey, oil and wine, i.e. he sings about old times when love and compassion for the kin were above everything else, about absence of killing and the treatment of other living beings as one's own household members. Instead of living beings i.e. animals, people, according to him, tried to propitiate the queen Kupris (*Κύπρις βασίλεια*) (Aphrodite) by sacrificing [32] myrrh, frankincense and honey, statues and *"with pictures of animals"* (*γραπτοῖς τε ζώιοισι*). In these times, according to the philosopher of Akragas, everything used to be tame and gentle towards man, including birds and wild animals. The sacrificing which Empedocles mentions did not include destruction of plants either, which also is probably due to the fact that in fragment 117 (**DK**31B117) he recorded that he had been a boy and a girl, a bird and a fish, even a plant i.e. a bush (*θάμνος*) [33].

Empedocles says (**DK**31A70) that trees represent a primordial form of life (*"first living things"* (*πρῶτα τὰ δένδρα τῶν ζώιων*), which had survived even to his time. Moreover, they had existed even before the Sun spread and the day and night were distinguished [34]. Doxographer Aetius, who reports the thoughts of the Sicilian, indicates to the analogy of plant and animal life, confirming it by using the term life (*ζῷα*) for the trees, the word that was usually restricted to animals. Empedocles, just as Pythagoras, if we use modern terminology, was convinced that there was no sharp genetic difference between plant and animal worlds [35].

Empedocles urges his disciples to abstain from eating all ensouled (living) beings (*ἐμψύχων*), since eaten bodies of living beings (*ζώιων*) are where penalized souls reside. He believes that he himself is one of them, the one who has killed and eaten, and that it is by purification that prior sins in connection with food should be treated. Sacrificing a bull and eating his limbs, as this philosopher from Sicily says in part of the original fragments entitled as "Purification", was *"the greatest abomination"* (*μύσος ... μέγιστον*) for man. Anyone who gets his hands dirty by murder shall experience the fate of *"evil demons"* (*δαίμονες οἵτε*), that is for 30,000 years [36] he shall wander outcast far away from the blissful, leading a hard life and shall incarnate in the forms of many creatures. That is exactly what Empedocles claims about himself, that he is *"banished by the god and a wanderer"* (*φυγὰς θεόθεν καὶ ἀλήτης*). Subject of man's exile from the divine home is taken, then, by Plotinus and Porphyry, repeated in different contexts in the works of Aurelius Augustine, and used by Plutarch as a consolation for political persecution. Basically, according to Empedocles the sin that broke the golden era of tranquility and general leniency was killing and eating animals.

Empedocles' case shows that men are living beings that make mistakes and that they owe to animals the justice that is based on the mutual kinship. When Aristotle in *Rhetoric* (1373b6-17) talks about the special and general laws, the general laws he simply called natural laws. The explanation of natural laws is linked with general understandings of the just and unjust in harmony with nature [37], which, according to him, has been recognized by all nations. The Stagirites believes that with Empedocles it is just that very kind of law, i.e. that the philosopher from Agrigento referred to that right when he was forbidding to kill living beings, [38] since it is impossible for ones to do that justly and the others to do that unjustly. Empedocles (and Pythagoras) claims (**DK**31B135) that for all living beings applies only one legal norm, and that those who had hurt a living creature shall receive punishments that cannot be redeemed.

Empedocles' (and Pythagoras') followers repeat that men are kin not only to each other or with the gods, but with living beings which do not have the gift of speech. Something common that connects them all is a breath (*πνεῦμα*), as a kind of soul (*ψυχῆς*), which extends throughout the entire *cosmos* and unites men with all of them. Therefore, if man would be killing or eating their flesh, they would commit injustice and sin towards deities (*ἀσεβήσομεν*) to the same extent as if they destroyed their relatives (*συγγενεῖς*). For that reason the Italian philosophers advised man to abstain from ensouled (living) beings (*ἐμψύχων*) arguing that it is a sacrilege committed (*ἀσεβεῖν*) by *"those who drench altars with warm blood of the blessed"* (*βωμὸν ἐρεύθοντας μακάρων θερμοῖσι φόνοισιν*) (**DK**31B136). Transmigration, thought Empedocles, means that men are literally killing their relatives, i.e. that the man who eats meat can eat his son, as well as the son can eat his father, or that children can eat their mother because they changed form.

Anaxagoras, then, often cited the mind as the cause of what is good or right, while in other places he asserts that soul is the cause. The philosopher from Clazomenae asserts that the mind exists in all living beings (*ζῴοις*), both large and small, in both the valuable and in those less valuable [39]. Anaxagoras did not always consider mind (*νοῦς*) as something that corresponded to thinking (*φρόνησιν*). Aristotle, however, believes that the mind is not equally inherent in all living beings, not even in all of the men, while in some Anaxagoras' fragments *νοῦς* simply means *ψυχή* in general. Somewhat later (*De An*. 405a13-14) the Stagirites cautiously repeats that it seems to him that the philosopher from Clazomenae still distinguishes between the soul and the mind. The objection placed at the expense of Anaxagoras is that he treats soul and mind as having the same nature, regardless of the fact that he sets mind as a principle [40].

William K. C. Guthrie said that in Anaxagoras the degrees of reality showed that the soul at its lowest level is that what gives the living beings power of self-motion, while the ability of cognition of beings is at higher levels. When he postulated mind as the principle of all movement Anaxagoras linked all the layers of reality. For animate beings mind is an internal faculty but for inanimate things it is an external force [41]. Implicitly present in Empedocles, the idea of degrees of reality will be further elaborated by somewhat older philosopher, Anaxagoras, perhaps the first on in the long line of the history of theory of levels from Antiquity to Nicolai Hartmann [42]. It is not, therefore, surprising to find the places where it is stated that the plants also possess a certain degree of sensation and thought. In addition, Anaxagoras (and Empedocles) says that plants are driven by desire, that they have feelings, sadness and joy (**DK**59A117).

Anaxagoras also asserts that plants are animals (*ζῷα εἶναι*), and as evidence of his claim that plants can feel *"sorrow and joy"* (*λυπεῖσθσαι καὶ ἥδεσθαι*), he mentions the changing of leaves. Despite the arguments of other ancient philosophers that plants and many animals do not breathe, the philosopher from Clazomenae was of the opinion that plants do breathe (*πνοήν*) [43]. Anaxagoras, moreover, in the (Pseudo) Aristotelian manuscript *De plantis* (*Περὶ φυτῶν*) was presented, together with Empedocles and Democritus, as the proponent of the thesis that plants have mind and ability to think. The mind is, according to Anaxagoras, present in all living beings (humans, animals and plants) and it is the same in all of them. The differences between these beings are not a consequence of essential difference among their souls, but a consequence of differences among their bodies, which either facilitate or hinder fuller functioning of *Nous*.

The idea of kinship of entire nature was not an exclusive Italian paradigm but its traces can be found in the Ionian tradition as well. Anaxagoras adopted a widely spread notion that life was originally generated out of moisture, heat, and earth. He actually says that living beings were first created *"in the humidity"* (*ἐν ὑγρῶι*) and later from one another. Air for Anaxagoras contains seeds of all things, and they were brought down from *aer*, together with water, and they generated plants. To this Theophrastus' statement on Anaxagoras, a Christian thinker Irenaeus adds that previously said applies to animals as well, i.e. that *"animals resulted from seeds that fell from heaven to earth"* (*animalia decidentibus e caelo in terram seminibus*) (**DK**59A113). Irenaeus says about Anaxagoras that he was nicknamed an atheist (*atheus*), perhaps because for him the heaven is no longer the father who needs to fertilize the mother Earth by rain, in order for the rain, as his seed, then to grow in the warmth of the bosom of the Earth. Pericles' friend explains things by mimicking to a certain extent mythological forms, however in a rationalized discourse of his viewpoints the seed simply descends to Earth from heaven by rain and germinated with the aid of heat.

At the end of the series of Presocratics, whose views are relevant for the latter attempts to establish non-anthropocentrism, there is Democritus, who was about forty years younger than Anaxagoras. He is mentioned together with Empedocles as a proponent of the viewpoint that it is necessary to identify *φρόνησις* with *αἴσθησις* [44]. In the manuscript *On the Soul* (404a27-29) it is said that for the philosopher from Abdera soul and mind are the same things, since the phenomenon (*φαινόμενον*) is the truth [45]. In the following part of this manuscript the thesis about the identity of soul and mind in Democritus is repeated, together with the claim that he does not consider the mind as a kind of power to achieve the truth [46].

Democritus (and Parmenides and Empedocles) argued that animals have a kind of ability to think. He believed that animals are responsible for what they do, and that they can be the subject of a just punishment. In fragment 257 (**DK**68B257), the Abderite writes that only some i.e. certain animals may be killed. The following fragment specifies that unpunished shall remain the one who kills the animals that cause harm and which want (*θέλοντα*) to cause harm. Now the question is raised what are these "some" animals that may be killed? What are the animals that cause harm and can act intentionally? Democritus may have invoked the distinction, which was attributed to Pythagoras, among wild animals like foxes, reptiles, lions or wolves that could be killed without any fear and farm animals, cattle or horses, which should not been killed, because they probably belonged to someone and were subject to standardized care. Wild animals are *ἀδικεῖν* which means "behave badly" or simply "harm", while the term *δίκαιος* implies that domestic animals are "as they should be", or that they behave "appropriately" and "trained". In the following fragment 258 (**DK**68B258) Democritus said that everything that unfairly (*παρὰ δίκην*) causes harm should be killed. Are there any creatures that do harm fairly (*κατὰ δίκην*)? A potential positive answer lies in the early understanding of the noun *δίκη* as "something normal", what is "normal", and therefore also "right". Wolves and foxes which ravage forests do not behave *παρὰ δίκην*. They do it when they break into corrals with sheep or yards with chicken, so they should be killed at all costs because then they "cause unjust harm". The fragment 259 (**DK**68B259), finally, refers to the fact that the ferocious beasts and reptiles should be killed because they are enemies in any framework [47].

The philosopher from Abdera believed, similarly to Parmenides and Empedocles, that there is a small part of the soul in all things, and therefore in plants as well [48]. Given that he derived thinking (*φρονεῖν*) from the composition of the body, Democritus (**DK**68A135 (58) simply says that it occurs when the soul is in a suitable condition with respect to its mixture. Plutarch reports that Democritus' disciples thought that a plant is an animal that grows from the soil (*ζῷα ἔγγεια*) [49]. Unnamed disciples of the philosopher from Abdera believed, in other words, that there was no substantial difference between plants and animals, except that the plants are rooted in the soil [50].

Some Presocratics were, if we would review what was previously stated, convinced that there was an intrinsic affinity of the entire nature, so without a lot of normative acts but on the basis of a deep belief in their own closeness with other living beings they refused to harm them and use them as food. By leveling animals "upwards" [51], i.e. by attributing similar or identical emotional and intellectual characteristics to all living beings, the first Greek philosophers paved the way for subsequent attempts at scientific, philosophical but also legal modifications of their status, which culminated in the last century.

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The last around fifty years on the European continent were marked by dramatic changes in the area of ethical-moral and legal-political regulation of the protection and welfare of animals. They are the result of legislative activities of individual states [52] as well as of the transposition into the national legislation of a large number of relevant documents adopted under the auspices of the European Council and the various decisions of the bodies of European Union, and of the standardizing of the legislations of European countries [53].

The majority of the adopted laws and regulations reflect the predominantly practical-ethical or bioethical understanding of animals, i.e. the evolution of attitudes of legislators towards the environment, animal life as its integral part, and even towards animals as individual beings or creatures by themselves, their overall integrity and well-being. The meaning of such animal protection was, and still is anthropocentric in nature, since in its center are not animals as such, but different interests of man and society as a whole, such as the protection of human health, economic development and development of various economic branches, animal husbandry, hunting, fishing, protection of public morality, order and good practice and feelings of man towards animals [54] as well as the economic interests of animal owners [55].

When the second point of Article 4 of the „Закон о добробити животиња Републике Србије" ("Law on Animal Welfare of the Republic of Serbia") stipulates that the principle of caring for animals: *"Implies a moral obligation and the duty of man to respect the animals and take care of the life and welfare of animals"* [56], it only shows that it is the obligation of man to protect animals, and it does not entitle the animals the "right" to that protection. This, therefore, refers to the moral duty of man, and not to the "right" of the animals [57]. The rights holder can only be a man, because he alone has the dignity of personality, which is an attitude that is in accordance with the usual anthropocentric theses, and it does not differ much from the majority of similar norms in other European countries [58].

Article 6, paragraph 1 of the "Law" states that the owner or holder of the animal is obliged to: *"Treat the animal with the care of a prudent owner and to provide conditions for keeping and care of animals that correspond to the species, breed, sex, age, as well as physical, biological and production specifics and characteristics of the behaviour and health of the animal; ... The owner or keeper of the animal is responsible for the life, health and welfare of the animal and must take all necessary measures to ensure that no unnecessary pain, suffering, fear and stress or injury is inflicted on the animals"* [59]. Despite this very well-conceived and harmonized with the highest European standards text, the life of animals in the stays or their position during transport is still quite poor [60]. The answer to why this is so partly lies in the fact that there is no concretization of general legal norms of such laws in the legislation, and partly because the adopted regulations limit the minimum standards that are not consistent with the high goals that are postulated by such laws. The rest happens simply because the state control is weak and/or because of the logic of capital, namely these things happen because it is necessary to produce as much meat as possible with as little cost as possible.

Regardless of the fact that the "Law on Animal Welfare" is "a matter of general interest", in itself it does not prohibit any injury or damage to animal health, but only prohibits: *"Stunning, or depriving the animal of life contrary to the provisions of this Law"* [61]. After all, Article 15 of the "Law" sets out the nine bases on which an animal may be deprived of life *"in a human manner"*. These include points 3 and 4, according to which an animal can be slaughtered if it is to be used for food, and if it is used for scientific and biomedical purposes. In the collision of rights, traders of cattle and scientific institutions are favoured, since they can rely on their basic rights to freely exercise their own profession, as well as to the freedom of scientific research [62], namely to the rights guaranteed to them by the highest legal act of the state, the Constitution, while the "Law on Animal Welfare" is an act of a lower ontological rank, that is, a derived act.

As long as modern societies remain largely associated with the consumption of meat, the basic "right" of animals to life may be only gradually implemented, and therefore anchored to the very fence of more specific legal regulations, of course with different programming of dietary and other habits of the new generations of man.

It is highly unlikely that in the foreseeable future man will stop eating animals, i.e. that he will accept this fundamental "right" of animals [63], however that does not mean that we should not continue to work on deepening the protection of non-human living beings.

In other words, in order for the sensibility of animals and plants to be adequately internalized it should become an integral part of the education and upbringing of all from the earliest days. It is very important that the different authorities and the citizens themselves in their knowledge and insights do not go below achieved civilized standards of ethical-moral culture and to reflect on different topics concerning the relationship towards animals and plants with due caution and awareness about the dilemmas they may encounter in their professional work and life.

A suitable interdisciplinary, multidisciplinary, transdisciplinary and pluriperspective approach, as well as awareness about responsibility, should result in a more delicate and responsible treatment of non-human living beings by all mentioned.

Finally, a reasonable care of the protection and welfare of animals does not mean that the author of this paper believes that animals should be entitled to a kind of "moral status", which would be in conformity with human moral phenomenon.

He, moreover, follows the traditional ethical view that moral status can belong only to man, since he is the only natural being that can act morally.

After all, taking care of the "dignity" and all present and future "rights" and status of animals, as well as of deepening of their protection, is basically man's task [64].

REFERENCES

1. AAAS Committee on scientific freedom and responsibility. Scientific freedom and responsibility [Electronic resource]. Washington, DC, American Association for the Advancement of Science, 1975. URL: https://www.aaas.org/sites/default/files/SRHRL/PDF/1975-ScientificFreedomResponsibility.pdf (date accessed: 29.02.2020).
2. Aramini M. Uvod u bioetiku. Zagreb, Kršćanska sadašnjost, 2009. (In Serbian).
3. Aristotel. Fizika. Beograd, PAIDEIA Izd., 2006. (In Serbian).
4. Aristotle. Metaphysics. Trans. W. D. Ross. In The Complete Works of Aristotle II, ed. Jonathan Barnes. Princeton, Princeton University Press, 1991.
5. Aristotle. On Plants. Trans. E. S. Forster. In The Complete Works of Aristotle II, ed. Jonathan Barnes. Princeton, Princeton University Press. 1991.
6. Aristotle. On the Soul. Trans. J. A. Smith. In The Complete Works of Aristotle I, ed. Jonathan Barnes. Princeton, Princeton University Press. 1991.
7. Bentham J. An introduction to the the principles of morals and legislation [Electronic resource]. URL: http://www.earlymoderntexts.com/assets/pdfs/bentham1780.pdf (date accessed: 26.02.2020).
8. Библија, Свето писмо Старог завјета, «Прва књига Мојсијева». Београд, Св. арх. Син. Срп. прав. црк. Izd., 2007. (In Serbian).
9. Callicott J. Encyclopedia of environmental ethics and philosophy. Baird and Frodeman, Robert (eds.). Farmington Hills, MI, Macmillan Reference USA, 2009.
10. Carruthers P. The Animals Issue. Today's Moral Issues. Ed. Daniel Bonevac. Boston, McGraw Hill Publ., 2002, pp. 101–106.
11. Chamovitz D. What a plant knows, a field guide to the senses. 2nd edition. Scientific American / Farrar, Straus and Giroux, 2017
12. Cherniss H. Aristotle's Criticism of Presocratic Philosophy. New York, OCTAGON BOOKS INC. 1964.
13. Cifrić I. Bioetička ekumena. Zagreb, PERGAMENA Izd., 2007. (In Serbian).
14. Čović A. Biotička zajednica kao temelj odgovornosti za ne-ljudska živa bića. In Od nove medicinska etike do integrativne bioetike. eds. Ante Čović, Nada Gosić and Luka Tomašević, 37. Zagreb, PERGAMENA Izd., 2009. (In Serbian).
15. Derrida J. The animal that therefore i am (More to Follow) [Electronic resource]. Critical Inquiry, 2002, vol. 28, no. 2, pp. 369–418. URL: http://www.jstor.org/stable/1344276. (date accessed: 26.02.2020).
16. Diels, Hermann and Kranz, Walther. Die Fragmente der Vorsokratiker I-III. Zürich, Weidmann Izd., 1985–1987.
17. Dombrowski, D. A. The Philosophy of Vegetarianism. Amherst, The University of Massachusetts Press, 1984. (In Serbian).
18. Dunayer J. Specizam. Zagreb; Čakovec, Inst. za etn. i folk. Zagreb, D. D. Čakovec. (In Serbian).
19. Eterović I. Kant i bioetika. Zagreb, PERGAMENA Izd., Cent. za int. bioet. Fil. fak. Sveuč. u Zagrebu, 2017. (In Serbian).
20. European convention for the protection of vertebrate animals used for experimental and other scientific purposes [Electronic resource]. URL: http://conventions.coe.int/treaty/en/treaties/html/123.htm. (date accessed: 25.02.2020).
21. Frey R.G. Animals and their medical use. In Contemporary Debates in Applied Ethics. Andrew I. Cohen and Christopher H. Wellman (eds.), Oxford, Blackwell Publishing, 2005, pp. 91-–103.
22. Guthrie W.K.C. A History of Greek Philosophy. Part I. Cambridge, Cambridge University Press, 1962.
23. Guthrie W.K.C. A history of greek philosophy. Part II. Cambridge, Cambridge University Press, 1965.
24. Hartman N. Novi putevi ontologije. Beograd, BIGZ Izd., 1973. (In Serbian).
25. Herodot. Istorija. Beograd, Dereta Izd., 2009. (In Serbian).
26. Homer. Ilijada. Novi Sad, I.r.o. Mat. srp. 1985. (In Serbian).
27. Homer. Odiseja. Beograd, Zav. za udžb. i nast. sred, 2002. (In Serbian).
28. Huffman C.A. The Pythagorean tradition. In The Cambridge Companion to EARLY GREEK PHILOSOPHY. Ed. Antony A. Cambridge, Cambridge University Press, 1999.
29. FIVE FREEDOMS. ASPCA® [Electronic resource]. URL: http://www.aspcapro.org/sites/pro/files/aspca_asv_five_freedoms_final_0_0.pdf. (date accessed: 26.02.2020).
30. Jaeger W. the theology of the early greek philosophers. Oxford, Oxford University Press, 1967.
31. Jahr F. Reviewing the ethical relations of humans towards animals and plants. In Fritz jahr and the foundations of global bioethics. The future of integrative bioethic. Amir Muzur and Hans-Martin Sass (eds.). Berlin – Münster – Wien – Zürich – London, Lit Verlag Publ., 2012.
32. Jahr F. Zaštita životinja i etika u svom međusobnom odnosu. In Fritz Jahr i rađanje europske bioetike. Iva Rinčić and Amir Muzur. Zagreb, PERGAMENA Izd., 2012. (In Serbian).
33. Jamblih. Pitagorin život. Beograd, DERETA Izd., 2012. (In Serbian).
34. Jamieson D. Ethics and Environment. Cambridge, Cambridge University Press, 2008.
35. Jonas H. Princip odgovornosti. Sarajevo, 1990. (In Serbian).
36. Jurić H. Etika odgovornosti Hansa Jonasa. Zagreb, PERGAMENA Izd., 2010. (In Serbian).
37. Калуђеровић Ж., Миљевић А. Стагиранин, Ерешанин и не-људска жива бића [Electronic resource]. ARHE XVI, 2019, vol. 31, pp. 105–131. URL: http://arhe.ff.uns.ac.rs/index.php/arhe (date accessed: 29.02.2020).
38. Kaluđerović Ž. Bioethics and hereditary genetic modifications [Electronic resource]. Conatus – Journal of Philosophy, 2018, vol. 3, no. 1, pp. 31–44. URL: https://ejournals.epublishing.ekt.gr/index.php/Conatus/article/view/18452 (date accessed: 29.02.2020).
39. Kaluđerović Ž. Dike i dikaiosyne. Скопје, Магнаскен, 2015. (In Serbian).
40. Kaluđerović Ž. Pretpostavke nastanka morala. Bošnjačka pismohrana. Zbornik radova Simpozija «Gdje je nestao – moral», 2016, vol. 15, no. 42–43, pp. 135–147. (In Serbian).
41. Kaluđerović Ž. Talesov vitalizam. Filozofska istraživanja, 2015, vol. 139, no. 35(3), pp. 471–482. URL: https://hrcak.srce.hr/158782 (date accessed: 26.02.2020). (In Serbian).
42. Kant, I. Groundwork for the Metaphysics of Morals. Trans. A. W. Wood. New Haven and London, Yale University Press, 2002.
43. Krznar T. U blizini straha. Karlovac, Veleučilište u Karlovcu Izd., 2016. (In Serbian).

44. Krznar T. Znanje i destrukcija. Zagreb, PERGAMENA Izd., 2011. (In Serbian).

45. Laertije D. Životi i mišljenja istaknutih filozofa. Beograd, BIGZ Izd., 1973. (In Serbian).

46. Lerga I.R. Bioetika i odgovornost u genetici. Zagreb, PERGAMENA Izd., 2007. (In Serbian).

47. Meyer-Abich K.M. Praktische Naturphilosophie. München, C. H. Beck, 1997.

48. Meyer-Abich K.M. Wege zum frieden mit der natur. München und Wien, Hanser, 1984. (In German).

49. Platon. Timaj. Beograd, Mladost Izd., 1981. (In Serbian).

50. Porphyry. On abstinence from animal food [Electronic resource]. Trans. T. Taylor. URL: https://books.google.rs/books?id=pu5hAAAAcAAJ&printsec=frontcover&dq=porphyry+on+abstinence+from+animal+food+pdf&hl=en&sa=X&ved=0ahUKEwjWkejdnr_TAhVBtxoKHTY1BxIQ6AEIJjAB#v=onepage&q&f=false (date accessed: 27.02.2020).

51. Encyclopedia of Bioethics I. Ed. Post S. T. New York, Macmillan Reference USA, 2004.

52. Protopapadakis E.D. Animal rights, or just human wrongs? In Animal Ethics Past and Present Perspectives. Ed. Evangelos D. Protopapadakis. Berlin, Logos Verlag Berlin GmbH, 2012, pp. 279–291.

53. Regan T. All that dwell therein. Berkeley, University of California Press, 1982.

54. Regan T. The case for animal rights. Berkeley, University of California Press, 2004.

55. Rinčić I. Europska bioetika: ideje i institucije. Zagreb, PERGAMENA Izd., 2011.. (In Serbian).

56. Singer P. Oslobođenje životinja. Zagreb, Ibis grafika Izd., 1998. (In Serbian).

57. Singer P. Practical ethics. New York, Cambridge University Press, 2011.

58. Singer P. Writings on an Ethical Life. New York, HarperCollins Publishers Inc., 2001.

59. Steiner G. Anthropocentrism and its discontents: the moral status of animals in the history of western philosophy. Pittsburgh, University of Pittsburgh Press, 2005.

60. The universal declaration of human rights [Electronic resource]. URL: http://www.un.org/en/universal-declaration-human-rights (date accessed: 25.02.2020).

61. Universal declaration of animal rights. URL: http://www.esdaw.eu/unesco.html (date accessed: 29.02.2020).

62. Constitution of the Republic of Serbia. 2006. (In Serbian).

63. Visković N. Kulturna zoologija. Zagreb, Jesenski i Turk Izd., 2009. (In Serbian).

64. Zagorac I. Bioetički senzibilitet. Zagreb, PERGAMENA Izd., 2018. (In Serbian).

65. Law on animal welfare of the Republic of Serbia [Electronic resource]. URL: http://www.paragraf.rs/propisi/zakon_o_dobrobiti_zivotinja.html (date accessed: 25.02.2020).

66. Law on animal protection and welfare of Bosnia and Herzegovina [Electronic resource]. URL: http://vfs.unsa.ba/web/images/dokumenti/Zako_o_zastiti_i_dobrobiti_zivotinja.pdf (date accessed: 29.02.2020).

67. Law on animal protection and welfare of Montenegro [Electronic resource]. URL: http://www.sluzbenilist.me/PravniAktDetalji.aspx?tag=%7B92A63CC4-3155-49BD-BB32-EC9624638EB3%7D (date accessed: 29.02.2020).

68. Law on animal protection of the Republic of Croatia [Electronic resource]. URL: https://narodne-novine.nn.hr/clanci/sluzbeni/2017_10_102_2342.html (date accessed: 29.02.2020).

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ETHICAL AND LEGAL PROBLEMS CAUSED BY COVID-19 PANDEMIC

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In the article these are considered ethical and legal problems caused by the ongoing pandemic of the new coronavirus disease (COVID-19). New challenges for health care, economy, education not only revealed rather a high level of stability and mobility, but also showed a poor readiness of response to sudden risks, which had a certain impact on all spheres of life of the whole society. The authors have conducted a brief cross-cultural analysis of the issue basing on data quoted by the international network of UNESCO chairs in bioethics, sessions of the Bioethics Committee within the RF Commission on UNESCO affairs, as well as official open sources of the health care system and judicial sphere of the Russian Federation. Strong reciprocal link of legal risks in the interdisciplinary field of medicine and law are made discernable: on the one hand, introduction of sanitary and hygienic regulations (using of personal protection gear, sanitary processing, maintaining social distance, etc.) are aimed at the realization of the right of protecting the health, while on the other hand they represent a violation of basic human rights. Besides the theoretical approach to the problem of the observance of the constitutional rights of citizens in the pandemic conditions there exists a real threat of their violation due to absence of special mechanisms of their realization in frames of sanitary and hygienic measures with regard to the vulnerable and socially disadvantaged sections in the society. It is made conclusion about necessity of the international collaboration for the purpose of joint decision-making and action in the sphere of health care taking into account an international character of ethical and legal challenges triggered by COVID-19 pandemic, as well as national, economic, cultural and confessional peculiarities.

Key words: COVID-19 pandemic, social institutions, health care, ethical and legal issues, citizens' rights and freedoms.

ЭТИЧЕСКИЕ И ПРАВОВЫЕ ПРОБЛЕМЫ, ВЫЗВАННЫЕ ПАНДЕМИЕЙ COVID-19

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В статье обсуждаются этические и правовые проблемы, вызванные распространением новой коронавирусной инфекции. Здравоохранение, экономика, образование, приняв неожиданный вызов, продемонстрировали не только степень своей устойчивости и мобильности, но и невысокую готовность быстрого реагирования на внезапные риски, что, несомненно, отразилось на всех сферах жизни общества. Авторами проведен краткий кросскультурный анализ рассматриваемой проблемы на основе данных, проведенных Международной сетью кафедр биоэтики ЮНЕСКО панельных сессий «Этические и правовые вызовы пандемии COVID-19», заседания комитета по биоэтике при Комиссии РФ по делам ЮНЕСКО, а также открытых официальных источников системы здравоохранения и правовой сферы РФ. Показана взаимообусловленность правовых рисков в междисциплинарном поле медицины и права: с одной стороны, вводимые санитарно-гигиенические меры (использование средств индивидуальной защиты, санитарная обработка, социальная дистанция и др.) направлены на реализацию права на сохранение здоровья, с другой, – инициируют нарушения основных свобод. Кроме теоретического подхода к проблеме обеспечения конституционных прав в условиях пандемии, существует и реальная угроза их нарушения вследствие отсутствия специальных механизмов их реализации с соблюдением санитарно-гигиенических мер к социально незащищенным группам населения. Сделан вывод о необходимости международной коллаборации для выработки совместных решений в области здравоохранения, в связи с интернациональным характером этических и правовых проблем, вызванных пандемией COVID-19, с учетом национальных экономических, культурных, конфессиональных особенностей.

Ключевые слова: пандемия COVID-19, социальные институты, здравоохранение, этические и правовые проблемы, права и свободы граждан.

The pandemic of the newly registered coronovirus infection has become a serious challenge for all social institutions. Health care, economics, education responding to new challenges demonstrated besides their stability and mobility a poor readiness to react in cases of sudden emergency [3, 8]. This certainly had an impact on each and every sphere of social life. Ethical and legal problems caused by COVID-19 pandemic have become a consequence of social institutions inadequacy in critical situations.

Within the frames of panel sessions held by the International network of Chairs in bioethics of UNESCO (since March 2020 up till now), there were defined ethical and legal challenges caused by COVID-19 pandemic in health care systems at the global level. It was made possible thanks to participation of over 420 leading specialists in the sphere of bioethics and medical law from different countries, such as Australia, Germany, India, Israel, Kenya, Great Britain and the United States of America in on-line discussions concerning the issue [1, 4].

As Professor Russell D'Souza (Melbourne) has rightly stated, after the World Health Organization announced COVID-19 outbreak a pandemic on March 11, 2020 the world faced an unprecedented crisis concerning ethical and legal issues at the political level. He pointed out that justice and public health are closely interconnected. Hence the balance between the needs of public health care and civil rights, as well as social impact on government decision making, incites grave political and ethical problems in many countries.

Professor Ilana Belmaker (Israel) spoke about the broad public response to the government decision on limiting freedoms of elderly population in view of the position of orthodox Jews living with their large families in poor communities. As a direct consequence of the introduced practice of quarantine of “hotspots”, part of the population avoided seeking medical attention from medical institutions for fear of penalty for violating quarantine regulations

Professor Mariom Mutugi (Kenya) dwelled on the disparity between medical awareness, social attitudes and practice. She highlighted cultural aspects, funeral ceremony, in particular, as mourning and burial rites are extremely important in African countries. In most African countries the potential of testing is low. This causes a certain stigmatization. The decision making on resources’ distribution should be taken on ethical principles. Besides, Professor M. Mutugi called journalists of medical media to act in compliance with ethics while using statistics data and fake news.

Professor Joseph Thornton from University of Florida, USA, said that serious contradictions about resources’ distribution in COVID-19 conditions have been revealed in the USA.

Professor Vivienne Harpwood (She chairs the Welsh NHS Confederation, GB) pointed out that the law on coronavirus triggered a controversial response in the society due to the limitation on personal autonomy. From the bioethics viewpoint, the most socially vulnerable groups: homeless people, cancer patients and patients suffering from psychiatric disorders arouse particular concern.

In the course of a series of panel webinars the conclusion was made about the necessity of providing at the governmental level at least four positions in the sphere of the public health care: planning policy in the face of uncertainty and properly responding to unparalleled challenges, protecting health care workers and taking appropriate actions to improve medical services.

An open session of the Bioethics Committee within the RF Commission on UNESCO affairs was held online 30.04.2020 where ethical and psychological aspects of coronavirus infection pandemic were discussed. Yury Zinchenko, President of the Russian psychological society during his presentation pointed out, in particular, that COVID-19 pandemic revealed national problems of legal regulation of psychological assistance to different social groups, among them medical staff.

Alexander Chouchalin, Academician of the Russian Academy of Sciences, pointed out the difficulty in expressing empathy towards patients for doctors wearing personal protective equipment, which makes it difficult even to communicate verbally. Vladimir Mendelevich attracted attention to the necessity of providing psychological assistance not only to the population in the conditions of the imposed informatization and self-isolation but also to medical workers who provide medical assistance to Covid-19 patients, which causes unprecedented physical and emotional stress.

The introduction of regulations aimed at halting the spread of COVID-19 led, in its turn, to changing the activities of the major social institutions in Russia, including law enforcement, due to extrapolation of medical (sanitary and hygienic) measures. In the sphere of judicial problems an ongoing and especially heated debate concerns different aspects of human rights violation as a consequence of restrictive policies introduced by practically all governments all over the world in conditions of COVID-19 pandemic.

The current situation demonstrates the importance of compliance and effective implementation of civil, political, economic, social and cultural human rights though mass media of many countries keep commenting on numerous violations of these rights. Not only the issue of restrictions on freedoms is focused on, but the issue of implementation of electronic surveillance of the population is concentrated on too.

On the one hand, the introduced sanitary and hygienic measures (requirement for personal protective equipment, sanitary processing, social distance) are aimed at realization of the right to protecting the health; on the other hand it initiates debate on basic human rights violation. Besides the theoretical approach to the issue of ensuring the constitutional rights in pandemic conditions there exists a real risk of their violation, as there exist no specific mechanisms of their realization in compliance with sanitary and health requirements for certain groups of population.

Among other things, the Russian Federal Bar Association called regional rights activists to file petitions or complains on changing measures of restraint to others than detention in custody, especially for elderly people and for those suffering from chronic diseases.

Moscow lawyers were the first to propose to simplify the process of mass appeals with a standard template where “high risks of spread of the new coronavirus infection among elderly people and those suffering from chronic diseases” is emphasized.

The official site of the Russian Federal Bar Association published an address in April 2020, which read, in part: *“if law-enforcement institutions work not only for reporting but for ensuring a true security of citizens we don’t see any reason why they could deny such lawyers’ petitions satisfaction» [3].* Along with that lawyers referred to the experience of some European countries *where imposing preventive measures does not necessarily mean confinement in pre-trial detention facilities.*

The official site of the Russian Federal Bar Association also refers to the words of Vadim Klyuvgant, vice-chairman of the Lawyers Rights Protection Commission (the Moscow Chamber of Attorneys) who expresses the hope that “*in the current situation Prosecutor's Offices, as well as other law enforcement institutions shall support as priorities the protection of human rights of people not found guilty but detained in custody, as it takes place in other countries”* [9].

Another public law organization for human rights protection “The Public Verdict Foundation” called on the government and the Federal Penal Correction Service to be publicly transparent in respect of implementation of control measures against the spread of the coronavirus infection in places of deprivation of liberty.

Human rights activists suggested that the amnesty granted on the occasion of the celebration of the 75th anniversary of the Victory in the Great Patriotic War should become one of the effective tools of reducing the prison population. Other mechanisms were suggested to be implemented at the pre-trial stage to provide security of the participants in criminal proceedings; beginning with April 2020, the proceedings of all criminal cases were halted because of the risks of coronavirus infection spread, according to the decision of the Supreme Court of the Russian Federation.

Exceptions were made only for urgent court proceedings, among them decisions on the selection, extension, change of a preventive measure, cancellation of a measure of restraint; on protection of minors’ and legally incompetent individuals’ interests in case of refusal of a parent or other legal representative from vitally needed medical intervention [2, 4]. Such kind of a moratorium doesn’t concern hearing cases in writ (summary) simplified proceedings either. Furthermore, to ensure the realization of restrictive measures due to pandemic public access to the courts for the visitors who are not parties to judicial proceedings is strictly limited.

The Supreme Court of the Russian Federation recommends to all courts to shift towards hearing cases using systems of video conferencing to the extent possible. Petitioners are supposed to apply be electronic documents via courts’ electronic (online) reception centers or by Russian Post [5, 7]. It goes without saying that implementation of such regulations requires a prompt legislative initiative, especially in view of the prognosis of the second wave of COVID-19 [1, 6].

To sum it up COVID-19 pandemic triggered a range of ethical and legal problems characterized by specific economic, cultural, confessional peculiarities, which require international collaboration for joint decision making in the sphere of health care [4, 5].

REFERENCES

1. Bychkova O. I. Ethics and law in the relationship between doctor and patient in military medicine. Military Medical Journal, 2018, vol. 339, no. 9, pp. 11–15. (In Russ.).

2. Goldin Yu.A. Bioethical dilemmas associated with the patient's vulnerability. International Journal of Experimental Education, 2017, no. 4-1, pp. 52–53. (In Russ.).

3. Donika A.D., Petrov A.V. Features of the assessment of legal norms and ethical dilemmas by students of a medical university. Medical Law, 2019, no. 6, pp. 44–48. (In Russ.).

4. Donika D.A. On the issue of abuse of law as a problem in criminal procedural science. Bulletin of the East Siberian Institute of the Ministry of Internal Affairs of Russia, 2020, no. 2 (93). pp. 132–143. (In Russ.).

5. Donika D.A. Abuse of subjective law as a violation of constitutional rights in criminal proceedings. Modern criminal procedural law – lessons of history and problems of further reform, 2019, vol. 1, no. 1 (1), pp. 198–207. (In Russ.).

6. Trubnikova T.V. Everyone's constitutional right to judicial protection of his rights and freedoms and the right to a fair trial: correlation and place in the criminal process of the Russian Federation. Law and Life, 2010, no. 143 (5), pp. 115–127. (In Russ.).

7. The initiative is subject to scaling throughout the country [Electronic resource]. URL: https://fparf.ru/news/fpa/initsiativa-podlezhit-masshtabirovaniyu-na-vsyu-stranu (date accessed: 05.20.2020). (In Russ.).

8. Coronavirus forced Russian judges to suspend the consideration of cases. [Electronic resource]. URL: https://pasmi.ru/archive/262546 (date of access: 20.05.2020). (In Russ.).

9. Official site of the Federal Chamber of Lawyers of Russia [Electronic resource]. URL: https://fparf.ru (date of access: 20.05.2020). (In Russ.).

ЛИТЕРАТУРА

1. Бычкова, О.И. Этика и право в отношениях врача и пациента в военной медицине / О.И. Бычкова // Военно-медицинский журнал. – 2018. – Т. 339, № 9. – С. 11–15.

2. Голдин, Ю.А. Биоэтические дилеммы, связанные с уязвимостью пациента / Ю.А. Голдин // Международный журнал экспериментального образования. – 2017. – № 4-1. – С. 52–53.

3. Доника, А.Д. Особенности оценки правовых норм и этических дилемм студентами медицинского вуза / А.Д. Доника, А.В. Петров // Медицинское право. – 2019. – № 6. – С. 44–48.

4. Доника, Д.А. К вопросу злоупотребления правом как проблеме в уголовно-процессуальной науке / Д.А. Доника // Вестник Восточно-Сибирского института Министерства внутренних дел России. – 2020. – № 2 (93). – С. 132–143.

5. Доника, Д.А. Злоупотребление субъективным правом как нарушение конституционных прав в уголовном судопроизводстве / Д.А. Доника // Современное уголовно-процессуальное право – уроки истории и проблемы дальнейшего реформирования. – 2019. – Т. 1, № 1 (1). – С. 198–207.

6. Трубникова, Т.В. Конституционное право каждого на судебную защиту его прав и свобод и право на справедливое судебное разбирательство: соотношение и место в уголовном процессе РФ / Т.В. Трубникова // Право и жизнь. – 2010. – № 143 (5). – С. 115–127.

7. Инициатива подлежит масштабированию на всю страну [Электронный ресурс]. – URL: https://fparf.ru/news/fpa/initsiativa-podlezhit-masshtabirovaniyu-na-vsyu-stranu (дата обращения: 20.05.2020).

8. Коронавирус заставил российских судей приостановить рассмотрение дел. [Электронный ресурс]. – URL: https://pasmi.ru/archive/262546 (дата обращения: 20.05.2020).

9. Официальный сайт Федеральной палаты адвокатов России [Электронный ресурс]. – URL: https://fparf.ru (дата обращения: 20.05.2020).

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DEVELOPMENT TENDENCIES OF THE INCLUSIVE EDUCATION SYSTEM AT HIGHER MEDICAL SCHOOL: ADAPTATION, MAINTENANCE, PROFESSIONAL READINESS

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This article considers the issues of adaptation and organization of the educational process, barrier-free environment and readiness for professional activity of students with disabilities in inclusive education in conditions of inclusive education in a medical university. The relevance of this work is determined by one of the priority areas of state policy in the field of higher education – access to higher education for people with disabilities in inclusive education. Inclusive education at the university is designed to ensure not only the realization of the right of students with disabilities in inclusive education to higher education, but also to solve the problems of socialization and professional demand for such people. In order to improve the process of introducing inclusive education at the Ryazan State Medical University named after Academician I.P. Pavlov, a study was conducted, the main problems and ways of solving them were identified, related to the organization of the educational process, the conditions of the barrier-free environment and the readiness for professional activity of students with disabilities in inclusive education. An increase in the proportion of university teachers who have undergone advanced training in inclusive education also contributes to solving problems. Adaptation of educational programs and educational and methodological support for persons with disabilities includes psychological, pedagogical and tutor support etc. The organization of the educational process using distance education technologies is one of the priority conditions for teaching students with disabilities and/or HIA. The use of this technology makes it possible to significantly expand and modify some educational standards for students with disabilities in inclusive education, namely, to create an individual way for each student with disabilities in inclusive education in a medical university. It is proposed to use training techniques such as: online consultation of teachers; VR technologies; availability of training materials 24/7; online webinars that facilitate the inclusion of such students in the educational and research activities of the university. The professionally organized educational space and educational process of the university provide not only a high level of mastery of professional competencies, but also contribute to the formation of personal qualities of students with disabilities in inclusive education, necessary for their successful socialization, life and activity in society.

Key words: inclusive education, adaptation, support, professional readiness, a person with a disability or limited health.

ТЕНДЕНЦИИ РАЗВИТИЯ СИСТЕМЫ ИНКЛЮЗИВНОГО ОБРАЗОВАНИЯ В ВЫСШЕЙ МЕДИЦИНСКОЙ ШКОЛЕ: АДАПТАЦИЯ, СОПРОВОЖДЕНИЕ, ПРОФЕССИОНАЛЬНАЯ ГОТОВНОСТЬ

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В данной статье рассматриваются вопросы адаптации и организации образовательного процесса, условиях безбарьерной среды и готовности к профессиональной деятельности студентов с инвалидностью и/или ОВЗ в условиях инклюзивного образования в медицинском вузе. Актуальность данной работы определена одним из приоритетных направлений государственной политики в сфере высшего образования – доступность высшего образования для людей с инвалидностью и/или ограниченными возможностями здоровья. Инклюзивное образование в вузе призвано обеспечить не только реализацию права лиц с инвалидностью и/или ОВЗ на получение высшего образование, но и решить проблемы социализации и профессиональной востребованности таких людей. В целях совершенствования процесса внедрения инклюзивного образования в Рязанском государственном медицинском университете имени академика И.П. Павлова было проведенного исследование, обозначены основные проблемы и пути их решения, связанные с организацией образовательного процесса, условиями безбарьерной среды и готовностью к профессиональной деятельности студентов с инвалидностью и/или ОВЗ. Решению проблем способствуют также увеличение доли преподавателей вуза, прошедших повышение квалификации в сфере инклюзивного образования; адаптация образовательных программ и учебно-методического обеспечения образовательного процесса для инвалидов и/или лиц с ограниченными возможностями здоровья; психолого-педагогическое и тьюторское сопровождение и др. Организация образовательного процесса с использованием дистанционных образовательных технологий является одним из приоритетных условий обучения студентов с инвалидностью и/или ОВЗ. Использование данной технологии позволяет в значительной мере расширить и видоизменить некоторые стандарты образования для студентов с инвалидностью и/или ОВЗ, а именно создать каждому студенту с инвалидностью и/или ОВЗ индивидуальную траекторию развития в медицинском вузе. Предлагается использовать такие техники обучения, как: online-консультация преподавателей; VR-технологии; доступность учебных материалов 24/7; online-вебинары, которые способствуют включению таких обучающихся в учебную и научно-исследовательскую деятельность вуза. Профессионально организованные образовательное пространство и учебный процесс вуза обеспечивают не только высокий уровень овладения профессиональными компетенциями, но и способствуют формированию личностных качеств студентов с инвалидностью и/или ОВЗ, необходимых для их успешной социализации, жизни и деятельности в обществе.

Ключевые слова: инклюзивное образование, адаптация, сопровождение, профессиональная готовность, лицо с инвалидностью или ограниченными возможностями здоровья.

Relevance. More recently, the status of "disabled" or "person with disabilities" was associated in the public consciousness with the cacogenesis (inability) of such subjects to make independent decisions. To date, the situation has fundamentally changed and attitudes towards people with disabilities have begun to change. This is primarily due to the fact that in connection with the demographic crisis, it became necessary to attract additional labor resources in the public sphere.

The possibility of obtaining vocational education for people with disabilities is laid down in the State's current educational policy, which is aimed at expanding the opportunities of this category of persons and creating conditions for their successful socialization. However, when obtaining vocational education at a higher educational institution, state educational standards are mandatory not only for conditionally healthy students, but also for students with disabilities.

There is a contradiction between the declared accessibility of vocational education and the different possibilities for obtaining it. Therefore, the problem of adapting to the conditions of study at a university, accompanying, vocational guidance and mentoring in the process of employing students with disabilities and disabilities becomes important.

In the context of inclusive education, the university, in the process of reform, mainly pays attention to the educational and educational side, the material and technical support of the educational process, the recruitment of students as a source of funding. At the same time, issues of emotional and psychological well-being of students with disabilities and HIA, adaptation and motivation of them to educational and intellectual, professional and social activities remain not completely resolved.

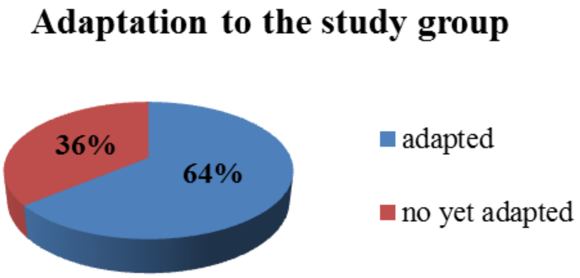
Purpose. The purpose of this study is to study the problems of adaptation, organization of the educational process, conditions of barrier-free environment and readiness for professional activity of students with disabilities and HIA in conditions of inclusive education in a medical university.

Materials and methods. To analyze the state of the problem related to adaptation, the organization of the educational process at the university, the conditions of a barrier-free environment and readiness for professional activity in an inclusive education, 54 students with disabilities and HIA 1-6 courses of the medical faculty of the Ryazan State Medical University named after Academician I.P. Pavlov were interviewed and tested. The following methods were used as research methods:

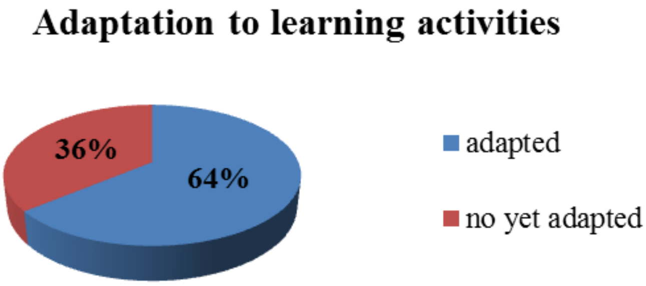
- Adaptation Study Methodology – Adaptation Test;
- methodology for the diagnosis of readiness for professional activity "Professional readiness" (A.P. Chernyavskaya);
- questionnaire.

Results and discussion. Students with disabilities and HIA of the first year of the Faculty of Medicine were investigated using the Adaptation test, consisting of 16 judgments, in relation to which students had to express their degree of consent. The methodology contained two scales: adaptations to the training group and to training activities.

On the first scale – 64 % of students with disabilities and/or HIA are adapted to the study group, 36 % of students have difficulties due to the fact that these students are fixated on their diagnosis, it is difficult for them to seek help from fellow students, and they also try to stay away, showing restraint in relationships, as they can be misunderstood.



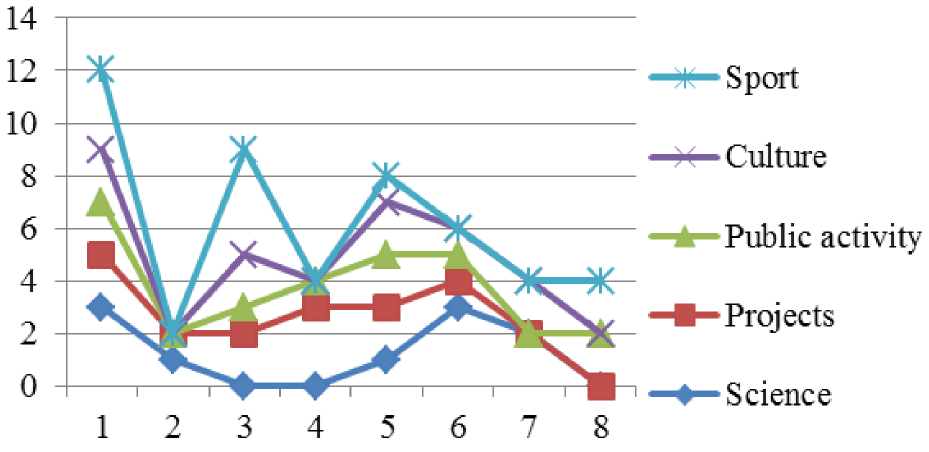
On the second scale – 44 % of students with HIA and/or disability have not yet been adapted to the educational process. The main difficulties of these students are the fact that in the classroom it is difficult for them to express their thoughts, ask a question and contact the teacher.



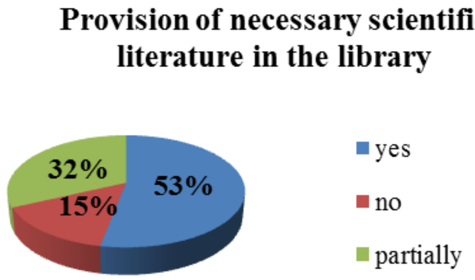
Most of them need additional guidance from teachers.

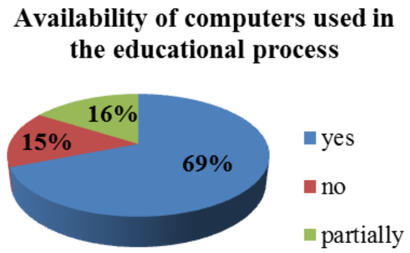
Based on the results of the survey of students with disabilities and HIA 2–4 courses of the Faculty of Medicine, the following can be noted:

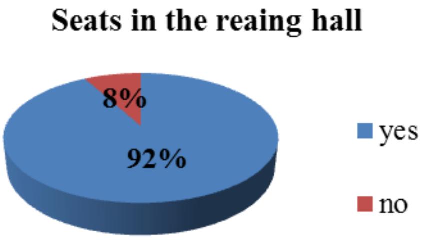
- 85 % of students are satisfied with the comfort of the interior, university premises (audiences, corridors, lobbies, toilets, computer and laboratory equipment);
- 91 % of respondents are satisfied with the schedule of classes, the schedule of the educational process, the work of the dean's office, the opportunity to receive advice;
- 67 % respondents are satisfied with the work of tutors and curators responsible for individual professional trajectory and educational work;
- 75 % of respondents are satisfied with the accessibility of the educational environment for students with disabilities, the presence of ramps, elevators, etc., as well as assistive (assisting, special) equipment;
- 90 % of respondents note a favorable climate (friendly atmosphere) in their student group, but 51% indicate rare conflict situations;
- 46 % of students usually go to university and study in a group with a light and positive mood, but sometimes they have problems, 38 % – with a light and positive, they want to go to university, work in a group, 16 % – most often with a heavy and negative, but there is a positive attitude;
- 8 % of respondents need the support of a psychologist, 30 % – sometimes feel the need for the help of a psychologist;
- 69 % of respondents are generally satisfied with their student life;
- 54 % of students indicate minor health problems (in general, they feel good) when assessing the level of their physical condition, 30 % indicate their poor health and serious health problems;
- 92,5 % of students have the opportunity to prove themselves in classes (seminars, lectures, laboratory, project activities, etc.);
- 54 % of respondents receive assistance and support in their training group in difficult situations, 38 % – sometimes and 8 % – never;
- 92,5 % of respondents say that in their group there is no negative attitude towards students with disabilities;
- 92,5 % of students do not need assistive equipment;
- 58 % of students have no problems with academic performance, 42 % have problems in biochemistry, physiology, histology and hygiene;
- 85 % of respondents were satisfied with the organization of the educational process, 62 % with the organization of free time, 62 % with the organization of food;
- 69 % of students did not encounter problems in relations with teachers, 31 % – encountered;
- 62 % of students do not seek help from the teacher due to the reduced confidence threshold, 31 % due to their hesitation, 7 % due to the presence of phobia against teachers;
- 50 % of respondents are uncertain when assessing their prospects in the labor market and consider their chances of employment not very high, 33 % look to the future with optimism, 17 % are ready to work where they can earn more, regardless of specialty;
- 50 % of students would choose the same profession again in the same educational institution, 50 % would choose another profession and another educational institution;
- degree of self-realization of students with HIA and/or disability in the fields of science, design, social activities, culture and sports:

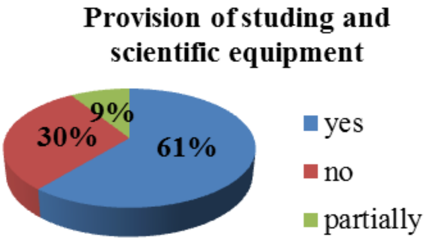


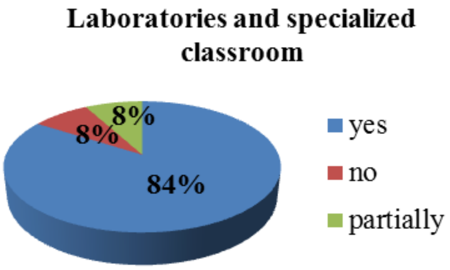
Satisfaction with the material base of the university:

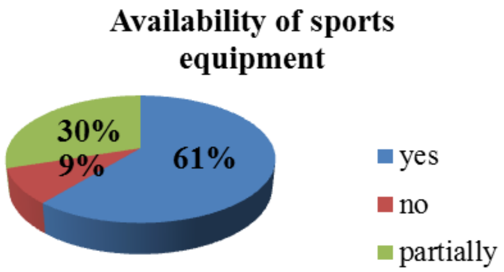


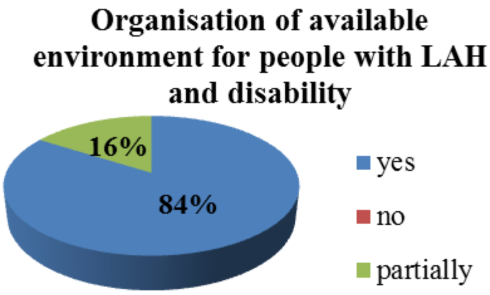






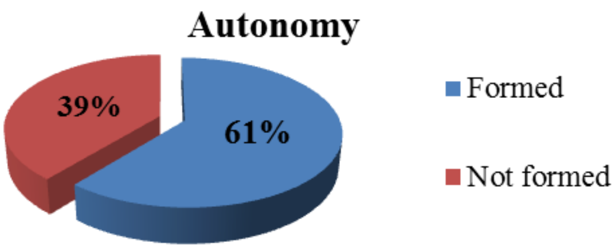






Students of 5 and 6 years were invited to undergo testing for readiness for professional activity. The goal is to determine the level of readiness to make adequate professional choices. Professional readiness is considered by us according to the following criteria: autonomy, awareness, decision-making, planning and emotional attitude.

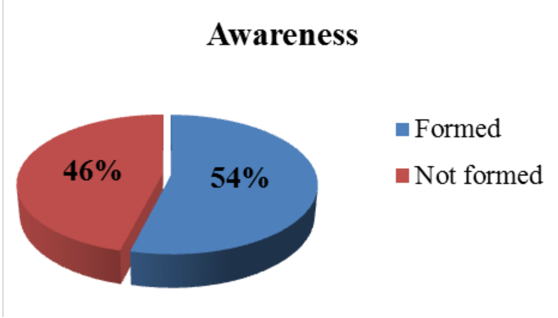
1. Autonomy is the ability to self-study, to independently set the goals and objectives of their activities, the ability to self-evaluate and evaluate activities.



As a result of testing, we obtained the following results: 39% of senior students with a disability or HIA did not have such a criterion as autonomy.

The development of autonomy is a continuous, gradual process with different levels, in which the teacher has an important role. With the development of this ability, it is proposed to move from teaching activities managed by the teacher to teaching activities, which are carried out independently, that is, through the use of personally oriented technologies.

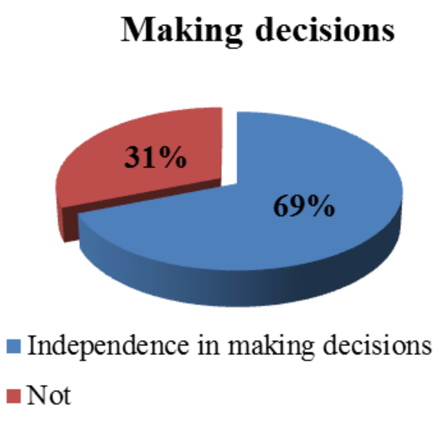
2. Awareness of the world of professions is the ability to relate information to one's own characteristics.



In our study, testing showed that this criterion was formed in only 54 % of students.

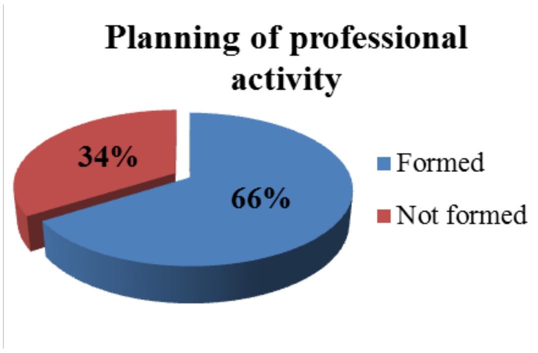
The question of the sources of professional information was important. It is with ignorance of the sources of information that the main difficulties and errors in choosing a profession are associated.

3. The ability to make decisions is the presence of several possible ways of solving, leading to the fact that a person perceives the situation as requiring an independent decision.



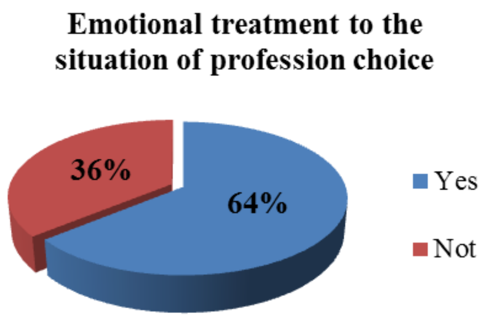
The results of our study show that 31 % of senior students with disabilities and HIA are afraid or do not know how to make independent decisions. This is a big problem, since graduate courses should fully form clinical thinking.

It is important to note that the main condition for the ability to make a decision is the autonomy and independence of a person, that is, the level of decision-making skills is inextricably connected with the level of maturity of the person. In addition, it is important to know the decision algorithm.



4. The ability to plan your professional life is a continuous process: even without changing your workplace, a person always develops – receives additional qualifications, learns new working methods, changes his role. In other words, a person, being at one of the points of the professional path, is the result of his development in the past and assumes a certain development in the future.

5. Emotional attitude to the situation of choosing a profession is an emotional component of professional maturity, manifested in a person's general mood and closely related to the emotional component of the maturity of the personality as a whole, which manifests itself in a positive emotional mood, life optimism, emotional balance and tolerability of failures.



Thus, the psychological readiness of a medical student for professional activity is some kind of mental state that arises as a result of an informed or unconscious reflection of the psychological structure of professional activity and is characterized by certain personality properties. It is possible to develop this mental state in future doctors, including within the framework of a systematic approach in preparation for professional activity, where special attention should be paid to the formation of adequate professional motivation, increasing the level of socio-perceptual and communicative competence, as well as the formation of a culture of reflection.

So, the results of the study indicate the relevance of the problem, which is related to the adaptation and organization of the educational process, to the conditions of a barrier-free environment and the readiness for professional medical activity of students with disabilities and/or HIA in the context of the introduction of inclusive education in higher medical school and confirm the need:

- Improve vocational-oriented work with applicants from persons with disabilities and/or HIA, explaining to them all the difficulties and possible problems that may arise in the process of studying at a medical university;
- Accelerate and accompany the process of adaptation of first-year students with disabilities and/or HIA, in particular, to form a special educational environment (introduce adapted educational programs, didactic means, methodological support taking into account various nosologies);
- Create additional motivation for students with disabilities and/or HIA to successfully develop the disciplines taught at the university and ensure their integration into the professional community (development of the mentoring system);
- To rely on a practical-oriented approach in teaching for students with disabilities and/or HIA in organizing the educational process;
- Continue to organize barrier-free environment at the university;
- To form in students with disabilities and/or HIA an internal readiness to independently and consciously plan, correct and implement the individual trajectory of professional development.

Based on the research carried out and above, it can be concluded that the effectiveness of the process of adaptation, education and vocational training of students with disabilities and/or HIA in a medical university can largely be determined by the presence of certain psychological and pedagogical conditions [1]:

- Creation and maintenance of a favourable psychological microclimate in educational groups and educational institutions in general;
- Acquisition by teachers of knowledge in special pedagogy and psychology in order to study the psychophysiological characteristics of a student's personality with disabilities and/or disabilities;
- regular improvement of teaching skills of university teachers, improvement of organizational forms, working methods taking into account methodological recommendations [2].

Programes for the training and adaptation of students with disabilities and/or HIA within the framework of educational disciplines should include the preparation of graduates with disabilities and/or HIA for employment, applying in practice the professional competencies obtained. The purpose of training students with disabilities and/or HIA in terms of promoting employment should also be to inculcate skills of self-presentation, competent compilation of summaries, social and psychological adaptation in the team. An important part of this work should be the activities of the psychological service of the university, namely: conducting communication trainings, playing professional situations, analyzing them and working out the algorithm for acting in problematic situations that a graduate may encounter in the process of employment.

Conclusions. As part of the introduction and implementation of inclusive education in medical universities, it is necessary to create an educational environment that will ensure the accessibility of quality education for all students, including those with disabilities and/or HIA. In this regard, it is necessary to continue the extensive work initiated to adapt and train students with disabilities and/or HIA for more successful learning, education and development.

The necessary conditions must also include:

- the system of psychological, pedagogical, medical, tutor support and inclusive volunteerism (volunteering from among conditionally healthy students);
- development of individual educational trajectory of students (taking into account the peculiarities of nosologies and life conditions);
- adapted educational technologies, electronic educational systems, which are supplemented by a set of traditional and innovative teaching methods;
- special training of teachers involved in the education process in groups in which disabled students and/or HIA students are integrated.

There is no conflict of interest.

REFERENCES

1. Zholudova A.N., Polyakova O.V., Fedosova O.A., Socolina E.N. Pedagogy of inclusive education: a training manual. Ryazan, OTSiOP Publ., 2019. 171 p. (In Russ.).

2. Zholudova A.N., Polyakova O.V. Readiness of teachers of a medical university for inclusive education [Electronic resource]. Personality in a changing world: health, adaptation, development: network journal, 2019, vol. 7, no. 2 (25). URL: http://humjournal.rzgmu.ru/art&id=375. (In Russ.).

3. Shkarin V.V., Donika A.D., Yagupov P.R. Volgograd experience of humanitarian education in a medical. Bioethics, 2020, no. 1 (25), pp. 22–27. (In Russ.).

4. Shkarin V.V., Donika A.D., Rejmer M.V. National characteristics of teaching bioethics at a medical. Bioethics, 2019, no. 2 (24), pp. 25–30. (In Russ.).

ЛИТЕРАТУРА

1. Педагогика инклюзивного образования: учебное пособие / А.Н. Жолудова, О.В. Полякова, О.А. Федосова, Е.Н. Соколина. – Рязань : ОТСиОП, 2019. – 171 с.

2. Жолудова, А.Н. Готовность преподавателей медицинского вуза к инклюзивному образованию [Электронный ресурс] / А.Н. Жолудова, О.В. Полякова // Личность в меняющемся мире: здоровье, адаптация, развитие: сетевой журн. – 2019. – Т. 7, № 2 (25). – URL: http://humjournal.rzgmu.ru/art&id=375.

3. Шкарин, В.В. Волгоградский опыт гуманитарного образования в медицинском вузе / В.В. Шкарин, А.Д. Доника, П.Р. Ягупов // Биоэтика. – 2020. – № 1 (25). – С. 22–27.

4. Шкарин, В.В. Национальные особенности преподавания биоэтики в медицинском вузе / В.В. Шкарин, А.Д. Доника, М.В. Реймер // Биоэтика. – 2019. – № 2 (24). – С. 25–30.

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PSYCHOLOGICAL CARE FOR CHILDREN WITH AUTISM: BIOETHICAL PROBLEMS IN THE CONDITIONS OF THE PANDEMIC

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Comparison of the opinions working with the children of psychologists of Volgograd region concerning the provision of psychological assistance to children with early childhood autism in the 10-year interval (2009–2019) showed the ongoing institutionalization of this social practice, although not intensive enough. However, the COVID-19 pandemic, which began in early 2020, made it virtually impossible to provide psychological support to children with the disorder, due to numerous factual and subjective factors. It was concluded that regional medical and social services needed to be particularly proactive in providing support to vulnerable categories of persons (in particular, with regard to psychological support for children with early childhood autism).

Key words: Bioethics, psychological assistance to children with autism, pandemic.

ПСИХОЛОГИЧЕСКАЯ ПОМОЩЬ ДЕТЯМ С АУТИЗМОМ: БИОЭТИЧЕСКИЕ ПРОБЛЕМЫ В УСЛОВИЯХ ПАНДЕМИИ

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Компарация мнений, работающих с детьми практических психологов Волгоградского региона, относительно оказания психологической помощи детям с ранним детским аутизмом в 10-летнем интервале (2009–2019 гг.) показала происходящую институционализацию данной социальной практики, хотя и носящую недостаточно интенсивный характер. Однако начавшаяся в начале 2020 года пандемия COVID-19 практически сделала невозможным психологическое сопровождение детей с расстройством вследствие многочисленных факторов как объективного, так и субъективного плана. Сделан вывод о необходимости региональным медицинским и социальным службам проявить особую активность в организации поддержки незащищенных категорий лиц (в частности, относительно психологического сопровождения детей с ранним детским аутизмом).

Ключевые слова: биоэтика, психологическая помощь детям с аутизмом, пандемия.

The term «autism» was proposed in 1911 by E. Bleiler; G. Asperger in 1938 used the term in relation to children with personality disorder and L. Kanner in 1943 used the term «early childhood autism» (ECA).

Since that time (since the 1940s), doctors, social worker specialists, psychotherapists, teachers and psychologists have considered and considered a wide range of questions: the causes of the disorder, the diagnostic criteria, methods of providing the necessary professional assistance both to these children and to their families, follow-up (already in adulthood) social adaptation of children with ECA; at the same time, psychological support is of key importance for the success of the rehabilitation process. Although the prevalence of ECA in different countries is not significant (from 3 to 6 cases per 10,000 children), the interest of researchers in this problem is constantly increasing, up to the last decade, according to V.E. Kagan, «autistic boom» [2, 3]. The latter, firstly, is connected with the use of «soft» diagnostic criteria, as a result of which more frequently diagnoses understood more widely (than ECA) «autistic spectrum disorders»; secondly, with increased awareness of specialists (in particular psychologists) concerning ECA [1, 4, 6].

Thus, a comparison was made of the opinions of practical psychologists of the Volgograd region working with children on the provision of psychological assistance to children with ECA at 10-year intervals. In 2009, 61 psychologists participated in the anonymous questionnaire (44.3 % in one job less than 5 years; 55.7 % in one job more than 5 years). In 2019, 63 (39.7 % and 60.3 % respectively). The problem of ECA for «children» psychologists was considered relevant and «up-to-date» in 2009 – 63.9 % of specialists, in 2019 – 87.3 % ($p < 0.05$). At the same time, if in 2019 this point of view was held by almost the same number of psychologists with experience of up to 5 years (84.0 %) and more than 5 years (89.4 %), then in 2009 – more often than experienced colleagues (70.6 % versus 55.6 %). In 2009, 13.3 % of the respondents questioned the relevance of ECA to psychologists, 3.3 % denied it and 19.7 % found it difficult to answer. In 2019, the distribution of responses was 4.8 %; 4.8 % and 3.1 % respectively. For 78.7 % of specialists in 2009 and 92.1 % in 2019, the most effective approach to help children with ECA was drug therapy (psychopharmacy-macotherapy) combined with psychocorrection / psychotherapy; exclusively psychocorrection / psychotherapy (without psychopharmacotherapy) 11.5 % and 16.2 % respectively; 9.8 % had difficulty answering in 2009. However, psychopharmacotherapy (without psychocorrection / psychotherapy) was not mentioned as the most effective approach either in 2009 or in 2019. According to 75.4 % of the respondents in 2009 and 85.7 % in 2019, psychologists can actually help in the treatment and rehabilitation of children with ECA; 11.5 % and 4.8 % doubted it, and 1.6 % in both 2009 and 2019 denied psychological assistance for this disorder (the remaining 11.5 % and 7.9 % were difficult to answer). The impact of professional experience on the distribution of responses to this question in both the 2009 and 2019 questionnaires was also not revealed. In 2009, 3.3 % respondents said that psychological care for children with ECA was fairly complete, in 2019 – 12.7 %; 62.3 % and 57.1 % of interviewed psychologists, respectively, considered this help to be clearly insufficient. 13.1 % and 28.6 % decided that there was a balance between these extremes and the rest (21.3 % and 1.6 %) found it difficult to answer. The influence of the length of service in the profession on the distribution of answers to this question, both during the survey in 2009 and in 2019, was also not revealed.

Thus, a comparison of the opinions of practical psychologists working with children in a 10-year interval showed that the ECA problematic was recognized and recognized by a significant majority of psychologists; psychological assistance to children with ECA continues to be provided to them in an insufficient volume, although there are signs of an improvement in the situation; the decrease in the number of psychologists who found it difficult to answer the questions included in their professional competence shows an increase in the awareness of specialists regarding the ECA. In fact, there is an ongoing institutionalization of this social practice (psychological support for children with ECA), although not intensive enough [5, 7].

In addition, in conceptual terms, society through the system of social institutions and practices should pay special attention to promoting the processes of social adaptation of those of its members, whose ability to adapt is limited on their own. They are traditionally viewed as socially unprotected categories of the population and, in particular, include children and persons with mental disabilities. Accordingly, children with ECA represent a "doubly" socially unprotected category.

However, the COVID-19 pandemic, which began in early 2020, practically made it impossible to provide psychological support for children with ECA due to numerous factors, both objective and subjective [11]. In particular, such factors include: psychological assistance is often paid for by parents of children with ECA, and the deteriorating economic opportunities of many parents made it inaccessible; a number of pediatric institutions, where psychologists used to work, were redesigned to become "covid"; the centers of psychological and pedagogical assistance to the population have minimized their activity; many professionals over 65 have switched to remote work, but not all parents have the opportunity to fully consult in this format (at the same time, the effectiveness of face-to-face and online counseling is hardly equal, although the transition of practicing psychologists to providing their services using remote technologies has become widespread); the fears of parents of possible infection with the coronavirus of their sick child contribute to limiting his contacts, including with peers, but these contacts play an important role in his social rehabilitation (moreover, contacts were limited for "purely technical" reasons – the closure of kindergartens, sections, full-time education in schools).

As a result, being left without psychological support, the majority of children with ECA lost the opportunity to receive specialized, very significant for them, help. In principle, the situation with children with autism is only a private one, one of the many cases when in 2020 representatives of many unprotected categories of people, defined by key medical and social characteristics, were left without proper support [8, 9].

Most likely, in 2021, the epidemiological (and economic) situation in the country will gradually improve, but this process will take a long time (quite possibly more than one year) [10]. Accordingly, regional medical and social services should show (and, most importantly, show in the near future) special activity in organizing support for unprotected categories of persons (in particular, regarding psychological support for children with ECA).

REFERENCES

1. Burova N.A. Psychopathological phenomena of childhood and adolescence: phobias (based on the results of screening studies). International Journal of Experimental Education, 2016, no. 5-2. p. 181. (In Russ.).

2. Burova N.A. Deviant behavior of adolescents: social aspect. International Journal of Experimental Education, 2016, no. 6-1, p. 51. (In Russ.).

3. Goryacheva T.G., Nikitina Yu.V. Autism spectrum disorders in children. Method of sensorimotor correction. Moscow, Genesis Publ., 2018. 168 p. (In Russ.).

4. Delarue V.V., Turovskaya N.G. Special psychology: Textbook. Volgograd, VolgGMU Publishing House, 2018. 164 p. (In Russ.).

5. Nikolskaya O.S., Baenskaya E.R., Liebling M.M. et al. Children and adolescents with autism. Psychological support. Moscow, Terevinf Publ., 2015. 225 p. (In Russ.).

6. Egorova V.A. Children as patients of modern medical clinic. International Journal of Experimental Education, 2017, no. 4-1, p. 53. (In Russ.).

7. Kagan V.E. Autism in children. Moscow, Smysl Publ., 2020. 384 p. (In Russ.).

8. Platonova N.M., Kelasiev N., Smirnov A.N. Modern social work: an introduction to theory and practice. St. Petersburg, 2016. (In Russ.).

9. Shatyr Yu.A., Mulik I.G., Ulesikova I.V., Delarue V.V., Mulik A.B. Systematization of factors in the formation of social deviations. Logos et Praxis, 2017, vol. 16, no. 3, pp. 136–144. (In Russ.).

10. Kholostova E.I. Social work: textbook for universities. 2nd ed., rev. and add. Moscow. Yurayt Publishing House, 2019. 755 p. (In Russ.).

11.Tsybenko V.L., Delarue V.V. Comparative analysis of the effectiveness of classical and modified variants of holding therapy in providing psychological assistance to children with early childhood autism. Bulletin of the Volgograd Scientific Center of the Russian Academy of Medical Sciences and AVO, 2007, no. 2, pp. 52–57. (In Russ.).

ЛИТЕРАТУРА

1. Бурова, Н.А. Психопатологические феномены детско-подросткового возраста: фобии (по результатам скрининговых исследований) / Н.А. Бурова // Международный журнал экспериментального образования. – 2016. – № 5-2. – С. 181.

2. Бурова, Н.А. Девиантное поведение подростков: социальный аспект / Н.А. Бурова // Международный журнал экспериментального образования. – 2016. – № 6-1. – С. 51.

3. Горячева, Т.Г. Расстройства аутистического спектра у детей. Метод сенсомоторной коррекции / Т.Г. Горячева, Ю.В. Никитина. – М. : Генезис, 2018. – 168 с.

4. Деларю, В.В. Специальная психология: учебное пособие / В.В. Деларю, Н.Г. Туровская – Волгоград : Изд-во ВолгГМУ, 2018. – 164 с.

5. Дети и подростки с аутизмом. Психологическое сопровождение / О.С. Никольская, Е.Р. Баенская, М.М. Либлинг [и др.]. – М. : Теревинф, 2015. – 225 с.

6. Егорова, В.А. Дети как пациенты современной медицинской клиники / В.А. Егорова // Международный журнал экспериментального образования. – 2017. – № 4-1. – С. 53.

7. Каган, В.Е. Аутизм у детей / В.Е. Каган – М. : Смысл, 2020. – 384 с.

8. Платонова, Н.М. Современная социальная работа: введение в теорию и практику / Н.М. Платонова, В.Н. Келасьев, А.Н. Смирнова. – СПб. : Изд-во СПбГиПСР, 2016.

9. Систематизация факторов формирования социальных девиаций / Ю.А. Шатыр, И.Г. Мулик, И.В. Улесикова [и др.] // Logos et Praxis. – 2017. – Т. 16, № 3. – С. 136–144.

10. Холостова, Е.И. Социальная работа: учебник для вузов / Е.И. Холостова. – 2-е изд., перераб. и доп. – М. : Издательство Юрайт, 2019. – 755 с.

11. Цыбенко, В.Л. Компаративный анализ эффективности классического и модифицированного вариантов холдинг-терапии при оказании психологической помощи детям с ранним детским аутизмом / В.Л. Цыбенко, В.В. Деларю // Бюллетень Волгоградского научного центра РАМН и АВО. – 2007. – № 2. – С. 52–57.

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ADVERTISING AND SPONSORSHIP ACTIVITIES IN THE FIELD OF PHYSICAL EDUCATION, SPORTS AND THE OLYMPIC MOVEMENT

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The level of development of advertising and sponsorship activities in Russia is still significantly inferior to Western countries, but every year we see tremendous development in this area. Sponsorship is not mostly considered as an investment and marketing communication yet, but rather as a charity. This approach, according to the authors, is more consistent with philanthropy. In this regard, the article defines the concepts of "sponsorship" and "philanthropy", shows the difference between them. Examples of interaction between sports organizations and sponsors are considered. The role of advertising in this interaction is analyzed. According to the authors, Russia has a good legal framework for regulating the relations of sponsors, patrons, athletes and fans, but the system of ethical control of such relations is poorly developed.

***Key words**:* advertising, sponsorship, patronage, information, investment, marketing communication, Olympic movement.

РЕКЛАМНО-СПОНСОРСКАЯ ДЕЯТЕЛЬНОСТЬ В СФЕРЕ ФИЗИЧЕСКОЙ КУЛЬТУРЫ, СПОРТА И ОЛИМПИЙСКОГО ДВИЖЕНИЯ

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Уровень развития рекламно-спонсорской деятельности в России пока существенно уступает западным странам, но с каждым годом мы видим колоссальное развитие в данной сфере. Спонсорство пока не рассматривается большинством как инвестирование и маркетинговая коммуникация, скорее оно воспринимается как благотворительность. Такой подход, по мнению авторов, больше соответствует меценатству. В связи с этим в статье дается определение понятий «спонсорство» и «меценатство», показана разница между ними. Рассмотрены примеры взаимодействия спортивных организаций и спонсоров. Проанализирована роль рекламы в таком взаимодействии. По мнению авторов, в России существует хорошая законодательная база для регулирования отношений спонсоров, меценатов, спортсменов и болельщиков, но пока плохо разработана система этического контроля таких отношений.

Ключевые слова: реклама, спонсорство, меценатство, информация, инвестирование, маркетинговая коммуникация, Олимпийское движение.

The spread of advertising and sponsorship activity has served to the market relations' establishment. The interest in advertising and sponsorship in the field of physical education, sports and the Olympic movement is associated with the development of partnership, and the understanding of the possibility to develop entrepreneurial activity with business partners.

The purpose of the study is to determine the nature of advertising and sponsorship activities in the field of physical education, sports and the Olympic movement, including its ethical and legal parameters.

In accordance with the goal it was necessary to solve the following tasks:

- to give the definition of the basic concepts and content of advertising and sponsorship activities in the field of physical education, sports and the Olympic movement;
- to consider the results of the management of advertising and sponsorship activities at the Olympic Games in Sochi-2014;
- to characterize the role of sponsorship and philanthropy in the preparation of the 2018 World Cup as a major sports competition;
- to identify the main ethical problems of institutionalization of patronage and sponsorship in physical culture and sports in modern Russia.

It is necessary to separate two such concepts as sponsorship and philanthropy:

1) Sponsorship is the provision of material, monetary support with the benefit for your own business;

2) Philanthropy is the provision of material or other assistance with no conditions attached (free of charge).

Naturally, neither philanthropy nor sponsorship, especially, do not do in the implementation of their actions without advertising. The purpose of advertising in this case, as well as in any other, is to generate interest among their own customers, setting up to purchase a certain product and service. After determining the goal, the selection of an advertising appeal, the choice of media, and the process of advertising planning begins: formulation of the advertising goals; selection of an advertising appeal; media selection; advertising remembering, consumer preferences changing.

Advertising emphasizes the profitable qualities of the advertised product, which are modernity, conformity to fashion, efficiency, and reliability.

Sports organizations are able to earn large amounts of money by advertising goods and services on the orders of commercial organizations.

For this purpose the following forms and means are used: advertising inserts during TV shows; distribution of billboards in sports arenas; advertisements placing in sports newspapers, magazines, programs, on admission tickets; participation of athletes in commercials, their shooting in films; images of popular athletes and sports symbols on goods; distribution of brochures, badges, pennants, sale of goods at sports bases and sports facilities; performance of athletes in clothes with the sponsor's identification marks [1, 2, 5].

Firms producing sports goods and providing services spend up to 25 % of their profits on advertising of physical education and sports.

Image creation in the field of sports and the Olympic movement solve a number of problems: they are the attraction of sponsors, fans, athletes, trainers, making contact with the media, and also with foreign organizations and government bodies.

Sponsorship and patronage of various levels have spread in the international practice that allows companies to participate in the program in accordance with their capabilities. This makes it possible to get both the maximum sponsorship income and the maximum benefits to the sponsor.

Sponsorship is a transaction that is beneficial to both parties, with the sponsor pursuing clearly defined goals. Due to the variety of reasons why firms become sponsors of sports, it is difficult to determine the success or failure of this activity. Therefore, the companies specifically develop various methods for determining the degree of effectiveness of sponsorship and advertising [3].

Sport, in connection with the sponsors’ activities, turns into an advertising and propaganda show; it serves the interests of the company. Sport is a means of entertainment in competitions and a prestigious event for sponsors. It is considered logical to provide sponsors with the access to the best lodges; the use of office space of a sports facility; the ability to organize meetings with outstanding athletes and coaches; to introduce them into the sphere of sports life. All these factors will help to establish proper contacts between fans and sponsors.

Just listing of these conditions suggests that advertising and sponsorship activities in the field of physical education, sports and the Olympic movement are not always effective from an economic point of view.

Russian companies that allocate funds to support sports events are well known: Gazprom, VTB, Rosgosstrakh, Lukoil, Rostelecom, Megafon MTS, Baltika and others. The most parts of budgets today accrue of course, to football.

The increase of budgets is explained by the growing interest of Russians in sports, including thanks to the excellently held XXII Olympic Winter Games in 2014 in Sochi and the 2018 World Cup in Russia, which is a tool for the development of any business. Sochi 2014 project, which set the standard for sponsorship income in major events, was a huge success. This standard amounted to 1.2 billion US dollars. (Official website of the “Sochi 2014” Organizing Committee).

Thanks to the joint efforts of sponsors, which are the leading companies in the Russian economy, the Sochi 1014 Games and the 2018 World Cup have become the most innovative in history and left an unprecedented legacy for the city, territory, country and future generations.

Turning specifically to the 2018 World Cup in Russia, we denote the well-known sponsors of this event. A week before the announcement of the host countries of the 2018 and 2022 FIFA World Cups, Kia Motors Corporation, together with Hyundai Motor Company, extended the partnership agreement with the International Federation of Football Associations (FIFA), which provides the status of the official automobile sponsor of the FIFA World Cups 2018 and 2022 [6].

The extension of the agreement until 2022 gives the alliance sponsorship for all FIFA tournaments, exceptional marketing potential and the opportunity to promote the development of football. It also helps to attract huge interest from the global media.

Sports enthusiasts have three main desires:

- The expectation of the best sports results from the team;

- The desire to have a great time, that is, to get positive emotions supporting your team;

- Sponsors are interested in creating a positive image of their PR companies.

Among the main social features of PR-campaigns, we can distinguish the external and internal sports events subjects [2, 6].

The external ones include state (federal and regional levels); mass media; sports governing bodies (sports committees); public organizations (federations); business (investors, sponsors, advertisers); consumers (viewers); partners (manufacturers of sports products).

The internal ones include coaches; athletes; managers; shareholders; Board of Directors; founders.

Each group has a common interest in the issue of the feasibility of investing in the organizing of a sports event; stadiums construction; salary, etc.

The tasks solved with the help of PR-companies in the field of physical education, sports and the Olympic movement can be formulated as follows:

- Formation and elevation of the image of a sporting event;
- Creation of the effective system of sports organization;
- Correction of opinions in situations unfavorable for a sports organization;
- Creating a welcoming atmosphere within the organization;
- Creation of an information stream in order to disseminate the necessary information [3, 4].

Sports sponsorship and sports advertising are among the most notable components of the advertising market. Advertising activity can be characterized by the sharp influx of bright and diverse advertising products. In general, the demand for sports sponsorship and advertising actively fills the available offers.

Advertising and sponsorship activities in the field of physical education, sports and the Olympic movement are extremely diverse in their forms and manifestations. But some problems of an ethical and legal nature are also connected with it. Perhaps this should not even be about law (we have a good legislative basis for the development of sports, and in the field of advertising there is such a strong regulator as No. 38-ФЗ “On Advertising”). The ethics of sponsorship and philanthropy in sports is much more important. And, if the patrons’ ethics difficulties mainly concern the question of choosing the object of assistance, then the sponsors have much more difficulties. It would be unethical to explain this with concrete examples, so let us consider what has been said in general terms.

The moral problems of supporting of the team N, not the team Z, arise if representatives of the team chosen by the philanthropist are connected with him by friendly, partnership, or family relations. According to the law, a person can help anyone he wants. But fans and sponsors of a competing team may have and have a different opinion. As a result, the media and the Internet can be used to attack the philanthropist, and attempts can be made to discredit him in the eyes of athletes and fans. Such violations of sports ethics, if not adequately suppressed, can lead to the rejection of patronage, which is extremely undesirable for athletes and fans.

In sponsors' activities, morality suffers more often, since many issues, as we indicated at the beginning of this article, lie in the field of exchange of goods: we finance you; you give us worthy sports performances. It would seem that the relationships are fair, but this is where the risk of influencing the advertising situation is revealed. A sponsor is interested in the victory of the sponsored team or athlete insofar as his advertising becomes more effective; therefore, he receives more profit. Of course, this is a simplified conclusion, but it most accurately expresses the essence of the relationships in the system "a sponsor – an athlete – advertising".

We will not delve into the analysis of cases of using unethical means of achieving sports success with the help and / or pressure of sponsors. Sponsors are necessary for sports. But procedures are also needed to regulate their activities. Such structures as independent ethical committees of sports organizations could carry them out in a situation of violation of moral standards, on the model of those that have long and successfully exist in medical organizations. This is true, since both in sport and in medicine, human health has always been and is the main value.

REFERENCES

1. International advertising code of the International chamber of Commerce (ICC code). Adopted in 1937, revised in 1949, 1979. Legislation and regulations. 2nd ed. Moscow, Ossia-89 Publ., 2005. (In Russ.).

2. Durovich, A.P. Advertising in tourism: Textbook. 4th ed., ster. Minsk, Novoe Znanie Publ., 2008. 254 p. (In Russ.).

3. Zubarev, Yu.A., Shamardin A. I. Management, marketing and economics of physical culture and sport: textbook. 4-e izd., erased. Volgograd, Volgograd scientific publishing house. 2010. 408 c. (In Russ.).

4. Ushakova I. A., Mandrikov V. B., Zamyatina N. V. Motivations for physical training of Russian and foreign medical students. Bulletin of Volgograd state medical University, 2011, no. 1 (37), pp. 28–30. (In Russ.).

5. Pankratov F. G., Bazhenov Yu. K., Shakhurin V. G. The Basics of advertising: Textbook. 11th ed. Moscow, Publishing and trading Corporation «Dashkov and K», 2008. 548 p. (In Russ.).

6. Online resource: http://www.KIA.ru›press/news/item82904.php.

ЛИТЕРАТУРА

1. Международный кодекс рекламной деятельности Международной торговой палаты (кодекс МТП). Принят в 1937 г., пересматривался в 1949 г., 1979 г. // Законодательные и нормативные акты. – 2-е изд. – М. : Ось-89, 2005.

2. Дурович, А.П. Реклама в туризме: учебное пособие / А.П. Дурович. – 4-е изд., стер. – Минск : Новое знание, 2008. – 254 с.

3. Зубарев, Ю.А. Менеджмент, маркетинг и экономика физической культуры и спорта: учебное пособие / Ю.А. Зубарев, А.И. Шамардин. – 4-е изд., стер. – Волгоград: Волгоградское научное издательство, 2010. – 408 с.

4. Ушакова, И.А. Мотивации к занятиям физической культурой российских и зарубежных студентов-медиков // И.А. Ушакова, В.Б. Мандриков, Н.В. Замятина // Вестник Волгоградского государственного медицинского университета, 2011. – № 1 (37). – С. 28–30.

5. Панкратов, Ф.Г. Основы рекламы: учебник / Ф.Г. Панкратов, Ю.К. Баженов, В.Г. Шахурин.. – 11-е изд., перераб. и доп. – М. : Издательско-торговая корпорация «Дашков и К», 2008. – 548 с.

6. Интернет-ресурс: http://www. KIA.ru›press/news/item82904.php.

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FEATURES OF "RELEVANT" CHANGES IN MEDICAL STUDENTS APPEARANCE

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In a modern democratic society appearance has great importance. This is especially true of the dress code in health care sphere. More recently, changing your appearance by getting tattoos and body modifications has been decried by different generations in the medical community. However, what is significance of appearance of a medical officer during epidemiological instability around the world? The response to this question was given in our study. The objectives of the study are: to interrogate the attitude of medical university students to medical officers with tattoos as well as to identify medical students who are "exposed" to the fashionable trend of tattoos and body modifications. To implement these objectives, the study involved 106 medical students of various levels of degree and faculties of Rostov state medical University. The results of the study showed that the majority of medical students has not resorted to changes in their appearance, although tattoos and body modifications did not avoid the community of medical students

Key words: tattoos, body modifications, appearance, beauty, psychiatry, medicine.

ОСОБЕННОСТИ «АКТУАЛЬНЫХ» ИЗМЕНЕНИЙ ВНЕШНОСТИ У СТУДЕНТОВ-МЕДИКОВ

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В современном демократичном обществе внешнему виду придается большое значение. Особенно это касается дресс-кода в медицинской деятельности. Еще совсем недавно изменение своего облика посредством татуировок и бодмода в медицинском сообществе порицалось разными поколениями. Однако насколько значима внешность медицинского работника во время эпидемиологической нестабильности во всем мире? Ответ на данный вопрос был освещен в нашей работе. Задачами исследования стали: изучение отношения студентов медицинского университета к медицинским работникам с татуировками, а также выявление студентов-медиков, «подверженных» модной тенденции татуировок и бодмода. Для осуществления данных задач в исследовании приняли участие 106 студентов-медиков различных курсов и факультетов Федерального государственного бюджетного общеобразовательного учреждения высшего образования «Ростовский государственный медицинский университет» Министерства здравоохранения

Российской Федерации (ФГБОУ ВО РостГМУ Минздрава РФ). Результаты исследования показали, что большинство студентов-медиков не прибегали к изменениям своей внешности, хотя татуировки и бодмод не обошли стороной среду студентов-медиков.

Ключевые слова: татуировки, бодмод, внешность, красота, психиатрия, медицина.

Relevance: In the history of mankind, drawing various images on the body, scarring and punctures were popular among certain segments of the population, as well as among some ethnic groups and subcultures. This was not just a decoration of the body, but often an instrument of hierarchical classification [1, 2].

The authors think that body art has other aims in the 21st century. Thus, Borokhov A. claims that a tattoo reflects the selfhood of a person who wears it, and can also indicate the benchmarks of life values [3]. Despite the diversity of motives, changing your appearance, or the so-called "body modifications[1]", can be psychopathological manifestations of personality [3, 4].

Most scientific articles describe the popularity of tattoos among young people aged 20 to 39 years [5, 6]. Thus, the surveys show that the elements of body art can reach 22 % (tattoos) and 51 % (piercings) among students [7, 8]. However, inspite of the "fashion trends", there are certain difficulties regarding the perception of a person who has tattoos on the visible parts of the body: these are both employment, and payment for a position in comparison with colleagues without tattoos, etc. [16].

Today, both in foreign and domestic literature, considerable attention is paid to the attitude of patients to health professionals with tattoos, piercings and other forms of body modifications [9, 10–12, 13, 14, 15]. The authors attribute this to issues of ethics and deontology, dress code in medicine, the relationship of legal aspects with the border of personal freedom of citizens in the performance of their professional duties [12, 15].

Goal: to determine the relevance of the topic of tattoos and body modifications among medical students.

Objectives: in our study, we decided to find out how students of a multinational medical University attitude to health professionals with tattoos, and as well as figure out how many medical students were "exposed" to the fashionable trend of tattoos and body modifications in the variety of forms.

Sources and methods: 106 medical students of various levels of degree and faculties of "Rostov state medical University" (RostGMU) participated in the survey. 85 females and 21 males. The average age of the respondents was 21. The study was conducted using the author's polling in the form of a voluntary questionnaire in the intermediate training cycle. Statistical processing was carried out by primary and secondary analysis, using the MS Excel 2003 program.

Research results: more than a third of the respondents *(38 persons – 35.85 %)* showed a positive attitude to health professionals with tattoos. In the gender samples, the percentage of the responses was almost the same *(35.29 % females and 38.10 % males)*. Only 4 respondents *(3.77 %)* indicated a negative attitude, two representatives of each sex *(2.35 % females and 9.52 % males)*. More than a half of the respondents demonstrated a neutral attitude to tattooed health professionals *(64 respondents – 60.38 %; 62.35 % females, 52.38 % males).*

As for medical students, 8 out of 10 students *(83.96 %) boasted of having no tattoos.* The percentage of females was slightly higher *(85.8 % females and 76 % males).*

Almost a half of the respondents *(54.7 %)* is not willing to get tattoos *(57.6 % females and 42.8 % males).* At the same time, almost a third of the respondents *(29 %)* showed various reasons: "I think that it is not beautiful", "I did not come up with a design", "I love my body as it is", "there is no possibility", "parents are against", "I am afraid of complications, in particular infections", "for religious reasons".

In our sample, 17 persons *(16.04 %) have tattoos on their bodies.* The percentage of males in the gender sample exceeded the number of females by more than twice *(9.6 % females and 23.8 % males).* Obtained percentage is almost a half higher than the result of the VCIOM[2] polling.

The average age of the first tattoo among females was 18, and among males-17.

For their first tattoo, the vast majority of the respondents of both sexes chose different parts of their upper and lower limbs *(5.8 % females and 9.5 % males).* Females tried to choose invisible under medical clothing parts of the body: back, collarbones, ribs, buttocks. The preferences of males were different (according to the degree of visibility under medical clothing): under the lip, on the chest, on the mons pubis.

The number of tattoos among the respondents was ambiguous. 4.7 % famales had more than 1 tattoo (the maximum number – 6, the minimum number – 2). From the first to the next tattoo, it took an average of 3 months to 3 years. It is interesting to note that males contented themselves with only one tattoo.

According to the frequent images of females tattoos in the first place were images of animals, on the second – inscriptions, on the third – flowers. Then there were images of heart symbol, Eastern mandala, human silhouette, ECG. Inscriptions were also popular among males. The others put their own date of birth, caduceus, and revolver on the body.

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[1] Body modificatin (eng.) is a deliberate change in a person's anatomy or appearance. Thompson T., Black S. Forensic Human Identification: An Introduction (2010).

[2] The VCIOM survey was conducted over the phone on 09/07/2019. 1.6 thousand Russian citizens over the age of 18 took part in the survey. According to the survey, 11% of the respondents have tattoos. Link to the source: https://wciom.ru/index.php?id=236&uid=9816

Two-thirds of the respondents *(64.7 % of the sample with tattoos) made sense of their first tattoo.* Gender samples in this issue had almost no differences in the percentage ratio. The next tattoos carried sense for absolutely everyone who made them. The motives for re-tattooing varied: for some respondents it was a new stage in life (and the end of a difficult period of life), and someone "got a new sketch".

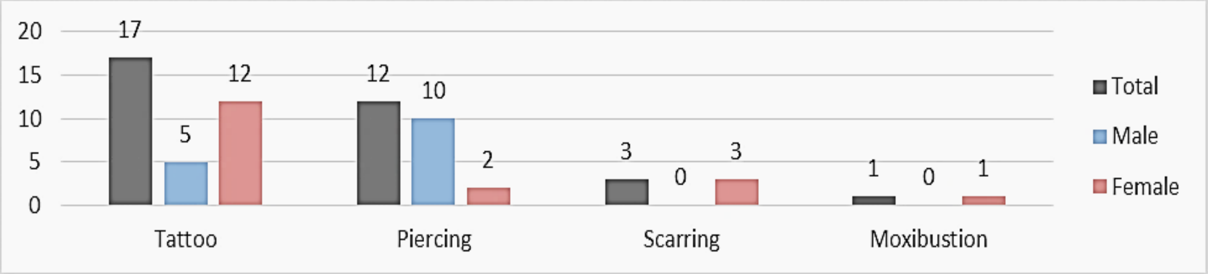
We are also interested in the quantity of the respondents from the general sample willing to experiment with their appearance and what they put into this concept. Out of the total number of the respondents, one third agreed *(31.13 %).* The percentage of males and females varied slightly *(31.76 % females and 28.57 % males).* The vast majority would be happy to change their hairstyle (haircut and hair dye). Also, the respondents would like to change their appearance by: piercing getting, changing the style of clothing, makeup, and so on.

Among the respondents were those who have repeatedly been changing their appearance. The hairstyle changing was the most popular. In the second place was the piercing. Almost every tenth respondent *(11 %)* got it. The percentage of males and females varied slightly *(11.76 % females and 9,5 % males).* Further in the column "changes in appearance" were the answers: weight loss, installation of orthodontic braces, lip augmentation, changing the shape of the nose.

Assuming to see "piercing" in the answers, we were asked about the commitment to body modifications.

Knowing the term "body modification" was confirmed by almost a third of the respondents (including gender samples *(30 %; 29 % of the sample of females and 33.3 % of the sample of males).*

Adherence to body modifications was noted by 14 % of the respondents. The percentage of the sample of females was one-third higher than the sample of males *(15 % females and 9.5 % males).* Medical students described the following types of body modifications: piercing (mentioned above), scarring, and moxibustion (in a particular case, with a cigarette). A single case in the sample of females with preferences for both piercing and scarring *(1.17 % females)* should be noted.



We asked to list the motives that prompted them to try these types of body transformations. We received the following responses: "because I can", "because of the desire to solve personal problems", "I liked watching the process", "it's nice for me", "interesting and beautiful", "I liked it + such a form of sadism drowned anxiety", "at first it was interesting, then I liked it", "curiosity", "just wished to do that» etc. Significantly, the responses of females were more focused on the affectivity than males.

The end of our study came at the beginning of an increased epidemiological threshold in the Russian Federation. We decided to repeat the survey on some issues among medical students in remote mode 3 weeks later the introduction of the self-isolation regime of citizens by the Presidents of the Russian Federation. As a result, we received exactly the same response from all 106 respondents: a neutral attitude towards health professionals with tattoos. The number of people who want to change their body has not been changed. This allows us to speak about the far-fetched problems of the appearance of a health professional that arise in modern society, especially when it comes to large-scale catastrophes and disasters.

Conclusion: Today, most of the young people of our University prefer not to make significant changes to their body and appearance, although tattoos and other forms of body modifications have not avoided the community of medical students. It should be noted that during the period of high epidemiological readiness, the "common sense" of health professionals' appearance has lost its significance, since the priority is to save human lives.

REFERENCES

1. Aleksandrov Yu. K. Essays on the criminal subculture. Moscow, Publishing house «Human Rights», 2001. 152 p. (In Russ.).

2. Borokhov A.D. Multi-axis classification of tattoos for an integral assessment of the manifestations of psychopathology of the wearer's personality. Part 1 [Electronic resource]. Medical psychology in Russia, 2018, vol. 10, no. 1, p. 10. URL: https://cyberleninka.ru/article/n/mnogoosevaya-klassifikatsiya-tatuirovok-dlya-integralnoy-otsenki-proyavleniy-psihopatologii-lichnosti-nositelya-chast-2. (In Russ.).

3. Borokhov A.D. The value of tattoos in the diagnosis of mental and behavioral disorders. Nurse, 2011, no. 7. (In Russ.).

4. Golenkov A.V., Dolgova E.G., Mikhailova V.V. Attitude towards a doctor with visible attributes of body art from patients and colleagues [Electronic resource]. Acta medica Eurasica, 2018, no. 1. pp. 9–14. URL: https://cyberleninka.ru/article/n/otnoshenie-k-vrachu-s-vidimymi-atributami-bodi-arta-so-storony-patsientov-i-kolleg. (In Russ.).

5. Denisovich V. V. Criminological significance of the criminal subculture. Bulletin of the Chelyabinsk State University, 2014, no. 20 (349), iss. 40, pp. 62–65. (In Russ.).

6. Ovsyannikova O.A. Tattooing as a socio-cultural phenomenon [Electronic resource]. Electronic scientific journal «Science. Society. State», 2017, vol. 5, no. 1 (17). URL: https://cyberleninka.ru/article/n/tatuirovka-kak-sotsiokulturnoe-yavlenie. (In Russ.).

7. Chacha C.E., Kazaura M.R. Body-art practices among undergraduate medical university students in Dar Es Salaam, Tanzania. Indian J. Dermatol, 2015, vol. 60, p. 212.

8. Gherardi G., Cameron J., West A., Crossley M. Are we dressed to impress? A descriptive survey assessing patients’ preference of doctors’ attire in the hospital setting. Clin. Med, 2009, no. 9, pp. 519.

9. Gjerdingen D.K., Simpson D.E., Titus S.L. Patients’ and physicians’ attitudes regarding the physician’s professional appearance. Arch. Intern. Med, 1987, vol. 147, pp. 1209–1212.

10. Johnson S.C., Doi M.L., Yamamoto L.G. Adverse effects of tattoos and piercing on parent/patient confidence in health care providers. Clin. Pediatr. (Phila), 2016, vol. 55, no. 1, pp. 915–920.

11. Mason L., Mason J. Patients' attitudes regarding characteristics of physicians in ophthalmology. BMC Res. Notes, 2017, vol. 10, no. 1, p. 733.

12. Majori S., Capretta F., Baldovin T., Busana M., Baldo V. Piercing and tatooing in high school students of Veneto region: prevalence and perception of infectious related risk. Journal of preventive medicine and hygiene, 2013, vol. 54, no. 1, pp. 17–23.

13. Mayers L.B., Chiffriller S.H. Body art (body piercing and tattooing) among undergraduate university students: «then and now». J. Adolesc. Health, 2008, vol. 42, no. 2, pp. 201–203.

14. Mayers L.B., Judelson D.A., Moriarty B.W., Rundell K.W. Prevalence of body art (body piercing and tattooing) in university undergraduates and incidence of medical complications. Mayo Clin. Proc, 2002, vol. 77, no. 1, pp. 29–34.

15. Palazzo S., Hocken D.B. Patients’ perspectives on how doctors dress. J. Hosp. Infect, 2010, vol. 74, no. 1, pp. 30–34.

16. Sagoe D., Pallesen S., Andreassen C.S. Prevalence and correlates of tattooing in Norway: A large-scale cross-sectional study. Scand. J. Psychol, 2017, vol. 58, no. 6, pp. 562–570.

ЛИТЕРАТУРА

1. Александров, Ю. К. Очерки криминальной субкультуры / Ю.К. Александров. – М. : Изд-во «Права человека», 2001. – 152 с.

2. Борохов, А.Д. Многоосевая классификация татуировок для интегральной оценки проявлений психопатологии личности носителя. Ч. 1 [Электронный ресурс] / А.Д. Борохов // Медицинская психология в России. – 2018. – Т. 10, № 1. – С. 10. – URL: https://cyberleninka.ru/article/n/mnogoosevaya-klassifikatsiya-tatuirovok-dlya-integralnoy-otsenki-proyavleniy-psihopatologii-lichnosti-nositelya-chast-2

3. Борохов, А.Д. Значение татуировок в диагностике психических и поведенческих расстройств / А.Д. Борохов // Медицинская сестра. – 2011. – № 7.

4. Голенков, А.В. Отношение к врачу с видимыми атрибутами боди-арта со стороны пациентов и коллег [Электронный ресурс] / А.В. Голенков, Е.Г. Долгова, В.В. Михайлова // Acta medica Eurasica. – 2018. – № 1 – С. 9–14. – URL: https://cyberleninka.ru/article/n/otnoshenie-k-vrachu-s-vidimymi-atributami-bodi-arta-so-storony-patsientov-i-kolleg.

5. Денисович, В.В. Криминологическое значение криминальной субкультуры / В.В. Денисович // Вестник Челябинского государственного университета. – 2014. – № 20 (349), вып. 40. – С. 62–65.

6. Овсянникова, О.А. Татуировка как социокультурное явление [Электронный ресурс] / О.А. Овсянникова // Электронный научный журнал «Наука. Общество. Государство». – 2017. – Т. 5, № 1 (17). – URL: https://cyberleninka.ru/article/n/tatuirovka-kak-sotsiokulturnoe-yavlenie

7. Chacha, C.E. Body-art practices among undergraduate medical university students in Dar Es Salaam, Tanzania / C.E. Chacha, M.R. Kazaura // Indian J. Dermatol. – 2015. – Vol. 60. – P. 212.

8. Are we dressed to impress? A descriptive survey assessing patients’ preference of doctors’ attire in the hospital setting / G. Gherardi, J. Cameron, A. West, M. Crossley // Clin. Med. – 2009. – No. 9. – P. 519.

9. Gjerdingen, D.K. Patients’ and physicians’ attitudes regarding the physician’s professional appearance / D.K. Gjerdingen, D.E. Simpson, S.L. Titus // Arch. Intern. Med. – 1987. – Vol. 147. – P. 1209–1212.

10. Johnson, S.C. Adverse effects of tattoos and piercing on parent/patient confidence in health care providers / S.C. Johnson, M.L. Doi, L.G. Yamamoto // Clin. Pediatr. (Phila). – 2016, Sept. – Vol. 55, no. 1. – P. 915–920.

11. Mason, L. Patients' attitudes regarding characteristics of physicians in ophthalmology / L. Mason, J. Mason // BMC Res. Notes. – 2017, Dec. 11. – Vol. 10, no. 1. – P. 733.

12. Piercing and tatooing in high school students of Veneto region: prevalence and perception of infectious related risk / S. Majori, F. Capretta, T. Baldovin [et al.] // Journal of preventive medicine and hygiene. – 2013 Mar. – Vol. 54, no. 1. – P. 17–23.

13. Mayers, L.B. Body art (body piercing and tattooing) among undergraduate university students: "then and now" / L.B. Mayers, S.H. Chiffriller // J. Adolesc. Health. – 2008. – Vol. 42, no. 2. – P. 201–203.

14. Prevalence of body art (body piercing and tattooing) in university undergraduates and incidence of medical complications / L.B. Mayers, D.A. Judelson, B.W. Moriarty, K.W. Rundell // Mayo Clin. Proc. – 2002. – Vol. 77, no. 1 – P. 29–34.

15. Palazzo S. Patients’ perspectives on how doctors dress / S. Palazzo, D.B.Hocken // J. Hosp. Infect. – 2010. – Vol. 74, no. 1. – P. 30–34.

16. Sagoe, D. Prevalence and correlates of tattooing in Norway: A large-scale cross-sectional study / D. Sagoe, S. Pallesen, C.S. Andreassen // Scand. J. Psychol. – 2017. – Vol. 58, no. 6. – P. 562–570.

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ETHICAL AND PSYCHOLOGICAL COLLISIONS ON REFERRAL OF VIII TYPE INSTITUTIONS LEAVERS TO NURSING HOMES FOR CHRONIC MENTAL PATIENTS

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Former research showed that up to 20–25 % of those who leave schools of type VIII (schools for children with cognitive development disorders) are referred to nursery homes for chronic mental patients not due to medical problems but because of social ones. According to the authors' opinion, such social practice has more positive than negative aspects. However, this issue requires extensive discussions. Organizing special post-diploma training courses of 16–24 hours on ethical-psychological aspects of referral various categories of patients (not only leavers of type VIII institutions) to nursery homes for chronic mental patients also seems to be reasonable.

Key words: referral of adolescents with mental retardation to nursery homes for chronic mental patients, ethical and psychological collisions.

ЭТИЧЕСКИЕ И ПСИХОЛОГИЧЕСКИЕ КОЛЛИЗИИ ОФОРМЛЕНИЯ ВЫПУСКНИКОВ УЧРЕЖДЕНИЙ VIII ВИДА В ДОМА-ИНТЕРНАТЫ ДЛЯ ХРОНИЧЕСКИ ПСИХИЧЕСКИХ БОЛЬНЫХ

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Выполненные ранее региональные исследования показали, что до 20–25 % выпускников школьных учреждений VIII вида (для детей с нарушениями интеллектуального развития) переводятся в дома-интернаты для хронически психически больных не столько из-за медицинских, сколько из-за социальных проблем. Согласно мнению авторов статьи, данная социальная практика является скорее позитивным, чем негативным явлением. Однако она требует широкого обсуждения и дискуссий. Также предлагается организация на постдипломном этапе специальных курсов повышения квалификации в объеме 16–24 часа, посвященных этико-психологическим аспектам оформления различных категорий лиц (не только выпускников учреждений VIII вида) в дома-интернаты для хронически психически больных.

Ключевые слова: оформление подростков с умственной отсталостью в дома-интернаты для хронически психически больных, этические и психологические коллизии.

Mental retardation is one of the most common pathologies of mental development; its prevalence rate is usually assessed as 0.5–3 %, whereas majority of cases (about 85 %) are mild cases (F70 according to ICD-10), when it is possible to acquire a simplified school program and elementary skills of primary vocational education that supposes complete social adaptation and makes psychiatric follow up unnecessary [2, 3].

Former research showed that up to 20–25% of those who leave schools of type VIII (schools for children with cognitive development disorders) are referred to nursery homes for chronic mental patients not due to medical problems but because of social ones, though in most cases these problems are quite manageable (employers are not willing to employ mentally retarded people; they have no skills of doing everyday chores, no prospects of living in an apartment of their own, negative attitude to them in a society, difficulty in getting a social aid) [1, 4, 5].

It is natural that if mentally retarded people go to a nursery home after type VIII school, they get accommodation (a bed in a room), have three meals a day, some medical services are more available to them, in some cases they can work as street cleaners, oddjobbers, medical orderlies, etc. and earn some money. In general, such people get “attached” to the nursery home for chronic mental people for all their lives, though they are provided with some medical and social guarantees.

On the other hand, the average life expectancy of the patients with a mild form of mental retardation in the absence of malformations and defects of the central nervous system makes about 50 years [6]. With all this if 20yo leavers of type VIII school (with a mild form of mental retardation) start the life of self-dependent adults, they face the above mentioned problems (unwillingness of employers to employ mentally retarded people, lack of skills to care of themselves, negative attitude to them in a society, etc). The most urgent problem for such people is housing. If they have parents (who, as a rule, do not belong to the problem-free social groups both in respect of finance and health), the leavers live with their parents who support them; in most cases, though not always, the problem is solved. But 10-15 years later when parents get older, they are unable to help their children Much worse is the housing situation, though orphans, including social orphans, have state guarantees for an apartment or a room, chances to get it are extremely low and even if they succeed to have an apartment, they may highly probable become fraud victims. The above listed problems are aggravated by the fact that due to a “clinically expressed immature emotional and volitional sphere” the leavers of type VIII institutions easily fall under influence of anti-social people, become alcoholics or criminals and go to jail for various law violations (mostly typical of orphans). All this deteriorates not only their quality of life but also life expectancy.

In this connection ethical and psychological issues arise due to the question: “Is it wrong or fair to admit leavers of type VIII institutions to nursery homes for chronically mental patients for social but not medical reasons?” In fact, these are representatives of the so-called caring professions (medical doctors, psychologist and social workers in the first turn) who are directly responsible for each case of such referral, should answer this question for themselves. The decision, in turn, often supposes a contraposition of proper medical reasons and individual ethical-psychological beliefs/principles/values, especially taking into the account the fact that there is no univocal performance algorithm for such situations. Correspondingly, to justify the decision (of referral) the diagnosis is “aggravated” (to make everything “correct”) and thus there appears a cause for intra- and interpersonal conflicts that arise from time to time (in connection with the same new cases) and thus they contribute to psychological instability of specialists with a high risk of professional burnout syndrome.

According to the authors’ opinion, to refer type VIII institutions leavers to nursing homes for chronic mental patients for social reasons more than for medical ones has more positive than negative aspects. This issue, though, requires extensive discussions, but an unambiguous answer is hardly to be expected (as in respect of euthanasia, for example). Organizing special training courses of 16–24 hours on ethical-psychological aspects of referral various categories of patients (not only leavers of type VIII institutions) to nursery homes for chronic mental patients also seems to be quite reasonable.

REFERENCES

1. Delarue V.V., Turovskaya N.G. Special psychology: Textbook, Volgograd, Volgograd State Medical University Publishing House, 2018, 164 p. (In Russ.).
2. Egorova V.A. Children as patients of a modern medical clinic. International Journal of Experimental Education, 2017, no. 4-1, p. 53. (In Russ.).
3. Isaev D.N. Mental retardation in children and adolescents. Management. St. Petersburg: Rech, 2003. 391 p. (In Russ.).

4. Makarov I.V. Mental retardation in children and adolescents. Clinical recommendations (treatment protocol). St. Petersburg, 2015. 30 p. (In Russ.).

5. Khvastunova E.P., Yudin S.A., Vershinin E.G., Delarue V.V. Comparative analysis of the positions of interested social groups as a modern requirement of the sociology of medicine. Doctor-graduate student, 2014, no 2.1 (63), pp. 168–172. (In Russ.).

6. Khvastunova E.P., Delarue V.V. Social adaptation of adolescents with mental retardation: an institutional approach. Volgograd Journal of Medical Research, 2018, no. 2, pp. 3–6. (In Russ.).

7. Psychiatric textbook [Electronic resource] // Online library for students in universities and medical workers URL: https://auno.kz/uchebnik-po-psixiatrii/154-umstvennaya-otstalost-oligofreniya.html_(date of access: 20.06.2020). (In Russ.).

ЛИТЕРАТУРА

1. Деларю, В.В. Специальная психология: учебное пособие / В.В. Деларю, Н.Г. Туровская. – Волгоград: Изд-во ВолгГМУ, 2018. – 164 с.

2. Егорова, В.А. Дети как пациенты современной медицинской клиники / В.А. Егорова // Международный журнал экспериментального образования. – 2017. – № 4-1. – С. 53.

3. Исаев, Д.Н. Умственная отсталость у детей и подростков. руководство / Д.Н. Исаев. – СПб. : Речь, 2003. – 391 с.

4. Макаров, И.В. Умственная отсталость у детей и подростков. Клинические рекомендации (протокол лечения) / И.В. Макаров. – СПб., 2015. – 30 с.

5. Компаративный анализ позиций заинтересованных социальных групп как современное требование социологии медицины / Е.П. Хвастунова, С.А. Юдин, Е.Г. Вершинин, В.В. Деларю // Врач-аспирант. – 2014. – № 2.1 (63). – С. 168–172.

6. Хвастунова, Е.П. Социальная адаптация подростков с умственной отсталостью: институциональный подход / Е.П. Хвастунова, В.В. Деларю // Волгоградский научно-медицинский журнал. – 2018. – № 2. – С. 3–6.

7. Учебник по психиатрии [Электронный ресурс] // Онлайн-библиотека для учащихся в вузах и медицинских работников. – URL: https://auno.kz/uchebnik-po-psixiatrii/154-umstvennaya-otstalost-oligofreniya.html (lата обращения: 20.06.2020).

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THE FRAGMENT OF RESEARCH THE QUALITY OF LIFE AND PROFESSIONAL BURNOUT OF DOCTORS IN CHILDREN'S POLYCLINICS IN VOLGOGRAD

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The level of medical care to patients and the success of the implementation of the national project "Health" depend on the health status and doctor's professionalism. Modern healthcare reform is being implemented by optimizing costs, merging medical organizations, closing ineffective hospitals, expanding the use of high-tech care and informatization of the doctor's activities. All this makes it necessary to assess the health of doctors. Scientists have studied the quality of life and identified the professional (emotional) burnout of doctors in children's clinics in different age groups. Primary care pediatricians have a higher quality of life score when compared to the standard [1]. However, all groups have a high level of professional burnout. The pre-retirement group of doctors has more unfavorable profile. They are highly professional specialists but may experience emotional discomfort because the pension system has been reformed. This situation requires the introduction of preventive work with doctors of this age as a group with great potential and capable of professional longevity.

Key words: quality of life (QL), professional (emotional) burnout, pediatrician.

ФРАГМЕНТ ИССЛЕДОВАНИЯ КАЧЕСТВА ЖИЗНИ И ПРОФЕССИОНАЛЬНОГО ВЫГОРАНИЯ ВРАЧЕЙ ДЕТСКИХ ПОЛИКЛИНИК г. ВОЛГОГРАДА

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Уровень качества оказания медицинской помощи пациентам и успешность реализации национального проекта «Здоровье» напрямую зависит от состояния здоровья и профессионализма врачей. Современное реформирование здравоохранения реализуется путем оптимизации расходов, слияния медицинских организаций, закрытия неэффективных стационаров, расширения использования высокотехнологичных помощи, информатизации деятельности врача. Все это определяет необходимость осуществления оценки самочувствия врачей. Проводилось изучение качества жизни и выявление наличия профессионального (эмоционального) выгорания врачей детских поликлиник в различных возрастных группах. Выявлена высокая оценка качества жизни врачей первичного звена педиатрической службы в сравнении со стандартизированными показателями [1]. При этом во всех группах отмечается высокий уровень профессионального выгорания. Более неблагоприятные показатели характерны для предпенсионной группы врачей, которые, с одной стороны, являются высокопрофессиональными специалистами, с другой стороны, могут испытывать эмоциональный дискомфорт в связи с реформированием пенсионной системы, что требует внедрения профилактической работы с врачами этого возраста, как группы, обладающей большим потенциалом и способной на профессиональное долголетие.

Ключевые слова: качество жизни, профессиональное (эмоциональное) выгорание, врач-педиатр.

Doing your duty is a strong deontological principle of professional pediatric practice. After the healthcare reform [4], the medical workload increased and there was a threat that these principles would be implemented due to high physical and psycho-emotional stress and risk of developing professional (emotional) burnout. The problem of emotional burnout is directly related to the QL of medical workers and has a great impact on the quality of all medical care. For doctors and nurses, this is manifested by irritation when communicating with patients, demonstrating their own worth, loss of self-esteem and worries about their professional and personal failure. Numerous studies have proven that healthcare workers are at greatest risk [3]. Especially high risk among primary care pediatricians because in tense conditions associated with responsibility for the patient's life, the factor of communication with parents additionally acts.

After the adoption in 2018 of Federal Law No. 350, the New Pension Reform changed the rules for calculating the retirement age, towards its increase, and consolidated the concept of “pre-retirement age”. We assessed the QL and professional burnout of pediatricians with more than 10 years of work experience including pre-retirement and retirement ages.

Materials and methods: The results of questionnaire SF-36 and «Assessment of professional burnout» (APB) (Adaptation of «Maslach Burnout Inventory" questionnaire» (MBI) by Vodopyanova N.E., Starchenkova E.S.) [2] were compiled on the information base of the research. The sample consisted of 126 female pediatricians from clinics of Volgograd. Three groups were formed: 36–49 years old, pre-retirement (50–55 years old) and retirement age (56 years and more).

SF-36 is a non-specific quality-of-life (QL) questionnaire. The 36 questions are grouped into eight scales: Physical Functioning, Role-Physical functioning, Bodily Pain, General Health, Vitality, Social Functioning, Role-Emotional and Mental Health. Each scale varies between 0 and 100 where 100 represents complete health. All scales form two main indicators by which the components of population health are assessed: Mental Health and Physical Health.

The questionnaire «Assessment of professional burnout» (APB)contains 22 statements about feelings and experiences associated withperformance of work activities. It consists of three scored categories: «emotional exhaustion», «depersonalization» and «reduction of professional achievement». This method is needed to individually identify signs of burnout and depending on gender and age.

Results: the SF-36 questionnaire showed that majority of the respondents had a level of QL assessment in a gradation above the average (Table 1) if compared with the standardized indicators of a population study of the quality of life [1]. There are higher assessments of QL level on at least 6 scales in all age groups, except for the 35–49 age group, in whom this was observed only in 44.4 %. In general, the most favorable situation is among people of retirement age (84.6 % have excess on 6 scales, 46.1 % on 8 scales). Perhaps this is due to formation of this group of persons with a high level of adaptation and motivation to professional activity which are characterized by professional longevity.

Table 1

Indicatorsof scales SF-36

№	Scale	Value (score) / age		
		36–49	50–55	56 and more
1	Physical Functioning (PF)	77,96 ± 3,34	78,00 ± 6,09	79,23 ± 6,30
2	Role-Physical functioning (RP)	62,96 ± 6,98	71,67 ± 9,41	84,62 ± 6,66
3	Bodily Pain (BP)	70,26 ± 5,10	71,87 ± 7,25	77,62 ± 6,12
4	General Health (GH)	60,56 ± 3,94	56,33 ± 4,82	71,23 ± 6,29
Physical Health		**47,30 ± 1,89**	**46,04 ± 2,30**	**48,61 ± 2,85**
5	Vitality (VT)	54,81 ± 3,89	63,67 ± 5,38	71,15 ± 4,57
6	Social Functioning (SF)	62,30 ± 3,61	77,27 ± 5,09	84,38 ± 4,33
7	Role-Emotional (RE)	66,59 ± 7,35	82,07 ± 7,20	84,46 ± 7,23
8	Mental Health (MH)	56,30 ± 3,81	64,80 ± 5,15	77,54 ± 3,96
Mental Health		**41,74 ± 2,12**	**48,51 ± 2,10**	**53,01 ± 1,65**

Comparison of QL in the age groups of 36–49 year old doctors and the group of pre-retirement ages revealed the features: a higher level of social functioning in persons of pre-retirement age ($p < 0.05$).

If we compare the groups of 35–49 years old and pensioners, it was revealed that the indicators of 4 scales are significantly higher among pensioners: Role-Physical functioning ($p < 0.05$), Vitality ($p < 0.01$), Social Functioning($p < 0.01$), and Mental Health ($p < 0.01$). This may be due to the fact that pensioners who have remained to perform their professional functions have a high level of motivation and professional priorities.

We identified the dynamics of changes in the physical and psychological components of health, which showed the expected inversion of the dominant parameter in assessing the quality of life. Over the years, physical health is inferior to psychological health (*Fig. 1*).

The analysis of professional (emotional) burnout was conducted from an age perspective and according to the prevalence in the study groups and the integral indicator of burnout (Table 2).

Table 2

Distribution of professional burnout scales by age group, %

Age	Level of burnout	Distribution (person/level)			Integral indicator of burnout
		Emotional exhaustion	Depersonalization	Reductionofprofessional achievement	
36–49	Low	33,3	0	37	8,48 ± 0,53
	Medium	11,1	25,9	48,1	
	High	44,4	18,5	11,1	
	Very high	11,1	55,5	3,7	
50–55	Low	26,4	0	52,8	9,13 ± 0,56
	Medium	19,8	13,2	33	
	High	39,6	39,6	13,2	
	Very high	13,2	46,2	0	
56 and more	Low	69,3	7,6	61,6	7,15 ± 0,53
	Medium	23,1	30,8	30,8	
	High	7,6	30,8	0	
	Very high	0	30,8	7,6	

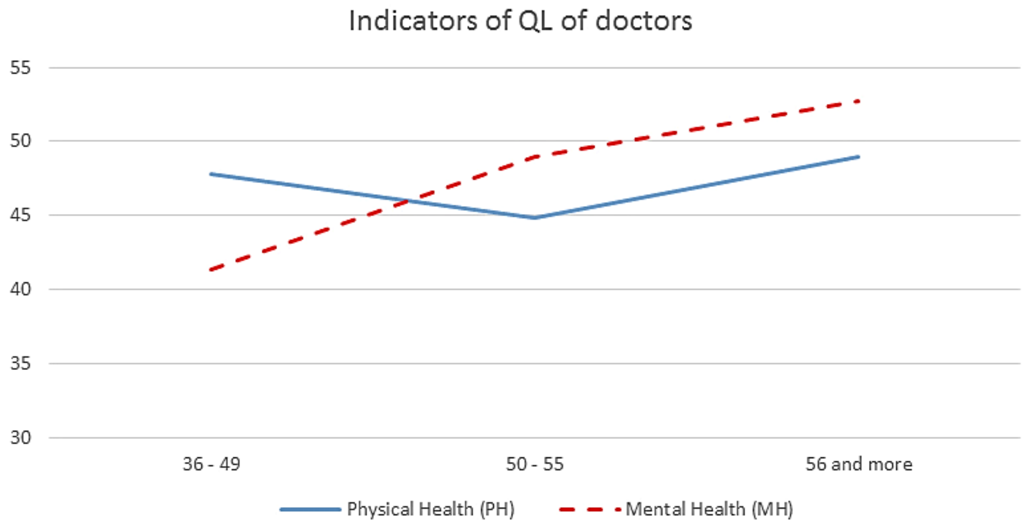

Fig. 1. Indicators of QL of doctors

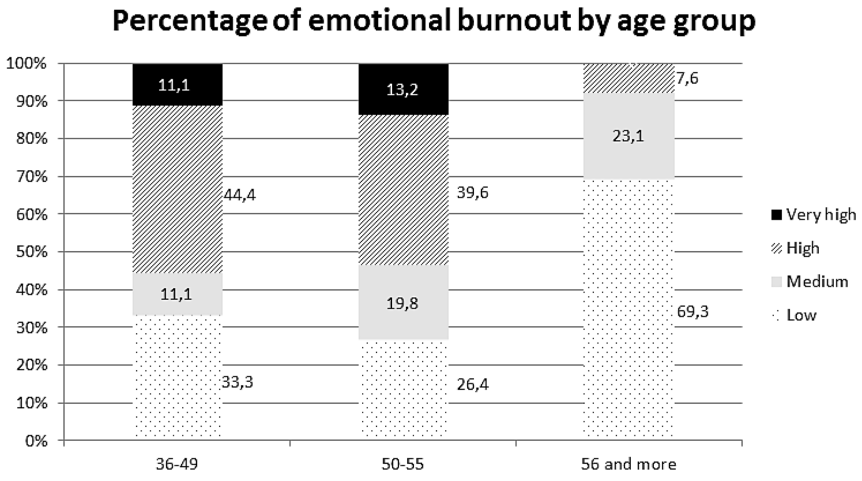

Fig. 2. Levels of emotional burnout in different age groups

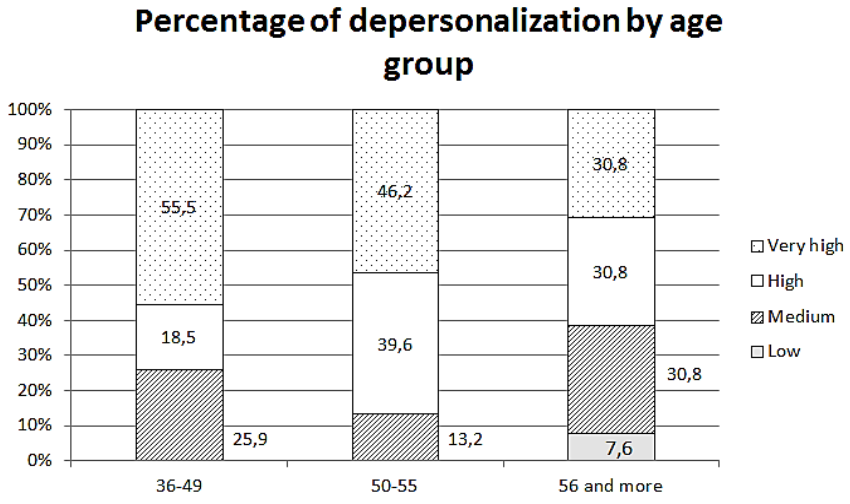

Fig. 3. Levels of depersonalization in different age groups

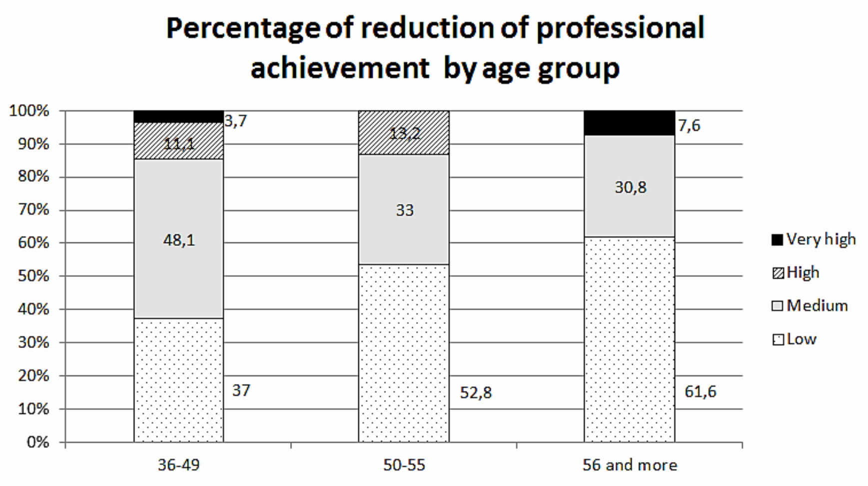

Fig. 4. Levels of reduction of professional achievement in different age groups

Retired pediatricians have a significantly lower level of emotional exhaustion in comparison with the group of 35–49 years old ($p < 0.05$) and persons of pre-retirement age ($p < 0.01$).

When analyzing the data in general, there are high and very high levels of depersonalization. A high level of depersonalization is a defensive reaction for a rational assessment of the situation without emotions. At the same time, depersonalization is characterized by the presence of an emotional buffer between the patient and the doctor.

People of retirement age have the lowest level of depersonalization, which indicates less detachment (Fig. 3).

The index of reduction of professional achievements is low in all age groups with a tendency to strengthen with age (Fig. 4).

The integral indicator of burnout in all age groups was at a high level with a peak in the pre-retirement age group (9.13) and a significant decrease in the group of pensioners ($p < 0.05$).

Correlation analysis of the burnout and QL scales revealed an average inverse between emotional exhaustion and the values of Physical Functioningscale ($r = -0.59$), Role-Physical functioning ($r = -0,57$), Bodily Pain ($r = -0,67$), General Health ($r = -0,55$), Social Functioning ($r = -0,62$), Mental Health ($r = -0,63$) and Vitality ($r = -0,76$).

Conclusion. The results of the study show that the QL of pediatricians of retirement and pre-retirement age is above the average level. However, all groups have a high level of professional burnout. The most unfavorable indicators of professional burnout are observed in the pre-retirement age group. Groups of retirement and pre-retirement age consist mainly of highly qualified specialists. In the modern life of society, they are able to extend the period of their professional longevity if the supervisory authority begins to introduce preventive measures to protect mental health and optimize working conditions.

REFERENCES

1. Admiradjanova V.N., Goryachev D.V., Korshunov N.I. et al. SF-36 questionnaire population quality of life indices. Scientific and practical rheumatology, 2008, no. 1. (In Russ.).

2. Vodopyanova N.E., Starchenkova E.S. Burnout syndrome: diagnosis and prevention. 2nd ed. St. Petersburg, 2009. 336 p. (In Russ.).

3. Donika A.D., Ajvazyan Sh.G. Etiology of professional stress of a therapist. International Journal of Experimental Education, 2015, no. 3-2, pp. 114–115. (In Russ.).

4. Donika A.D. Modern trends in the study of the problem of professiogenesis on the model of medical specialties. Human Ecology, 2017, no. 2, pp. 52–57. (In Russ.).

5. Zholud' D.S. Bioethical content of «good» in modern medical practice. International Journal of Experimental Education, 2017, no. 4-1, p. 54. (In Russ.).

6. Kobyakova O.S., Deev I.A., Kulikov E.S. et al. Burnout of physicians in the Russian Federation modeled by the Tomsk region. Preventive medicine, 2018, no. 6, pp. 68–73. (In Russ.).

7. Slivina L.P., Levitan B.N., Skvortsov V.V. et al. Infection controlproblem in primary health care institutions (on the example of a dental clinic). Science magazine «Nurse», 2020, vol. 22, no. 6, pp. 34–41. (In Russ.).

8. Donika A. Sociolodical studies in medicine: bioethical content (russian experience). Medicine and Law, 2018, vol. 37, no 2, pp. 315–326.

ЛИТЕРАТУРА

1. Популяционные показатели качества жизни по опроснику SF-36 (результаты многоцентрового исследования качества жизни «МИРАЖ» / В.Н. Амирджанова, Д.В. Горячев, Н.И. Коршунов [и др.] // Научно-практическая ревматология. – 2008. – № 1.

2. Водопьянова, Н.Е. Синдром выгорания: диагностика и профилактика / Н.Е. Водопьянова, Е.С. Старченкова. – 2-е изд. – СПб. : Питер, 2009. – 336 с.

3. Доника, А.Д. Этиология профессионального стресса врача-терапевта / А.Д. Доника, Ш.Г. Айвазян // Международный журнал экспериментального образования. – 2015. – № 3-2. – С. 114–115.

4. Доника, А.Д. Современные тенденции исследований проблемы профессиогенеза на модели медицинских специальностей / А.Д. Доника // Экология человека. – 2017. – № 2. – С. 52–57.

5. Жолудь, Д.С. Биоэтическое содержание «блага» в современной медицинской практике / Д.С. Жолудь // Международный журнал экспериментального образования. – 2017. – № 4-1. – С. 54.

6. Профессиональное выгорание медицинских работников в Российской Федерации на модели Томской области / О.С. Кобякова, И.А. Деев, Е.С. Куликов [и др.] // Профилактическая медицина. – 2018. – № 6. – С. 68–73.

7. Проблема инфекционного контроля в учреждениях первичной медико-санитарной помощи (на примере стоматологической поликлиники) / Л.П. Сливина, Б.Н. Левитан, В.В. Скворцов [и др.] // Медицинская сестра. – 2020. – Т. 22, № 6. – С. 34–41.

8. Donika, A. Sociolodical studies in medicine: bioethical content (russian experience) / A. Donika // Medicine and Law. – 2018. – Vol. 37, no. 2. – P. 315–326.

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CELEBRATION OF THE WORLD BIOETHICS DAY IN VOLGOGRAD STATE MEDICAL UNIVERSITY

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The article presents the results of research activities which were undertaken in Volgograd Medical University to celebrate the World Bioethics Day. The theme of scientific events organized on the basis of the Department of Bioethics, Philosophy and Medical Law with a course of the sociology of medicine with the participation of the Department of Ethical, Legal and Sociological Expertise in Medicine of Volgograd Medical Scientific Center is “Benefit and Harm”. The article presents the Program of holding a scientific online conference with international participation and the results of the essay competition among students and young scientists.

Key words: World Bioethics Day, medical students, essay contest, bioethics.

МЕЖДУНАРОДНЫЙ ДЕНЬ БИОЭТИКИ В ВОЛГОГРАДСКОМ МЕДИЦИНСКОМ УНИВЕРСИТЕТЕ

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В статье представлены результаты проведения научных мероприятий в Волгоградском медицинском университете в рамках празднования Международного дня Биоэтики. Тема научных мероприятий, организованных на базе кафедры биоэтики, философии и медицинского права с курсом социологии медицины при участии Отдела этической, правовой и социологической экспертизы в медицине Волгоградского медицинского научного центра – «Благо и вред». В статье представлена Программа проведения научной онлайн-конференции с международным участием и результаты конкурса эссе среди студентов и молодых ученых.

Ключевые слова: Международный день Биоэтики, студенты медицинского вуза, конкурс эссе, биоэтика.

Since 2016, on the basis of the Department of Bioethics, Philosophy and Law with a course in the Sociology of medicine at Volgograd State Medical University with the participation of the Department of Ethical, Legal and Sociological Expertise in Medicine of the Volgograd Medical Research Center, the *World Bioethics Days* are celebrated annually on October 19.

The date of the holiday was not chosen by chance. On 19 October 2005, the 33rd Session of the General Conference of UNESCO adopted the Universal Declaration on Bioethics and Human Rights. The Declaration embodies a set of bioethical principles that has been agreed upon by 191 Member States of UNESCO after an intense elaboration and consultation process involving independent and governmental experts from all regions of the world. This set of bioethical principles provides a common global platform by which bioethics can be introduced and strengthened within each Member State, and UNESCO is mandated to promote, disseminate and elaborate these principles for practical purposes.

Within the framework of the World Bioethics Day, an essay and poster competition is organized among students. The theme of the competition is announced by the leadership of the International Network of UNESCO Chair in Bioethics. In 2016, when the celebration of the World Bioethics Day was celebrated for the first time, the theme of the competition was "Human Dignity and Human Rights," as well as the title of one of the 15 principles of Bioethics (Universal Declaration on Bioethics and Human Rights, 2005).

This year at Volgograd State Medical University, in the year of the 15th anniversary of the Universal Declaration on Bioethics and Human Rights, within the framework of the World Bioethics Day, the Volgograd Unit of the International Network of UNESCO Chair in Bioethics held the International scientific online conference of students and young scientists. The slogan of the conference, as well as the topic of celebration of the World Bioethics Day, was announced by the leadership of the International Network of UNESCO Chair in Bioethics (Haifa) – "Benefit and Harm".

Famous scientists and teachers of bioethics took part in the online conference. The President of the Volgograd State University of Medicine, Academician of the Russian Academy of Sciences, *Vladimir Ivanovich Petrov* opened the conference with greeting.

The conference was attended by Russian and foreign speakers:

- Honored Scientist of the Russian Federation, Professor, Doctor of Philosophy, Doctor of Law, Head of the Local Ethics Committee *Natalya Nikolaevna Sedova*;
- Corresponding Member of the Russian Academy of Sciences, Doctor of Medical Sciences, Professor, Head of the Department of Pharmacology of the Yaroslavl State Medical University, *Alexander Leonidovich Hohlov*;
- The visiting lecturer of medical scientists in Hannover, associate professor of the Medical College of Oldenburg, Dr. *Frank Scheffka* (Germany);
- Director of the Oral and Maxillofacial Surgery Clinic of the National Hospital, Dr. *Hussein Ismail* (United Arab Emirates);
- Director of Sino-Guinean friendship hospital, Head of cardiology department, Professor at university of Conakry, medical counselor of the President, Professor *Tolno Sandy Cola* (Guinea);
- Doctor of Philosophy, Professor of Yerevan State Medical University, Head of the Armenian Unit of the International Network of UNESCO Chair in Bioethics *Davtyan Susanna* (Armenia).

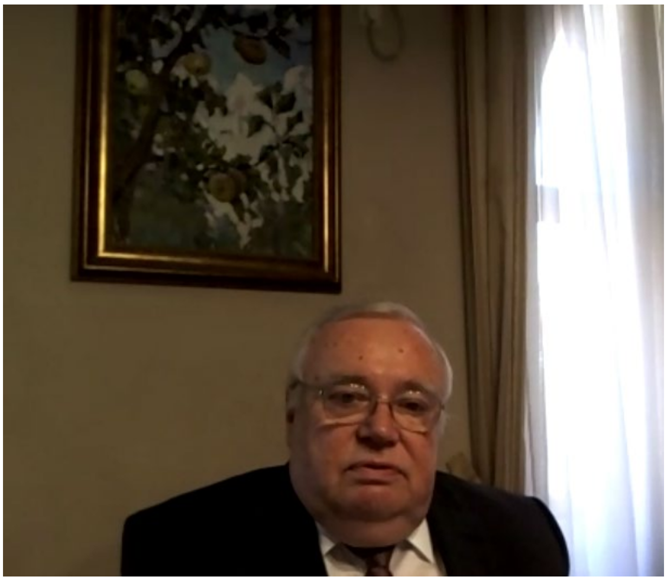
In their speeches, the speakers discussed the importance of bioethics for medicine and biomedical research, about the benefits and harms of medicine. Medicine and its various aspects are one of the most significant components of modern human civilization. Nowadays, more and more problems regarding healthcare and the human condition have become a concern in the field of medicine. It means that medicine is becoming more prominent in some human aspects over social, cultural or political fields. Although medicalization has its benefits, there are some consequences to it.

The medicalization shifts the border between the normal and pathological. Some 'abnormal' indications which are caused by underlying social and economic reasons are defined as 'symptoms'. This leads to the neglect of the role of social policy. Medicalization defines behavior as a medical problem or illness. It is easier for political institutions to address a disease or a syndrome than digging into the reasons behind the pathological conditions. For example, it is far more swift for the Ministry of Welfare to address medical needs of depressed alcoholics rather than finding a solution to help them quit this habit or to solve the related social or economic reasons (joblessness, financial problems, work pressure, pressure from studies, etc.).

In addition, foreign speakers spoke about the peculiarities of national medicine from the standpoint of bioethics, how bioethics developed in their states. Professor Davtyan Susanna showed the conference participants wonderful slides about the history of bioethics in Armenia.

In the final part the conference, the Head of the Russian (Volgograd) Unit of the International Network of UNESCO Chair in Bioethics International Network of UNESCO Bioethics Chairs, Professor A.D. Donika. summed up the results of the student essay competition and announced the winners.

The first place was taken by the work of the 3rd year student of the Faculty of Medicine *Fung Siu Ling* (Malaysia), the second place – the work of the 2nd year student of the Faculty of Dentistry *Morozov Savva*, the third place – the essay of the student of the Faculty of Medicine *Strelchenko Alexandra*.



In the photo: The President of the Volgograd State Medical University, Academician *V.I. Petrov* opened the conference with greeting

REFERENCES

1. Sedova N. N. Bioethics education as an international problem. Bioethic, 2012, no. 2 (10), pp. 22–26. (In Russ.).
2. Shkarin V.V., Donika A.D., Yagupov P.R. Volgograd experience of humanitarian education in a medical. Bioethics, 2020, no. 1 (25), pp. 22–27. (In Russ.).
3. Shkarin V.V., Donika A.D., Rejmer M.V. National characteristics of teaching bioethics at a medical. Bioethics, 2019, no. 2 (24), pp. 25–30. (In Russ.).

ЛИТЕРАТУРА

1. Седова, Н.Н. Образование в области биоэтики как интернациональная проблема / Н. Н. Седова // Биоэтика. – 2012. – № 2 (10). – С. 22–26.
2. Шкарин, В.В. Волгоградский опыт гуманитарного образования в медицинском вузе / В.В. Шкарин, А.Д. Доника, П.Р. Ягупов // Биоэтика. – 2020. – № 1 (25). – С. 22–27.
3. Шкарин, В.В. Национальные особенности преподавания биоэтики в медицинском вузе / В.В. Шкарин, А.Д. Доника, М.В. Реймер // Биоэтика. – 2019. – № 2 (24). – С. 25–30.

РЕДАКЦИОННАЯ ЭТИКА ЖУРНАЛА
PUBLICATION ETHICS OF THE JOURNAL

Редакционная политика журнала основывается на традиционных этических принципах российской научной периодики и строится с учетом этических норм работы редакторов и издателей, закрепленных в Кодексе поведения и руководящих принципах наилучшей практики для редактора журнала (Code of Conduct and Best Practice Guidelines for Journal Editors) и Кодексе поведения для издателя журнала (Code of Conduct for Journal Publishers), разработанных Комитетом по публикационной этике – Committee on Publication Ethics (COPE). В процессе издательской деятельности редколлегия журнала руководствуется международными правилами охраны авторского права, нормами действующего законодательства РФ, международными издательскими стандартами.

Publication policy of the journal is based on traditional ethical principles of the Russian scientific periodicals and is built in terms of ethical norms of editors and publishers work stated in Code of Conduct and Best Practice Guidelines for Journal Editors and Code of Conduct for Journal Publishers, developed by the Committee on Publication Ethics (COPE). In the course of publishing editorial board of the journal is led by international rules for copyright protection, statutory regulations of the Russian Federation as well as international standards of publishing.

ТРЕБОВАНИЯ И УСЛОВИЯ ДЛЯ ПУБЛИКАЦИИ

PAPER SUBMISSION GUIDELINES

Правила представления рукописей для публикации в журнале «БИОЭТИКА»

В журнал «БИОЭТИКА» в виде статей принимаются научные работы, соответствующие профилю журнала. Основными рубриками научного издания являются:

- теоретические проблемы биоэтики;
- этические вопросы реализации Национального проекта «Здоровье»;
- биоэтика и медицинское право;
- социологические исследования в биоэтике;
- этические проблемы клинических исследований;
- международные документы в области биоэтики и медицинского права;
- биоэтика в мире;
- практикум по биомедицинской этике;
- из опыта работы этических комитетов;
- в помощь изучающим биомедицинскую этику.

Представляемые в редакцию журнала «БИОЭТИКА» (далее – Журнал) рукописи статей должны соответствовать следующим требованиям.

1. Текст в формате Microsoft Word (или RTF), 14-й шрифт, через полуторный интервал, сноски постраничные, нумерация сносок сквозная, бумага формата А4, текст с одной стороны. Резюме (250 слов), ключевые слова (5−10 слов) на русском и английском языках. Объем рукописи − не более 30000 знаков.

2. Титульная часть статьи должна содержать УДК, название статьи, фамилию и инициалы автора(ов), ученую степень, ученое звание, должность, наименование организации и подразделения на русском и английском языках. Далее следует краткая аннотация статьи (abstract) с ключевыми словами (key words) на русском и английском языках.

3. Название статьи дается полужирным шрифтом. После названия помещаются фамилия и инициалы автора полужирным курсивом. Далее указываются следующие данные автора:

- ученая степень, ученое звание,
- почетное звание,
- должность,
- место работы,
- контактный телефон, факс, e-mail, почтовый адрес для переписки,
- кем представлена статья (фамилия, инициалы и ученая степень рецензента и название организации, рекомендовавшей статью к печати).

4. В материалах информационного содержания (о конференциях, совещаниях, семинарах) фамилия, инициалы автора – полужирным курсивом и обычным шрифтом, данные автора (см. п. 2) также указываются в конце статьи.

5. Список литературы должен представлять полное библиографическое описание цитируемых работ в соответствии с примерами, приведенными ниже.

Списки литературы представляются в двух вариантах:

1) в соответствии с ГОСТ Р 7.0.5 2008 (русскоязычный вариант вместе с зарубежными источниками). Например:

1. Седова, Н.Н. Образование в области биоэтики как интернациональная проблема / Н.Н. Седова // Биоэтика. – 2012. – № 2 (10). – С. 22–26.
2. Деларю, В.В. Специальная психология: учебное пособие / В.В. Деларю, Н.Г. Туровская. – Волгоград: Изд-во ВолгГМУ, 2018. – 164 с.
3. Шкарин, В.В. Волгоградский опыт гуманитарного образования в медицинском вузе / В.В. Шкарин, А.Д. Доника, П.Р. Ягупов // Биоэтика. – 2020. – № 1 (25). – С. 22–27.
4. Donika, A. Sociolodical studies in medicine: bioethical content (Russian experience) / A. Donika // Medicine and Law. – 2018. – Vol. 37, no. 2. – P. 315–326.

2) вариант на латинице (References) представляет собой перевод на английский язык, повторяя список литературы к русскоязычной части, независимо от того, имеются или нет в нем иностранные источники. Например:

1. Sedova N.N. Bioethics education as an international problem. Bioethic, 2012, no. 2 (10), pp. 22–26. (In Russ.).
2. Delarue V.V., Turovskaya N.G. Special psychology: Textbook, Volgograd, Volgograd State Medical University Publishing House, 2018. 164 p. (In Russ.).
3. Shkarin V.V., Donika A.D., Yagupov P.R. Volgograd experience of humanitarian education in a medical. Bioethics, 2020, no. 1 (25), pp. 22–27. (In Russ.).
4. Donika A. Sociolodical studies in medicine: bioethical content (Russian experience). Medicine and Law, 2018, vol. 37, no. 2, pp. 315–326.

Необходимо, чтобы цитируемые источники соответствовали списку литературы. Ссылки на литературные источники в тексте статьи, в рисунках и таблицах обозначаются в квадратных скобках арабскими цифрами [1, 2, 3].

6. Плата с аспирантов за публикацию рукописей не взимается.

7. Рукописи рецензируются в редакции журнала. Если у рецензента возникают вопросы, статья возвращается на доработку. Редакция оставляет за собой право на внесение в текст редакторских изменений, не искажающих смысл статьи.

8. Рукопись должна быть сдана в редакцию Журнала.

Адрес журнала: 400131, Волгоград, площадь Павших борцов, 1, офис 4-11.
Тел.: 8(8442)385325, 385339, e-mail: biosoc2008@yandex.ru

The journal of Bioethics publishes scientific article materials which correspond to the journal profile. The basic headings of the scientific journal are as follows:

- Theoretical problems of bioethics;
- Ethical issues of the implementation of the «Health» national project;
- Bioethics and medical law;
- Sociological research in bioethics;
- Ethical problems of clinical research and trials;
- International documents in the field of bioethics and medical law;
- Bioethics in the world;
- Practical course of biomedical ethics;
- Work experience of ethical committees;
- Aid for those studying biomedical ethics.

The article materials submitted for publication in Journal of Bioethics must meet the following requirements:

1. Manuscripts should be in Microsoft Word or RTF format, and be typed with one-and-a-half line spacing on one side with font size 14, Times New Roman on an A4 paper. References should be cited in numeric order by order of mention in the text. Articles should include an abstract in Russian and English. Manuscripts should not exceed 30 000 characters.

2. The first page must contain a unique case identifier, the main title of a paper, the name(s) of authors(s), and the affiliated institution(s) and address(es) in Russian and English. This should be followed by an abstract of the article with keywords both in Russian and English.

3. Heading must be typed in semi-bold. Authors and affiliations should be followed after the title of paper. The author(s) name should be italic and semi-bold. The author's name, title / university degree, affiliation, work address, home address and e-mail address as well as the reviewer's name, degree, and affiliation should be provided at the end of the article on a blank page.

4. The name(s) of author(s) in calls for conferences, workshops and seminars should be italic and semi-bold. Author(s) information should be provided at the end of the article.

5. The bibliography should provide a complete bibliographic description of the cited works in accordance with the examples below. References lists are presented in two versions:

1) in accordance with GOST R 7.0.5 2008 (Russian version together with foreign sources). For instance:

1. Седова, Н.Н. Образование в области биоэтики как интернациональная проблема / Н.Н. Седова // Биоэтика. – 2012. – № 2 (10). – С. 22–26.
2. Деларю, В.В. Специальная психология: учебное пособие / В.В. Деларю, Н.Г. Туровская. – Волгоград: Изд-во ВолгГМУ, 2018. – 164 с.
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4. Donika, A. Sociolodical studies in medicine: bioethical content (Russian experience) / A. Donika // Medicine and Law. – 2018. – Vol. 37, no. 2. – P. 315–326.

2) the variant in the Latin alphabet (References) is a translation into English, repeating the list of references to the Russian-language part, regardless of whether or not there are foreign sources in it. For instance:

1. Sedova N.N. Bioethics education as an international problem. Bioethic, 2012, no. 2 (10), pp. 22–26. (In Russ.).
2. Delarue V.V., Turovskaya N.G. Special psychology: Textbook, Volgograd, Volgograd State Medical University Publishing House, 2018. 164 p. (In Russ.).
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References cited in the text must appear in a Reference List or Bibliography. References cited in the text, figures, tables must be enclosed in square brackets and are numbered using Arabic numerals [1, 2, 3]. The citing of sources in the article is not limited.

6. Authors must submit their articles electronically. The print version of the paper must also be submitted to the Editorial Board. In outside of Volgograd, authors may submit their manuscripts electronically via e-mail.

7. Post-graduate students do not have to pay for the submission of their articles to the Journal of Bioethics.

8. All manuscripts have to go through the peer review process. If the manuscript is not of sufficient quality, the author may be invited to revise the paper. The Editorial Board reserves the right to make editorial and literary corrections.

All manuscripts must be submitted to the editorial office to the address:

400131, Volgograd, Pavshikh Bortsov Sq., 1, Room 4-11.
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