

Bioethics - Paradigm of Humanization of Medical Education

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Abstract: Annotation. The purpose of this article is to analyze an important issue in the philosophy of bioethical education. One of the main reasons for introducing a bioethics course in undergraduate medical universities in Uzbekistan is to counteract dehumanizing trends in modern medicine and healthcare. For this reason, bioethics education integrates the humanities and social sciences, responding to the challenges of the times. One of the difficult problems of Uzbek health care is to strengthen the human resources of the industry, because modernization in medicine should begin with training, that is, with education. At the same time, an emphasis is placed on the need to familiarize students with the profession already from the initial courses. The article examines the phenomenon of medical humanities and the international experience of integrating the humanities into medical education. The humanitarian disciplines, which are mainly studied during this period, implicitly form a request for a kind of propaedeutic orientation of the content, designed to indicate the spirit of the medical profession, the ideologeme of the modern medical paradigm-bioethics.

Keywords: philosophy of bioethical education, medical humanities, international experience of integrating the humanities in medical education, the phenomenon of medical humanities.

MATERIALS AND METHODS

Analysis of information obtained from personal experience, foreign scientific literature, search for information on research

Introduction

In Uzbekistan, attention is paid to the development of higher education, including medical education, at the highest level. In recent years, the government has adopted a number of documents aimed at radically improving the health care system, the quality of training doctors. [1]. The relevance of the humanization of medical education, its broadcast in professional work today, in the new conditions of the development of society is stated in the decree of President Sh.M. Mirziyeva: "Improving the mechanisms for ensuring compliance by medical workers with professional duties, preventing conflicts of interest and corruption, including the adoption of the Code of Ethics for medical workers and insurance of their professional liability." This decree also emphasizes that: "... reforming the system of secondary and higher medical education, revising curricula, programs and teaching materials aimed at further optimizing theoretical studies and increasing the practical component, as well as bringing them in line with the global achievements of medical science and practice "[2]. In the light of the problems associated with the progress of biomedical technologies, not only the professional, but most of all the human dimension in the activity of a doctor is being actualized, and the system of medical education needs to be improved, consistently humanized and humanized [3,4]. To this end, since 2020, bioethics has been introduced into the State Educational Standard as a mandatory discipline in medical universities. This was done in line with the decisions that were previously voiced and supported by WHO and UNESCO, which unanimously noted that teaching ethics (bioethics) should become an integral part of medical education throughout the educational process. The ongoing health care reform affects the interests of all its participants - both those who train medical personnel, and those who implement medical care in practice, and those who need it. A new situation has arisen. The transition to insurance medicine has exacerbated ethical and legal problems in both medical science and medical practice. There is no insurmountable obstacle to the existing difference in natural science and humanitarian discourses. If there is an obstacle, it is rather related to the fact that humanitarian knowledge is perceived with difficulty: all the time you have to overcome the resistance of students who believe that studies in the humanities "steal" their time for serious study of special disciplines. But the issues of a responsible attitude, first of all, to a person, to a profession are today the quintessence in reforming and improving the quality of medical education and the success of this is associated with the formation of a bioethical culture. Therefore, the training of a doctor provides for the acquisition of professional knowledge, skills and abilities by students in combination with the formation of the moral qualities of the individual inherent in the profession.

Traditionally, the personal moral qualities of a doctor in the system of higher medical education were formed on the basis of medical ethics and deontology. If we want to see in the future doctor not a robot, a mechanical and thoughtless executor of laws, but a professional who performs his duty voluntarily and meaningfully, then we must give him the opportunity to master the reality of moral and ethical knowledge and develop the ability to defend the values of his profession.

Discussion and results

Let us turn to foreign experience, in which the last decade has been actively using the humanities in reforming and improving the quality of medical education. A phenomenon called the medical humanities has emerged in the West. What role do they play in the training of future doctors and in the development of their professionalism? Medical education reformer Abraham Flexner (1866-1959) is considered by many to be the

father of the medical education curriculum in America today. [5] In the West, since the 70s of the last century, there has been a tendency in the medical school to integrate science, medical ethics and liberal arts education. The medical humanities deal with the "science of man" and bring optimism to the prospect of developing disciplines such as history, philosophy, literature, art and music in the understanding of health, disease and medicine. The medical humanities are designed to overcome the separation of clinical care from the "humanities" and foster interdisciplinary learning and research to optimize patient care. The medical humanities have become part of the mainstream of medical education in North America, the United Kingdom, and other European countries. They are now included in many medical programs in Australia. The Australian Medical Humanities Association was founded in November 2004; a year earlier, there was a postgraduate study in medical humanities at the University of Sydney in 2003. [6] In 2000, JME magazine - "Medical Humanities" began its life. However, the intellectual roots of the medical humanities as a field of study can be traced to two developments: calls made as early as the 1920s for the development of interdisciplinary views of the sciences that shed historical light on their assumptions, methods and practices; refusals to assimilate all medical phenomena in the biomedical worldview. In the humanities, this term comes from the desire to define the meaning of medicine as a product of culture. But despite growing use of the term for half a century, it challenges the unifying encapsulation and continues to evoke a multitude of discursive communities, including scientists working at the intersection of medicine and the humanities, arts and health, and medical education and bioethics. [6] In medical education abroad, courses "medical humanities" - "medical humanities" occupy a different position than ours.

What is "medical humanities"? It is an interdisciplinary field consisting of the humanities (literary and art theory, philosophy, ethics, history and religious studies), social sciences (anthropology, psychology and sociology) and the arts (literature, theater, cinema, music and visual arts) included in the program training of medical students. In professional ethics, the relationship between doctor and patient has changed, the idea of patient autonomy has emerged, the doctrine of informed consent has been adopted, and the principle of equity is taken into account in the distribution of health care resources. Medical ethics has become a topic of interest to the entire society. Today, in most medical schools in the United States, medical ethics is taught as a mandatory formal discipline, but, in addition, there is an institutionalization of medical ethics [87]. The goal of the medical liberal arts is to develop humanity and spirituality through medical practice and contemplation, empathizing with patients, narratives of illness through spiritual awakening and understanding the mutual healing power of human relationships. The ultimate mission of the medical humanities is to educate physicians so that they can self-educate and adhere to the philosophy of dedication throughout their lives, one of the core values of their profession. [9] Humanistic medicine, or medical humanities, is a response to the challenges of the times and the growing technologization of medicine, for the humanistic dimension in medical education and clinical practice. The mission of the medical humanities is to promote understanding of the scientific and ethical structure of medicine. The challenge for the medical humanities is to focus on clinical practice. At Stockholm Medical University, a new academic discipline was created in 1998. The discipline has three aspects: medical history, philosophy of medical science and the relationship between patient and doctor. What is the art of medicine? How are suffering and illness expressed in art and literature? The medical humanities are trying to answer these questions, which can become an instrument of critical revision and radical reorientation of the very spirit of medicine. [9, 10] Patients are often dissatisfied with medical care, because doctors sometimes cannot show the humanistic qualities

necessary in this profession. It is true that immersion in science is a necessary part of medical education, but it is also true that it is not enough. Calls to strengthen, improve, technically re-equip medicine and education leads to its technologization, creates objective, systemic conditions for the destruction of humanitarian culture in medicine. Courses in the history of medicine, medical narrative in literature, bioethics, medicine and art, as well as spirituality in medicine are necessary in the training of doctors, since it is this knowledge that will help to balance the technological side of medicine with the humanistic and resist the processes of dehumanization. [9]

The rapid growth of biomedical knowledge, the growing requirements for medical students in medical education pay more and more attention to the problems of technologization in their preparation, which threatens to oust the humanities from the educational process altogether. What's happening? There is a "folding" of hours, courses in the humanities, and the optimization process carried out in order to improve the quality of medical education has led to the practice of absolutizing the significance of the technological component in medical education. The distinction between the sphere of technological solutions and the sphere of personal problems of patients is occurring and intensifying. The technologization of medicine leads to the fact that the medical community is focused specifically on technological solutions (high-tech interventions). The history of the humanities in medicine is marked by the need for a cultural transformation that would address the imbalance between the technological aspects of medicine and the human aspects of health and care. At the same time, neglect of the humanitarian context of the patient's problems (including his personal experience of the disease, pain, emotional upheaval, etc.) is a deep consequence of the fact that the goals of the medical system are not properly focused on the sphere of solving the patient's personal problems. An example of the harmonious inclusion of the humanitarian context in medicine and education can be seen in medieval Arabic medical poetry. After the emergence of Islam, poetry reflected the new faith and its impact on the hearts and minds of people, encouraging them to seek and expand their knowledge. The intense scientific movement that followed did not lead to a conflict between the humanities and the natural sciences. This is evidenced, for example, by the classical Arabic biographical encyclopedias *Uyoon Al Anbaa Fi Tabaqaat Al Atibbaa* (Basic Information on Physician Classes), compiled by the 13th century scholar Ibn Abi Usubiaa, and *Al-Shier wa Al Shoaraa* (Poetry and poets) Ibn Qutaiba. IX century. Simultaneously with the resurgence of various sciences during the Islamic Golden Era, a new theme of Arabic poetry flourished with the emergence of a tradition of didactic poems composed by medical scholars for use in the teaching and training of medical students. Meanwhile, Arabic poetry touched on the ethical, social and humanitarian aspects of medical care. [ten]. On the one hand, it was the poetry of doctors, representing poetic dialogues with their patients, poetry describing their old age or illness. On the other hand, it was the poetry of elderly patients, reflecting the significant geriatric suffering faced by this age group and the philosophy of life and death. From patient poetry of the 10th century, a description of an attack of a fever has survived. The 42-verse poem contained several intense psychological, mental and social attacks of merciless attacks. [11] There is a well-known poetry of patients praising the attending physician, or describing their own lingering incurable diseases.

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medical liberal arts education. It must be emphasized that the goals of the medical humanities are not only theoretical but also practical. As theoretical, they provide a basis for analysis and, as a consequence, understanding of what the phenomenon of medicine and health care is. As practical as this analysis, of course, should and does have implications for the way health care is delivered, from the most basic laboratory tests to the clinical meeting to the national health policy. In addition to this, the medical humanities have the potential to influence clinically relevant attitudes through their ability to influence not only intellectual ability and rational thinking, but also emotions and intuition. In the international experience of medical liberal arts, more and more attention is paid to the visual arts, literary texts - novels, short stories, drama, poetry - to educate medical students or medical practitioners. The development of medical humanities is conditioned and caused not only by the need for them in education and for medical workers. The field of medical humanities is broader than professional development, however important it may be. An understanding of medicine in general is at stake. The aforementioned series of documents aimed at fundamentally improving the health care system, the quality of medical training, calls for an expanded view of medical education and training, include a focus on the complexities of professional identity formation (PIF). Educators are challenged to foster an active, constructive, integrative development process for PIFs through standardized and personalized and / or formal and informal approaches to the curriculum. How can we best support the complex integrative PIF process? Wald HS et al. Present three pedagogical innovations that facilitate the PIF process in undergraduate and graduate medical education (GME) [12] It is (1) integrative reflective writing that promotes reflective ability, emotional awareness, and resilience (how complex interactions between therapist and the patient) for personal and professional development; (2) synergistic training modules on informed clinical practice and sustainable responses to complex interactions to foster clinician resilience and well-being for effective professional functioning; and (3) strategies for leveraging e-portfolio, professional development, and reflexive coaching skills at GME. [13]

Conclusion

Spirituality and humanism have always played a large role in medicine over the centuries, but by the beginning of the 20th century, technological advances in diagnosis and treatment, doctor-patient relationship, were increasingly overshadowing the human element of medicine and healthcare. Although advances in medical science have been impressive and have saved countless lives, scientific attention has shifted the culture of medicine from a holistic, service-oriented model to a technological, reductionist model. One of the reasons for dehumanization and the spread of such negative phenomena as: medicalization, overdiagnostics, commercialization and corruption in medicine is the loss of attention and support for a respectful and careful attitude towards the spiritual roots of medicine, the history of medical ethics. It is necessary to reinterpret the substantive core of bioethics in the language of Russian culture. To restore the spiritual roots of medicine, to return the humanism of the profession, it is necessary to achieve recognition of the need for a qualitative improvement in the training of future doctors, presenting worthy attention to the upbringing of spirituality, humanization and humanization of medical education, which are essential for quality patient care.

Humanitarian training should include a sufficient place in the educational process of morality, spirituality, mercy, responsiveness, kindness and a sense of compassion - i.e. those high character traits that should be organically in every doctor. There is a frankly lack of lessons in moral and aesthetic education in higher education. The organic unity of a high level of education with clearly defined professional knowledge with

mandatory elements of a methodological and ideological educational plan is an urgent task of a modern higher medical school.

Findings

We see the task of bioethics in the fact that it can contribute to the humanization of biomedicine and formulate new ethical regulations. Bioethics is still a very young discipline, and its interpretations are diverse, sometimes it is understood too broadly. Rather, we should talk about biomedical ethics, but not reduce its content to the problem of the doctor-patient relationship. Bioethics has emerged in the modern world as a crisis option. The consumer society and its values run counter to traditional medical ethics, which is interpreted as a doctor's service to society. The attitude towards the doctor has changed. If before it was surrounded by a kind of sacred halo, now medicine is declared a service sector. The attitude of doctors towards the patient has also changed. From a suffering person resorting to medical help, he turned into a client. It is bioethics, as a kind of reflection of modern technological science and medical practice, that is capable of turning us to human meanings. The process of reducing the hours and the subjects of the humanities themselves in medical education is not justified, international experience testifies in favor of the need to deepen humanization and humanitarianization, which is reflected in the WFME World Standards for improving the quality of medical education. [14]

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