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PROFESSIONAL ETHICS AND DEONTOLOGY IN SURGICAL PRACTICE

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ABSTRACT

The article deals with the issues of ethics and deontology in surgical activity. It is shown that it is in the field of surgery that almost any active influence, even a single word from a doctor, and often middle and junior medical personnel, is fraught with the threat of considerable dangers for the patient, ranging from physical pain and infection to severe mental trauma. Based on specific examples from history, questions concerning what qualities, specifically of a medical nature, should be developed in every possible way and constantly improved by a future surgeon are revealed in detail.

KEY WORDS: *Medicine, Ethics, Deontology, Surgery, Surgery.*

Deontology - the doctrine of due (Greek: deon - due, logos - word, science, teaching). As applied to medicine, deontology is understood as the principles of behavior of medical personnel aimed at maximizing the usefulness of treatment and eliminating the harmful consequences of poor medical work. At the same time, it is important to create a certain psychological climate in the team, where the attitude of medical personnel to the patient, relations between team members, regardless of their rank, are important. Deontological rules have been developed in various fields of medicine: surgery, obstetrics, oncology, therapy, etc., but they have common principles and, of course, professional differences. N. N. Petrov's book "Questions of Surgical Deontology" (1945), which marked the beginning of the regulation of professional relationships, played a great role in the development of deontology. Practical deontology is a system of well-thought-out, scientifically based behavior and specially developed specific measures of psychological impact on the patient.

Questions of medical deontology are closely related to medical ethics. Medical ethics is a branch of the philosophical discipline of ethics, the object of research of which is the moral and ethical aspects of medicine. Between doctors, relations should be truly comradely, based on mutual support and assistance for the benefit of the patient.

Ethics is a system of norms of moral behavior of people, their duties in relation to each other, to society, to the Motherland based on universal ideas about good and evil, as well as a philosophical teaching about morality, morality, as one of the forms of ideology, about its essence, the laws of historical development and its role in public life.

Medical ethics considers the whole set of moral criteria that guide a healthcare worker in their daily work, aimed at meeting the needs of society and each person in maintaining and strengthening their health or returning it in case of illness.

Medical deontology is a set of ethical standards when a medical professional performs his professional duties, as well as principles of behavior, professional methods of psychological communication with a healthy or sick person who has applied to a doctor. Thus, deontology is an integral part of medical ethics, and if ethics is a methodological concept, then deontology is a methodological concept. If medical ethics does not carry the specifics of a separate medical specialty, then medical deontology has an applied character due to a particular medical profession, i.e. there is a distinction between deontology of an obstetrician-gynecologist, pediatrician, internist, endocrinologist, surgeon, oncologist, etc.

The success of treatment is largely determined by the authority of the doctor. The authority of a doctor is largely based on his attitude to the patient, his sensitivity, and participation. It is well known that the doctor's indifference reduces the patient's confidence in him and can dramatically affect the course of the disease. If the doctor enjoys great authority and respect, if the patient sees his participation on his part, a lively desire to help, to save from suffering, then treatment is often much more effective than with those prescriptions from a doctor whom the patient does not trust. This attitude, which implies not duty, but real participation, compassion and a desire to help him, the patient should feel in all parts of the medical service, starting with the registrar in the polyclinic, nurse, nurse and ending with the doctor as the direct "arbiter" of his fate, assistant in the fight against the disease.

Surgery is based on scientific data of anatomy, physiology, biochemistry, microbiology, etc., which are constantly developing and simplifying the implementation of difficult and technically most complex surgical interventions (on the heart, on the main vessels, on the central nervous system and on all other organs).

Painfully injuring the human body, penetrating deeply into its tissues and organs, the surgeon reaches the heights of his

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abilities only when he is guided by the highest manifestations of selfless care for the sick person and, moreover, both about his body and the state of his psyche.

For full-fledged surgical work, it is not enough to have anatomical knowledge, special equipment and good surgical technique. In addition, it is necessary to observe a number of principled guidelines and practical rules of behavior, without which the gloomy, intimidating aspects of surgical work are sharply highlighted and its positive results are reduced.

Surgery, by its very nature, almost always generates on the part of the patient, in addition to the local pain response, such a complex set of various emotional experiences (anxiety or firmness of mind, trust or distrust, patience or impatience, gratitude or anger) that the surgeon can not seem to forget about the very real connections that exist between the two groups. the inner world, mood, human psyche and somatic processes occurring in his body. However, in fact, it is often possible to see that these connections are sometimes forgotten, not taken into account by surgeons, and hence there is a danger of neglect of the psyche of patients, which severely affects the course of somatic processes, i.e. on a person's ability to overcome the disease or tolerate it with the least harm to themselves.

It is well known that stimuli emanating from higher brain centers have a great influence on the course of somatic processes in the body. Stimuli emanating from the cerebral cortex affect both physiological and pathological processes throughout the body.

Transferring these well-known data of physiologists to the field of surgery, it should be concluded that the course of postoperative reparative processes is also directly influenced by cortical stimuli. Consequently, the creation of favorable stimulating conditioned reflexes improves, and the creation of unfavorable, depressing impressions worsens the course of reparative processes, i.e. it negatively affects the consequences of surgical operations. At the same time, it is remarkable that "a conditioned stimulus can act on a receptor device for fractions of a second, and the reaction will last for several hours or even several days", i.e. even very short-term effects of the external world on our psyche can permanently change the course of somatic processes.

When treating surgical patients, doctors focus on operations and dressings, antiseptic, antibiotic, orthopedic and other measures. However, psychotherapy is given absolutely insufficient attention in surgery; on the contrary, there are great opportunities for psychogenic traumatization of patients, but surgeons do not have a clear idea of the great harm caused by psychogenic trauma.

Medical deontology - the norms of behavior that medical workers should observe¬when performing their professional duties, first of all-the relationship with patients. Individual¬approach to each patient at all stages of the treatment and diagnostic¬process, the doctor's behavior with the patient's relatives and relationships with colleagues are components of deontology.

Deontology is closely related to medical ethics. Medical ethics is the study of the norms of moral behavior, morality and public¬duty of a doctor. The famous Hippocratic Oath is a code of ethics for the medical professional. It contains the main tenets that determine the moral qualities of a medical worker: first of all, do not harm the patient, enter the patient's home solely for his benefit, refrain from anything malicious and immoral in relation to him, consider human life an absolute value, never give the patient lethal drugs, keep medical secrecy, do not drop¬the author's authority It is no coincidence that the text of the "Hippocratic Oath" is adopted as the basis for the oath that-graduates of medical institutes take after graduation.

The main provisions of Hippocratic medical deontology are as follows. Respect for life – " I will not give anyone the requested lethal remedy and will not show the way for such a plan." Prohibition of harming the patient – " I will direct the treatment of the sick to their benefit, refraining from causing any harm and injustice." Respect for the individual – " Whatever house I enter, I will enter it only for the benefit of the sick, being far from everything unintentional, unrighteous and harmful." Medical secrecy – " Whatever I see or hear about human life during treatment, as well as without treatment, that should not be disclosed, I will keep silent about it, considering such things a secret." Respect for the profession – " I swear to count the one who taught me the art of medicine on a par with my parents.

Painfully injuring the human body, penetrating deeply into its tissues and organs, the surgeon reaches the heights of his abilities only when he is guided by the highest manifestations of selfless care for the sick person, and moreover both about his body and about the state of his psyche.

For full-fledged surgical work, it is not enough to have anatomical knowledge and special equipment and good surgical technique. In addition, it is necessary to observe a number of principled guidelines, practical rules of behavior, without which the gloomy and intimidating aspects of surgical work are sharply highlighted and its positive results are reduced.
The practical work of surgeons cannot be separated from science, nor can it be aimed at improving methods of recognizing and treating diseases. And if the surgeon's activity turns into simple manual work, this often leads to a considerable number of mistakes. No less dangerous is the separation of scientific research from practical surgery.

"Science requires great effort and great passion from a person," wrote I. P. Pavlov. This is especially true for surgeons. The surgeon should strive to participate in the development of science, keep up to date with its latest achievements, and constantly take care of replenishing their knowledge.

S. S. Yudin wrote that surgical creativity necessarily consists of two elements: the art of needlework and scientific thinking, which is fruitless without the other. A surgical doctor should have the following qualities: an attitude to the life and health of his patients should be higher than to his own; the highest degree of self-criticism, soberly and correctly assess themselves and their actions; courage; the ability to make the best decision in

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the shortest possible time, in a matter of seconds, and immediately execute it; coordination of movements.

The surgeon, operating on the patient, returns him to health. It is no coincidence that the logo of the International Society of Surgeons reads: "Surgery gives life." The surgeon must have good behavior, culture, and education. "A surgeon should have the heart of a lion and the tender hands of a woman," said the great scientist Avicenna in past times. The surgeon must be firm and caring, and the surgeon must be particularly demanding of himself. It should be remembered that: "It is difficult to prepare a patient for surgery, but it is even more difficult to prepare a surgeon!".

What qualities of a specific medical nature should the future surgeon develop in every possible way and constantly improve? The most important of them can be considered: the consciousness of the greatest responsibility, observation, love for their profession, courage and determination, optimism. Responsibility for your actions, for your work – a quality that is mandatory for any profession. But in the activity of a surgeon, it takes on a special character. It depends on the fact that this profession has the closest and most specific relationship to the most important and intimate thing for a person: his life and death. As a result, the surgeon's responsibility becomes not only the highest and most honorable, but also the most severe. Therefore, any doctor-surgeon has no right to be irresponsible. Every doctor to whom the patient has applied is obliged to do everything possible to ensure that the person in need of help is provided in the shortest possible time and at a highly professional level. And this should be done with complete disregard for personal interests and considerations. The patient's interests are paramount!

The profession of a doctor-surgeon does not tolerate a cool attitude. Only those who truly love her are fully satisfied with her. Speaking about the surgeon's love for his chosen specialty, it should be noted that this love is difficult. There aren't many fragrant roses in her path. There are a lot of thorns and thorns that sting sharply. You need to train yourself to this idea. Hippocrates noted: "When faced with hidden or serious illnesses, it is not enough to have high skill and creativity. You have to call on the mind, thinking and knowledge to help."

Of course, every doctor, including a surgeon, is deeply touched by all kinds of manifestations of his high activity – gratitude, heartfelt greetings. But with the satisfaction of accepting all this, the thinking doctor thinks not only about the success in his work, but also about the cost of such success achieved. And here they remember both failures and mistakes, which you will not forget, since they relate to vital and completely unjustified decisions – the surgeon has to make them urgently: after all, procrastination is often "like death". In the light of these memories, all praise seems excessive, gratitude unjustified. And then comes to mind a favorite saying of the famous Kharkiv surgeon Professor V. F. Grube, which he liked to repeat in lectures: "Do not be happy when you are praised, do not be sad when you are scolded, because in life you will often be undeservedly praised and undeservedly scolded."

Practical healing, especially in surgery, in addition to other qualities, often requires from the doctor special endurance, self-control, so to speak, professional courage. It is courage, not courage, which is sometimes spoken of in a laudatory tone: "Oh, this is a brave surgeon!". For a clearer understanding of the features of these two different concepts, it is appropriate to quote the opinion of Professor M. M. Dietrichs: "the surgeon should not be bold, but not afraid, courageous" - this is the quality that guarantees the patient a favorable way out of a dangerous situation and allows the operator to be a worthy representative of a large surgery, where dangers are at every step, and every unsuccessful movement of the knife or a defect in the operation of the tool, without calm courage, can bring irreparable troubles.

Yes, the courage and ability to inspire it to your assistants and employees are the cherished and necessary features of a surgeon. If he loses them and has to abandon operational activities, he can no longer"safely pass through the rope thrown over the abyss of danger." Medical courage can only be applied in the full range of knowledge. Only those who are sufficiently prepared for all possible accidents can take risks. Only then can one more precious quality of a surgeon – determination-be justified.

Courage and determination are necessary for a surgeon not only in medical activities. They are also necessary in his scientific work. The famous French physiologist Charles Richet spoke very well about this! "Be bold in your ideas, be bold in your hypotheses, but be accurate in your observations and careful in your conclusions." It is very useful to learn how to distinguish in everything not the external, often deceptive, but the essential, objectively important.

The surgeon works not for show, not for himself, not in the interests of his personal career, but for the benefit of a highly responsible cause, which he is called to serve honestly and selflessly. In medicine, everything is built on a scientific basis. Therefore, the surgeon's relationship to the patient should be based primarily on the data of reason and practical experience. The medical wisdom of ancient Iran read: "The doctor has three weapons: the word, the plant, and the knife." It is not by chance that in this saying the "word" is put first, i.e. the doctor's influence on the patient's psyche, on his thoughts, mood, will.

It happens that it is not easy for the surgeon to persuade the patient to undergo surgery: of course, this should not always be achieved, but there are cases when the operation is vital, and the patient does not agree. Some surgeons in such cases take comfort in the fact that they take the appropriate receipt, stick it to the medical history and leave the patient with a clear conscience. There is no such law that would allow a surgeon to put a child on the operating table if his parents do not agree to it. But the surgeon must get their consent, and he will succeed if he has the tact and perseverance to show that the life of someone else's child is as important to him as the health of his own, and an urgent operation is absolutely necessary to save this life. We strongly condemn the indifferent and formal behavior of a doctor who takes care to avoid responsibility for an operation that has not been performed, despite vital

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indications, and seeks to shift responsibility to the patient and his relatives. Excellent surgeons Yu. Y.Janelidze and I. P. Vinogradov sharply condemned the" reinsurance " of doctors who take receipts with refusal of surgery from people who often do not understand the threat hanging over them. In order for the patient to believe the doctor, the latter must be confident in himself!

The surgeon should look for treatment methods that are suitable for certain patients, but not for patients or" cases " that are suitable for any treatment methods. If surgeons talk about patients who are "suitable" for surgery, then this is not only incorrect speech – it reflects the attitude of the doctor who is interested in any operation and begins to look for "suitable human material". In the foreground, the operation is drawn in front of them, and only in the second plan or in the third – the patient. This approach to the case unreasonably expands the indications for surgery and is a gross violation of the basic law of surgical deontology – "surgery is for patients, not patients for surgery". N. N. Petrov said "Do to the patient only what you would do exactly in this case to yourself or your closest person".

Thus, the activity of a doctor-surgeon is a struggle. Fight against death and human suffering. Fight for the life, health and well-being of a person, the creator of a new, happy life. And in order for this struggle to be successful, you need to learn to love this life in all its manifestations, to learn to really love in the name of the happiness and well-being of which you work.

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