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**BIOETHICAL AND DEONTOLOGICAL NATURE OF
EDUCATIVE ACTIVITIES OF A DOCTOR**

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Abstract

The article makes the attempt to consider the educative activities of a doctor from the point of bioethics and deontology and to determine the its bioethical and deontological content and peculiarities. Research problems are determined by poor coverage of these aspects of doctor's work against extended coverage of clinical matters.

The article explores physician's character qualifications that allow a physician to realize educative activities with the regard for bioethics and deontology principles. Such a professionally important quality as the ability for bioethical thinking and behaving is considered to be important. This quality is complex and multicomponent. It penetrates the whole volume of doctor's professional activities and all his professional functions, including the educative one. This quality includes the following components: axiological, motivational, cognitive, operational, reflexive ones.

The mainstream trends of modern medicine that influence bioethical and deontological content of doctor's educative activities are considered. These trends include: biopsychosocial orientation, holistic and patient-centered approach, acknowledgement of educative activities role in life sustaining and health support, orientation on the human dignity concept while implementing educative activities. One of the most challenging problems is the problem of availability of the information about health protection lifestyle. This problem is connected not only with the access to the information but also with its delivery methods. That's why the search for the principles that may become the basis of educative activities methods and that will enable the patient to receive the whole information appears to be important.

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1. Introduction

There is no doubt that medical profession makes high demands to the personality of a specialist because the physician works with the basic value – the human life. Doctor should respect human dignity of a person regardless one's social status or individual peculiarities.

Within the context of contemporary world the amount of professional functions the doctor should fulfil regarding to biomedicine and pharmacology progress and contemporary standards of medical care is constantly growing. The complexity of physician's work leads to arousal of various detrimental issues connected with values and interests conflicts (for example questions of life support and medical assistance in dying, transplantation, genetics, biomedical research borders etc.). Solution to these conflicts and complex questions that have no decisive answers need contemplative approach and discussion of a problem by all the parties concerned (Yudin, 1998).

Questions of behaviour of direct care participants have always been discussed by community of professionals, scientists, philosophers. That's why all the sphere of doctor's professional efforts is penetrated by ethic claims. How doctor should behave? What should the physician know? What has the specialist no right for? These questions have always been discussed by deontology – the sphere of ethics that regulates the realm of relationship between doctor and patients or doctor and counterparts and determines instructions based upon medical morals (Yudin, 1998). Deontology is perceived as a part of bioethics (Skribitskiy, 2016) that touches more vast range of questions and involves in discussion members of the public. Nowadays bioethics is regarded as the sphere of interdisciplinary scientific research (Yudin, 1998), all the while it is not only an area of expertise but also a social institution (Yudin, 1998). Bioethics is supposed to cover wider spectrum of problems related to ethical issues in medicine. It supposes shifting away from mere corporate integrity ethics to discussion of global issues that arise when a Human and biomedicine meet.

2. Problem Statement

Questions of bioethics and proper behaviour of medical specialists are widely discussed in contemporary research. Herewith clinical issues of the interaction between specialists and patients are studied more frequently. At the same time one should remember that according to current requirements a physician should fulfil not only merely clinical functions but also contribute to health protection lifestyle of people (patients and people who seeks for medical advice). There is no doubt that this doctor's activity needs considering from the point of view of bioethics. Despite of it issues of bioethical and deontological nature of doctor's educative activities hasn't been studied so far, whereas tangentially related matters have been discussed.

3. Research Questions

consist of the following. How bioethics and deontology influence planning and fulfilling educative activities; how it emerges in real practice and what personal qualities does it demand from a physician.

4. Purpose of the Study

is to define the content and peculiarities of bioethical nature of doctor's educative activities.

5. Research Methods

include analyzing of educational and professional standards for healthcare system, analyzing Russian and foreign sources dedicated to problems of doctor's educative activities, bioethical and deontological basis of doctor's professional activities.

6. Findings

The analysis of educational standards suggests that doctor's professional activity contains several dimensions. According to Russian Federal State Educational Standards of Higher Education (for clinical residents) professional activity of a doctor is aimed at health care of people by providing medical care of high quality (Federal Educational standard). The doctor should be able to fulfil the following functions: diagnostics, therapy, rehabilitation, organizational management, scientific research, psychological and educative activities. Psychological and educative activities include "forming motivation for keeping health in patients, their next of kin and in general population" (Federal Educational Standard, 2014).

Professional standards of almost all medical specialties include the function of "forming healthy lifestyle and health literacy promotion" (Professional standard, 2017). So far questions of educative activities of doctors (Kulikov, 2011; Tagayeva, 2015, et al.), health promotion (Broder et al. 2017), health literacy (Bitzer & Sporhase, 2015), patient education (Smith, 2016; Hult et. al., 2009) have been discussed in various research.

In sum, these papers declare the necessity of educative activity that can be considered as purposeful education of various groups of population (patients, their next of kin, high-risk groups, apparently healthy people). Such education is oriented at forming concepts of health care and precaution of disease, concepts of treatment regimen. It is also oriented at formation of skills necessary for health protection and formation of values and motivation for health maintenance. The doctor in this context appears to be an experienced specialist that should enlighten people who are remote from medicine how to behave in the situation of treatment, who should motivate people to protect their health and to be compliant. Thus the importance of educative activities is undeniable. It is determined by practical requirements of healthcare system, careful attention of scientists and by legal standards.

Educative activities implementation is oriented at: formation of axiological attitude towards health and its protection; formation of knowledge and skills necessary for health protective behavior; enabling health keeping. Its basic directions include: raising healthy lifestyle culture in apparently healthy people and high-risk groups; forming of a new lifestyle in people with various diseases; planning and conducting patient education for people with chronic illnesses; coordinating efforts with patient's next of kin in providing health protecting lifestyle for a patient.

Educative activities implementation assumes appliance of special forms, methods and means of education that are determined by educational goals and trainee's peculiarities as they appears to have their own beliefs, needs and capacities.

Thus it's possible to conclude that educative activities of a doctor is a crucial part of specialist's work that enables protecting lives and health to people who seek for medical advice. Educative activities implementation is an important professional function of a doctor. Thereafter the same high demands for it

as for other doctor's professional functions should be postulated. What requirements does it apply to the specialist's personality?

We assume that doctor's professional activity is by definition bioethical and all his/her personality should be oriented at meeting the requirements of the profession. These requirements should be reflected in an appropriate manner in specialist's mind as professionally important qualities (a system of stable personal attributes that appear while interacting and are presented as readiness for implementing some social functions (Levina, 2016). We suppose that doctor's performance in the professional field according bioethical standards is possible due to presence of a special quality – the ability for bioethical thinking and behaving. This quality should proliferate throughout the whole doctor's professional activity. The quality should regulate physician's work in various situations including those difficult to solve. This quality should cover regulation of various professional functions and educative one as well.

Building on a definition of thinking as a cognitive process leading a person to understand the outside world, the person himself/herself, relations between events and phenomena and to build the behaviour upon this basis (Lukatskiy, 2017) we'll try to define the bioethical thinking. We consider it be as a psychological process that promotes perceiving and understanding of ethical aspects of biomedical sphere. Bioethical behaviour is a specific way of behaving shown by interaction partners and based upon value and motivational determinants. The ability for bioethical thinking and behaving is a complex personality trait of a specialist that should be based upon knowledge, skills, values and motivation and should provide understanding of ethical aspects and appropriate behaviour. Taking into account the complexity of the quality considered we are going to discuss its part covering educative activities. We suppose it to consist of the following:

- Axiological component (values system, based upon humanist ideals and acknowledge of educative activities role in medical care);

- Motivational component (that is based upon acceptance of axiological basis of doctor's educative activities and acts like its regulator).

- Cognitive component (providing theoretical beliefs in the sphere of educative activities)

- Operational component (containing all the necessary skills)

- Reflexive component (reflexive analysis of educative activities)

We have to define upon the content of educative activities in accordance with bioethics and deontology requirements. The answer to this question claims contemporary medical tendencies that impact the content of doctor's educative activities.

1. Biopsychosocial model of health (Engel, 1977) promoted by the World Health Organization as a paradigm basis of contemporary healthcare. Health according to this model is perceived as a state of biological, psychological and social well-being (WHO Constitution, 2006). This model appears not only as a guidance, but also as philosophical basis (Borell-Cario et al., 2004). Educative activities in this regard are aimed at helping a patient to detect correlations between biological, psychological and spiritual sources of ailment (Kudryavaya et al., 2016).

2. Holistic approach to a patient implies regards him/her as a person, not only as a carrier of a disease. This approach is connected with a biopsychosocial model and implies understanding of a doctor-patient encounter as an encounter of two unique persons whereas the patient has his/her own beliefs about health

and life (Branch, 2014). Education is acknowledged as an effective factor of this approach implementation (Zamenzadeh et al., 2015).

3. Consideration of a human dignity concept as a moral standard of a patient care (Andorno, 2013) is linked to respect patient's rights and abilities. In sphere of educative activities this is related to providing to a patient all the information necessary for protecting health. In this regard the question of equality becomes important. Such an equality should be provided not only by availability of health protection information but also by an adequate way of its delivery in accordance with patient's cultural and educative level, linguistic profile, knowledge of language etc (Kumar et al., 2017).

4. Patient-centered approach and subject-subject approach as a philosophical basis for physician's professional activity (Smith, 2016) leads to acknowledgment of a patient as an equal partner. Thus a patient is given an opportunity to take an active stand and to take responsibility for one's health and life. In this context the discussion about possibility of nudge or manipulation during educative interaction appears (Reach, 2016).

5. Acknowledgment of educative activities role in life sustaining. Abilities provided by modern biotechnologies in the sphere of life sustaining for those who previously were found remediless (for example haemodialysis patients) raise importance of educative activities. These people live under "artificial life" conditions and patient education obtains their vital needs. Awareness of this takes educative activities perception to a new level. It is perceived not as a by-way supplement but as one of the leading fields of doctor's work playing the key role in exercise of patient's right for life.

Summing up we may conclude the following. In accordance with bioethics and deontology requirements it is important to take into account all the medical tendencies (biopsychosocial model, holistic approach etc.) while planning and implementing educative attitudes such as enlightenment programs, patient education, interaction with those who seek medical advice. Personal, psychological, spiritual needs of a patient and its influence upon non-compliance should be taken into consideration.

While educating people in health sphere a specialist should respect patient dignity and rights, including those enabling to receive information about health protection. Thus every person should be able to receive the general unit of information that can lead to health protecting beliefs and behaviour occurrence. What concisely a doctor should say is defined by requirements of every particular clinical case. At the same time the necessity of these efforts is undeniable. The question that arises under this statement is the following: how the educative process should be constructed and conducted for the patient to receive all the necessary for him/her information.

7. Conclusion

Educative activities performed by a doctor is one of the most important directions of a specialist work. It should be performed on a regular basis. High quality of its maintenance corresponds to bioethical requirements and enables the person who seeks for medical advice to exercise one's right to access the important information. It brings up a question of revealing the principles that may become the basis for educative activities forms, methods and ways of information delivery development.

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