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TRANSFORMATION OF VALUE PRIORITIES IN THE RUSSIAN MEDICAL ETHICS AND BIOETHICS

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Abstract

The article reconstructs the history of the formation of the moral values of the Russian medical community, there are four stages of formation of value priorities in medical ethics in Russia: 1) since the beginning of the XIX century to October 1917; 2) from October 1917 to the mid-1940s; 3) since mid- 1940s until the end of the 1980s; 4) since the early 1990s until the present day. The authors identify the characteristics of each stage, considering the basic ideas that influenced the moral consciousness of Russian doctors. The article shows the dynamics of value priorities of doctors, special attention is given to the "Russian" tradition of medical ethics and bioethics. On the basis of our own results of a sociological survey of "experienced" and "beginners" doctors are showed modern moral problems of Russian medicine.

Keywords: axiology, bioethics, morality, values, value priorities.

JEL classification: A13

Introduction

This article traces dynamics of value priorities in the Russian medical ethics and bioethics on the basis of the analysis of the philosophical and journalistic works of Russian doctors from the XIX century to the middle of the XX century, has been revealed the moral values of the medical community in Russia (on the example of the doctors of Kursk, Russia). The authors demonstrate the predominance of traditional for Russian society paternalistic model of doctor-patient relationship with such moral dominants as professionalism, responsibility, humanism, mercy.

At the same time, based on a sociological survey are revealed an increase in the number of supporters of the collegiate and contractual models, indicating that the penetration into "Russian" tradition of ethical norms and ideals of 'Western' bioethics with the recognition of the autonomy of the patient's personality and enforcement of his right to co-operation.

Review of the research literature on the problem

The concept of value is seen in the works of many scientists and researchers: N.A. Berdyaev, V.P. Baryshnikov, A.P. Zilber, R. Galisson, B.T.Lihachev, Martin Buber, V.A.Slastenin, Y.U. Foht-Babushkin, M.Biram, Jean Vanier, A.V. Kiryakova, Z.E. Mirskaya, O.A. Huseynov, J. Kurtilon, S.I. Levikov, V.P. Vyzhletsov, M.S. Kagan, B.V.Markov, N.S.Rozov, M.V.Rozin, V.T. Fedotova etc.

We are talking about the need for a thorough reassessment of spiritual, moral and cultural values in the modern world. In recent years, it should be noted the increasing interest to the application function of ethical and theoretical and axiological concepts. And especially acute problems are the ethical reflection and biomedical research activities.

Certain methodological aspects of professional ethics in medicine were reflected in the works of: D.I. Pisarev, V.V. Veresaev, N.A. Vinogradov, F.P. Haas, N.I. Pirogov, S.P. Botkin, A.M. Izutkin, A.F. Bilibin, O.E. Bobrov, G.I. Tsaregorodtsev, N.A. Semashko, G.V. Malygina, I.N. Lavrikova, M.YA. Mudrov, A.L. Myasnikov, N.I. Petrov, E.I. Lihtenshteyn et al.

Formation of bioethics as an interdisciplinary field of modern scientific research has been incorporated in the works of A.Y. Ivanyushkin, P.D. Tischenko, B.G. Yudin, L.P. Kiyaschenko, I.V. Siluyanov, E.G. Grebenshchikova, V.V. Vlasov, Yu.M. Lopuhin, M.S. Diankina, P.V. Lopatin, A.N. Bartko and the others.

The problems of man as a moral subject of relations have been studied in bioethics are devoted works of B.G. Ananov, J. Lax, M.J. Bobrov, I.S. Zavilyansky, V.M. Myasishchev, V.G. Borzenkov, I.M. Bykhovskaya, V.N. Ignatieff, G.T. Sukhih, M.S. Komarov, N. N. Moiseev, D. Pulmen, V.T. Pulyaev, P.V. Ushakov, E.V. Ushakova, J. Haldane, V.M. Chizhov, X. Dimitrov and others.

Formulation of the problem in the context of the moral values of Medicine

Every era has its own moral values that characterize it and change along with it. At the same time we must not forget that presence will never lose connection with the past, which is due not only to temporarily remove, but the spiritual wealth of previous cultural period. How very true noticed Martin Buber, "modern man lets his time to dictate to him what is possible and permissible, instead of as a confident partner to reach an agreement on that is compatible with the terms of any time" (Buber, 1995). One cannot but agree with the opinion of S.S.Yudin about the connection of times: "Understanding modernity is possible only in the case of prediction of future events, going to change this period. Evaluation of modernity is possible only on the basis of knowledge of the past" (Yudin, 1968). The process of creating new knowledge inevitably entails a change in all spheres of human life. According to E.Z. Mirskaya "produced with the help of available scientists new knowledge the science during this process are producing new scientists" (Mirskaya, 1975). New researchers are the carriers of not only the new knowledge, but - no less important - of the new moral values as well. Thus, the transformation of values is a natural and necessary process. Meaning of the term "transformation" does not include a sharp, radical transformation, but rather connotes qualitative transition to another state during a certain period of time. Defining the concept of "value", there are two positions: objective and subjective values. By M. Sheller, in any case the value cannot be considered as the "attitude". Values should be defined as the quality. Thing has value in itself. The task of ethics to Sheller is an attempt to understand what "is" good and evil, and not what "counts" for being good or ill in some societies. Even if there had never been judged that murder is evil, it nevertheless would remain evil (Baryshnikov, 2005, p. 151). The second point of view is the opposite: "Nothing in itself does not have value. Just only the thing which a person stands out from the masses due to its ability to satisfy certain of his needs, turns to him as a value. Therefore, the value - not the object itself, but the attitude of man to it (Levikova, 2005). In this case, the objective and subjective value may correspond to, but may diverge sharply with each other. M.S. Kagan and many other authors interpret the phenomenon of value as a complex, multidimensional, integral formation, which cannot be reduced to any one side, to one or another of its concrete manifestations. A contradiction also occurs when attempt to compare the rational and value judgments. "Valuable forms of consciousness and activity are often the opposition to rational forms of understanding of reality. Value is compared and even opposed to "scientific" ... If it is impossible to abandon rationality ..., as well as on the role played by the value should be sought foundation of their unity ... Valuable

and rational interact in some areas, methods and forms of understanding of reality, and can be considered as representatives of different forms of understanding of reality as a form of a single culture "- says V.P. Baryshkov (Baryshkov, 2005). Rational and value, of course, act in unity, as modification and updating of knowledge necessarily entails re-evaluation of old and new moral values. Values are normative in nature and serve as a guide to which man is reconciled in the course of its activities. "Scientific knowledge embodies objective and fatal compulsion; science cannot be moralize, you cannot turn it into the postulates of duty "- writes Berdyaev (Berdiaev, 1994). At the same time, the sciences, especially which deal with human beings, need a process of reflection of moral values. It is difficult not to agree with A.P. Zilber, which indicates their great importance to medical science: "When medicine ceases to act for the good of the person - it becomes physiology, anatomy, microbiology - anything but not medicine" (Zilber, 1998). This is especially important at the present stage, since the possibilities of medicine are now linked not only with healing, but also to the management of human life, not all of which are already reflected in the laws. "There are medical issues that are not reflected in the legislation, but cannot be medical problems which are not concern to medical ethics," - says the author (Silber, 1998, p. 303). The particular importance of the moral foundations of activities of medical workers nowadays emphasizes I.V. Siluyanova: "Today, new possibilities of medicine related to the fact that the damage can be applied not only to a concrete person, but to the human race, not only in biological, but also on the social level. The doctor has facilities by which he can control birth, manage human behavior, quality of life and death. Doctor's actions can influence the demographics and economics, law and morality. So today, in terms of the spread of ethical nihilism and pragmatism, loss or abandonment of moral grounds of treating are especially dangerous "(Siluyanova, 2008). Doctors - rather closed community, and its moral consciousness had begun to form more than two thousand years ago. Hippocrates, his pupils and followers were pioneers of the tradition of understanding moral culture of a doctor but also of his personality as the basis of the medical profession. Among the most ancient moral foundations of medicine - the sanctity of life, not doing harm, confidence. These values form the basis of codes of ethics of medicine as a profession, regardless of the nationality of its carriers. However, the cultural peculiarities of different countries affect the specificity of formation of moral rules physician-patient relationship. In this study, we are interested in the dynamics of moral values in Russian medicine during the XIX century to the present day. To solve this problem, it was not enough to explore the scientific and philosophical sources. In Russia, and it is certainly a feature of it, many of the moral problems of medicine emotionally discussed in journalistic and artistic works whose authors are philosophically thinking doctors: Chekhov, Bulgakov, Veresaev and others. "... In the formation and successful development of medical ethics as the science of the basic principles of behavior of the doctor at the bedside the literature played an important and still not fully aware role" (Lichtenstein, 1974). Emotionally charged, accessible and understandable literary language has more opportunities to create vivid images and personal attitude to ethical and medical issues than precise, but dry and the official language of science. Historical epoch has a great influence on the formation of values, including those in the medical field. There is a difficulty with allocation in this period certain stages. Any division is quite conditional and practically not reflected in the literature. In this research analyzed period is divided into four basic steps: 1) since the beginning of the XIX century to October 1917; 2) from October 1917 to mid-1940s; 3) since the mid-1940s until the end of the 1980s; 4) since the early 90s. of the twentieth century to the present. Formation of Russian medical ethics at the first stage of the investigated period in Russia (from the beginning of the nineteenth century to October 1917), questions of medical ethics have found a place in the scientific works of outstanding representatives of the medical profession. Great importance is attached to attention to each patient, the individualization of treatment. Thus, S.P. Botkin in the book "The course of internal medicine and clinical lectures" emphasized: "you can find very significant anatomic disorders in the organism without much sharp sensations from the patient and, on the contrary, rather

insignificant pathological changes may be accompanied by an endless series of different kinds of complaints" (Botkin, 1950). The founder of Russian medicine M.J. Mudrov (1776-1831) taught: "we should not treat one disease only to its name, we should not treat the disease itself which we often do not find the name ... and we should treat the patient" (Myasnikov, 1950). Mudrov has also performed for the confidentiality, the doctor must preserve the human and professional dignity in the treatment of patients belonging to different strata of society, inform them about even poor prognosis of the disease. The lecture "The word of piety and moral qualities of the Hippocratic physician," he elaborates on the analysis of the Hippocratic Oath considering it to be the code of medical conduct and complete it about the remarks of Russian doctors patriotism. German physician F.P. Haas (1780-1853), worked for almost half a century in Russia, developed a clinical and ethical standards of medical care to prisoners, to protect human dignity. From 1829 and until his death he was the chief physician of the Moscow prisons. F.P. Haas has made the government to build the prison hospital at the transfer prison in Moscow on the Sparrow Hills (1832), and in the Naryshkin's estate- in Maliy Kazenniy lane - the policing the hospital. At his expense the prison hospital was reconstructed, he bought the drug, bread, fruit for convicts. Staying in the prison hospital was a boon for patients and exhausted prisoners whom Haas was always delayed in his hospitals under any pretext. Dr Haas lived in full accordance with his words: "Hasten to do good» which are carved on his monument in Moscow. The founder of the field surgery N.I. Pirogov (1810-1881) dedicated to the heroism of Russian doctors the following words: "Doctors in valid detachments are always ready to serve for benefit of wounded even under enemy shots, and there was no case when a doctor in the Caucasus was denounced in an unwillingness to face danger; on the contrary, many times has happened that they were injured, killed ... During the cholera at the hands of a single doctors there were hundreds of cholera patients and never was heard that medical chiefs complained on the negligence and carelessness of the physician" (Pirogov, 1952). Many kind words devoted famous Russian doctor to the nurses - "Sisters of Mercy".

S.P. Botkin (1832-1889) did much to improve the health care of the poor people in Russia. On his initiative was reformed pharmacy business; organized a free medical care so called "Duma doctors", among which were the first women doctors. S.P. Botkin defended the possibility of higher female medical education. In his works he emphasizes the connection of professional knowledge and skills of the doctor with the moral goals of medicine: "A serious study of practical medicine, which has a high purpose - to alleviate the suffering of the patient - will give us the right not only to be considered as honest citizens, but also a sincere love of the society to which we serve" (Botkin, 1950). Botkin considers morally is the necessary condition of: "The moral development of the practitioner will help him save the peace of mind that will allow him to fulfill the sacred duty to others, and to his country, which will condition the true happiness of his life" (Botkin, 1950, p. 25).). Questions of transformation of moral values deeply analyzed by V.V. Veresaev in his book "Notes of a Doctor," published in 1901. On the pages of the book the author with the utmost sincerity wrote about his own medical errors, about the necessity of moral attitude to patients: "I notice that more and more getting used to the suffering of patients, how in relations with them I am guided not by a direct sense but by the cold realization that I should behave in a such way or do something. This addictive gives me the opportunity to live and to breathe, constantly not to be under the influence of dark and heavy; but this habituation of me as a doctor disturbs and frightens me at the same time - especially when I see it turned over myself" (Veresaev, 1961). The issue of the book provoked a lot of criticism, especially from the medical staff. The author is obviously anticipating it, presented in the book the following preliminary comments: "Medical ethics carefully and pedantically developed a tiny circle of questions relating directly to the patient - doctor relationship and physicians among themselves; all the issues that were before me, for it almost does not exist ... Everyone is afraid that if the raise and discuss these problems, it could 'undermine the credibility of the doctors' (Veresaev, 1961). "It is sad, but you have to admit that our science is still no ethics. It is impossible to understand under it the specially-corporate

medical ethics, which deals only with the normalization of direct attitude of doctors to the audience and relations between physicians. We require ethics in a broad, philosophical sense "- he continues to argue in the comments "Concerning to the doctor notes "(Veresaev, 1985). V.V. Veresaev does not seek to discredit the image of the noble and dedicated person, but trying to draw attention to the wide range of issues related to the conceptualization of moral values in medicine. Thus, in the first phase was the formation of the system of moral values and the requirements to the individual medical workers, among which are the following: scientific knowledge and practical skills, attention to the patient, responsibility, mercy, the need for medical confidentiality, respect for the dignity of patients, individual approach to the patient (including even reporting poor prognosis of the disease), and patriotism.

The ideological change in Russian medical ethics

At the beginning of the second phase (from October 1917 to middle of 40s. of the XX century) comes a turning point, ideological approach penetrates in medicine. N.A. Semashko (1874-1949), from 1918 to 1930 the People's Commissar of Health of the RSFSR, changes attitude to principles of medical ethics. He explicitly states that "... the first task in resolving the issues of so-called medical ethics is the political education of the physician" (Semashko, 1967). Semashko identifies the following question: "In general, the so-called medical ethics includes three sets of issues: the first is the doctor's to the patient, and, the second, is the doctors attitude to the collective (the community), and, thirdly, the relationship between doctors "(Semashko, 1967). Thus, N.A. Semashko identifies main areas of medical ethics, including the sphere of the physician' attitude to the patient comes to the forefront. It should also be noted that in its recommendations on ethical rules in medicine Semashko quite categorical: "The desire to cover the sins of another doctor in the interests of a false understanding of collegiality ... should be condemned if the doctor is the offender, he must be punished the same way as any other criminal" (Semashko, 1967). Such negative side, as the tendency to self-promotion, strengthening his authority by discrediting colleagues luring patients from his colleagues Semashko considers not typically among Soviet doctors. He considered questions about the attitude of the physician to the patient and the physician with regard of community together: "Questions of the so-called medical confidentiality on which so many years puzzled bourgeois doctors and lawyers ... the Soviet doctor is simple: the collective interests above the interests of the individual (emphasis added). The doctor is obliged to keep a secret entrusted to him by the patient, or undermines the credibility of the patient to the doctor. But if secrecy threatens the interests of others, staff, the doctor should not be bound by a secret "(Semashko, 1967). He: "The relationship between the patient and the doctor must be based upon the absolute trust of the patient to the doctor, it is not in his interest to hide anything from the doctor ... So the first duty of the doctor - rigorously observe the secret entrusted to him by the sick person, do not reveal it. However, such a requirement of medical confidentiality is not unconditionally ... when deciding the question of on medical confidentiality is only one indisputable: staff interest above the interests of individual patients "(Semashko, 1967). Semashko encourages the disease is not considered a disgrace to the human misfortune and, therefore, there is no need to save the illness in a secret. As a result, reinvented attitude to medical secrecy laid down in the "Hippocratic Oath": "Whatever during the treatment - and without treatment - I never saw or heard of any human life on the fact you should not ever disclose, I keep silence about believing such things are the secret" (Hippocrates, 1994, p. 85).

Medical deontology - a new stage in the development of ethics in medicine

The third stage begins in the mid 40-ies of the twentieth century after the Nuremberg trials, when it became clear that paternalistic position is fraught with abuses by the side of medical staff and could lead to incorrect hierarchy of values. . There was, for example, such a

controversial problem: what is more important for a doctor - experimenter - to save the life of one person or a significant scientific discovery that can save many? According to equitable conviction of A.J. Ivanyushkin, "in a certain sense the beginning of the current stage of the history of medical ethics associated with World War II ... In the practice Nazi doctors dropped the medicine to the level of "ethical zero", and that "starting point "in the moral evaluation of medical practice remains to this day" (Ivanyushkin, 2005). In 1944, in our country, a native surgeon N.N. Petrov is introduced the concept of "medical ethics" into a scientific circulation. Basic premise for the introduction of the concept of the author is to recognize the importance of "... surgeons become a real doctors, i.e. they should take care not only for the treatment of the body but also the psyche of his patients, dedicated to them not only the fullness of his knowledge, but also their best spiritual movement and their benevolent concern" (Petrov, 1956). According to I.V. Siluyanov, N.N. Petrov used this term to denote the real existing area of medical practice - medical ethics - which in Russia was "canceled" in 1917 because of the logical and historical connection with the religious culture (Siluyanov, 2001). In the second half of the XXth century, they give a lot of attention to discussing the problems of medical ethics and moral values, and the image of a Soviet doctor. Here are a few quotes from the philosophical literature of 50-70-ies: "... when it comes to the relationship between doctor and patient, most of the requirements is reduced to good scientific training, high morals, sensitivity, good heart, constant and relentless attention to the needs of the sick person, or, to serve all that fall within the scope medical ethics" (Zavilyansky, 1964); "A good doctor should combine the knowledge, experience, technology and doctor's manners" (Pisarev, 1963); "In practice of relationships we see more and more readiness of the doctor to neglect his interests for the patient sake ... It is well known requirement for compassionate, sympathetic, compassionate attitude to the patient" (Myasishev, 1975). The formation of these qualities to the level of common values, without a doubt, does honor to the medical staff. They also discussed drawbacks, which are often seen as isolated cases: "Some doctors lose their emotional flexibility, become passive, lifeless and emotionless, so their love to medicine as a profession and every concrete patient decreases in parallel with it disappears and a sense of responsibility" (Dimitrov, 1975, p. 173). "Unworthy, indifferent, callous attitude toward a man, his needs and health - harmful and dangerous relic of the past" (Vinogradov, 1955). However, to this period of XX century O.E. Bobrov dedicates the following words: "... the state consciously (by means of selling writing fraternity, ready to write under any social order) created cheap popular moral and ethical image of a doctor - a noble, selfless, kind of a parody of a medieval monk. Everyone satisfied this position, and for all the following years are used to it" (Bobrov, 2009). The result was "... a considerable number of spiritual losses, especially moral. And the expression of mercy to the poor people, unfortunately, is one of them. Even medicine, which historically grew out of compassion, out of a desire to help the suffering competently, today did not save" (Philosophy of Medicine, 2004, p. 444).

Collision of ethical paradigmatic models in modern Russian medicine

Since the early 90s. of the twentieth century to the present in domestic medicine under the influence of Western culture a new system of values is formed, which is radically reinterpreted the main ethical and legal standards. The passed XXth century was very difficult. Some considered it to be the epoch of humanity, "the era of mercy"; others evaluate it as a century, included two World Wars. It seems reasonable to count the beginning of the current stage with the appearance of bioethics, which begins to consider the medicine in a human rights context. One of the important problems we consider the need to avoid possible losses in rethinking the traditional values of Russian medicine. "Traditional values of mercy, charity, doing no harm to the patient, medical and moral responsibility does not canceled. Just in the current social and cultural situation, they get a new meaning and a new sound," - emphasizes A.Y. Ivanyushkin (Ivanyushkin, 2005). Constant appeal to the moral values of the baggage of previous

generations does not lose its relevance. As a result, in the modern Russian medicine there is a collision of several paradigmatic models: traditional, paternalistic, with the installation of a priority physician; Western liberal with the desire to balance the rights and interests of the physician, the patient and the community, and "economocentrism" (Fedotova, 2005), converting medicine in business demanding fair payment for services rendered. Each of these models transforms the historically established system of values, including moral. Range of opinions about the situation in the Russian medicine is quite wide. This can be evidenced by a survey carried out by the authors on the basis of the city hospitals of Kursk in 2008. The survey involved 1,214 doctors, 36.2% of them had been working for less than 10 years (we call them the "beginners"), 63.8% - more than 10 years ("skilled" doctors). Over 90% of respondents emphasized the importance of moral motivation of medical practice, but at the same time along with this actual problem of moral character, respondents show general concern about the situation and mentioned low funding (5%), corruption among physicians (10%), the indifference of the authorities to the doctors (3%) (Aseeva, Larina, 2014). We have the greatest anxiety caused by the answers to the following questions. Doctors' answers are given in Tables.

Table 1: What values do you consider the most important in medicine?

The value	"Beginners"	"Experienced"
professionalism	32,07%	47, 2%
responsibility	11,32%	1,8%
conscientiousness	5,77%	5,4%
Humanism	24,5%	5,4%
material	7,5%	1,8%
mercy, compassion, kindness	for 4,38%	for 9,6%
cannot answer	1,3%	0%

Source: Own results

Table 2: What is the most adequate model of physician-patient relationship?

Model	"Beginners"	"Experienced"
Paternalistic	9,4%	18,1%
Collegial	26,4%	14,5%
Negotiable	20,7%	21,8%
collectively technical	5,8%	
Technical		12,7%
	37,7%	32,9%

Source: Own results

Table 3: Who, in your opinion, should determine the information's volume of patient?

Possible answers	"Beginners"	"Experienced"
Doctor	32,07%	36,3%
doctor and law	20,07%	23,6%
law	18,8%	25,6%
doctor and patient	7,5%	3,6%
Patient	5,7%	7,2%
patient and law	0%	3,63%
The doctor, the patient and the law	1,8%	0%
cannot answer	14,06%	0,07%

Source: Own results

The answers show an obvious preference for paternalistic model of relations, especially among physicians with experience. Thus according to age, experience, and the increase of self-confidence, doctors inclined to make treatment decisions on their own rather than in partnership with the patient. At the same time, students of 1,2 and 6 courses of the Kursk State Medical University (562 people) in similar poll have shown that 78% of them are going to fully inform

patients, 15% - depending on the specific situation, and 7% were undecided. And the younger students were more willing to respond positively, arguing that informing the patient would improve the physician-patient contact to co- searching the optimal treatment.

Conclusions

The transformation process of moral and value base of domestic medicine, in fact, was a reflection of the structural changes that have affected various spheres of society. As a result of conversions the installations of utilitarian and pragmatic character came to the forefront by forcing out in axiological field the higher values of morality. This fact becomes more evident when comparing the moral orientations of "beginners" and "advanced" doctors. However, the system of higher medical education, as shown in the survey focuses on the basic values of medical practice, which determines the need to update for future specialists the connection of higher and utilitarian values of the profession. Especially because young doctors can lean on a long tradition in Russian medicine, which has laid moral bases of physicians ' ideology, has formulated basic values of Russian Medicine: responsibility, mercy, compassion (Aseeva, Volokhova, 2014).

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