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Modern Models of Moral Medicine

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Summary: This article briefly compares three models of moral medicine, from which the "contract" model is recognized as meeting the requirements of most medical ethics.

Keywords: ethical medicine, models of moral medicine, paternalism, partnership, psychiatry.

Modern medical ethics is considering the vast number of new and difficult ethical issues: euthanasia, cloning, compulsory treatment of alcoholism and drug addiction, an artificial coma, artificial insemination, "pill happy", a transplant of vital organs, brain death.

The dilemma of "paternalist" ("Trustees") and "nonpaternalist" ("partner" or "peer") approaches (models) is the core to modern medical ethics.

"Paternalist" model of physician-patient relationship is based on several assumptions: a) in terms of healing human health and life are by far the priority values, and b) doctor's ethical stance is reflected in the principle of "Providing patient care, has not caused him any harm", and c) the principle deprives the patient's ability to make their own decisions and shifts it to the doctor. Thus, the physician shall have a way of "Father" (a Latin word Pater), or "parent", and the patient is properly vested with "Baby." The word "Father" has traditionally served as a metaphor for God and the priest, and, accordingly, the physician shall have the status of unquestionable authority.

"Paternalist" model has played an important role in the history of medicine. With the approval of paternalist physician-patient relationship due to bridge the gap of morality and life, the establishment of ethics in medicine. But at the same time, the moral authority of the physician has such an impact on the patient that suppresses the freedom and dignity.

Harbinger of the crisis in the Russian medical paternalism was a crisis of involuntary treatment in psychiatry in the late 80s, early 90s. Twentieth century. Rod "problematic situation" in the provision of psychiatric care was involuntary treatment as a consequence of "paternalist" model of medical ethics. Up until the late 88-ies of XX century, compulsory hospitalization of the mentally ill was considered an overwhelming immutable social norm.

The Law of the Russian Federation "On psychiatric care and guarantees of citizens' rights in its provision" of July 2, 1992 the principle of voluntary treatment is essential.

Another consequence of the "paternalist" model is the concealment of information from the patient about his health (in particular, information about the incurable disease) because of the principle of "holy lie for the good of the patient." In the model of "partnership" ("peer") type of physician and patient need to see each other as equal partners or peers, working towards common goals - to eliminate the disease and protect the health of the patient. It is a model of peer type trust plays a crucial role. When two people or two groups of people actually defend the common goals, their confidence is justified, and the collegial model type is adequate. Here there is equality and dignity, and respect in that there was no inherent "paternalist" model.

Collegiate model adopts the principle of "informed consent", which refers to the voluntary adoption of patient treatment or therapeutic procedure after a doctor to provide adequate information. The doctor is charged with the duty to inform the patient about: a) the nature and purpose of the proposed treatment of him, and b) the associated significant risk, and c) possible alternatives to this type of treatment. From an ethical point of view of an alternative concept proposed treatment is central to the idea of "informed consent". The doctor gives advice on the most appropriate from a medical point of view of form, but the patient makes the final decision on the basis of their moral values. Thus, the doctor refers the patient as an end rather than as a means to achieve other goals, let it be even health.

However, according to Robert Veatch, director of Kennedy on ethics at Georgetown University (USA), "collegial" model proved inadequate to understand the nature of relations, "the doctor - patient" because the relationship "doctor - patient" asymmetrical and unequal: the physician - a crucial side, it represents the power of professional knowledge and skills, and the patient, while reserving the right choices and decisions, build it on the basis of medical advice [1]. He noted that the ethical, class, economic, and value differences among people make the principle of common interests that are necessary for the model of "partnership" ("peer") type, an empty dream.

R. Veatch offers a model of "contract" type - a model based on a contract or agreement. The term of the contract should not invest a legal sense. There two individuals or two groups of people act on the basis of mutual obligations and expect reciprocal benefits.

According to R. Veatch, only the model of "contract" type can be a genuine separation of moral authority and responsibility. It allows you to avoid false and uncontrolled equality in the model of "partnership" ("peer") type. In a relationship based on the contract, the physician is aware that in cases of meaningful choice for the patient should remain free to manage their own lives and destiny. If the doctor will not be able to live in harmony with their conscience, entering into such relationship, the contract is terminated or, or not lies. The patient also has legitimate reason to believe that many different solutions, which the doctor should be taken daily in patient care, will be in accordance with the value orientations of the patient.

In the model of "contract" type of decisions are made so that there is still confidence in the fact that both patient and physician morale cleanly. At the individual level control for patient decision-making is provided without requiring the participation of the patient in making medical decisions for each. Control of decision making in situations where there are moral problems, by ethics committees, which exist in most U.S. hospitals. Decisions thus made amateur community, but the daily medical decisions can be made by medical professionals based on trust.

Search for new axiological (value) basis of moral medicine, such as participation, solidarity, compassion, empathy, interviewing, compliance continues. Thus, there is all the new paradigm of medical thinking, based on respect for the autonomy of the individual. Today, individual self-determination is the highest value, and care should not be an exception.

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THE ORGANIZATION OF WORK OF THE CITY CHILDREN'S EPILEPTOLOGIST

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Introduction. The epilepsy is the chronic disease of a brain characterized by repeated not provoked attacks of infringement of impellent, sensitive, vegetative, cognitive or mental functions, arising owing to excessive neural categories (ILAE, 1989). By data the WHO an epilepsy is widespread neurologic disease to which in the world it is subject more than 50 million persons. In the developed countries its prevalence fluctuates from 1, 5 to 18 persons on 1000 population and in some developing countries exceed 30 on 1000 population. The social importance of this disease is defined by high percent of disability patients [5]. According to the world statistics annually registered disease of an epilepsy averages 70 on 100 000 population.

Most often epilepsy is met at children. Epilepsy and paroxysmal frustrations at children are among the important medical, social, psychological and economic problems. Attacks at children are characterized not only high frequency, but also by expressiveness degree. During this period when there is an intensive development of a brain, attacks can lead to secondary changes from outside mentalities of the child. At in due time begun and qualified treatment the probability of treatment from attacks at children's age makes 80-90 %. At the same time there are forms of the attacks which probability of treatment is much less, approximately from 10 % to 40 %, and there