

## **MEDICAL DEONTOLOGY**

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The object of the article is deontology as a science regulating the relationships between doctors and patients. Material for comprehension – the ethical rules that deontology includes.

The changing context in which health care is provided has created new challenges for health workers, health researchers, and the broader health care of the community. Medical professionals increasingly find themselves confronted with moral questions and ethical dilemmas.

Methods and materials: Professional deontology includes the set of ethical rules and duties that govern the practice of a profession. In medicine, more than in any other field these principles have a fundamental importance. Medical deontology includes problems of observing medical confidentiality, the problem of the extent of the medical worker's responsibility for the life and health of the patient, and problems of relationships of medical workers to each other. In accordance with medical deontology, in relation to the patient, the medical worker must apply all his knowledge in order to restore the patient to health or bring relief to him in his sufferings; he must convey to the patient only information about his health that will be beneficial to him and establish contact between the patient and the physician.

While today the value of the Hippocratic Oath is purely symbolic, with no legal standing, the various codes of deontology issued by the colleges of physicians were largely drawn from it. The oath was reviewed and revised by a group of U.S. and European physicians in 2002. The *Lancet* and *Annals of Internal Medicine* journals published a new Charter on Medical Professionalism outlining a code of code considered by the medical profession to be more adapted to the modern world. The three fundamental principles of this new Charter: primacy of patient welfare, patient autonomy and social justice. From these stem a set of 10 commitments: professional competence, honesty with patients, patient confidentiality, maintaining appropriate relations with patients, improving quality of care, improving access to care, just distribution of finite resources, scientific knowledge, maintaining trust by managing conflicts of interest, and professional responsibilities.

Results: The Charter was communicated to most medical associations, schools or faculties and regulatory bodies in North America and Europe, with the hope of having it officially adopted.

Conclusion – together with the developments in science and technology the ethical rules and duties should also be adapted to the modern life.