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CONTENT

SECTION OF BIOLOGY AND ENVIRONMENTAL SCIENCES

Bayramov A.

PROVISION OF ALTERNATIVE ENERGY TO THE
SETTLEMENTS OF THE KARABAKH ECONOMIC REGION
OF THE AZERBAIJAN REPUBLIC..... 3

SECTION OF CHEMICAL SCIENCES

Erzhanov S., Shin E.,

Chikanova S., Saduakassov M.,

Ibraimbayeva G., Meirkhanov T.

NEW TECHNOLOGY OF HEAT-INSULATING PERLITE
CONCRETE PRODUCTS..... 6

SECTION OF HUMANITIES AND PHILOLOGY

Dziatkovskii A., Dzyatkovskaya E.

AI AND BLOCKCHAIN AS A MEANS OF UPDATING
TEXTBOOKS FOR ESD 13

Izmailov A., Radzhabov Zh.,

Riksiev J., Kasimova S., Korotkov V.

MUSICAL ACTIVITY AS A MEANS OF DEVELOPING
COMMUNICATION ABILITY OF ADOLESCENTS 16

Maratova G., Kismetova G.

THE NOTION AND ROLE OF INTERACTIVE
TECHNOLOGIES IN TEACHING A FOREIGN LANGUAGE
..... 18

Zhumabayeva K.

LINGUISTIC ECOLOGY AS A NEW DIRECTION IN
LINGUISTICS..... 24

SECTION OF MATHEMATICS, PHYSICS, AND INFORMATICS

Hesam Jafari, Aliasghar Amirkardoust,

Davood Sedaghat Shayegan

THE EFFECT OF USING STEEL FIBERS IN THE
CONCRETE OF CFT, SRC AND SRC COMPOSITE
COLUMNS ENCLOSED WITH FRP COATING AND
COMPARING THEM AGAINST CYCLIC LOADS 27

Hesenli V., Melikov E.

PRINCIPLES OF CONSTRUCTION A CONTROL AND
REGULATION SYSTEM FOR A TECHNOLOGICAL
COMPLEX, INCLUDING A VACUUM BLOCK..... 35

Ishchenko O., Kratkovsky I.,

Baskevich O., Ishchenko K.

ESTIMATE OF EXPLOSION ENERGY DISSIPATION
LOSSES IN ROCK DESTRUCTION OF DIFFERENT
GENESIS IN CONDITIONS "EXPLOSIVE - ROCK" WITH
DIFFERENT DYNAMIC LOAD..... 39

SECTION OF SOCIAL AND ECONOMIC SCIENCES

Akramova N.

THEORETICAL PRINCIPLES OF FORMATION OF
CORPORATE CULTURE OF JOINT STOCK COMPANIES
..... 50

Lepskiy M., Utiuzh I., Pavlenko N.

THE FUTURE OF MEDICINE: A SOCIO-PHILOSOPHICAL
ASPECT 53

THE FUTURE OF MEDICINE: A SOCIO-PHILOSOPHICAL ASPECT**Lepskiy M.,**

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Abstract

The article states that health preservation is no longer a personal matter of the individual, it is, without exaggeration, an issue of national significance. Therefore, social-philosophical views of modern reforms in medicine give numerous answers to the topical issues of shaping the future of medicine. It is emphasized that the current reform in healthcare of Ukraine as well as the corresponding changes in education to reconstruct the healthcare system are characterized by randomness, unawareness of the problems crucial for the future, and of the ways to solve them. The article especially focuses on military developments as another phase of medicine development, which heals society in terms of healthcare field development jointly with the state, military sphere, and civil society. In the article, the meaning-making space of the problem field of the Ukrainian medicine's future is defined. It is determined that the future shapes the real of modernity. The attempt has been made to justify the existential essence of the humanitarian and anthropological component of the post-capitalist reality, in particular on the basis of which humanity will invest love and care for a person. Thus, maintaining health, building public health and healthcare systems of countries have become the priority lines of the social program in the modern and future society.

Keywords: COVID-19, healthcare, public health, market egocentrism, medical culture, P4 medicine, military events.

INTRODUCTION

The latest developments and those of the present time, namely COVID-19 and the Russian aggression against Ukraine, have clearly shown that the world can act jointly and promptly in order to change all aspects of our society and economy, from education and health to geo-policy, socio-economic agreements and new living conditions.

Therefore, under these circumstances, the main issue on the agenda is understanding and analysing the problems of modernity retransformation, and in this context, we can consider and rethink many areas and aspects of social development, among which saving life and caring for life are of utmost importance. In conditions of war and the peace to come, these existential, anthropological and humanistic meanings of man's life and health are more relevant than ever before.

Replying to the question: "Is this war going to affect the health of the Ukrainian people?", Viktor Liashko, Minister of Healthcare of Ukraine, answers affirmatively, emphasising that two years before Ukraine

faced the epidemic of coronavirus disease, now it is suffering from war. All these restrict an access to healthcare and screening programs [19].

The issue of health, public health, and healthcare is relevant for the entire world, and is being considered and resolved by all civilized countries. To be fair, not only have the war and coronavirus pandemic united the world in this struggle, but they have also clearly shown a lack of health systems' readiness, even in highly developed countries.

Thus, a socio-philosophical analysis of medicine and public health enables us to reveal and study the risks and factors affecting the state and the process of the healthcare system reconstruction in Ukraine. It should be noted that health of the nation is an element of the state's national security, and national security should be considered as a condition of social system. An individual, his life and health, honour and dignity, inviolability and security shall be recognised in Ukraine as the highest social value (Constitution of Ukraine 1996).

THE FUTURE OF MEDICINE

In the progressive ideologemes of the post-capitalist reality of most civilized countries in the Western European geopolitical space, health is a human capital, investing in which is the work and responsibility of both an individual and the state.

Generally, an average person thinks of his/her own health and starts caring for it only in case of getting ill. But COVID-19 has forced a certain number of people to reconsider their habits and lifestyles, since it concerns not only their own lives and well-being, but also the health of others. In this case, preservation of health is not a personal matter of the individual, it, without exaggeration, has acquired significance at the national level. Therefore, a socio-philosophical view of modern reforms in medicine provides the answers to the topical issues of shaping the future of medicine.

In Ukraine, the reforms in healthcare currently underway as well as the corresponding changes in education to reconstruct the healthcare system are characterized by randomness, lack of awareness of the problems crucial for the future and of the ways to solve them. Unawareness pushes the development of reforms towards 'shadow' and subconscious decisions, which coincides with the recent research vector in behavioural economics [10, p. 97]; [11]; [3]; [14]. In our opinion, in studying the given issues, the theoretical findings of psychology seem to be prospective, namely the traditions of psychoanalysis laid down by Sigmund Freud [6]; [7], which have seen a long path of development; the theoretical achievements by C. G. Jung [9], and the post-structuralism methodology, which provided the knowledge about the social structure, within which the power in society is constituted. According to M. Foucault, power shapes discourse, which means that power shapes the individual's idea of reality [5; p. 175].

Here is just an outline of the mechanism of medical reform 'shadowing'. First, modern reforms are carried out in various directions, and for a long time they have been justified either by the opposition or revenge for the 'Soviet or post-Soviet system of healthcare', which was based on the socio-state and command-administrative system of population security.

Medicine has been (and still is) the basis of biological reproduction, biosocial health restoration, treatment of diseases of biological and socio-technological aetiologies, rehabilitation, and prevention in the area of shaping a healthy lifestyle. Not only do all these together form society's social and medical security, shape the mass behaviour of people, but they also determine the implementation and consolidation of society's healthcare activities in social institutions of medicine and medical education.

According to the domestic and foreign scientists, health is defined as a factor of a citizen's comfort of life, joy of life, family happiness as well as a significant share of spiritual well-being [13; p. 7-13].

However, we should note that in the context of the crisis of capitalism and neoliberal reforms of healthcare in Ukraine, the COVID-19 pandemic showed that the state's need to develop and preserve public health of the nation was replaced by market expediency. Jennifer Cohen rightly states:

"In the COVID-19 pandemic, market-rewarded self-interested behaviour has been exposed as a source of mortality and morbidity. Profit-motivated behaviours can keep people from accessing necessities for health thereby harming individuals and possibly damaging population health. The profit motive can also undermine healthcare system capacity by maldistributing goods that are inputs to healthcare" [4; 176].

The pursuit of profit in the doctor-patient-state-business system obviously undermines the potential of the healthcare system, and it is clear that profit is the starting point of capitalism. In order to remove this contradiction, which is associated with social capital, the state must assume the responsibility of fair coexistence and redistribution of resources. The improper distribution of resources within the market provides justification for the state's responsibility for health, which is a public good.

Modern globalization with its digital technologies and high-speed systems of people's movement (primarily air traffic and sea transportation) has determined the role and geopolitical status of states in the development of their own field of medicine in times of global threats, namely wars and various pandemics, such as COVID-19. In practice, this geopolitical status is defined by the following characteristics:

1. The role of medicine in public administration, strategic role of the state in resolving the issue of the pandemic, from outside – by decisions of other states, or inside – by the healthcare system of the state.
2. The civil society's trust in the healthcare system and people's being in solidarity with it.
3. The level of medical culture of the country's population.
4. The level of research institutions: an ability to work in extreme conditions and create vaccines; pace and quality of certification as well as the purchase of vaccines by other countries.
5. Funding medical workers and an ability to deal with threats to biological and mental health in reorienting institutions to overcome the pandemic threat. This includes rehabilitation and restoration of the biological and mental health of healthcare professionals.
6. Maintaining the balance of treatment of other life-threatening diseases during the pandemic.
7. Combatting 'shadow' and corruption schemes or, conversely, their development during the pandemic.
8. Ensuring the medical economy for implementation of successful treatment practices, provision and maintenance of food supply chains (necessary for a high immunity level) and provision of medical institutions with everything needed.

The countries striving to be prepared for global and local wars as well as prevention of destructive factors caused by social revolutions have always taken state support and regulation of this field as a basis, increasing the role of their own medicine in two contexts: longing for the 'best medicine' in the world or for the 'modern state model' of healthcare. In these reform programs, preference was given to development of the institute of medical science and its organization as a solution to current and urgent medical problems of society.

Therefore, it is no coincidence that in modern conditions, progressive part of humanity is trying to implement a new paradigm of medicine that would represent the humanistic principles of existence and meet the new technological and digital requirements of the time.

The paradigm of medicine is a set of knowledge and methodological approaches adopted by the society and professional community to solving the problems of health, healthy lifestyle, well-being and achieving the goal of society's sustainable development.

Thus, the name of the new healthcare paradigm is 'P4' *Medicine*. Turning to the history of shaping the new paradigm, we can clearly see its essence in the subtitle of the report presented by Leroy E. Hood and David J. Galas "P4 Medicine: Personalized, Predictive, Preventive, Participatory: *A Change of View that Changes Everything*". The report begins with the following words: "Medicine is now undergoing a major revolution that will transform the nature of healthcare from reactive to preventive" [8].

P4 Medicine has four components: 1. Prognosis: disease prediction based on the genome and individual characteristics of a body. Compliance with this principle enables predicting possible diseases based on the study of individual characteristics of a person. That is, if the risk factors ('defective' genes) are identified, physicians can predict that the patient will develop Alzheimer's disease, prostate cancer, or another disease under certain epigenetic conditions.

2. Prevention: with the introduction of new approaches and data about the nature of predicted pathology, it is possible to prevent the disease while the person is still healthy. It is much easier, more gratifying, and cheaper.

3. Personalization: an individual approach to each person. It is about creating a unique genetic passport to monitor a patient's health. The medicine of the future will be focused not on the disease treatment in general, but on a specific patient in particular.

4. Participation: an active participation of a patient and involvement of various specialists. Thus, it provides for partnership and active interaction of various medical specialists and a patient himself, who turns from an object of treatment into a full participant in this process. These links should create a stable motivation in our minds to lead a healthy lifestyle and constantly monitor our own health [2].

The emergence of this paradigm in medicine was due to objective factors. The Bulletin of the World Health Organization states:

"Our world has made incredible progress since 2000 against several of the leading causes of illness and death. Life expectancy has increased, infant and maternal mortality have declined, malaria deaths have more than halved, and significant progress has been made against the human immunodeficiency virus epidemic" [12; 590].

According to the experts, the progress made is "fragile and uneven" and requires constant awareness of the innovative components of medical science and education system in the state development strategies.

This vector in the terminology of psychoanalysis and post-structuralism has been shaping and still shapes

society's '*superego*' in the tradition of values, norms, socio-institutional recreation of society, a desire to form a doctor-patient relationship as the ideal that does not always correspond to practice, but for which one should strive.

Today, this ideal of a doctor-patient relationship in the framework of institutional transformation should move from a paternal model to a partner one. However, it is obvious that in order to create new meanings for the future of medicine, we must remember the lessons of history, identify the mechanisms for creating social truth, within which the norms of medical activities, institutional features of the medical field and mental codes of a particular culture were formed. All these methodological comments will obviously have an impact on the reform process in any country.

The wars and epidemics of the 20th – 21st centuries were the ordeals for state medical institutions to test their strength and ability to quickly improve, determined the status and recognition of a doctor in the state in the post-war period. The desire for medical education, capitalist or socialist, also was a factor in the ideological victory of the system in demonstrating social orientation and caring for the population, which determined the movement of third world countries in the medical dimension of the two systems' development.

The collapse of the socialist system (with its centre being the USSR), whereas the socialist model with the centre in the People's Republic of China still existed, resulted in shrinking the superego sphere in the post-Soviet countries, but the attraction to these social norms and values was still there. Therefore, the modern Ukrainian society tends to expect a superego improvement of the medical field through a clear model, active role of the state, global and regional security policies, reasonable reconstruction of medicine and advanced nature of medical science. Blocking the values of the superego in relation to medicine creates complexes of global neo-colonialism and pushes the Ukrainian medicine to the third world level. The superego of the medical field is formed by institutes of education and science while successfully solving the pressing issues of the present and addressing the prospective problems in a proactive manner.

The second trend of the state reform, as a projection of the ego concept on society, reflects self-awareness of the roles of I-Physician and I-Patient, their positions and interaction. Through its institutes of medical science and education as well as healthcare institutions society shaped the main types of 'medical scientists', 'medical teachers', and 'physicians'. Since the physician is often a defender of people in extreme, dangerous to life and health conditions or in activities on the fragile line between life and death, public requirements for physicians were extremely harsh – high professionalism, vocation for self-sacrificingness and recklessness, with a high social status and appropriate funding for this status in case of successful performance being provided. This equated to the ability of the military to act in extreme conditions and had a romantic, adventure colour.

This is the first level of interaction between the 'superego' and 'ego' of the medical field, a socio-regulatory and institutional structure of the state and medical field as part of it. The second level of I-Medicine formation developed in the relations of medicine with various society areas: politics, economy, culture, social security and technology, that is, spheres with equal statuses, the assembling centre being civil society. Therefore, the above-mentioned P4 paradigm is manifestation of human dimensionality and patient-orientation of medicine of the future, preservation of the social.

In this dimension, formation of the 'soul' of the I-Medical field is carried out through interaction with civil society rather than with superstructures of the state and globalized megastructures (medical and pharmaceutical TNCs, WHO international institutions, etc.), e.g. systems of 'charity', 'volunteering', 'charitable endowments' for treatment and care for people's health are established in cooperation with civil society. It is no coincidence that when state support systems were destroyed, medical institutions sometimes searched for a 'shadow' way of additional financing through charitable institutions, 'quasi-civil' (fake public) institutions'.

At the same time, civil society, as security for the mass individual (individual interests protected by social groups and associations), requires the state (institution of society integrity) and health care institutions to be equal before the law. Therefore, there are reasonable protocols of medical activity in case of exerting pressure on medical cases by legal institutions and court proceedings. Frequently, with a weak role of the state – the healthcare field is formatted for possible threats from civil society through establishment of legal protocols of medical activities – the focus is changed from a patient's health to successful resolution of lawsuits in court. In the post-Soviet medicine, this causes horror among conscientious doctors due to the need to defend the legality of their actions rather than focus their professionalism on effective treatment of the patient, since the law reflects everything which has already had a precedent and has been studied.

The opposite trend (deformation of the medical field soul) involves the consumer society requirements established by the mass striving for pleasure and consumption rather than by civil society. In this sense, healthcare industry is formed as a system of consumer services, with a patient becoming client and consumer. The processes of customer satisfaction and commercial attractiveness of effective consumption satisfaction rather than those of healthcare, treatment and prevention are of importance. The field of medicine, along with positive trends towards focusing on the client, is still shifting in hyper-reality.

The shift of attention from effective treatment of patients to legal cover and consumer model reflects the contradiction between freedom and the necessity of abridging the freedom of a physician's clinical thinking to standard stereotypical protocols with legal justification for the legality of actions and decorating the activities with advertising and marketing to ensure proper consumer behaviour.

In his work, *The Patient Will See You Now: The Future of Medicine Is in Your Hands*, Eric Topol argues:

"In medicine, professional guidelines are particularly important because they define the standard of care, the prevailing practice for assessing cases of malpractice. Guidelines in medicine are issued by professional organizations, and are often couched with the proviso that they are not intended to be dictatorial, and that the individual patient merits consideration. That usually doesn't matter in the courtroom, however, so physicians seeking to avoid lawsuits often follow the guidelines to the letter" [16, p. 31].

As far as the third trend is concerned, in the concept by Freud [7] and his followers, it is *the id* or *'it'* that defines the instinctive unconscious in humans. In our social projection, it is the mass unconscious, which Jung [9] distinguished in the collective unconscious. In our case, we study the unconscious defined by the biological instinctive behaviour of the 'it' on the one hand, and by the socially instinctive behaviour supplanted by the collective unconscious behaviour of the social 'shadow', on the other. It is these behaviours that are actively used in consumer behaviour in marketing and advertising tools. In addition, 'shadow trends' determine criminalization of the medical sector. Medical activities have turned from social and medical services into the business that satisfies the instincts and socially disapproving needs of both the patient and the doctor. In the context of the medical industry survival, this can result and often results in the formation of a 'shadow' medical market, corruption and merger between the medical industry and the criminal system.

In criminalizing this area, medical services meet illegal needs of people (from purchasing medical certificates and treatment imitation to servicing organized criminal structures). On the one hand, commercial business structures are established for the best satisfaction of customer needs in services and corresponding differentiation of customers by wealth and solvency as well as for the corresponding differentiation of the services' quality. This business differentiation is often socially acceptable in a divided society, as wealth becomes an accelerator of satisfaction with health services, their rate and access to them.

On the other hand, a distorted criminal system of providing medical services is being formed. Following the Freudian tradition, D. Abrahamsen, an American criminologist, derived a crime formula, with the numerator representing criminal inclinations inherent in the 'it' plus the criminogenic situation, and the denominator representing control over the ability of *the 'super-self'*. The result of this fraction is Crime. The significance of the psychoanalytical tradition lies in the fact that explanations include both the instinctivist nature of crime, with aggression being considered as one of the instincts that opposes and complements the sexual instinct, and the role of social factors and conditions that determine criminal behaviour [1, 78].

At the same time, every criminologist knows that according to Emil Durkheim, the shadow part or criminal system is compensation for inefficient functioning

of the state and civil society and the distorted immunity of destructive state pressure.

The 'shadow side' of medicine is a significant threat to patients, since "criminals in white coats" can manipulate health, hazards and even death of patients for profit. It is also about social iatrogenism. There may also be a tendency towards ignorance, stupidity, and regression of medical business, which is the opposite of professional growth.

These contradictions and their settlement are aggravated by digitalization and robotization, struggle of the information retrieval worldview against the scientific worldview, which has been seen in society in recent years.

At the same time, there is a parallel trend of progressive development of professionalism characterized by a localized elitist development of scientific and educational institutes, which determines a spatial and often geopolitical nature of differentiation in the state medical system.

The current military developments are raising medicine to the highest level, that of highly professional doctors, by removing the obstacles and boundaries between *the Ego* (the centre of the human psyche) and *the Self* (the centre of the psyche with the unity of the inner and outer worlds). The people involved forcibly in the flow of events are developing rapidly – during war, everyone learns quickly. At the same time, the opposite trend is simplification, regression to immature defences, denial of one's inclinations, fleeing to more comfortable countries, and internal migration. Physicians should also have supervision conducted by experienced doctors with expertise of extreme situations and by philosophers providing logotherapy (Viktor Frankl's term).

Military developments represent another phase of medicine development, which heals society in terms of healthcare field development jointly with the state and military spheres as well as together with civil society. There are also emerging specifics of secondary losses, which result from medicine organization: e.g., primary organisations are seen in united territorial communities; secondary organisations are characteristic of large united territorial communities and cities. During combat operations and occupation, the medical care provided by physicians on those territories is universalized, a wide range of medical and healthcare knowledge, from specialized to military, is applied, which will be considered in the training system in the future.

The Red Cross is also faced with new challenges. In humanitarian corridors, it acts as a legitimate organization for various parties to the conflict by providing evacuation and assistance to refugees, delivery of food, medicines, etc. to cities under siege. The medical system is getting rid of unnecessary bureaucracy and fears, as clinical thinking and professional vocation have come to the fore.

CONCLUSION

We believe that it is high time to be proud of true doctors and provide all possible assistance to the medical field, but as far as the future of medicine is con-

cerned, the war also reveals the stunning changes occurring in medicine and challenges arising for the medical field development. The authors are to show that it is always vitally necessary to be focused on military developments as another phase of medicine development, which heals society in terms of healthcare field development jointly with the state, military sphere, and civil society. It is concluded that health of the nation is an element of the state's national security, and national security and it should be considered as a condition of social system. An individual, his life and health, honour and dignity, inviolability and security shall be recognised in Ukraine as the highest social value.

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