



**PROSPECTIVE  
DIRECTIONS  
OF SCIENTIFIC  
AND PRACTICAL  
ACTIVITY**

Sherman Oaks California (USA) 2023

COLLECTIVE MONOGRAPH

PROSPECTIVE  
DIRECTIONS  
OF SCIENTIFIC  
AND PRACTICAL  
ACTIVITY

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The collective monograph is a scientific and practical publication that contains scientific articles by doctors and candidates of sciences, doctors of philosophy and art, graduate students, students, researchers and practitioners from European and other countries. The articles contain research that reflects current processes and trends in world science.

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## A GOOD DOCTOR NOWADAYS: SOCIAL AND PHILOSOPHICAL ASPECT

It is difficult to overestimate the role of health for a person, because life and health are the most important values guaranteed by the Constitutions of various countries, which protect the basic laws and principles of biomedical ethics, for which, in fact, medicine exists. Of course, doctors - those who stand guard over human health are endowed with a special social mission and their role concerns not only a narrow professional circle. Every person is potentially a patient and every person awaits in the difficult times of their illness to meet a sensitive, caring person who will solve the problem and restore health. In addition, the topic gains special significance for those who have chosen the profession of a doctor and are starting a path in medical education. For students studying such specialties as «Medicine», «Paediatrics» and «Dentistry», the question «what is a good doctor» and how to become such a doctor for people has always been relevant.

**Therefore, the purpose of our article** is to determine the main aspects of the characteristic features of the concept of «good doctor» in the conditions of the modern development of medicine and society; to study the current state of interaction in the doctor-patient relationship system; to investigate

the features of higher medical education that contribute to the formation of a good doctor in the modern world from the position of an active synthesis of medicine and philosophy.

### **Socio-philosophical problems of dehumanization in modern medicine: the view of the future doctor**

Medicine is one of the oldest sciences. Throughout its history, it has undergone many changes and with every step it has accumulated experience and knowledge about the structure and functions of the human body, about diseases, about diagnosis and timely treatment of patients.

But medicine is not just a natural-scientific system and activity, medicine is a science based on the goal of saving a person. Therefore, the question of the «doctor-patient» relationship will always be the main one in the professional training of a doctor.

In the modern world, one can observe a change in the moral paradigm in medicine, its total secularization, technologization, digitalization. So, for example, the social consequences of digitalization in medicine are a change in the structure of the labour market of medical workers, primarily related to the maintenance of intelligent systems, «Big Data». Nowadays, the doctor's workplace is being transformed into an electronic one and telemedicine is being actively implemented. Therefore, understanding social changes in the health care system allows to preserve and improve the main segment of medicine - the «doctor-patient» relationship, and the paternal (moral) problem of the «Good doctor» remains as relevant as ever!

These circumstances strongly influence the transformation of the medical system, and the concept of dehumanization is being included into the scientific circle of philosophical and socio-humanitarian sciences.

Defining the concept of dehumanization, we note that it is a large complex of socio-technological problems that affect both the field of medicine and the person in this field. Dehumanization of medicine is a large-scale and sustainable process of erasing the system of traditional values of medical activity and, speaking more broadly, it is a shift away from morality.

First, let's say that the current stage of development of the state and society negatively affected the formation and development of the spiritual world of a person, including medical workers. Under the influence of the crisis of capitalism, digitalization, commercialization of all social areas, including medicine, there was a reassessment of professional values, a retreat from the principles of honour, duty and responsibility before one's conscience for oneself and others. The further

development of technology and digitalization leads to a change in paternal relations in the field of medicine.

The autonomy of the patient, a person who forms «self-care» using all the available information of the medical system, comes first. Therefore, it is clear that the professional worldview of the future doctor must change today, in the direction of partnership with the patient.

But as time shows, the medical system does not change very actively, modern and progressive methods of preserving health are not implemented either by medicine or by the majority of patients. The clinic is not interested in healthy people. Although the historical view presents a humane attitude towards a person, where «health was chosen as a starting point, not illness».

However, modern medicine chose a different path: medicine focused on diseases of bodily origin. Pathocentrism reigns in medicine. The «cult of disease» has a negative effect on the formation of a doctor, giving a one-sided view of the relationship. For doctors, during training, the main focus is on issues of aetiology, pathogenesis, and diagnosis of various disease states. Such «teaching» of modern medical knowledge inevitably diverts the emphasis from «treating the patient» to «treating the disease».

The second factor that presents dehumanization in medicine is related to the development of scientific and technical progress, it is the «overspecialization» of medical knowledge, instrumentalism that replaces clinical thinking, depersonification in the doctor-patient relationship, psychosomatic dualism, standardization of somatic, physiological and mental parameters in clinical discourse.

New methods of diagnosis and treatment undoubtedly help doctors in clinical practice, but there is one detail - the loss of the art of communicating with the patient. Modern technologies have allowed the doctor at a certain stage to distance himself from the personality of the patient, who is «replaced» by a cardiogram, a CT scan, a list of test results.

Doctors, in a certain sense, are indifferent to communication with the patient (especially the first communication, it is immediately replaced by a full set of diagnostic procedures). However, it is an indisputable fact that a conversation with a patient gives an idea of the cause of the disease, concomitant pathologies, and individual characteristics of the patient. In turn, the first communication is the basis for the beginning of the doctor-patient relationship, on which the treatment process as a whole depends. Doctor Lin Qiao-Zhi expressed an opinion about modern technicalized silence: «The doctor always needs to see the patient face to face, and the

diagnosis should be made only after taking into account both the results of the examination and his/her own education»<sup>1</sup>.

The focus on technology has negatively affected the doctor-patient relationship. More and more people believe that doctors are cynical, indifferent people which are «othering the person».

Therefore, the need to maintain the humanitarian horizon of medical knowledge and practice is a more important condition for overcoming crisis phenomena in modern scientific medicine.

Everyone fulfils their roles in life. Doctors live in the «drama» genre, such an expression was formed by Balint<sup>2</sup>. Such a «drama» includes a doctor, a patient and his/her illness. The patient and the doctor are interconnected, there is no competition between them. There is only one enemy – the patient's illness. And it is through the efforts of the two main acting characters, namely the doctor and the patient, that you can defeat the enemy – the disease.

The relationship between doctor and patient is not just an exchange of information; this is part of the treatment<sup>3</sup>. When a warm, trusting relationship is formed between the doctor and the patient in the process of communication, the entire treatment process goes smoothly.

In most cases, a person goes to the doctor when he/she loses the harmony of his/her healthy state<sup>4</sup>. A person goes to a doctor because the doctor can look «inside» the patient and see more than anyone else. Each patient has an individual picture not only of the course of the disease, but also of the reaction to his condition. Patients become more vulnerable and have a sense of shame because they need to expose not only their body during diagnostic examinations, but also their soul. Most of them feel uncomfortable in front of the doctor, who is a stranger to them. When such a patient comes to a doctor who is disinterested in his/her work, one cannot expect positive treatment results from such an alliance.

But one cannot consider only one side of dehumanized relations, which is about patients. Doctors are also people and their emotional exhaustion, burnout from work, is sometimes so strong that many quit their profession.

In many countries of the world, research was conducted on the mental health of doctors. These studies have shown that healthcare workers are prone to mental health problems. The constant mental stress experienced by a doctor during work

1 Zheng-Xing He, Jing-He Lang. Our Thoughts on Medicine and Philosophy: Chinese Medical Journal. 2017. 130 (3) URL: <https://www.ncbi.nlm.nih.gov/pmc/articles/PMC5308004/> (15.01.23)

2 Дьорнер К. Гарний лікар. Підручник головної позиції лікаря / Пер. з нім. І. Я. Сапожнікової за участю Е. Л. Гушанського. Київ: Алетея, 2006. 544 с. С. 110.

3 Riegelman R. Minimizing medical mistakes the art of medical decisions making. Boston. Little, Brown and Company, 1991. 228 p. P. 114.

4 Дьорнер К. Гарний лікар. Підручник головної позиції лікаря / Пер. з нім. І. Я. Сапожнікової за участю Е. Л. Гушанського. Київ: Алетея, 2006. 544 с. С. 84.



leads to emotional exhaustion. Many factors contribute to mental stress, including heavy workload, fast pace of work, moral conflicts, lack of physical and mental safety.

Emotional exhaustion is commonly understood as burnout. The term «staff burn-out» was first introduced by the American psychiatrist Herbert Freudenberg in 1974. In 1976, the American researcher Christina Maslach introduced the term «emotional burnout»<sup>5</sup>. Emotional burnout for doctors can occur at different stages of their careers. Burnout begins to contribute during medicine studying, continues during internship, and finally fully manifests itself in doctors' daily life.

According to one of the Ukrainian studies, it was found that the most pronounced syndrome of professional burnout is observed in paediatricians and family doctors, since they spend the most time in close contact with patients<sup>6</sup>. For doctors, burnout takes the form of emotional devastation, anxiety, psycho-emotional withdrawal, reduced work productivity, and loss of interest in patients. This negatively affects the professional activity of the doctor, the quality of care, leads to the occurrence of medical errors. It also affects the personal life of doctors, outside the walls of the hospital. Most doctors notice emotional burnout, but they do not immediately seek help from psychologists, but rather find solace in bad habits that only increase the process of mental exhaustion. According to statistics, healthcare workers have a higher probability of suicidal tendencies compared to other professional groups, and work-related stress is a frequent factor in suicide<sup>7</sup>.

The COVID 19 crisis has put additional pressure on doctors. The number of patients who need treatment significantly exceeds pre-pandemic indicators. Doctors experience a large amount of workload, which does not always coincide with their physical and emotional capabilities.

By understanding alienation and existential experience, every doctor is able to find socio-psychological tools to help oneself and fulfil oneself in the profession. Mental health prevention is very important for clinicians. Throughout their careers, doctors are advised to put patients first. However, the treatment of another person depends on the doctor's health.

Doctors should find strength and meaning in what they do. Meditation, work with a psychotherapist, constant and unconditional self-care are three integral components of mental health care<sup>8</sup>. Doctors need to focus on good people and on great things because focusing on the negative brings burnout.

5 Синдром емоційного вигорання у медиків до та під час пандемії COVID-19. Виявити та перемогти: веб-сайт Accemedin. URL: <https://accemedin.com/material/5112> (11.01.23)

6 Ibid.

7 Morin A. 4 Ways Doctors Showed Mental Strength This Year Amid Burnout: веб-сайт. URL: <https://www.verywellmind.com/doctors-show-mental-strength-amid-burnout-5119374> (19.01.23)

8 Ханенко С. Ментальний wellness: як думки впливають на здоров'я: веб-сайт. URL: <https://mind.ua/openmind/20195374-mentalnij-wellness-yak-dumki-vplivayut-na-zdorovya> (29.01.23)

## **An ideal doctor and a good patient in the realities of the modern world: socio-philosophical observations**

The modern era of technicalized reality, which is determined by the principles of dehumanization in various spheres of human activity, actualizes the need to solve worldview problems of medicine that have a pronounced sociocultural character. It is about a socio-cultural model of a society of remission, when a person has all the opportunities to live a long, high-quality life thanks to the development of medical technologies. And therefore, it is clear that human health and its preservation is possible both with a formed personal culture and thanks to the high professionalism of the medical staff. Therefore, we should investigate the role of the doctor in the possibilities of preserving human health.

According to the definition of the World Health Organization: «Health is a state of physical, mental and social well-being, and not only the absence of disease and physical defects»<sup>9</sup>. Health is interconnected with cultural, economic, socio-political, and spiritual spheres of human life and is a fundamental characteristic of human existence.

Despite the growing institutionalization of medical activity, preventive medicine, the increased role of the patient in the conditions of digitization and technologization, the most important thing is still the personality of the doctor. Because the training of a doctor takes a very long period of time, and his/her undeniable professionalism remains the main thing in the «doctor-patient» relationship. The doctor always occupies a special place, because he/she is the one who instructs, helps and heals, that is, doctor plays the role of the bearer and giver of one of the highest values, a role of saviour from pain and death. And this is the existential accompaniment of the doctor-patient relationship. Indifference is not interesting to anyone, it is not natural for a person. Each person wishes for his freedom, morality and value system, that is, his uniqueness, to be respected. And this practical-spiritual nature of a person is inherent in both the doctor and the patient. These are the methodological regulations that only philosophy lays down in the system of training a doctor and any specialist. This was pointed out by K. Jaspers with his philosophy.

His existential philosophy, based on experience, is the tool of healing. A doctor is someone who can guide a person to achieve a state of wholeness and happiness, thanks to the knowledge of the individual characteristics of a person. It is the understanding of individual biological characteristics and personal qualities that affect the course of the disease that will help the doctor see a number of causal

<sup>9</sup> Грищенко Н.В. Соціально-філософські аспекти здоров'я та здорового способу життя. Сучасні проблеми правового, економічного та соціального розвитку держави: тези доп. Міжнар. наук.-практ. конф. (м. Харків, 30 листоп. 2018 р.) МВС України, Харків. нац. ун-т внутр. справ. Харків, 2018. С. 306–307.

factors, comprehend the disease in its entirety and treat patients. Patients with whom K. Jaspers worked were never impersonal objects of study for him. A person cannot turn into an impersonal research subject, this approach to treatment will not lead to a positive clinical result.

In medical practice, doctors and patients are in different forms of social interaction. These relations are regulated by certain norms, which are collectively fixed as social roles. The social roles of both the doctor and the patient depend on the cultural context and the mentality of the society.

During the development of medicine, many social models of the relationship between the doctor and the patient were formed, which changed each other throughout history. The American bioethicist Robert Veatch distinguished 4 models of doctor-patient relationships that are characteristic of modern medical culture: engineering, paternalistic, collegial and contractual.

The first model of relations is engineering. The basis of the medical ethics of this model is the action of an impersonal mechanism. Within this model, the doctor treats the patient as an impersonal mechanism. The main goal for the doctor is to correct the disturbances that occurred in the physiological mechanism. Doctors can choose such a model of relationships due to their professional deformity. Professional deformation of the personality should be considered as significant changes in the mental (stereotypes of perception, thinking, ways of communication) and social structures of the personality (character, value orientations, worldview) under the influence of the performance of professional duties, which produce social behaviour that conflicts with generally accepted professional norms and values.

The doctor's profession is very difficult, it requires a lot of dedication. There are tens of thousands of diseases, even more patients, and each of them has his/her own individual anatomical and physiological characteristics, not to mention the age- and sex-related variants of the same disease. Doctors have to work in hospitals that are not equipped with modern devices for diagnosis or treatment of patients, in conditions of shortage of specialists, pressure of medical institutions. Doctors fight for the number of patients, not to gain experience, but to make a profit.

Even with all the knowledge, the doctor cannot fulfil himself in such conditions. And one should not expect impeccable professional activity from an exhausted doctor. In the end, doctors experience emotional burnout, and later professional deformation, during which they lose empathy for their patients and neglect the individual characteristics of their illness.

The doctor's indifference and workload often lead to mistakes. They often treat according to the scheme they are used to, without taking into account the individual

characteristics of the patient, prescribe unfounded surgical interventions, and make false diagnoses. According to statistical data, in 49 % of cases of medical errors, they were committed by doctors when prescribing drugs or certain methods of treatment, in 23 % of cases – during surgical operations, and 16 % were cases of infections in patients due to violations of the rules of asepsis by medical personnel<sup>10</sup>.

So, for example, doctors often prescribe antibacterial agents when there were no clinical or diagnostic indications for this. Such an irrational approach to treatment leads to negative consequences: allergic reactions occur in patients, intestinal dysbacteriosis, resistance to antibiotics and many other complications are formed. All these are manifestations of iatrogenesis. Every year, the number of cases of iatrogenic diseases in the world is increasing. Our country cannot boast of better indicators. There are no official statistics of iatrogenic cases in Ukraine. According to experts' estimates, in our country every day 5–7 patients die from medical errors and more than 20 become disabled<sup>11</sup>.

The second model of mutual relations is paternalistic. This model of mutual relations was also proposed by Paracelsus. The specificity of these relationships is based on the «father and son» model. A father would never harm his son, and a doctor should treat a patient in the same way - to give kindness and care. The doctor in this relationship is a subject who subjugates the patient - the object, because in this way the patient can become a subject again<sup>12</sup>.

This model of relationship is good for treating patients, especially in paediatrics and psychiatry, where patients need more experienced people to influence them for successful treatment. However, doctors sometimes cross the line of benevolence to the point of completely subordinating the patient to themselves. Doctors believe that only they have a certain set of knowledge that will help the patient, and the latter must fully trust his «all-knowing» mentor. And very often it is precisely such «all-knowing» doctors who commit professional mistakes. Very often, such doctors are high-class specialists, they understand that they have certain skills, they are competitive and they will always have patients. This leads to the fact that they have a sense of their own greatness. They deprive their patients of the «right to voice». This model of mutual relations was reflected in an event that shocked the whole world. British transplant surgeon Simon Bramhall was stripped of his work license in Great Britain, sentenced to community service and

10 Статистика медичних помилок у світі, загальні дані та цікаві факти: веб-сайт Accemedin. URL: <https://accemedin.com/material/5111> (11.01.23)

11 Грищенко Н.В. Соціально-філософські аспекти здоров'я та здорового способу життя. Сучасні проблеми правового, економічного та соціального розвитку держави: тези доп. Міжнар. наук.-практ. конф. (м. Харків, 30 листоп. 2018 р.) МВС України, Харків. нац. ун-т внутр. справ. Харків, 2018. С. 306–307.

12 Дьорнер К. Гарний лікар. Підручник головної позиції лікаря / Пер. з нім. І. Я. Сапожнікової за участю Е. Л. Гушанського. Київ: Алетей, 2006. 544 с. С. 114.

ined 10,000 pounds for committing a professional crime: he burned his initials into patients' livers during operations. In a review of the incident on 10 January 2022, the Medical Practitioners Tribunal Service (MPTS) stated that Bramhall had left his initials «due to a degree of professional arrogance»<sup>13</sup>.

This example once again shows a violation of not just professional medical ethics, but first of all, the destruction of morality and humanity, even in such a noble profession. That is why, time and time again, we repeat about the relevance of the formation of worldview orientations of future doctors, who are «God-like» (Hippocrates), that is, should a priori bring only good into life!

The third model of mutual relations is collegial. The principle of equality is laid down in this model of mutual relations. The doctor and the patient each make their own contribution in order to solve the problem before them - to cure the disease. This model is ideal for achieving an effective treatment process, but, unfortunately, most doctors strive to be leaders and neglect collegiality. Another problem with this model is the illiteracy of many people in medical matters, even at the household level. In order to achieve positive treatment in such patients, it is necessary to choose a paternalistic model of relationships, but without a total regime.

The fourth model of mutual relations is contractual. In this relationship, the patient concludes a contract for the provision of medical services with the hospital. Each of the parties has its obligations. This model of relations protects the moral values of the individual, but it deprives the possibility of human relations between the doctor and the patient, because each party fulfils the role prescribed by the contract.

Medicine, existing in society, absorbs its cultural traditions, social transformations, in a certain sense and can function only within the framework of business significance. Therefore, in different cultures of the world, in different civilizations, attitudes towards medicine and doctors are different. So, for example, in India, the profession of a doctor is very respectable, every word of a clinician is a law for patients. This influence can be traced especially to the low-income strata of the population. Paternalism flourishes in the relationship between doctors and patients, because, of course, India is a traditional society. Since there is a large number of poor people in India, doctors in government hospitals are forced to admit a large number of patients in one day. As a result of this workload, doctors spend up to 1 minute on each patient during diagnosis, which has a detrimental effect on the treatment process of patients.

The strong spirit of family unity deprives patients of individually deciding the issue of their treatment, which is contrary to our opinion about the individual choice

13 Bishop R., Clare H. Surgeon carved his initials on the LIVERS of two transplant patients in first assault case of its kind: *be6-caйr*. URL: <https://www.mirror.co.uk/news/uk-news/respected-surgeon-carved-initials-transplant-11689381> (17.01.23)

of each person. For example, Chinese and African medical ethics also focus not on individual but on family autonomy<sup>14</sup>. According to this system of hierarchy, relatives can refuse treatment that would help the patient, or, on the contrary, insist on an intervention to which the patient himself does not give consent.

Richard Riegelman in his book emphasizes that all relationships between a doctor and a patient should be based on four main components: support, understanding, respect and compassion<sup>15</sup>. Every doctor must respect the cultural outlook of his patients, but the core values must remain unchanged. Medical morality should be universal and should be directed to the treatment of those who suffer. Antoine de Saint-Exupéry never tired of reminding doctors of one truth: No matter how refined modern medicine is, its technological capabilities, a person will always wait for and trust a doctor who can listen, approve and show compassion.

In this aspect, the «ideal type of doctor» is gaining special relevance - it is a collective image of a doctor who meets high professional standards, social expectations of society and individual needs of patients. An ideal doctor should be a harmoniously developed personality. A doctor must be a propagandist of knowledge and health. A doctor should live according to the principle of «do as I do», thus he sets an example for his patients and colleagues<sup>16</sup>. Ideal doctors in hospital wards can actively influence both the patients themselves and the development of virtues in the students they teach, because the most effective way to learn good things is by observing the worthy actions of clinicians<sup>17</sup>.

The ideal doctor learns every day because medicine is constantly changing. He always analyses his mistakes, because this helps to avoid unfortunate events in the future. Ideal doctors understand that it is not possible to completely cure all diseases in the world, but they always strive to comfort and give hope to their patients, even when the positive result of treatment is minimal<sup>18</sup>. An article by New York State emergency physician Rada Jones quoted Dr. Greg Henry as saying, «No one cares how much you know until they know how much you care»<sup>19</sup>.

Ideal doctors listen to their patients and learn to notice their signals. When the doctor shows understanding, the patient is sure that his complaints have been heard, noted and the doctor will consider them<sup>20</sup>. An ideal

14 Sokol D. *Tough Choices: Stories from the front line of medical ethics*. Book Guild Publishing Ltd, 2018. 304 p. P. 32–38

15 Riegelman R. *Minimizing medical mistakes the art of medical decisions making*. Boston. Little, Brown and Company, 1991. 228 p. P. 114.

16 Ibid.

17 Sokol D. *Tough Choices: Stories from the front line of medical ethics*. Book Guild Publishing Ltd, 2018. 304p. P. 87.

18 Jones R. What Makes One a Perfect Doctor?: веб-сайт Op-Med. URL: [https://opmed.doximity.com/articles/what-makes-one-a-perfect-doctor?\\_csrf\\_attempted=yes](https://opmed.doximity.com/articles/what-makes-one-a-perfect-doctor?_csrf_attempted=yes).

19 Ibid.

20 Bishop R., Clare H. Surgeon carved his initials on the LIVERS of two transplant patients in first assault case of its kind: веб-сайт. URL: <https://www.mirror.co.uk/news/uk-news/respected-surgeon-carved-initials-transplant-11689381> (17.01.23)

doctor respects everyone equally, forgives patients for rude gestures and expressions. These are components of narrative competence, which allows the doctor to approach professional duties with reflection and the patient with empathy and trust.

For medical activity, compassion is important as a counterweight to the «stranger in the hospital bed» phenomenon and has become an attempt to return a human face to this stranger. For a doctor, it is necessary to be able to balance professional restraint with compassion. Restraint in behaviour allows you to protect yourself from emotional burnout and soberly assess the situation. However, it should not be forgotten that compassion is important for the patient, and sometimes they go to doctors precisely for this. Compassion is the key to establishing cooperation between the doctor and the patient<sup>21</sup>. At the same time, when the doctor lacks compassion for the patient, he brings the patient under the abstract concepts of «medicalization», «symptoms or syndromes», «drugs and therapy», «diagnostic procedures», etc. The doctor should remain outwardly calm, inspiring trust with coolness, but this poker face should not turn into indifference.

Ideal doctors do not forget to take care of themselves, because they are a valuable resource of knowledge. In order to take care of others, you need to take care of yourself first. Self-care includes not only taking care of the physical condition, but also of the mental and emotional components. It is necessary to set priorities and achievable goals. Never forget about your own needs, be able to combine pleasure from work and rest<sup>22</sup>. Rachel Goldman, MD, PhD, once said: «I often take pauses to remind myself to focus on what is within my control. I also know that if I don't take time for myself and my mental health, I won't be able to be useful to my patients, family, or anyone else»<sup>23</sup>.

However, with all these characteristics, ideal doctors understand that they are not perfect. Acknowledging one's perfection will lead to the loss of one's self. Keeping in shape is always more difficult than getting in shape.

In culture, it is customary to always discuss the qualities of only doctors, but what about patients? After all, patients, like doctors, perform their role in the treatment process. Daniel Sokol in his book entitled «Tough Choices» emphasizes that in order to achieve positive results in relationships with medical professionals, you need to be an «ideal» patient. D. Diderot back in the 18th century called poverty and disease the

21 Bishop R., Clare H. Surgeon carved his initials on the LIVERS of two transplant patients in first assault case of its kind: веб-сайт. URL: <https://www.mirror.co.uk/news/uk-news/respected-surgeon-carved-initials-transplant-11689381> (17.01.23)

22 Zheng-Xing He, Jing-He Lang. Our Thoughts on Medicine and Philosophy: Chinese Medical Journal. 2017. 130 (3) URL: <https://www.ncbi.nlm.nih.gov/pmc/articles/PMC5308004/> (15.01.23)

23 Morin A. 4 Ways Doctors Showed Mental Strength This Year Amid Burnout: веб-сайт. URL: <https://www.verywellmind.com/doctors-show-mental-strength-amid-burnout-5119374> (19.01.23)

«two great exorcists». In other words, the true nature of a person is manifested not when everything is good, but when one is sick and unhappy<sup>24</sup>.

The «ideal» patient has a striking resemblance to the qualities of good doctors. Such patients are sympathetic to fellow sufferers and overburdened medical staff, patiently wait their turn at the appointment, tell the truth about their condition, remember to take the necessary medications and communicate kindly with medical staff and other patients.

However, in our cynical times, ideal patients are hard to find. Doctors have to communicate with patients who are far from ideal. Some patients cheat in order to get the warmth and food provided by the hospital. Sometimes patients attribute symptoms (aggravation) and illnesses to themselves in order to receive disability certificate, exclusion from military service or imprisonment, or, on the contrary, hide symptoms. This attitude of the patient complicates the establishment of a diagnosis and the appointment of appropriate treatment<sup>25</sup>.

Doctors are advocates for their patients. They must act in the interests of patients and respect their autonomy. However, the doctor as a separate individual has independence, which must also be respected. Physicians should not compromise their morals and professional ethics as clinicians in order to satisfy patients' requests. If the request requires the clinician to act morally wrong, in a way that is not appropriate for medical indications, the doctor should politely refuse the patient. In some cases, respect from such patients will be lost, even with all the doctor's diplomacy. It's a shame that sometimes doing the right thing is harder than making ethical mistakes. That is why some doctors choose the easiest way, which for them is an easier option, compared to countering the patient<sup>26</sup>.

Each doctor may subjectively dislike the patient's appearance, manner of talking and listening, etc. All this can cause negative emotions in the clinician, especially when he/she is tired from work. These feelings that arise in the doctor can deprive the desire to provide the necessary level of attention to the «problematic» patient<sup>27</sup>.

It is not permissible for a doctor to express his moral judgments towards the patient. The only solution to this problem is the doctor's tolerance and restraint, which are the basis of professionalism. It is important for the doctor to immediately notice this feeling of hostility, because otherwise it will not be possible to control base instincts that can harm the professional activity of the clinician.

24 Sokol D. *Tough Choices: Stories from the front line of medical ethics*. Book Guild Publishing Ltd, 2018. 304 p. P. 26.

25 *Ibid.* P. 14.

26 *Ibid.* P. 15.

27 *Ibid.* P. 27.



## **Philosophy in the system of higher medical education as a basis for forming the integrity of a good doctor.**

The material presented above indicates that the purpose of medicine is to ensure the vital activity of a person in society, as a socially and fully valued individual. This goal is realized through the construction of certain methods of interaction of specialists who acquire certain skills through training as part of teams of doctors which, in turn, exist as part of the entire culture, that is, medicine acts as a socio-cultural institution.

Social institutions can be characterized as a system of oriented standards of behaviour of certain groups of people in a certain situation, a social institution arises in the process of consolidating relations aimed at meeting needs, which are based on the formation of a fixed system of roles and statuses. These roles and statuses determine the rules of behaviour within certain social relations.

Society's attitude towards doctors in each historical era shaped the doctor's worldview and value system, determined the requirements for a medical specialist and the specifics of medical science itself. Until the beginning of the 19th century, medicine was a social institution of traditional society, where doctors were representatives of a closed professional group, having their own specialized language and privileges. From the second half of the 19th century, medicine turned into a state institution, which, in addition to providing assistance to specific patients, is entrusted with the care of public health care. Medical culture was formed, which is an analogue of social culture.

Medical culture is a set of socially important values, knowledge, norms and rules for maintaining and continuing life activities and treating diseases, passed down from generation to generation. Thanks to the transfer of medical culture, a person learns the formed ideas about behaviour during illness. Medical culture informs a person about what to expect, how to behave in order to be accepted and approved by others.

Medicine uses the achievements of various scientific disciplines about human in solving the issue of preserving and strengthening health. First of all, medicine is permeated with philosophy. Philosophy contributes to the development of scientific outlook and ethical potential of the doctor. Without philosophy, the image of medicine as a field of universal human culture fades noticeably.

Modern philosophy is necessary for the medical community to adequately reflect its object of knowledge – human health and illness. Both medicine and philosophy benefit from this union: medicine receives correct worldview and methodological guidelines, and philosophy, in turn, receives knowledge about the

normal and pathological life activity of the body. In medicine, under the influence of philosophical ideas, the principle of understanding the value of the human personality, physical and spiritual being was developed.

Modern medicine emphasizes the importance of medical philosophy in the medical practice of modern medical workers. There is a lot of medical knowledge that is necessary in medical practice; however, how this knowledge is interpreted and applied is no less important. Practicing evidence-based medicine is both a practical and a philosophical decision. Because science without methodology is simply not possible<sup>28</sup>.

A doctor is like a philosopher, because one needs to constantly work on oneself. A doctor must discover and develop moral values, be able not only to obey traditional ethical norms and principles, but also to independently evaluate their meaning and develop a strategy of professional and ethical actions for himself. Hippocrates, addressing his students, said: «Where there is love from humanity, there must also be love from medicine», and «doctors, therefore, must have all the noble qualities of outstanding philosophers: altruism, kindness and modesty»<sup>29</sup>. No legal sanctions will ever replace the special moral qualities of a doctor.

Modern doctors should be not only humanists, but also humanitarians. Humanism makes it possible to form unique qualities in doctors - mentality, self-sacrifice in the fight for people's lives. Humanitarian knowledge is of great importance for the formation of the worldview of doctors. The humanitarian component of the doctor's worldview contributes to the awareness of one's own social status, allows the formation of ideals of a person, which are related to the nature and existence of the surrounding world.

A similar discourse of dialogue between philosophy and medicine is presented by our domestic researchers in the field of philosophy of medicine. Professor Utiuzh I., Associate Professor Spytzia N. in their article «Constructive side of socio-humanities in medical education: a view from the future» clearly state that «the social and human sciences and, directly, philosophy act as a certain methodological regulation for modern science and education. This speaks of the vital need to preserve and strengthen the role of socio-humanitarian studies in the educational space, as the only possible tool for the formation of critical thinking, ideals, norms of the culture of thinking of a modern scientist and specialist»<sup>30</sup>.

28 Chrousos G. P., Mamas I. N., Spandidos D. A. The role of philosophy in medical practice: веб-сайт. URL: <https://www.spandidos-publications.com/10.3892/etm.2019.7944#> (05.01.23)

29 Zheng-Xing He, Jing-He Lang. Our Thoughts on Medicine and Philosophy: Chinese Medical Journal. 2017. 130 (3) URL: <https://www.ncbi.nlm.nih.gov/pmc/articles/PMC5308004/> (15.01.23)

30 Утюж І., Спиця Н. Конструктивна сторона соціогуманітаристики в медичній освіті: погляд із майбутнього. Гуманітарні виміри сучасної медичної освіти: колективна монографія / відп. ред. Москвітїна Д. Запоріжжя: ЗДМУ, 2020. 172 с.

Everyone who now makes up the golden foundation of the history of medicine followed the path outlined by Hippocrates: «A doctor is a philosopher; for there is no great difference between wisdom and medicine.» When a person gets closer to the secrets of his/her nature, when he/she penetrates deeply into the understanding of human physicality, he/she can no longer stop at this point, but seeks to understand what a Man is in general. That is why interest in philosophy arises, the question arises and requires answers: What is human consciousness? How dependent are we on our biological being? Is it possible to create artificial intelligence? How is society formed? And many other issues that at first glance are not related to medicine and treatment. In today's pragmatic world, when the majority strives for simplification and reduction of life (so as not to complicate the already complex and fleeting), it is difficult to explain the importance of philosophy to a person entering a medical university. Why? After all, it does not teach how to diagnose a disease, operate, and apply stitches.

However, philosophy provides knowledge of the moral and ethical guidelines of life in society. And then we clearly understand that everyday practical medicine cannot exist without moral and ethical norms of behaviour, which are indispensable for solving various situations that arise in the professional activity of clinicians.

The most ancient program of medical moral and ethical norms is the Hippocratic Oath. The Hippocratic Oath has retained its philosophical meaning and moral and ethical value to the present time. It is a code of general requirements for all doctors, it is a moral law that guides doctors throughout the history of medicine.

The Hippocratic Oath is based on 3 ethical guidelines:

1. The moral character of a doctor extends not only to his/her professional activity, but also to his/her private and public life.
2. The professional activity of a doctor should not be determined by material factors: both rich and poor patients should receive the same medical care.
3. The doctor is prohibited from taking actions that would threaten the patient's life.

Another program of the principles of medical ethics is the works of Paracelsus, in which the principle «do good» was approved. In the framework of which the doctor must not only do no harm, but must also carry out a positive action in relation to the patient.

Gradually, medical deontology was formed, today it teaches doctors to comply with their civil duty, not only to an individual patient, but also to society as a whole.

The medical practice of the second half of the 20th century gives rise to a new way of thinking, which replaces traditional deontology and takes into account not only the duty of the doctor, but also the rights and freedom of the patient.

Bioethics appeals to the doctor's conscience in solving moral and ethical problems. It has no boundaries that would clearly separate what is allowed and what is not. Doctors use their knowledge and experience not only to treat patients, they must analyse the consequences of their professional activity, relying on the mentality of the patient, as well as cultural and religious values of society.

Under the influence of philosophical and bioethical programs, historical models of medical ethics were reconstructed. The Hippocratic principle of medical ethics «do no harm» was interpreted: human well-being consists not only of physical, but also spiritual, moral and social health. The principle of medical ethics of Paracelsus «do good» is not considered unconditionally, because in many cases it is necessary to cause harm for the sake of the greater good (for example, the use of radiation therapy during the treatment of oncological diseases, or conicotomy during emergency care due to airway obstruction).

Very few people, especially those outside of medicine, know about William Osler (1849-1919). Most doctors know this name because of Osler's nodules, small thickenings that occur in infective endocarditis. W. Osler wrote hundreds of essays on educational and philosophical topics about practical medicine. One of Osler's most famous essays «Aequanimitas» is a speech in 1889 to young doctors at the Pennsylvania Medical School<sup>31</sup>. William Osler calls for consideration of two elements that will help to form the professional competence of the clinician:

The first element is equanimity, i.e. «restraint before any storm, clarity of judgment at the moment of danger» (and here, for sure, one can agree that, for example, knowledge of Stoic philosophy helps to temper one's future professional character).

The second element is tolerance, respect for people. These elements are the main ones for the doctor in his/her professional activity. Restraint and tolerance are very important in order to calm frightened patients and give them faith in the best. Such qualities can be obtained by a doctor with experience and deep knowledge of medical science. Experience alone does not have much value.

Psychologist Anders Eriksson, exploring the psychological nature of experience and human activity in his book, said that he «could not find any evidence that proves that experience does not provide any advantages, except that it helps to

31 Sokol D. Tough Choices: Stories from the front line of medical ethics. Book Guild Publishing Ltd, 2018. 304 p. P. 68.

respond carefully to responses and adjust one's behaviour.» Therefore, experience should always be analysed and reinforced with one's own knowledge<sup>32</sup>. Most of all, medical students have a fear of not remembering all the facts they need to know in order not only to pass the exam, but also to become experienced practicing physicians. A certain set of knowledge gives students a sense of responsibility, self-confidence and forms professional self-awareness<sup>33</sup>.

So what is a good doctor in the modern world and how can you contribute to its formation? Have society's needs for a good doctor changed from ancient times to the present, and are the ideas popularized by thinkers and doctors of the past still relevant?

Most likely, against the background of active processes of mechanization and monetization of medicine, we still observe the stability of the most important thing – human nature itself is preserved. No matter how people change their environment and living conditions, their desire for kindness, care and acceptance by others remains just as strong. And that is why the doctor, who by his/her professional direction is called to protect human health, should automatically broadcast in his/her professional activity the same virtues that have been valuable since ancient times in order to meet the needs of his/her patients. I. Utiuzh and N. Spysia in their article dedicated to M.I. Pyrogov indicate that «Mykola Ivanovych considered human intuition, emotional, aesthetic experiences to be no less significant for a person than intellect»<sup>34</sup> and in fact, the tendency of a person to return from pragmatism to humanistic values is gaining strength, such as the fact that earlier the so-called IQ (intelligence quotient) prevailed during the monitoring of important indicators of workers, but now more and more attention is paid to the emotional intelligence EI of employees.

Medical education, aimed at forming a good doctor, must continue to transform, supporting in its transformations, above all, a humanistic component. Choosing to become a doctor is a serious commitment: years of dedicated study and clinical training are required. One of the key factors of a doctor's success are developed «soft skills» – qualities, habits and attitudes that make a person a versatile professional. Content marketing and communications specialist Alisha Shibley lists 10 important soft skills specifically for doctors:

32 Sokol D. Tough Choices: Stories from the front line of medical ethics. Book Guild Publishing Ltd, 2018. 304 p. P. 70.

33 Bishop R., Clare H. Surgeon carved his initials on the LIVERS of two transplant patients in first assault case of its kind: веб-сайт. URL: <https://www.mirror.co.uk/news/uk-news/respected-surgeon-carved-initials-transplant-11689381> (17.01.23)

34 Утюж І., Спиця Н. Екзистенціальна філософія М. І. Пирогова: неінституційний підхід. Українознавство в персоналіях – у системі вищої медичної освіти: Монографія: Кн.3. / За заг. ред. д-ра філол. н., проф., акад. Качкана В.А. Івано-Франківськ, 2019. С. 310–315.

1. Leadership – as the need to skilfully interact with others and take responsibility.

2. Clear communication: being able to communicate effectively with your patients, explain in an accessible language about the disease, prognosis, treatment process, pay attention to your body language, be open with the patient and colleagues.

3. Sympathy. The ability to understand what others are feeling is the most important skill for doctors. Spending more time listening to people's concerns can go a long way in gaining their trust and developing long-term relationships.

4. Stress management – being able to overcome the pressure of the surrounding world. Knowing when to take a break as soon as the situation gets out of control. Taking care of your own health is the first step to taking care of the health of others. For a doctor, you need to be able to: admit that there are things that are beyond your control, eat well regularly, exercise, manage your time effectively, and find hobbies outside of work.

5. Work ethic – punctuality, professionalism, positive attitude, time management and much more.

6. Humility – realizing that you may not know something or that mistakes have been made, is a much better approach than uncertainly moving forward.

7. Attention to detail. This soft skill becomes more important in fast-paced situations, such as the emergency department, where constant activity and distractions can make it difficult to focus on the task at hand.

8. Confidence in one's own abilities – feeling confident in one's own skills and expressing this confidence in one's own work.

9. Receptive attitude – you can handle criticism and change your tactics if necessary. Medical science is constantly developing, and even the best doctors may have knowledge gaps in the field of new technologies and procedures. You need to learn to set aside time for acquiring new knowledge.

10. Positive prognosis. Busy work, frequent meetings with patients can prevent you from constantly maintaining a sunny mood. Often harsh realities tire even the strongest doctors. This is why taking a break and making a conscious effort to be positive can go a long way in managing stress.

Therefore, these qualities need to be popularized in the professional circle of doctors and brought up in the implementation of educational programs for the training of future doctors in higher education institutions.

Michel Foucault called medicine the elder sister of the humanities, because the most important thing for both medicine and philosophy is Human. And a good doctor is one who preserves the life and health of a person and he/she

cannot be far from understanding what a Human is. Everyone who we can call a good doctor in the history of medicine is a person who treated other people with great respect and piety, admired the greatest mystery of nature – Human.

In general, the most important aspect of an optimal relationship between a patient and a doctor should be based on the principle of integrity. The doctor must understand and feel his/her patient as an integrity that is lost at the time of illness and strives for recovery. If there is a physical problem, then there is also a problem of the mental level – a sick person tries to heal the body and find the lost peace of mind, thereby reviving his/her natural vitality – integrity.

In the educational programs of medical universities, there is no such separate discipline that would teach future doctors to reproduce the integrity of their sick patients. A good doctor intuitively finds a way to understand the problem of integrity and the problem of searching for the integrity of a sick person together with the patient. And in the course of this search, he/she automatically finds his/her personal integrity, which is impossible without self-realization.

That is why, in fact, medicine is so close to philosophy – both have been studying the interaction of everything with everything since ancient times, exploring the world from the standpoint of mutual influence, interpenetration, proliferation of knowledge, which precisely in their interaction forms the understanding of health and illness.

Medicine at the beginning of the 21st century made a transition from a classical worldview to an integral one, forming at the same time a new metaphysical foundation in the form of a holistic worldview: it approaches the formation of a holistic view of human existence, its health, which implies an inseparable unity of body and spirit. This circumstance led to the emergence of new paradigms in medicine: integral, mental and personalized medicine. And all these changes should be reflected in the implementation of medical education to train a truly good doctor of the modern world, who preserves the best achievements of humanity in the field of medicine and philosophy from ancient times, knows how to transform oneself along with the fast-moving modernity, and stands guard over the integrity of Human.

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