

BIOMEDICINE DEVELOPMENT AND ESSENTIAL TASKS OF BIOETHICS IN MODERN SOCIETY

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ABSTRACT: The article answered the question of what bioethical dilemmas are caused by the latest discoveries of today's biomedicine. Also, in the current situation where modern biomedical technologies create unprecedented problems of human existence, the conflicting and difficult aspects of ethical dilemmas faced by doctors and society were studied, and the essence of ancient philosophical and medical problems such as life and death, the fate of the patient, were researched and analyzed using a bioethical approach.

KEYWORDS: bioethics; practical ethics; life; death; zygote; fetus; surrogate motherhood; gene diagnostics; brain death; euthanasia.

АННОТАЦИЯ: В статье дается ответ на вопрос, какие биоэтические дилеммы ставят сегодня последние открытия в биомедицине. В нем также исследуются противоречивые и сложные аспекты этических дилемм, с которыми сталкиваются врачи и общество в текущем контексте современных биомедицинских технологий, а также исследуются и анализируются философские и медицинские проблемы, такие как жизнь и смерть, судьба пациента сквозь призму биоэтического подхода.

КЛЮЧЕВЫЕ СЛОВА: биоэтика; практическая этика; жизнь; смерть; зиготы; homila; сурrogатное материнство; генная диагностика; смерть мозга; эвтаназия.

INTRODUCTION.

Bioethics, as one of the fields of applied ethics, is a field of philosophical and scientific research that combines interdisciplinary knowledge, and its task is to understand, discuss and solve problematic situations occurring in modern medicine. Bioethics is a science that aims to solve moral dilemmas that arise as "difficult situations of humanity"[1]. The issues and problems that he researches and analyzes are related to the two poles of the essence of human existence - human life and death, and the problems that arise due to the ever-expanding scope of modern medicine, and he puts forward various and diverse problems:

- obtaining informed consent and ensuring the rights of patients (including children and mentally ill patients, i.e. persons with total or partial incapacity);
- concealing the truth from the patient in cases of diagnosis and causing stigmatization (for example, "schizophrenia" or in the case of a poor prognosis of the disease outcome, for example, "cancer");
- disclosure of medical secrets in cases where it is against the interests of the patient or other interested parties;
- artificial abortion;
- use of fetal (embryonic) tissues;
- use of modern methods of contraception (including sterilization);
- the use of various methods of artificial insemination, including "surrogate motherhood" (including what if the "customers" are homosexual couples?);
- transsexualism and gender reassignment through surgery;
- conducting human cloning experiments;
- use of gene diagnostics and gene therapy;
- a new definition of death based on the diagnosis of "brain death";
- euthanasia (active or passive, voluntary or compulsory, straight or crooked);
- assisting suicide;
- attitude to death (hospices, palliative medicine departments);
- medical experiments on humans (including children and mental patients, i.e. in persons with complete or partial incompetence);
- conducting experiments on animals;
- immunoprophylaxis of infectious diseases (vaccination);
- Providing medical care to patients with HIV and AIDS;
- transplantology, organ or tissue transplantation;

- provision of psychiatric care, especially compulsory treatment;
- Analyzes and explores conflicting aspects of justice and other issues in health care.

ANALYSIS OF THE LITERATURE ON THE SUBJECT

In philosophical literature, these problematic situations are called moral dilemmas, open problems, and are also described by the term life aporias. In order to emphasize the moral antinomy of such problematic situations, bioethics focuses on finding solutions to existential problems, such as "on the edge of life and death", moral dilemmas[2].

Many bioethical problems are already fraught with dramatic complications for this very reason, when society first encounters them, such as the possibility of transplanting hearts, livers and other organs, the practice of "surrogate motherhood", human cloning experiments, and so on. nor doctors nor had society as a whole had such a moral experience. Even in the most difficult situations that occur in routine clinical practice, the doctor is faced with an ethical choice - for example, should an operation be carried out at high risk to the patient's life? - is difficult to make a decision, but in such a case, the optimal decision-making algorithm developed over the centuries has been developed, for example, he can take the advice of the council. Not only the individual doctor, in the context of a bioethical problem, "there is a choice before the whole of humanity." Bioethics defines the boundary between good and evil for the problematic situations listed above.

The phenomenon of bioethics arose primarily as a result of modern scientific and technological progress in medicine. What are the characteristics of recent advances in modern biomedicine that have become bioethical dilemmas? Until now, neither narcosis, nor the discovery of antiseptics and aseptics (the greatest achievements of scientific medicine of the 19th century) have not given rise to a new medical ethics [3]. The truth is that modern medicine has created completely new, unprecedented conflicting situations in human life. Historically, the first bioethical dilemma appeared with the emergence of resuscitation, intensive care, and above all, with the creation of modern technologies of resuscitation with the help of artificial lung ventilation. As mentioned above, for the first time in medicine, the clinical condition of brain death was described in 1959, and the scientific research conducted at the pathophysiological and pathomorphological level developed reliable diagnostic criteria for this condition until the end of the 60s.

Brain death is a condition in a patient on mechanical ventilation in which all brain functions, including cerebrovascular function, are irreversible, even if the patient's heart is beating. We are referring to the condition of a patient who has completely lost not only the activity of the mind, but also any reactions of the psyche in general (for example, the emergence of a feeling of pain to some impact) and even simple reflexes such as independent breathing.

While this condition lasted for several days (in rare cases a week and in rare cases two weeks or more), after solving the main clinical problem (diagnosis), new questions appeared before doctors and society in general: after a reliable diagnosis, can resuscitation measures be stopped? The patient in this clinical situation faced ethical, legal, philosophical, and sometimes religious issues, such as whether he is alive or already dead?... [4].

THEORY AND PRACTICE.

The ethical dilemma related to the problem of brain death appeared within the framework of bioethics, the question of the end of human life. However, even more complex and conflicting issues and ethical dilemmas arose at the very beginning of human life. In the mid-1970s, modern methods of artificial insemination were created, and the first baby using "in vitro" was born in 1978 in England. The most important aspect of this technology is that since the first day of life of the human embryo, laboratory research has been conducted on it, and now a number of more complex ontological, religious, ethical and legal questions have appeared. The reason we say "again" is that this question (whether an embryo is human or merely a potential human being) is at the heart of the centuries-old moral debate over whether abortion can be performed[5].

Like a patient diagnosed with brain death, from the zygote stage the embryo status is defined from a rational-scientific point of view as a "living person", "just a person" with important characteristics, but at the same time, it is defined by the absence of other important characteristics.

According to the information of modern clinical medicine, with the death of the brain, not only the patient's mind dies, but also dies as a social person, and even his independent breathing is not restored, for example, now he loses the integrity of the physiological functioning of his body as an individual (the Latin word *individuum* means inseparable, individual).

Indeed, the zygote (also morula, that is, the embryo of the first day of life) is just a cell (cells), but it contains the genetic program for the future biological person. The beginning of the division of the zygote is a very important fact, but from the point of view of the existence of the future person, the result of cell division in this event, this conglomerate of cells cannot yet be called a person, because we cannot say that it is an individual (indivisible). With this in mind, modern embryology calls the initial stage of human development (up to day 14) the "proembryo". Therefore, there is a possibility to choose the sex during the artificial "in vitro" fertilization process. One blastomere (one morula cell) can be taken without harming other blastomeres (because later the organism-individual develops from it) and the sex of the unborn child can be determined from one cell of the fetus. [6] But is such a practice morally permissible (this is also a new ethical dilemma!)?

Thus, if we study the stages of embryo formation, that is, the details of the embryogenesis process, for example, in it, the independent heartbeat, the formation of brain structures, the emergence of an independent reaction to external influences, etc., we will be sure that rational scientific views are limited in principle in the study of the issue. It is impossible to identify the signs of "just a person".

The question of what bioethical dilemmas the recent discoveries of modern biomedicine are creating can finally be answered. Modern biomedical technologies have discovered unprecedented conditions of human existence: in the case of brain death, a person is "half-alive", but "half-dead", an embryo (before the 8th week) or a fetus (from the 8th week) - in a sense, "already a person", but in another sense, "not yet human"[7]. The conflicting and difficult nature of ethical dilemmas faced by doctors and society is that they range from the question of the fate of the brain-dead patient to the "hot passions" in discussing the issue of whether or not to allow abortion.

Medicine has accepted life and death as a natural state in the "pre-bioethics era". During the development of modern biomedicine, life and death began to be distinguished by new features. The clinical state of brain death is not only a state of clinical death in which a person can be brought back to life, but also a state of biological death in which the body's respiration, heart rate, and chemical decomposition processes increase. If a patient diagnosed with brain death is recognized as dead, then this is considered a completely new type of death.

First, the boundaries between life and death are blurred in this matter. Secondly, now life and death conditions have become not a "natural" state, but an artifact (brain death is an iatrogenic state, and this clinical death state of the patient cannot be outside the modern intensive care unit). Third, the assessment of this new state of human existence depends on the social context. For example, before 1985, patients diagnosed with brain death were considered alive, but since 1985, all such patients are considered dead [8]. In addition, there are conflicting aspects in this matter related to the age of the patient in different countries.

Thus, if a new concept of death such as brain death is accepted, it is also recognized that death has a new meaning and a new appearance. This is the ontological aspect of the problem of brain death. Now if we analyze the state of death epistemologically, since the state of death here ceases to be an observable evidence, it is also wrong to recognize a person as dead (perhaps he is not yet dead?!). The incredible complexity of the problem of brain death leads to debates in modern philosophy about the nature of scientific knowledge. And finally, how to guarantee the exclusion of medical errors and especially professional abuses in making such a diagnosis? - the most difficult question arises.

It should be noted that such a diagnosis cannot be regarded simply as a routine clinical practice. Therefore, every case of brain death must be examined and professional standards must be strictly observed (ethical committees should solve such problems, unfortunately, due to the lack of bioethical knowledge, the activity of ethical committees in Uzbekistan is very weak...).

CONCLUSION

Similar approaches have been developed for other bioethical dilemmas. For example, involuntary hospitalization of seriously mentally ill patients is not a common clinical practice. According to the Law "On Psychiatric Care and Guarantees of Citizens' Rights in Providing it", each such case is first investigated by the responsible commission of doctors of a psychiatric hospital, and then considered in court within the terms established by the law.

From this we can draw such an important conclusion that the tasks of bioethics are increasingly relevant in the modern society where medicine is developing. Faced with such a situation, the existence of a person becomes an artifact under certain conditions, under the influence of medicalization, when the border between life and death is "blurred". In such cases, the health care professional is faced with an ethical choice, and, in turn, needs bioethical counseling and education as necessary to resolve the conflicting issue. Of course, bioethical education is especially important for professionals (doctors, biologists, philosophers, lawyers, etc.) [9]. However, we believe that learning and mastering the basics of bioethics must become a necessary part of medical education.

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