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IMPLEMENTATION OF THE BIOETHICS PRINCIPLES IN PALLIATIVE MEDICINE

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Diseases throughout the entire period of human evolution have been characteristic features of its existence which led to the creation such field as medicine relevant to strictly obligatory attribute for the development of society. Diseases accompanied with common symptoms that can be addressed include suffering, pain, fatigue, losses of physical function. Emotional and mental components of illness: feeling of being punished, anger, poor self-esteem, feeling of helplessness, hopelessness, sadness, dread, confused thinking and even deterioration of cognitive ability. Illness is not so much a biomedical and psychological matter and as it is a social one and associated with economic burden, years lost due to disability, limitation of security, the cultural norms and values, familial life-style. Despite on the technological developments in biomedical and life sciences there are life-limiting incurable illness with death outcomes. By 2060, the burden of serious healthrelated suffering is expected to increase almost twofold, most rapidly in low-income countries [1].

The aim of the doctors of modern medicine is merely to delay the time of death. According to anonymous physician 16th century the tasks of medicine “...to cure sometimes, to relieve often, to comfort always”. If we back to history may consider that medicine is determined not only by scientific achievement but the formation of novel discipline - palliative care triggered by a response to ethical norm because the vector of doctor directed to patients with their suffer, distress. The World Health Organization (WHO) initially defined palliative care in 1990: “Palliative care is an approach that improves the quality of life of patients and their families facing the problem associated with life-threatening illness, through the prevention and relief of suffering by means of early identification and impeccable assessment and treatment of pain and other problems, physical, psychosocial and spiritual” [2]. WHO Definition of Palliative Care was subsequently updated in 2002. This definition remains unchanged later and the model of palliative care was integrated into the traditional medical national person-centred healthcare systems. Palliative care is provided to the patients with advanced oncology and incurable hemato-oncology, geriatric persons

with cognitive disorders and late stages of illness at the end of life [3]. HIV/AIDS in particular, carries with it the social stigmatization that complicates mental health and threatens life-sustaining activities. Caregivers also can provide resources to help patients and families deal with the emotions depression, anxiety and fear that more pronounced under a dangerous diagnosis thus the central component of sick human being is ethical medical outlook. Older traditions in medical ethics emerged in a specific social context of bioethics. T. Beauchamp and J. Childress proposed such principles of biomedical ethics: autonomy, beneficence, nonmaleficence, confidentiality, justice, informed consent [4]. Autonomy derives from a respect for persons, means self-determination of patient, which is the freedom to act independently. Individual actions are directed toward goals that are exclusively one's own. An obligation of nonmaleficence and obligation of beneficence are both expressed in the Hippocrate oath: «I will use treatment to help the sick according to my ability and judgment, but I will never use it to injure or wrong them». Principle of beneficence: a moral obligation to act for the benefit of others, protect and defend rights of others, help persons with disabilities, rescue persons in danger. Nonmaleficence means first do no harm. One of the core duties of medical practice is confidentiality, which provides the foundation for the physician-patient relationship. Confidentiality should be maintained such that the physician may not communicate information regarding the examination to a third party without the individual's prior written consent, unless required by law. Justice is obligatory for distribution of scarce resources, respect for individual rights. Informed consent is a process that should occur throughout the relationship between clinician and patient. Consent is implied when the patient indicates a willingness to undergo a certain procedure or treatment by his or her behavior. Day-to-day caring the palliative patient medical ethics service emphasizes physical, social, spiritual, legal aspects by interdisciplinary team. Nonmaleficence and obligation of beneficence are realized in aggressive measures for reducing and control distressing symptoms, its intensity, relief of suffering due to the pain. The physician's duty to maintain confidentiality related to patients whose are entering the last phase of life extends from the accepted code of professional ethics. The notion of informed consent is grounded in the ethical principles of patient autonomy and respect for persons [5]. Thus, implementation of the bioethics principles in palliative local, national, international services facilitates the high level of current clinical practice and improves the quality of life of patients with seriously illness.

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