



**МІНІСТЕРСТВО ОХОРОНИ ЗДОРОВ'Я УКРАЇНИ  
ХАРКІВСЬКИЙ НАЦІОНАЛЬНИЙ МЕДИЧНИЙ  
УНІВЕРСИТЕТ**

**Кафедра пропедевтики внутрішньої медицини №1, основ  
біоетики та біобезпеки**

**МАТЕРІАЛИ НАУКОВО-ПРАКТИЧНОЇ КОНФЕРЕНЦІЇ**

**«БІОЕТИКА ТА БІОБЕЗПЕКА  
НА СУЧАСНОМУ ЕТАПІ РОЗВИТКУ  
СУСПІЛЬСТВА»**

22 жовтня 2014 року, м. Харків

Сорокина И.В., Марковский В.Д., Рускова Е.В., Мирошниченко М.С., Плитень О.Н.....	110
Медико-этические и правовые аспекты трансплантологии. Донорство - правовые, биоэтические, научные и теологические взгляды на проблему	
Сулейманов Р.Л., Ахундов Ф.Ф.....	111
Некоторые аспекты использования животных в экспериментах Сытина И.В.....	114
Биоэтика - порождение цивилизации Толстова Т.Н.....	116
Экстракорпоральное оплодотворение. Морально-этические проблемы	
Третьяк Н.А., Болокадзе Е.А.....	117
Принципи біоетики у ветеринарній медицині Фотіна Т.І., Дворська Ю.Е., Фотіна Г.А.....	118
Современные этические проблемы педиатрии	
Фролова Т.В., Охупкина О.В., Терещенкова И.И., Стенковая Н.Ф.....	120
Клиническая биоэтика и качество жизни – достижения и перспективы	
Чернякова А.Е., Каушмян Д.В.....	122
Проблемы биобезопасности в лечебно-профилактических учреждениях в условиях угрозы заноса особо опасных инфекций Чумаченко Т.А., Романенко Т.А., Романенко Р.Н.....	124
Биоэтика як важливий компонент медичної освіти.	
Шелест Б.О., Архіпкіна О.Л., Меленевич А. Я., Коваль В. І.....	127
Біоетичні принципи організації партнерських пологів і особливості взаємодії медичного персоналу та подружньої пари Щербина І.М.....	128
Біоетичні аспекти репродукції людини Щербина М.О., Ліпко О.П.....	130
Біоетика як аспект удосконалення якості підготовки майбутніх лікарів	
Щербина М.О., Мерцалова О.В.....	131
Етичні проблеми надання допомоги вагітним з захворюваннями серцево-судинної системи	
Щербина М.О., Потапова Л.В.....	132
Artificial fertilization Ali Kassem Harb, Rasha Harroubi, Honchar O,.....	133
Understanding «bioethics» as a branch of medical science Ankita Sahu, Pytetska N,.....	134
Principal topics in medical ethics Ashcheulova T., Clio Francis.....	135
Genetic research is having been moving toward the goal of being able to change DNA	
Ashcheulova T, Demydenko G, Olajide Tinuola Oreoluwa.....	138
Professional ethics, medical ethics, bioethics, clinical ethics Ashcheulova T, Eke Isaiah Ogba.....	139
Problem of organ transplantation in Lebanon Bilal Ghazal, Hicham Gazal, Honchar O,.....	140
Genetic engineering against diseases: ethical concerns Demydenko G, Ashcheulova T, Sultan M,.....	141
Transgenics: ethical concerns Demydenko G, Udoh Andikan Effiong.....	142
Bioethics and policy – a history Komal Partap Singh, Shavnam Kumari, Honchar O,.....	143
Ethical aspects and history of evidence-based medicine	
Majida Sameja, Kennedy Enem, Honchar O,.....	145
Genetic engineering and transgenic combinations: xenotransplantation	
Myasoedov V, Kovalyova O, Ashcheulova T, Demydenko G,.....	147
Role of family in medical decision making Pooja Praharaj, Pytetska N,.....	148
Scientific progress and its role in establishment of bioethics Pytetska N,.....	149
Some aspects of dental care for patients practicing Islam Ryabokon E, Garmash O, Paliy E,.....	150
Bioethical problems in the use of laboratory animals for medical experiments in Nigeria	
Udodi Onwujekwe, Gerasimenko O,.....	151
Біоетичні аспекти спілкування із матерями, що народили недоношену дитину: шляхи подолання соціальної стигматизації Завгородня Н.І.....	153
Опыт организации подготовки персонала микробиологических лабораторий в украинском тренинговом центре по биобезопасности и биозащите при работе с возбудителями особо опасных инфекций Пушкина В.А., Семишев В.И., Твезезовская И.И.....	154
Риск эпидемического распространения вакциноконтролируемых инфекций в условиях украинского кризиса как угроза биобезопасности Чумаченко Т.А., Тонкошкур Т.И.,	

that could illuminate streets and pathways, thereby saving energy and reducing our dependence upon limited energy resources; however, the public release of such plants has sparked a heated debate centered around potential environmental impacts of introducing highly genetically engineered plants into natural ecosystems. BioSteel® is a high strength, resilient silk product created by inserting the genes from a silk-spinning spider into the genome of a goat's egg prior to fertilization. When the transgenic female goats mature, they produce milk containing the protein from which spider silk is made. The fiber artificially created from this silk protein has several potentially valuable uses, such as making lightweight, strong, yet supple bulletproof vests. Other industrial and medical applications include stronger automotive and aerospace components, stronger and more biodegradable sutures, and bioshields, which can protect military personnel and first responders from chemical threats such as sarin gas. Concerns: What, if any, health risks are associated with transgenics and genetically modified foods?; Are there long-term effects on the environment when transgenic or genetically modified organisms are released in the field?; Should research be limited and, if so, how should the limits be decided? How should the limits be enforced nationally and internationally?

**Bioethics and policy – a history**  
**Komal Partap Singh, Shavnam Kumari, Honchar O, Assist.**  
**Kharkiv National Medical University, Kharkiv**

The word «ethics» makes many people nervous. It can connote religious or ideological dogmatism, with hard-nose rules about right and wrong. Or it can mean an endless quest to determine just what is right or wrong—a quest uselessly mired in 2,500 years of disagreement. Yet whatever one perceives ethics to be, it is impossible to escape dealing with it. We have to ask how best to direct our personal lives, how best to live with other people, and how best to organize and manage our society. For Aristotle, ethics was a branch of politics, and politics needs to be rooted in some notion of the common good and the need to develop assorted laws, policies, and other means to regulate society.

It has been said that, in stable times, one hardly has to think of ethics at all. Rules for living our private lives and living together with others are settled and taken for granted. A worry about ethics typically emerges when serious political, scientific, and cultural changes are afoot. That was exactly the case with the emergence of bioethics. Prior to the 1960s, medical ethics was mainly in the hands of physicians. It had scarcely changed from the ancient Hippocratic tradition and focused almost exclusively on the welfare of patients and medical professionalism.

By the 1960s, however, a wide range of new ethical problems came rushing into view, all of them driven by spectacular advances in medicine and biology.

The old medical ethics could not contain their scope and variety: new genetic knowledge, contraception and safe abortion, organ transplantation, a new definition of death, sophisticated ways to keep people alive (often too long), the first signs of anxiety about health care costs, and a more educated public that was less willing to accept «doctor knows best» physician paternalism. The issues were moving well beyond the boundaries of the old medical ethics, and the word bioethics was coined to capture that rich complexity.

From the first it was understood that bioethics had to cast a wide net, moving from the most intimate doctor-patient encounters at the bedside to the most public kinds of decisions on the provision of health care. Good ethics in that context meant working at both ends of a spectrum: a serious grappling with basic issues of human nature, rights, and dignity—where should medicine be taking us?—and dealing with the most practical of policy matters. The latter meant the fashioning of regulations for the allocation of, say, scarce organs for transplantation, or determining appropriate rules for terminating treatment of a dying patient. It soon came to mean, as well, the fairest way of organizing a health care system and paying for ever more expensive medical care.

That attempt to work through the full spectrum of issues has had to cope with an understandable but troublesome tendency in our public discourse: the larger and more fundamental human questions that should be engaged are put aside, and the focus is mainly on those issues that lend themselves to some concrete legal or legislative outcomes acceptable in a pluralistic society. The cases the United States Supreme Court chooses to hear are illustrative of the problem. The Supreme Court reportedly tries hard to avoid taking on questions at the basic constitutional level, preferring that as many issues as possible be dealt with by lower courts. The Court has long understood that the more basic the issue, the more divisive it will be.

Something similar happens with public policy debates, which are not known for comfortably taking on deep problems of social philosophy. Bioethics is willing to engage in such debates. But it recognizes that, with policy issues, action is ordinarily what is desired, and of a very specific kind—such as rules to regulate human subject research. While bioethics must speak to that dimension, the historical uniqueness of so many of the pertinent issues do not allow for too sharp a distinction between the different philosophical and political levels of analysis. To establish good law for the definition of death, for example, it was necessary to ask some profound philosophical questions. What is it about a person that separates him from the living or the dead: his intact, working brain, or the functioning of all his major organs? Would it be for or against our notions of human dignity to allow life-saving organs be sold, or would it be likely that only the poor would be willing to sell them?

Bioethics can hardly solve those problems by itself. But because of the unique way it brings ethical and policy issues together, it has some special contributions to make. It asks questions and pursues solutions in ways different

from much policy analysis. It can touch our lives at their deepest points, when life and death issues must be confronted. It can no less touch us in our daily lives, working to keep us healthy in ethical ways, yet also knowing when the quest for health becomes disproportionate in comparison with other pressing national needs. Bioethics is about 40 years old. It still has much to learn and much to give.

**Ethical aspects and history of evidence-based medicine**  
**Majida Sameja, Kennedy Enem, Honchar O, Assist.**  
**Kharkiv National Medical University, Kharkiv**

Evidence-based medicine. Evidence-based medicine (EBM) emphasizes the use of evidence from well designed and conducted research in healthcare decision-making. The term was originally used to describe an approach to teaching the practice of medicine and improving decisions by individual physicians. Use of the term rapidly expanded to include a previously described approach that emphasized the use of evidence in the design of guidelines and policies that apply to populations («evidence-based practice policies»). It has subsequently spread to describe an approach to decision making that is used at virtually every level of the healthcare system.

Whether applied to medical education, decisions about individuals, guidelines and policies applied to populations, or administration of health services in general, evidence-based medicine advocates that to the greatest extent possible, decisions and policies should be based on evidence, not just the beliefs of practitioners, experts, or administrators. It promotes the use of formal, explicit methods to analyze evidence and make it available to decision makers. It promotes programs to teach the methods to medical students, practitioners, and policy makers.

History and ethical aspects. In its broadest form, evidence-based medicine is the application of the scientific method into healthcare decision-making. Medicine has a long tradition of both basic and clinical research that dates back at least to Avicenna. However until recently, the process by which research results were incorporated in medical decisions was highly subjective. Called "clinical judgment" and "the art of medicine", the traditional approach to making decisions about individual patients depended on having each individual physician determine what research evidence, if any, to consider, and how to merge that evidence with personal beliefs and other factors . In the case of decisions that applied to populations, the guidelines and policies would usually