



**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 полохів 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.,	

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

be developed by committees of experts, but there was no formal process for determining the extent to which research evidence should be considered or how it should be merged with the beliefs of the committee members. There was an implicit assumption that decision makers and policy makers would incorporate evidence in their thinking appropriately, based on their education, experience, and ongoing study of the applicable literature.

Beginning in the late 1960s, several flaws became apparent in the traditional approach to medical decision-making. Alvan Feinstein's publication of *Clinical Judgment* in 1967 focused attention on the role of clinical reasoning and identified biases that can affect it. In 1972, Archie Cochrane published *Effectiveness and Efficiency*, which described the lack of controlled trials supporting many practices that had previously been assumed to be effective. In 1973, John Wennberg began to document wide variations in how physicians practiced. Through the 1980s, David Eddy described errors in clinical reasoning and gaps in evidence. In the mid 1980s, Alvin Feinstein, David Sackett and others published textbooks on clinical epidemiology, which translated epidemiological methods to physician decision making.

Toward the end of the 1980s, a group at RAND showed that large proportions of procedures performed by physicians were considered inappropriate even by the standards of their own experts. These areas of research increased awareness of the weaknesses in medical decision making at the level of both individual patients and populations, and paved the way for the introduction of evidence based methods. The term «evidence-based medicine», as it is currently used, has two main tributaries. Chronologically, the first is the insistence on explicit evaluation of evidence of effectiveness when issuing clinical practice guidelines and other population-level policies. The second is the introduction of epidemiological methods into medical education and individual patient-level decision-making.

The term «evidence-based» was first used by David M. Eddy in the context of population-level policies such as clinical practice guidelines and insurance coverage of new technologies. The term «evidence-based medicine» was first used slightly later, in the context of medical education. This branch of evidence-based medicine has its roots in clinical epidemiology. In the autumn of 1990, Gordon Guyatt used it in an unpublished description of a program at McMaster University for prospective or new medical students. Guyatt and others first published the term two years later (1992) to describe a new approach to teaching the practice of medicine. In 1996, David Sackett and colleagues clarified the definition of this tributary of evidence-based medicine as «the conscientious, explicit and judicious use of current best evidence in making decisions about the care of individual patients. It means integrating individual clinical expertise with the best available external clinical evidence from systematic research». This branch of evidence-based medicine aims to make individual decision making more structured and objective by better reflecting the evidence from research.

It requires the application of population-based data to the care of an individual patient, while respecting the fact that practitioners have clinical expertise reflected in effective and efficient diagnosis and thoughtful identification and compassionate use of individual patients' predicaments, rights, and preferences.

This tributary of evidence-based medicine had its foundations in clinical epidemiology, a discipline that teaches medical students and physicians how to apply clinical and epidemiological research studies to their practices. The two original definitions highlight important differences in how evidence-based medicine is applied to populations versus individuals.

When designing policies such as guidelines that will be applied to large groups of people in settings where there is relatively little opportunity for modification by individual physicians, evidence-based policymaking stresses that there be good evidence documenting that the effectiveness of the test or treatment under consideration. In the setting of individual decision-making there is additional information about the individual patients. Practitioners can be given greater latitude in how they interpret research and combine it with their clinical judgment. The multiple tributaries of evidence based medicine share an emphasis on the importance of incorporating evidence from formal research in medical policies and decisions. However they differ on the extent to which they require good evidence of effectiveness before promulgating a guideline or payment policy, and they differ on the extent to which it is feasible to incorporate individual-level information in decisions.

Evidence-based guidelines may provide the basis for govern mentality in health care and consequently play a central role in the distant governance of contemporary health care systems.

**Genetic engineering and transgenic combinations: xenotransplantation**  
**Myasoedov V, Prof., Kovalyova O, Prof., Ashcheulova T, Prof.,**  
**Demydenko G, Assoc. Prof.**  
**Kharkiv National Medical University, Kharkiv**

Genetic engineering and transgenic combinations represent a significant aspect of current biotechnology research. Xenotransplantation may offer a potential solution to organ/tissue shortages for human recipients. Xenotransplantation, or the transplantation of living tissues or organs from one species to another, is often seen as a potential way to alleviate the shortage of human hearts and kidneys. Pigs have a similar physiology and organ size, making porcine (pig) organs ideal candidates for transplantation into human recipients. Researchers are also exploring the use of cell transplantation therapy for patients with spinal cord injury or Parkinson's disease. Genetic manipulation of stem cells now includes the growth of tissues on a scaffolding, or a 3-D