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**USING THE PRINCIPLES OF BIOETHICS IN MEDICINE**

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Bioethics: a field of study concerned with the ethics and philosophical implications of certain biological and medical procedures, technologies, and treatments, as organ transplants, genetic engineering, and care of the terminally ill.

Principles of Bioethics. Some of the early founders of bioethics put forth four principles which form this framework for moral reasoning. These four principles are: autonomy – one should respect the right of individuals to make their own decisions; nonmaleficence – one should avoid causing harm; beneficence – one should take positive steps to help others; justice – benefits and risks should be fairly distributed.

The term Bioethics (Greek bios, life; ethos, behavior) was coined in 1926 by Fritz Jahr, who "anticipated many of the arguments and discussions now current in biological research involving animals" in an article about the "bioethical imperative," as he called it, regarding the scientific use of animals and plants.[1] In 1970, the American biochemist Van Rensselaer Potter also used the term with a broader meaning including solidarity towards the biosphere, thus generating a "global ethics," a discipline representing a link between biology, ecology, medicine and human values in order to attain the survival of both human beings and other animal species.

Medical ethics is the study of moral values and judgments as they apply to medicine. As a scholarly discipline, medical ethics encompasses its practical application in clinical settings as well as work on its history, philosophy, theology, and sociology. Medical ethics tends to be understood narrowly as an applied professional ethics, whereas bioethics appears to have worked more expansive concerns, touching upon the philosophy of science and issues of biotechnology. Still, the two fields often overlap and the distinction is more a matter of style than professional consensus. Medical ethics shares many principles with other branches of healthcare ethics, such as nursing ethics. A bioethicist assists the health care and research community in examining moral issues involved in our understanding of life and death, and resolving ethical dilemmas in medicine and science.

The historical model for the physician-patient relationship involved patient dependence on the physician's professional authority. Believing that the patient would benefit from the physician's actions, a paternalistic model of care developed. Patient's preferences were generally not elicited, and were over-ridden if they conflicted with the physician’s convictions about appropriate care. During the second half of the twentieth century, the physician-patient relationship has evolved towards shared decision making. This model respects the patient as an autonomous agent with a right to hold views, to make choices, and to take actions based on personal values and beliefs. Patients are acknowledged to be entitled to weigh the benefits and risks of alternative treatments, including the alternative of no treatment, and to select the alternative that best promotes their own values.