ILIN VADYM, TROTSENKO OLEKSII

MEDICAL SUBCULTURE

Tutorial for English-speaking students

МІНІСТЕРСТВО ОХОРОНИ ЗДОРОВ'Я УКРАЇНИ
Харківський національний медичний університет

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ІЛЬЇН В. Г., ТРОЦЕНКО О. В.

МЕДИЧНА СУБКУЛЬТУРА

Навчально-методичний посібник
для англомовних студентів

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Рецензенти:

Арзуманова Т. В. – канд. іст. наук, доцент кафедри українознавства та євроінтеграції Харківського національного університету будівництва та архітектури.

Кушнарьов С. С. – канд. іст. наук, доцент кафедри історії Східної Європи ХНУ ім. В. Н. Каразіна

IlinV., TrotsenkoO.

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The tutorial is compiled taking into account the specificity of the humanities teaching to English-speaking students. The tutorial contains the methodical guidelines for students' individual work, key terms, creative assignments and questions for the self-control which help students in mastering the study material.

Ільїн В. Г., Троценко О. В.

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Навчально-методичний посібник складено з урахуванням специфіки викладання гуманітарних дисциплін англомовним студентам. Посібник містить методичні рекомендації для індивідуальної роботи студентів, ключові терміни, творчі завдання та питання для самоконтролю, які допоможуть студентам в опануванні навчального матеріалу.

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CONTENT

Topic 1. Medical subculture essence and peculiarities in the context of professional subculture

Plan

1. The essence of medical subculture as a professional subculture subsystem.
2. The content of notions “value”, “ideal”, “norm”, correlation between “ideal” and “real” in a culture.
3. Specificity of medical activity, its character, object and subject, aims and challenges.
4. The professional impact on a physician’s personality.

Key terms:*subculture, professionalism, ideal, professional community, terminal and instrumental values, corporate ethics, subordination.*

Themes of creative assignments

1. Medical community as a social group;
2. Correlation between terminal and instrumental values in the contemporary physician’s activity;
3. «Clinical thinking» as a cultural phenomena;
4. Evolution of the medical symbolics;
5. Peculiarities of the professional speech (slang) of medical practitioners.

Tasks for the students’ self-control:

1. Define terms "culture", "professional culture", "subculture", "value", "ideal".
2. Show the difference between the concepts of "professional culture" and "professional subculture".
3. Clarify the concept of "medical subculture".
4. Describe the value sphere structure.
5. Explain the relationship between ideal and professional culture.
6. What are the specific features of medical activity in the context of cultural development?
7. Name the object, subject and purpose of the doctor's professional activity.
8. Explain the specificity of "clinical thinking".
9. Describe specific requirements to physicians' personal qualities.
10. Clarify the content of notions "corporate culture" and "collegiality".
11. Specify types of the professional language of health care professionals.
12. Describe the most common medical symbols.

Guidelines for individual work

In this topic the medical subculture is considered as a specific type of professional subcultures.

Considering **the first question** it's necessary to take into account that the culture having a relative integrity contains a range of subculture phenomena. Namely because of this there is no consensus regarding the notion "subculture". Analysis of different approaches allows to highlight two stances in relation to understanding what subculture is.

The first stance considers the subculture as a lower level of culture and uses it to mark marginal, peripheral forms of behavior. The second stance understands the subculture as a lifestyle of people who successfully adapted to social life.

It is possible to define subculture as a relatively autonomous, integral subsystem inside the dominant culture, certain elements of which differ by the peculiar worldview, system of values and value orientations, ideals, activity programs, traditions, norms, symbols, language. Characteristics of subculture are: peculiar norms of relations between its representatives; "own" ethics, etiquette, rules of behavior; presence of leaders and personal examples worth of imitation; special language and other features. The subculture's core is a specific system of values that determine the aim of activity, form ideals, behavioral examples and standards.

Subcultures play a specific role in a society, performing both the function of differentiation (the distribution of individuals by socially relevant social positions) and the disintegration of society (the tendency towards inner isolation, the limitation of cultural values within the limits of own community or group).

In the modern world there is a wide variety of subcultural entities that exist on different grounds: youth, religious, age, ethnic, professional, music, occupational etc.

In turn, professional subculture is an organized system characterized by the work activity that determines the particular style of behavior and lifestyle of its representatives.

As a subsystem of the dominant culture, the professional subculture usually meets its basic characteristics and, at the same time, bears the imprint of "subculture". The sources of formation of the professional subculture and its genesis are rooted in the work activity of people and the social division of labor. The division of labor by a profession, by occupation caused the formation of stable, strong communities of people – an professional groups united by a number of factors: a certain range of occupations, special knowledge, skills, work experience, value orientations, operational thinking, moral. The totality and specificity of these factors make up a professional subculture. The game principle that characterizes the culture in general (J. Huizinga, M. Bakhtin) also plays an important role in the formation of a professional subculture (professional holidays, parties, competitions, common leisure in general).

The professional subculture is defined as a special cultural subsystem within the dominant culture of society, which concentrates with the aim of organizing and maintaining a certain type of professional activity, and which has its own system of worldview, ideals, values, patterns, norms, traditions, customs, symbols, forms of behavior, rituals; myths that regulate and direct it. Being a type of

subculture, professional subculture, obviously, has much in common with the basic concept of "subculture". The criteria for the difference of subcultures are: core values and purpose; role in society and influence on the individual; status, attitude of society to the data of subcultures; term of existence; connection with traditions; degree of organization. Characteristics of a professional subculture are: relatively long performance of certain functions; availability of special knowledge acquired during training and in the course of work; payment for work; formation of professional groups based on close interests; the presence of social status, the lifestyle, its behavior – both at work and outside it. The essential characteristics of the professional subculture are values, ideals, patterns of behavior, traditions, established norms, socio-cultural space, language, symbols, rituals. The basis of the professional subculture is the value system developed by the professional community, which defines the purpose and directions of professional activity, shapes patterns, cultural norms and standards of behavior.

Today, there is no clear definition of the notions "professional subculture" and "professional culture" in the scientific literature. According to some researchers, they are close to each other, but still differ in a number of circumstances:

1. By structure. The professional subculture contains the following components: subjects who perform professional duties; objects of the professional subculture's influence; professional culture of subjects; interpersonal relationships that arise in the course of the work; professional institutes; conditions and requirements of work performance; professional activity and its results. Professional culture is the core of the professional subculture, its system-forming component. Its structure includes such components as epistemological, organizational-praxeological, communicative, informative, normative-regulative, axiological.

2. By its purpose and functions. The role of professional subculture is to bring benefit to society with a help of conscious making of work, make life better. The main function of the professional subculture is methodological, the precise organization and realization of professional activity.

3. By the way of formation. That forming professional subculture is more complicated than formation of professional culture. The subculture usually forms spontaneously. It's possible to influence and improve it, but it is practically impossible to form it with a purpose. Another thing is formation of professional culture that happens purposefully, firstly on the theoretic level, than it becomes a subject for special introduction.

4. By the experience level. Every professional who posses a professional culture also relates to professional subculture but not every person that share a professional subculture is able to become a professional. There are three levels of the professional subculture: primary – newcomers who need training and mastering certain activity; intermediate – people who have mastered the job but still aren't ready to fulfill the complicated work; advanced – professionals who fulfill work of any difficulty and have the professional culture. In addition it's

possible to highlight also two levels of the professional culture existence: the group level – culture of the professional community and individual.

The peculiarity of the professional subculture is also high professionalism of its representatives, which is a measure and indicator for the quality of professional activity. In the process of becoming professional, the following stages are distinguished: the period of professional self-determination and choice of a profession; professional training; the stage of professionalization that includes a period of professional adaptation of the individual (joining a work team, mastering work responsibilities) and his skills (automatism in a performing professional duties, transferring experience by the training of colleagues and students). The most important features of professionalism and qualities of a professional are: availability of knowledge and ability to master it; ability to apply flexible, appropriate situations, methods, tools, techniques to achieve the result; transformation of profession into a way of life; ability to impart the knowledge, experience and skills to trainees; rationalism, the ability to predict own work results.

The peculiarity of medical knowledge, communication and activity, which determines the peculiarities of the physician's thinking style and the defining specific requirement for his knowledge and values, skills, its personal qualities and behavior, allows speaking of the phenomenon of medical subculture.

The social group representing the medical subculture comprises the entire professional community of medical professionals: doctors, middle and junior medical staff; student youth; medical professionals engaged in scientific activities; physicians who improve their skills or acquire a new specialty – interns, graduate and postgraduate students.

The medical subculture is independent subsystem of culture, based on the specificity of medical activity. It includes the main subject of this activity – the doctor with his knowledge, individual-psychological qualities, values and ideals; patterns of behavior; traditions; social relations, socio-cultural norms and stereotypes; medical symbols; special institutes that collectively form the space of the medical subculture.

The term "medical subculture" is defined as a system of values, ideals, norms and patterns of behavior of health care workers, their outlook, as well as symbols, traditions, customs, which together form a peculiar, different way of life, determined by the specifics of professional medical activity.

In the medical subculture, signs of the dominant culture and professional subculture are combinedwhat play the role of basis and dictates to the representatives of the medical subculture certain values, norms, stereotypes. At the same time, values and prescriptions of the general and professional culture find special meaning in the specificity of medical activity, filled with the spirit of humanism which is reflected in direct communication with patients.

On the one hand, the medical subculture is an integral phenomenon. On the other hand, it manifests features of medical specialties and specializations that

lead to the formation "mini-subcultures" within it. The variety of specialties (there are over 80 specialties in medicine today) became a feature of the medical subculture at the beginning of the 21st century. However, subcultural local groups in the medical environment are not widespread (as, for example, in the youth environment) due to the prevalence of professional values of medical culture which have a major impact on the medical subculture sphere.

Preparing **the second question** student should consider other questions to analyze the notion "value". Any professional subculture grows on its stereotypes, model behaviors – well-mastered ideals, successes, divergent behaviors, norms that become typical for certain modern subjects. The concept of "value"plays the key role in the different cultural models.

There are different approaches to the definition of this concept, its types and forms, the relationship of concepts of "value" and "purpose", "value" and "ideal", "value" and "norm". *Values can be seen as* socio-cultural models, generally accepted (desirable) ideas of people about the goals of their activities which indicate the direction of the reality transformation.

The structure of the value sphere includes two levels: higher – *terminal values* that relate to the ideals and meaningful goals of the individual in the context of the spiritual culture of mankind (the value of human life, freedom of choice, work, family, interpersonal relations), and lower – *instrumental values*, personal qualities of a physician which serve as means of success in professional activity in accordance with the professional ideal. Values are formed and exist both within the entire society or subcultures (social values) and at the level of personality (individual values). A value system is a system of views of certain cultures or subcultures about ideal behaviors. Consideration of the relationship between the ideal and the real in solving methodological problems of culture allows us to determine the role and content of the ideal in the system of culture.

The majority of the modern *axiologists* perceive the content of ideal in the direction of the future which is freed from the negative properties of the past and present and is the most desirable. The ideal can be seen as a reference, ultimate, proper value matrix which the subject of the professional subculture is called to be guided and according to which it must reconcile actions and personal qualities. The ideal defines the perspective of the culture and subculture's development. The values organize and guide human activity manifesting in a specific type of ideal personality. Values form the basis for norms of activity that suggest what has to be done to achieve the ideal.

Thus, *the professional subculture* emerges as a value-normative system of symbols, knowledge, ideas, values, norms, ideals and patterns of behavior that regulates the activities of individuals and social groups engaged in certain professional activities.

In the third question of topic attention is focused on the specificity of medical activity, its features are considered. The specificity of any field of professional activity is determined by its nature, object and subject, goals and tasks.

The object of a medical activity is a person. Moreover, not only human as a specific personality, but also the humanity in general, because human is a social being.

The subject of medical activity is the person's health, illness, normal and pathological activity; at the same time, being the object of influence by the doctor the ill person is the subject of the healing processat the same time.

The purpose of doctor's professional activity is to preserve the life and health of a person, prevent illness and alleviate the suffering of patients regardless of their gender, age, race or nationality, social status, political beliefs and religion. The peculiarity of the professional activity of a health care professional is also determined by the multifunctionality of tasks, many of which do not have standard solutions and precise answers.

The specificity of medical activity is also determined by the work approaches, one of which is the so-called *"clinical thinking"* – a specific mental activity that provides the practitioner the most effective use of theory and personal experience to solve diagnostic and therapeutic problems. In the connection with this mandatory requirement for medical activity is its compliance with the current level of science, which implies a high level of professional knowledge and skills of the doctor, their continuous improvement, gaining the necessary experience, his participation in research work.

In connection with this mandatory requirement for medical activity is its compliance with the current level of science which implies a high level of professional knowledge and skills of the doctor, their continuous improvement, gaining the necessary experience, doctor's participation in research work.

The peculiarity of medical activity is its spiritual-centered orientation. The decisive role in the professional activity of the modern physician plays a high level of its morality, which is manifested in the specific requirements for the personal qualities of the doctor. They are characterized by the ability to empathize with the patient; passion for the profession; readiness for self-sacrifice; high sense of responsibility for results of its activity; diligence and obligation; willpower and professional courage; the presence of intuition and determination; self-esteem, independence and self-confidence, principle; ability to work in a collective (communication skills); self-criticism. However, as it's already reflected in the classic literature and history the real and widespread feature of medical community is a doctors' cynicism, rigidness to patients acquired over the course of time.

The fourth question considers the professional impact on a physician's personality. The doctor's profession always plays a special role in the social life and the doctor's personality often has considerable moral authority in the people's eyes. Dealing with the life and health of people, the following essential qualities are expected from the doctor: a sense of responsibility; passion for his profession; respect for the patient and ability to empathize with him; professional competence, diligence, commitment; readiness for self-sacrifice; professional courage and determination; professional observation and intuition.

The peculiarity of medical activity is manifested in a noticable (in comparison with other professions) corporatism, strict subordination, apartness of the medical community. The seriousness of the tasks that medicine solves requires doctors to have thorough training, assistance from other, more experienced professionals and protection from the arbitrariness of the authorities or society. Therefore, corporate culture and collegiality help the medical community in such situations.

The medical field has developed a special kind of symbolism and attributes. The common symbols of the medical subculture are snake, bowl, torch and religious symbols. They are of very ancient origin and reflect the evolution of medicine since the time of first civilizations.

Medical attributes are manifested in the presence of special forms of clothing for physicians (white coat as a symbol of purity), language (Latin), customs, traditions, patterns of thinking and behavior which emphasize the specificity of this profession. Thus, a characteristic feature of the medical subculture is that before commencing their activity, future doctors, after graduating from higher education, give the doctor's oath (the "Hippocratic Oath"). The principal guidelines of this oath have not changed for more than two thousand years.

Although the medical community has always been noted for its education, myths and prejudices about medicine are widespread among physicians. This is especially true for practitioners of emergency medicine who more often find themselves on the brink of life and death.

The medical community has certain peculiarities and the following types of language for professional communication: language of medicine (medical scientific language), medical spoken language, language of medical documentation, language of medical advertising. In addition, in everyday life, doctors make extensive use of **professional slang** – a non-codified version of physicians' spoken language. It is often used for entertainment of participants in communication, to establish contact with a patient, to express attitude to the object (certain diseases, types of patients etc.), for hiding information from outsiders.

Therefore, the medical subculture is an independent subsystem of culture, based on the specificity of medicinal activities. It has all the attributes typical to any developed subculture and represents a large professional community of healthcare professionals.

Topic 2: Medical subculture structure and functions

Plan

1. Structural elements of the medical subculture.
2. Essence of the medical subculture's main functions.
3. Specific values of the physician activity.
4. Professionalism of the physician and its organizational culture. Positive image of doctor.

Key terms: *professional duty, clinical thinking, subject of medical activity, professional ethics, biomedical ethics, deontology, euthanasia, hospice, imagology.*

Themesof creative assignmentsробіт

1. Axiological and compensatory functions of the medical subculture;
2. Organizational culture of the doctor on the example of the prominent Ukrainian physicians;
3. Professionalism of the doctor: a modern view on the problem in the context of the latest technological development;
4. Doctor's image in modern Ukraine.

Tasks for the students' self-control:

1. Specify and explain the structural components of the of the medical subculture as a system.
2. Describe the main functions of the medical subculture.
3. Indicate at which levels does the medical subculture manifest itself.
4. Discover the importance of professional value orientations in a doctor's work.
5. Identify the most important requirements for the doctor's professionalism nowadays.
6. Describe the importance of the doctor's image in today's socio-economic transformations.
7. Clarify the main internal and external components of the medicinal image formation.

Guidelines for individual work

This topic discusses the structure and functions of the medical subculture in the context of a doctor's professional activity. **The first question** is devoted to the study of the basic structural components of the medical subculture.

The structure of the medical subculture includes the following components: cognitive, organizational, communicative, informational, institutional, regulatory, axiological. They need to be considered in detail.

The cognitive component operates at two levels: emotional-psychological and rational-logical including a system of general and special medical knowledge as well as the method and style to operate them –a culture of clinical thinking based on a special logic of medical, ethical and bioethical thinking.

The organizational (or **praxeological**) component complements the cognitive and constitutes organizational physician culture incorporating organizational skills in the medical field, practical medical experience – those things which distinguish physician as representative of the subculture.

The communicative component provides for and regulates the culture of communication of healthcare professionals with patients and within the medical community itself.

The information component assumes the presence of the necessary level of professional information and the ability to share the information with the subjects of medical activity.

The institutional component includes a system of institutions and informal associations for organizing, coordinating, managing, controlling medical activity. It is a part of the medical subculture system that objectifies professional relationships.

The regulatory component of the medical subculture promotes the ordering, behavioral and relationship regulation among the subjects of medical activity on the basis of professional ethics and law.

The axiological component of the medical subculture contains a system of universal, moral and professional values adjusted to the specifics of medical activity, personal qualities, ideals, medical traditions, customs, symbolism; reflects the spiritual aspect of medical activity.

The abovementioned components define the medical subculture role in a human activity, determine the physician's relationship with its professional field and patients.

The second question of the topic analyzes the main functions and levels of the medical subculture's manifestation. The complexity of its structure is explained by its *multifunctionality* since the work of the doctor is relevant to all aspects of human being and all dimensions of its activity. *The main functions are*: identification, adaptation and integration, *socialization* and inculturation, meaning-affirmative and orientation, institutional and organizational, regulatory, axiological and compensatory. Student should briefly explain each of them.

The identificationfunction is realized through certain strategies – a set of mechanisms and techniques aimed at constructing identity which are implemented through social mechanisms under the influence of agents of socialization, actual objective factors as well as the individual priorities and resources of the subjects.

The adaptation and integration functions make it easier to adapt to the medical field in general and the healthcare facility in particular. The possible and opposite process – individualization when a health institution performs its activities in a way as to maximize the personal potential and capabilities of the individual to solve their own tasks, creates a sense of identity in its employees. This allows each subject of internal organizational life to form a positive view of the organization, to understand its goals better, to feel itself a part of a system and to determine the degree of own responsibility.

The function of socialization and inculturation ensures the entry into a new cultural space and the acquisition of professional experience specific to a particular profession. Quite often the term "socialization" is used as a term which implies that each social community has its own system of behavioral rules adopted by all its participants.

The meaning-affirmative and orientation functions act as a barrier against the penetration of undesirable trends and negative values of the environment. They shape the uniqueness of the profession and personality of doctor, make it possible to distinguish it from other areas of social activity, the environment as

a whole. The orientation function directs the activities of the medical community and its participants into the necessary direction, creating the necessary incentives to work effectively and achieve the goal.

The informative, communicative and translation functions carry out the transfer of cultural values. Their acquisition and enrichment are impossible without a human communication that is done through language, music, images and other cultural values.

Institutional and organizational functions ensure the official consolidation of the social and legal status of the medical profession and organize its activities. Due to the extreme importance of the doctor's activity results for the life of patients, its work is connected with numerous legal aspects. In addition, this profession has its own specific features of organizational work which leads to a precise institutionalization.

The regulatory function includes rules that indicate how medical practitioners should behave in the course of work. These rules define the usual course of action in the organization: the work sequence, the nature of work contacts, forms of information exchange etc. Thus the uniqueness and order of the main forms of medical activity are formed.

The axiological and compensatory functions make it possible to develop a person's value orientations, to adjust norms of behavior and to identify itself in a society. Evaluation of the achievements of the medical community is considered in it as *artifact* in its informational-*semiotic* meaning. In addition, the *recreational* or compensatory components of the function regulate the ways of relieving the stress accumulated by doctors in the course of daily activities, determine the forms of rest, entertainment and psychological discharge.

The medical subculture is manifested and exists at different levels: the individual – the professional knowledge, behavior and culture of a particular doctor; group – the culture of professional community of physicians, due to both the specificity of medical activities and the level of development and expectations of society. In addition, the medical subculture is also represented in the mass consciousness influencing the existence and functioning of the medical sphere.

In the third question of the topic we analyze the system of specific values and content of activities that are recognized within the medical community and distinguish the medical subculture.

The professional community of physicians produces specific values, determined by the peculiarities of medical activity that determine and regulate the behavior of health professionals both in and outside the professional field. In the medical subculture the terminal and instrumental as well as traditional and modern values (aimed at supporting positive innovations and progress in achieving goals of medical activity) are distinguished.

The specificity of medical activity plays a major role in human values, includes several blocks.

The first place is occupied by vital and biological values of life and health, as well as *attitudes towards death*, which determine the choice of strategy and lines of behavior of doctor in professional activity. Modern culture is increasingly incorporating the values of the life quality and human rights that require solutions on *euthanasia* and the hospice movement.

The second block of spiritual values in medicine is the set of higher moral values, such as good, suffering and charity, duty and conscience, honor and dignity, will and responsibility which are increasingly regarded by the medical practice as a guide to action. Most problems related to the peculiarities of their manifestation in medicine are "open" in nature, they put both doctor and patient before the choice, determine the behavior of the doctor in the medical environment and public life, form a doctor's code of ethics.

The third group of values which are an objective demand for the creation of optimal conditions for a doctor's professional work, recognition of his worthy status in society, meeting his needs in the spiritual and leisure and family spheres are legal values.

The fourth block of the spiritual and value orientations of the medical subculture is aesthetic values which contribute to the formation of a creative personality who possesses a high culture, capable of holistic perception of the world, who combines professionalism with humanist outlook, morality, beauty, feeling.

The fifth aspect of the medical subculture values is the values of leisure that include the value of a healthy lifestyle, the norms and ideals of the general culture, self-education.

In a generalized form, professional value orientations (moral, ethical, aesthetic) which serve as the most important personal values and goals of professional activity are reflected in the ideological values of the medical subculture. They provide the creation and justification of a positive image of the doctor, form a professional medical ideal that doctor should strive for.

The fourth question of the topic is devoted to the image of a modern doctor. This issue is receivingthe increasing attention among the medical community. Properly built professional image is characterized by compliance with the nature, requirements of the work performed, the organization status, it should not cause doubts in professionalism, morale and should meet the expectations of partners and clients.

As it is known, the profession of the doctor belongs to public professions and personal influence of the doctor on the patient is an important tool of his activity. The professional image of a doctor is an image that fully corresponds to the specifics of the profession. The general image of the doctor consists of a personal and professional image that has clear requirements, non-observance of which leads to misunderstanding and neglect to the specialist. Forming a professional image is an ability to create a positive image that will emphasize the best qualities of a specialist, both personal and business.

The medical subculture is embodied in professionalism that reflects the level of perfection of doctor's professional activity, its qualitative characteristics and results. At the heart of the whole spectrum of positive perception of a particular physician is his or her professional level. The professionalism of the doctor includes: 1) the need to realize their professional potential (subjective side); 2) promoting social progress by improving human health (objective side); 3) transformation of the medical profession into a way of life, a vital need; 4) clear awareness of goals, rationality, application of logical laws, principles, methods; 5) awareness of moral content, understanding of goals and predicting the result of actions; 6) ability and willingness to transfer knowledge, skills, experience; 7) knowledge and adherence to the basic principles, norms and rules of biomedical ethics as an attribute of the doctor's profession.

Future doctors need to master the technology of formation and correction of their professional image including for successful competition in the labor market at the stage of training.

Very often, the notion of image applies not only to a specific person, but can also extend to a particular organization, profession, etc. There are internal and external components of the medical image. The formation of the internal component of the image is carried out throughout life and consists of the idea of the person about itself, the idea of what impression it makes on others and the reaction of the person to "feedback" from others. The external component of the image consists of habitual image (appearance, physical constitution), kinetic (non-verbal manifestations), mental (moral-ethical attitudes, level of professionalism, social stereotypes), communicative (verbal, ability to communicate), environmental (surrounding, work place, professional and personal signs). Image formation is a way to form a certain image of an object (prototype image) a with a certain evaluation of this image in the form of thoughts about it to achieve the psychological attraction of the object to the audience.

Generalization of scientific publications on ethics, *deontology* and image in medicine, personal experience of the doctor, the head and the teacher give an opportunity to distinguish the main stages in forming a professional image of doctor.

The first stage concerns the definition and analysis of the initial conditions for forming the image of a future specialist. Good manners, goodwill, mastery of business and secular etiquette, effective communication are essential for the medical community. The second stage is the reflection of the inner world of the individual in the external image, taking into account professional requirements by improving all components of the image of a doctor. The third stage is a delivery of the person's image in line with the social and professional environment in order to harmonize the interests of the healthcare system, staff and patients.

Therefore, the training of modern specialists should take a comprehensive approach that involves mastering a high level of general, professional and image culture. Successful accomplishment of this task is ensured by the multifunctionality of influence, the specific values and professionalism that are

characteristic of the medical subculture. The final aspect of training future physicians is the provision of up-to-date science-based information on the formation and management of a professional image.

Topic 3: Medical subculture in the context of “city anthropology”. Medical folklore

Plan

1. Peculiarities of the medical community research. Formation of ideas about the identity of a medical professional.
2. Analysis of the medical folklore genres. Medical signs.
3. Religious beliefs in a medical environment. Peculiarities of the physician’s humor.
4. Doctor through the prism of stereotypical ideas of the society.

Key terms: *professional initiation, professional folklore, cultural anthropology, spatial turn in history, «liminal space».*

Themes of creative assignments

1. Peculiarities of the physicians’ professional initiation.
2. Professional beliefs and signs of the medical community.
3. Black humor in the activity of clinicians.
4. Reflection of stereotypical ideas about medical activity in works of art.

Tasks for the students’ self-control:

1. Specify the concepts which express the specificity of professional activity, collective self-identification and axiological settings for the health care professionals.
2. Determine the specificity of the professional initiation of doctors in a comparison with other professions.
3. What are the unofficial divisions between doctors within a group of medical professionals?
4. Identify the main features of the doctor professionalism according to the ideas of the doctors themselves.
5. Define the term "professional folklore" and specify its genres.
6. Determine the structure of medicinal signs.
7. Name the medical specialties associated with “liminal space” and explain their interrelation.
8. Explain what is meant by the "ridiculous behavior" of professional communities.
9. Explain the concept of "black humor" and determine its role in the professional activity of clinicians.
10. Show the difference between laughing behavior along the lines of "professional-professional" and "professional-client".
11. Expand the concept of "stereotyped ideas".
12. What are the most common stereotypical perceptions regarding the professional activities of health care professionals?

Guidelines for individual work

A study of professional group's culture means the attempt to understand the everyday knowledge expressed in iconic elements of tradition, including *folklore,* connected with social relations and their cultural codes in various manifestations, genres or artifacts. *Ethnographic* methods of studying the professional subculture focus on the possibility of grasping a certain social reality which is contained in routine interactions of the social group.

The professional group of health workers is a significant original community, relatively closed, which differs from other professional groups in a number of peculiarities, has its own ethics, norms of behavior and morality, perceptions of professionalism and personality of a professional, worldviews that are reflected in certain rituals and folklore. This makes possible to consider it in the context of studying urban professional subcultures and such issues as the *city anthropology*.

According to the Ukrainian researcher Julia Bujskich the concepts which express the specificity of medical profession are oppositions "life-death", "health-illness", "doctor-patient" as well as the concepts of "professional" and "non-professional".

It makes sense to begin consideration of the professional physicians' subculture with a professional initiation and, accordingly, withanperson's awareness of its affiliation with the medical identity. After all, medical students belong to one of few specialties that give a symbolic oath to study honestly at the beginning of their studies. In the end of their studies doctors give a symbolic oath of physician which is based on the famous oath of the ancient Greek physician *Hippocrates*. That symbolic act emphasizes not only the connection with the past generations of physicians but also the international and extra-political nature of physician activity. They are obliged to provide medical care to any person, regardless of a race, nationality or political affiliation. With a transition to next levels of the medical profession, other appropriate forms of initiation occur reflecting their specificity and level of competence.

Surveying the physicians' subculture allows to learn about the attitudes of doctors to each other, stereotypes about colleagues that are widespread within the group, and related texts – stories, anecdotes etc. As a rule, within a professional medical group the relationships between colleagues are equal and built on mutual respect and understanding of the complexities of the profession. The first level to determine the difference between informal relationships is the informal division among doctors who work in polyclinics, health resorts, diagnostic centers and doctors whose professional activities are related to hospitals ("clinicians"). The next level is the conditional difference between doctors of different narrow specialties: ophthalmologists, surgeons, pediatricians, chief physicians, junior medical staff etc.

Any profession imposes a certain imprint on the individual, its outlook and values. Medical professionals have a special attitude towards life, people, the world at large. Each true professional extrapolates its special knowledge to the

world and forms a potential object for own influence. Even medical students form a special "professional view" when they examine a person through the prism of the profession – in the status of a patient or according to anthropological features. Exploring the clinic space the French philosopher Michel Foucault wrote that "the clinical view has this paradoxical quality of listening to the language at the moment when it observes the spectacle". Such a view is one of the hallmarks of the "professional" who, according to the interviewed, should "see the essence" of patients and recognize disease by the look, feel it.

The identity of a professional physician who has a deep sense of belonging to a professional group deserves research attention. Doctors say that the most important thing in their profession is to maintain not only a medical identity but also a purely human one, to remain a human in all situations. Important not to perceive each patient simply as a set of complaints, but as a person. Among doctors there is an idea of a certain "sense", a special knowledge that is not taught but which comes with experience, with a deep understanding of the profession. In the process of work and acquiring this special "knowledge", the idea of a "true professional" is formed.

The main features that determine a doctor's professionalism, its high status as a professional who possesses a special knowledge are: 1) certain functional characteristics: "read a lot", "be able to analyze", "quickly respond to changes in medicine and apply them in time" etc; 2) certain traits of character and personality – virtue, attentiveness, erudition, contact which implies "love for the profession", "love to the people" and "not to be superficial".

The second question of the topic is devoted to familiarity with the specifics of such phenomenon as *"the medical folklore"*. In the framework of contemporary socio-cultural research every social community has its own conceptions of the world, values and folklore. Professional folklore refers to stereotyped verbal forms without authorship that are characterized by their super-personal, professional identity. Medical folklore is marked by the peculiarities of the physician's profession and particular specialization.

The medical folklore genre range is diverse: fables, anecdotes, songs, omens, mythological stories. And most of them are humorous texts: fables, funny cases, anecdotes that characterize the type of thinking of healthcare workers. There are songs-alterations that meet the professional specifics. The common theme of many genres of the humorous nature of physicians is a drunkenness which is given some justification. Of particular interest are the texts in which the system of rules of behavior in this profession is revealed. Significant place in the medical subculture is occupied by signs.

The structure of a sign consists of two parts, it contains an informative part and a belief. Sometimes, a common rule (for example, "Do not show it on yourself!") is a sign for medical professionals: it is not necessary to show the localization of patients' pain on themselves because according to the supervision of the medical staff in the future the same pain and trauma will occur.

Professional attributes are based on beliefs and ideas that are common among the people of this profession. These signs are different for doctors with different work experience. However, carriers of purely medical folklore are usually doctors with some experience. The largest and most striking source of medical folklore are clinicians (surgeons, resuscitators, pathologists and ambulances) who are permanently or temporarily on the verge of life-death. Common signs include a ban on "good / easy shift" requests. It is believed that following such a wish will be very difficult and will end badly.

There are also signs and beliefs associated with the days of the week in the clinician environment. For example, Monday is considered to be a bad day for surgeries, complicated procedures and the start of systemic clinical treatment. In addition, among surgeons, there is an unspoken ban on healing relatives (especially blood relatives). This is explained by the fact that when you operate a loved one, you are worried about her more than for an ordinary patient and are more afraid of making a mistake.

The third question of the topic is dedicated to the religion and humor. Some doctors believe that it is difficult to remain a person and a good specialist without religion. The religious clinicians might believe that they enter a transitional so-called "liminal" space between life and death where special knowledge and skills are needed in order not to lose the clarity of mind and save lives. Such doctors are kind of "liminal personae", i.e., "people of the threshold". They become such people during the operations. Pathologists also work with the field of death constantly.

After the collapse of the USSR in post-Soviet countries including Ukraine the opening of hospital churches and chapels become widespread. Historically speaking it is not occasional that raise of religious beliefs among physicians (many of whom formerly were members of the atheist Communist organizations and some of whom nowadays engaged into corruption) and patients coincided with the decline of free healthcare, its technological destruction, mass impoverishment of people and the *atomization* of society – rather it is marker of the moral crisis, evidence of the ideological confusion and vacuum, inability to provide the adequate medical aid – i.e. inability to change situation physically, by real actions and instead a substitution of real efforts by a symbolic activity. In this dimension the pretentious religious beliefs of the doctors is not a relief for patients but a hypocritical distraction of them from the real problems of the Ukrainian healthcare, cover for shortcomings and corruption that thus appeared to be more ugly in a coexistence with a religious forms. Students should understand that in a secular country like Ukraine where the Church is separated from the state the religion is a personal business of the physicians that they shouldn't manifest and impose openly especially is we speak about clinics' managers who treat their hospitals as private property constructing temples while they are public clinics with poor equipment financed from the state budget.

In addition to the religious side of the physician'slife it is closely associated with the danger, risk for life. The stereotype is that doctors are "not afraid of death". In the stories of doctors often describe cases where the doctor or nurse through negligence during surgery or other manipulations received infection from the patient with infection. Risk can be seen as a breach of a ban, when instructions are not followed.

One of the most interesting questions in medical subculture research is the topic of medical humor. All forms of professional interaction within the group and the representation of its peculiarities are connected with the identification of the profession characteristics, the assessment of the level of vocational training of its representatives, their status in the profession, as well as social distance. In this regard, humor can be channeled both inside and outside the professional group. Humor arises where there is a distinction, an assessment, a comparison, a contradiction. Funny behavior, as a "boundary" phenomenon, is one of the most powerful factors in the formation of professional identity. The ridiculous behavior of professional communities implies a special kind of response to the various circumstances and situations that take place inside or outside the professional environment and is perceived by its representatives as funny or comical. Laughs are most often directed at patients, beginners and their fellow professionals.

Medical humor is often perceived as cynical, *black humor*. However, we must understand that medical laughter is a means of self-defense, self-regulation, and sometimes an indicator of occupational deformity. It is the emotional response of doctors to the existential observations and experiences of the "death of another", a daily stay in a boundary situation that leads to life in a state of permanent stress. Laughter allows you to quickly relieve the emotional and physical activity, nervous tension. At the same time, it should be remembered that the laugh behaviors on the lines of "professional-professional" and "professional-client" differ significantly from each other. Laughter here has different motivations: in one case, it is an instrument of self-regulation and balance, in the other, it is psychological help to a person who is in difficult living conditions. Jokes and humor at work of the physician serves for the social interaction regulation, contribute to the normalization of psychophysical status. Through humor, the doctor inspires the patient with a certain optimism, a form of response to situations that were previously perceived as hopeless.

The fourth question of the topic is dedicated to the perceptions of physicians by themselves and patients through the prism of *stereotypes*. The theoretical approach to understanding stereotypes was developed by the American journalist Walter Lippmann and outlined in his book "Public Opinion" published in 1922. The researcher defines the social stereotype as a stable, schematic, sensually and emotionally conditioned, culturally determined "picture of the world" in a person's mind that saves its efforts in perceiving complex objects of reality.

For the general public the subject of stereotypes in medicine is most fully reflected in contemporary cinematography. Stereotypes associated with a doctor play a greater role in TV shows. The prominent Soviet surgeon Sergei Yudin said: “The lack of technical knowledge is a small and repairable mischief... The lack of natural abilities is a much worse difficulty because even with greater diligence one cannot fill what it naturally doesn’t have. And it is a completely hopeless business if there is no or lack of love for your profession, if there is no lively and growing genuine interest in the business! ... Moderate interest can disappear and disappear altogether if it was not natural, deep, but casual and superficial". The love for a profession, the faith in her, the belief in its humanity and usefulness to society distinguish a true doctor from mediocrity.

The stereotypical attitude of the medical staff to work implies professionalism, responsibility, complete dedication which is well reflected in modern TV shows. Doctors do not rush home, ready for congestion, without hesitation, sacrifice their privacy.

Almost all TV shows contain the stereotype that medical activity is inevitably combined with medical errors: no doctor, even the best, can do without them. Often they are a turning point in the professional and personal understanding of the physician's work and healing process. Among them: the difficult way to obtain the title of doctor; quality but expensive education; continuous work in training; lack of experience and knowledge in interns. Among the most well-known medical series are “Doctor House”, “Ambulance” and “Grey's Anatomy” all of which contribute to the formation of stereotypes related to medical activity. Their research is important because most people do not come across the aspects of medical profession.

Topic 4: Medical subculture in conditions of social transformations in Ukraine

Plan

1. Development of medical subculture in a context of contemporary society’s transformation.
2. Search for ways to solve the relevant problems in modern medicine.
3. The problem of correlation between the concepts of "medical service" and "medical care" in modern medicine.

Key terms: *professional burnout, prestige and status of the profession, medical service, medical aid, paternalism, the Nuremberg Code, Council for International Organizations of Medical Sciences (CIOMS), xenotransplantation, hospices.*

Themes of creative assignments

1. Paternalistic and autonomous models of medicine: reality and perspectives.
2. Prospects for the development of environmental ethics.

3. Ethics committees in medicine: domestic and foreign experience.
4. Hospice functioning in Ukraine: ethical, legal and economic aspects.
5. The legal definition of terms "medical assistance" and "medical service".

Tasks for the students' self-control:

1. What are the objective factors for the formation and development of the medical subculture.
2. Identify the main principles of the collegial model of "physician-patient" interaction.
3. Identify the positive and negative aspects of changes in the medical subculture.
4. Explain the essence of medical deontology tasks.
5. Describe the features and main tasks of bioethics.
6. Explain the difference between deontology and bioethics.
7. What were the reasons for emergence of environmental ethics?
8. Outline the tasks of ethics committees in the medical field.
9. Specify and explain the content of the international documents which regulate the experiments on humans.
10. Identify the general nature of relevant issues in the current medical field.
11. List problem issues of modern transplantology.
12. Determine the relevance of the hospice service in the healthcare system of Ukraine.
13. What are the main approaches in defining the terms "medical care" and "medical service"?

Guidelines for individual work

This topic deals with the evolution of the medical subculture, identifies the factors of its dynamics, analyzes the current state and problems of the medical subculture and ethics. Although the medical field along with the medical subculture is a conservative system that preserves the traditions of medical activity, the course of life forces it to possess the capacity for dynamic change.

The first question addresses the conditions that determine the transformation processes in today's medical community. End of 20^{th} – beginning 21^{st} century. caused by the emergence of new medical technologies and doctrines, the spread of liberal democratic values, the expansion of the information space, the interaction of professional subcultures, the desire of the specialist to improve, external social factors (conditions). The dynamics of the medical subculture are included in the dynamics of the whole social life and depend on many social factors and internal tendencies.

The objective factors of its formation and development are: the educational environment, the quality and content of training, the social status of the doctor, the prestige of the profession in society. At the same time, the dynamics of the professional subculture depends on the subjective factors – personal qualities of the members of this professional group: the level of necessary intellectual

capabilities and moral and psychological qualities, the real possibility and the desire to correspond to a positive image, the ideal.

In the context of the development of the medical sphere in Ukraine, it is important to increase the level of psychological readiness of medical personnel for new, constructive patterns of behavior which, in particular, provide for the prevention of conflicts in interaction with patients. The conflict between the doctor and the patient is a completely natural phenomenon which indicates that there is a normal process of doctor-patient interaction. When it comes to the world standards of physician behavior when interacting with a patient, it is necessary to bear in mind not the absence of conflicts at all as a necessary requirement for the physician's activity, but the productive resolution of conflicts in their occurrence, that is, the achievement of a common goal – a positive process of treating the patient under all conditions.

There are two groups of interpersonal interaction: one that promotes joint activity, constructive, as well as another that impedes joint activity, in particular, destructive which can be a conflict interaction. With regard to the interpersonal interaction of the physician and the patient this can be understood as their joint activity during the treatment process (which includes the complaint of the patient, the diagnosis, prescribing and making medical procedures, evaluating and correcting the results of the patient's treatment and the prescribing treatment) in order to achieve effective treatment results in the shortest time possible.

Specialists in the psychology of professional activity identify the following models of interaction between doctor and patient:

1. Model of technical type. The patient is a faulty mechanism that needs improvement. In this relationship model, each party performs its functions as defined by a specific code (Hippocratic Oath, etc.). The physician behaves like an applied scientist who must act impartially without taking into account the individual characteristics of each situation.

2. The model of the sacral type, when the authority of the doctor influences the patient, even suppresses it. In the classical literature on medical psychology, images of the father and the child are often used to refer to such doctor-patient relationships. Although a group of physicians can affirm this principle as a principle of professional morality, there are far more moral standards in society. If a group of doctors adopts one standard (the possibility of a provoked abortion in the case of a mentally retarded child), and the society in the same circumstances, another, then the doctor must decide which stance should it follow.

3. The collegial type model is characterized by the cooperation of the doctor and the patient. This model is considered to be the most promising, more responsive and meets European criteria.

4. The contract type model is based on an agreement between two parties which explains what functions, rights and responsibilities each party has. The patient is informed of all stages of a treatment. Moving to a patient-centered system of healthcare, there is a need to activate the positive function of conflict

based on a collegial model of doctor-patient relationships. Other models (contract, technical and sacral) have risk of negative conflict solution.

Among the most prioritized models today is *the collegial model of physician-patient interaction*. Here the patient and the doctor are "colleagues" but that does not mean that the patient is given the authority of the medical staff. It only determines the equality of doctor and patient in their rights, the mutual respect of doctor and patient, as well as the cooperation of the two parties. The doctor-patient interaction is aimed at achieving the sole purpose of diagnosing the disease, treating the patient and recovery. For the physician, the highest value is the patient's physical and emotional health. Both the doctor and the patient control their emotional state, but the doctor is aware that the disease can specifically affect the emotional state of the patient, and takes into account these features. Even if a patient tries to provoke conflict through emotional instability, a doctor should avoid it. The qualities that characterize this component are *empathy*, affiliation, emotional stability, sensitivity. Taking into account individual thinking, memory, patient attention and the physician's ability to communicate with the patient in the light of the mentioned qualities conflicts can be prevented. The physician should be clearly aware of all the processes that occur during the interaction with the patient during treatment, as well as monitor their own states, provide self-control. During the interaction, there is a mutual exchange of information, the doctor explains to the patient information about his state of health, and the patient confidently tells the doctor about its problems. The doctor chooses an appropriate communication style for the patient, following a professional ethic.

Thus, the modern physician must have knowledge of the psychology of communication and conflictology, and have practical skills and productive interaction skills with the predominance of cooperation and adaptation strategies. The qualities that make up this component are the ability to overcome interpersonal communication barriers, communicative competence, flexibility of communication, adequate psychological protection, courtesy.

The nature of the dynamic changes in the medical subculture allows us to distinguish their *positive and negative aspects*. Among the positive aspects are the professional development of staff providing high quality medical services; reforms within the profession that are reflected in the emergence and improvement of new medical technologies; the emergence of an autonomous model of relationships in the system based on the values and principles of a humanist, democratic culture; institutionalization of biomedical ethics aimed at scientifically based solution of “open” problems; adaptation to new values, awareness of the priority of morality, traditions and humanistic universal values in the professional activity of the medical community.

The negative aspects of the current state of the medical subculture can be attributed to the fact that there is a large number of unresolved issues and hence – a constant problem of choosing a model of physician behavior; under-

development of moral regulators and the problem of social insecurity of the doctor and professional burnout.

The second question of the topic is devoted to numerous “open” problems in the medical subculture. The analysis of different models of relationships in the doctor-patient system demonstrates the dynamics of the modern medicine transition from the traditional model of *paternalism* to the adoption of a market autonomous model of treatment that allows to develop valuable guidelines in the professional activity of a doctor.

The principles of biomedical ethics proclaimed by *the UNESCO* should be based on the new model of relations in the doctor-patient system: autonomy of the individual, informed consent, voluntariness, integrity, truthfulness, privacy, principles of charity and solidarity.

Recently, there has been an intensive development of the rules of the new ethical system which should orient the modern doctor. The medical ethics (*deontology*), bioethics, biomedical and environmental ethics should help to solve this problem.

The medical deontology functions in the system of general medical and ethical knowledge. Later *the bioethics* separated from it – the interdisciplinary line focused on the study of moral problems generated by the latest advances in biomedical science and modern biotechnology. The bioethics focuses on a study of living things, regardless of whether those studies are used in the treatment of human, and consider the value problems common for all activities associated with living organism. *The object of bioethics* is the morality of human behavior in the biomedical field and health care with regard to its compliance with moral standards and values. *The subject of bioethics* is the protection of health and human life from the moment of fertilization to natural death which is expressed through various forms of treatment.

Each historical period and particular society have their own moral values that characterize them and change with through the course of history. Considering this question student should understand the variability, historical specificity and social *determinism* of a such concept as "morality" which is not universal and constant for all times and societies. Also student should explain the difference between deontology and bioethics.

The biomedical ethics – is a discipline that develops the ethical attitude of society as a whole and medical professionals in particular to a person, its life, health, death and which sets the task of making their protection the primary right of everyone. In the modern humanist paradigm it is bioethics that solves the contradiction between the anthropocentrism of the modern worldview that made man the exclusive center of the universe and the new, "neo-anthropocentric" approach that takes care of life in all its manifestations. Thus, bioethics, on the one hand, becomes a global bioethics, on the other – the basis of modern humanology exploring a new "post-humanity" and expanding the concept of human and humanity.

Because bioethics and biomedical ethics have emerged recently they are identified with each other and medical deontology with little or no distinction. It should be noticed that biomedical ethics include a range of problems that go beyond medical deontology: for example, transplant, suicide, mental "norm" and pathology and a number of other "open" problems. In addition, it solves its issues not on a highly specialized, corporate but broader scientific and social basis. *Biomedical ethics* is a systematic study of human behavior in the light of moral values and principles within the life sciences and human health. If bioethics focuses on the problems of life, then biomedical ethics specifies the principles of bioethics in relation to human. Biomedical ethics has an integrative character concentrating on common bioethical issues, requirements of "traditional" medical ethics and "new" ethical conflicts associated with the development of medicine and biotechnology. It transform specific biomedical situations and cases into precedents that become the basis for ethical generalizations, conclusions and further recommendations.

The interrelation of bioethics and biomedical ethics is conditioned by the fact that today many researches in biology and medicine affect the vital interests of human. Therefore, moral certainty is needed regarding the problems of life and death. However, the *semantic* core of biomedical ethics that determine the ethical content of biological research is a medical practice that goes beyond bioethics. In addition, if at the level of biomedical ethics possible and even necessary different points of view, pluralism of thoughts, then bioethics strives for certainty. At the same time, if the solution of "open" problems of biomedical ethics is carried out at the individual level, then their implementation in the field of bioethics is carried at the institutional level, and therefore must depend on the decision not only of professionals, but of the whole society. The bioethics and biomedical ethics are so close to one another in terms of purpose and problems that it makes sense to consider them in a single context as complementary.

At the same time and along with the emergence of these biomedical and ethical trends, another new concept and direction is emerging in ethics – *environmental ethics* – in response to environmental problems that threaten the world and all living things.

The ethics committees are set up to monitor the compliance of physicians' activities with the approved ethical standards. The first committees appeared in the mid-20th century in the USA for the official ethical expertise of federal budget-funded researches. Not only the biomedical but also psychological, anthropological and other studies with human or animal involvement as a study object are subject to ethical examination. Today, every research project must receive the approval of an independent ethics committee. The ethics committee's conclusion confirms the clinical trial documentation and is a permission for the conducting the clinical research in a health care facility in accordance with the committee's instructions. In Ukraine ethics committees are set up in the public

health organizations as *the expert councils*. They consider the issues of ensuring the rights, safety and health of persons who participate in clinical researches, approve the clinical research program (protocol), evaluate the researchers' qualifications and the availability of conditions for the trials, as well as the methods for an obtaining the consent of the participants informed about the trial.

In the conditions when the medical science and practice possibilities have been increased new problems related to medical genetics, regulation of fertility and abortion, experiments on humans had arisen. The inhuman outcomes of the WWII, crimes against humanity committed by the Nazis and their allies led to the international legal fixation of research ethics principles for human experimentation and regulations of such experiments. Documents which contain those principles are: *the Nuremberg Code, the Tokyo Declaration of 1975* adopted by the 29th World Medical Assembly and the decisions of the 15th Conference of *the Council for International Organizations of Medical Sciences*.

The problem of the interaction of medicine and ethical issues can be considered by the example of such a new and dynamic field as transplantology. It demonstrates both the possibilities of clinical medicine and the complexity of its ethical problems requiring a rethinking of the Kantian ethical maxim "to treat a person only as a goal – not as a means".

One of the main ethical problems of transplantology is the problem of the donor and recipient. There is a conflict of two ethical principles of medicine: "do no harm" and "do good". Therefore, the organ donation should be a voluntary, self-conscious act that is carried out unselfishly. Awareness of the act should be based on complete information provided by the physician about the potential risk to the donor's health and social well-being (working ability).

Xenotransplantation– the use of animals for the purpose of organ transplantation for human treatment – is gaining ground. The expansion of transplant operations has inevitably led to a sharp increase in the demand for transplantable organs and tissues because not all dead can become potential donors. Therefore, supporters of xenotransplantation programs began to confront powerful animal protection organizations.

The problems of cell and tissue therapy are relevant. The first in the world organ transplantation was done by the Ukrainian doctor Yuri Voronyi in 1933 who transplanted the corpse kidney to a patient. In 1967 the South African surgeon Christiaan Neethling Barnard performed the world's first heart transplant.

The cell and tissue therapy started in 1920s with a successful transplantation of fetal tissues to patients suffering from premature aging. Later, the term "cell therapy" was introduced – surgeons used the purified and dried extracts of tissues from embryos of sheep as a therapeutic factor. Such preparations were convenient because could be stored under normal conditions and easily transported. The Russian ophthalmologist Vladimir Filatov used different kinds of tissues (cornea, skin, biological tissues sustained in parabiotic conditions and devoid of viability – placenta, chorion, vitreous) for the tissue therapy. The

therapeutic effect of those drugs was associated with the stimulation of regenerative-restorative processes as well as the rejuvenation of the whole body.

Open issues of organ and tissue transplantation include the problem of using fetal (from Latin “Fetus” – fetus, embryo) tissues. The impetus for the intensive development of this direction was the difficulty in solving the problems of transplantation of organs and tissues by classical methods, experimental data on the possibility of using somatic human cells as an alternative to whole organ transplantation. The main ethical issues here are the eligibility to work with fetal tissues obtained after medical abortions, the question of the ethics to use the abortive material for the manufacture of biological preparations.

One of the most acute problems is the artificial termination of pregnancy. The problem of right to live at the initial stage of human existence can be formulated in a question: does the embryo with disabilities have a right for life? Recognition or non-recognition of this right by a person from the moment of conception is the basis of continuous disputes. On the one hand, abortion remains one of the most common means of birth control. From a secular point of view the abortion is an inevitable right of woman on their body. From the Socialist point of view it is hypocritical criticize and urge to ban the abortion in a situation of mass poverty, unemployment and lack of the strong public social programs to help mothers. From the Conservative and religious point of view the abortion should be prohibited as a violation of the God’s will and the artificial abortion is equalized with a murder.

Another problem is surrogate motherhood. "Surrogate mother" is a woman who bears another's embryo, a fetus implanted into her body. Ethical problems arise from the mutual claims of genetic parents and surrogate mothers about the "belonging" of a child born. Such disputes can upset the moral climate in a family that adopted a child brought up by a foreign woman, and most importantly, make the child’s life complicated.

Ethical problems of technologies that artificially support life – genetics and genetic engineering – are complex. Particular responsibility should be given to the genetic engineering in the future to synthesize previously unknown genes and incorporate them into already existing organisms. New "engineered" organisms that have entered our habitat will be fundamentally different from those beings whose behavior has long been studied, and so they can be much more dangerous. Therefore, in terms of biomedical ethics, the question arises: is there always something that can be done in the field of gene technology should be done? On the other hand the gene technology is no more than a radical development of than inevitable human characteristic – the ability to purposefully change the natural environment and itself.

The problem of human cloning should be considered in this context. Proponents of human cloning see it as a promising reproductive method that can be used by people who are unable to otherwise reproduce their genes and to obtain their own child. Opponents point out that the result of cloning is not the

child of their parents, but the twin of the father or mother what gives rise to new moral and legal problems. On the other hand, there is a certain risk of abuse and speculation on the misery of childless people. Therefore, there is currently a ban on human cloning. Anyway students should understand that as every new scientific discovery and technological invention the cloning is not a problem itself – problem around that question is based on non-predictable character of that advantage usage in the system of current social and economic relations.

Increasingly important is the question of the hospices functioning. *Hospises* are special care organizations which usually provide care for the terminally ill people. The activities of hospice staff are aimed at creating human conditions for dying with dignity. In hospices the primary importance is payed to the patient's personality, its desires and emotions. The basis of the modern hospice movement is a special ethic and philosophy of treatment according to which the death and birth are equally natural processes, the death cannot be hurried or slowed down. The dying person needs the help of a special kind: medical stuff helps it to cross the line between life and death. Chronic pain and suffering change the person's worldview: a pain prevents a patient from a reflection, memoirs, thinking; pain is able to displace ethical needs, ethical motivation for behavior. Hospice creates such conditions, lifestyle, "living space" that allows a patient to take control over the pain and suffering. It provides a quality of life when the present, not the future, is self-sufficient and relevant.

The third question of the topic compares a correspondence of the terms "medical care" and "medical service". There is still no consensus among scientists about these concepts and their connection. At the legislative level, the concept of *"medical care"* is formally defined as the activity of professionally trained medical practitioners aimed at the prevention, diagnosis, treatment and rehabilitation of diseases, injuries, poisonings and pathological conditions, as well as aid in connection with pregnancy and childbirth. Thus, according to the state-guaranteed free medical assistance program in Ukraine "medical assistance is a type of activity that includes a set of measures aimed at improving and treating patients in a condition that at the time of medical assistance threatens life, health and efficiency and is carried out by professionally trained workers who are entitled to it under the law". The concept of health care development in Ukraine defines health care at three levels: at the primary level it includes preventive measures, outpatient treatment and inpatient care in the main specialties, in the secondary – specialized, technologically sophisticated, in the third level – high-tech care and treatment of the most complex and rare diseases.

From the second half of the 20th century, in the legislation and scientific literature along with the term "medical aid" the term *"medical service"* appeared which is a reflection of certain social processes. In Ukraine that happened after the collapse of the USSR and transition to the market economy. In the Ukrainian legislation the definition "medical service" includes sequentially

defined health care actions aimed at prevention, diagnosis, treatment of disease and rehabilitation which have definite value and fixed cost.

The medical literature distinguishes the following basic approaches regarding a relation between the concepts of "medical care" and "medical service": 1) medical care is in fact equated to medical service; 2) medical care is a component of medical service; 3) medical care and medical service are different; 4) medical care is a broader concept than medical service. According to researchers, the latter position is the most justified because it includes a complex of primary medical services; the range of services included in free medical care, which is provided to all individuals without exception, while the service is always personal; preventive measures and complex of paid medical services. The right for health care is an integrated concept that includes health care and medical services. "Medical aid" is a broader concept than "medical service" taking into account the fact that medical services are in most cases paid and can be provided at the expense of legal entities, insurance companies, personal funds etc. While medical care is always free, in Ukraine it is a constitutional right of every citizen. Experts agree that a more precise, official definition of “medical service” should be provided and legally regulated what will create additional possibilities for control and protection of individual rights.

Thus, the decisive criteria that distinguishes “medical care” from “medical service” is a degree of threat to one's life, since medical care is usually provided in a critical condition to life/health.

Therefore, the medical subculture is a ground for solving the most complex medical and ethical problems of the 21st century. Their successful solution depends on the close interaction of all elements of the modern medical community based on an ecological and humanistic values. Our main task is to preserve and expand human rights in the process of dynamic transformation of the medical sphere, acceleration of technical progress and expansion of scientific knowledge.

Requirements to abstracts

An important part of studying is a preparing a report with presentation. This form of educational work helps students learn how to carry out scientific research, design them in the correct way and present the results to the public. The presentation is encouraged to formulate questions to the speaker on the part of the audience, since the ability to formulate questions correctly is very important in the scientific circles. There are following criteria for preparing student presentations.

Presenation

Presentation during the practical lesson consists of three parts: abstract, speech and the Power-Point presentation or another way to illustrative the information.

Requirements to abstract

The abstract is a summary of the scientific research on the certain topic or the book review accompanied by the student's comments and analysis. The abstract is an original text on a particular problem based on the analysis of recommended literature. To prepare the abstract student should choose a topic, make a plan, find relevant literature, study and arrange information, write the text according to the plan.

1. The abstract must be designed in accordance with requirements.
2. The total size of the abstract should be 10–15 pages of the typed text (all margins of 2 cm; font Times New Roman 14; line spacing 1.5; paragraph indent 1.25). Pages should be numbered starting with page 3. The first page is a cover letter (page number is not specified). It contains the university name, names of the department and a study discipline, in the middle – the abstract's topic, full name of student, as well as the full name of the scientific supervisor, name of city and year. The second page (the page number is also not specified) contains the abstract's contents (names of sections with numbers of pages, including the list of references).
3. Student should make references of cited sources or given data in the text of abstract. References are placed according to alphabet of first letters of authors' names or books' titles with an indication of city and year of publication. The reference to electronic resource includes the publication's name, name of the resource and the address of a web page (URL).
4. The text of the abstract should be structured (introduction, sections of the main part, conclusion). The introduction should explain the relevance of topic, purpose of research, author's interest and **formulate the research problem**. The main part should consist of 2 or more sections which reveal the problem. It is expected that those sections would contain **the analysis of literature on the topic**. The conclusion presents the results of the problem analysis and **answer to the main problem question** that was formulated in the introduction.
5. The abstract is submitted to the teacher in a bound form.

Presentation

The time-limit for the presentation to the audience is 5–7 minutes. The student should freely know and explain the topic's content, be able to answer the questions and not to read the abstract addressing the listeners.

The Power-Point presentation shouldn't consist of slides with a solid text without pictures. Student should understand that a number of slides depends on the time-limit and that's why shouldn't be more than 10 slides. Slides contain the minimum of text (only unknown words, key definitions and names, dates, points of the abstract), mainly pictures, portraits, maps, diagrams, infographics, references and research goal, main points and conclusion, should help student to structure and illustrate the speech (accompany it).

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Навчальне видання

ІЛЬЇН Вадим Геннадійович
ТРОЦЕНКО Олексій Володимирович

МЕДИЧНА СУБКУЛЬТУРА

Навчально-методичний посібник
(для англомовних студентів)

Відповідальний за випуск І. Ю. Робак

Комп'ютерна верстка О. Ю. Лавриненко

Формат А5. Ум. друк. арк. 2,0. Зам. № 20-33950.

Редакційно-видавничий відділ
ХНМУ, пр. Науки, 4, м. Харків, 61022
izdatknmurio@gmail.com

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