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food, or, in the opinion of GMO supporters, “food of the future”, has a unique opportunity to save the world from hunger, protect the planet from environmental and demographic disasters. At the same time, GM plants already violate the ecological balance in nature and can negatively affect our health.

BIOETHICAL PROBLEMS OF USING ASSISTED REPRODUCTIVE TECHNOLOGIES

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The formation of bioethics is primarily due to the changes that have occurred in the scientific and technological re-equipment of modern medicine and the steady tendency towards its humanization and socialization. All these processes exacerbated the moral problems facing the doctor, relatives of patients and medical staff.

To date, a number of social problems of bioethics remains poorly developed. These include, in particular: the specificity of the nature and characteristics of the manifestation in biomedicine of moral values that contribute to maintaining and strengthening public health; discrepancies in the ethical and philosophical understanding of such categories as life, death, health, their criteria; solving related issues about the human right to life and death, the status of the embryo, the moral problems of artificial insemination, cloning, human genetics, transplantology, resuscitation, euthanasia, etc. Today, these problems have crossed the scope of natural science knowledge: to solve them, a broader theoretical and methodological development of the problems of global and social bioethics, corresponding to the tasks of maintaining and strengthening public health, is required.

Bioethical problems also arise in artificial insemination technologies. The origin of human life is the goal of such medical technologies as artificial insemination, in vitro fertilization and transfer of the embryo, gametes, zygotes, and “surrogate motherhood”. The need for such technologies is associated with the

problem of infertility. In Ukraine, 20% of married couples suffer from infertility, that is, approximately one in five out of 15 million couples cannot conceive a child in the traditional way.

The causes of primary infertility are most often a genetic or physical defect. Secondary infertility occurs in the process of human life, both in women and in men. Studies show that 50% of secondary infertility is caused by abortion. For couples in 4% of cases, the cause of infertility may be immunological incompatibility. Demand for artificial insemination technology comes not only for medical reasons, but also for social reasons. The practice of reproductive centers indicates that the desire to have their children is expressed by representatives of those professions for which pregnancy is accompanied by the loss of business partners, married couples of non-traditional sexual orientations. In this regard, a difficult question arises: is there any point in legislating such social requests? The use of artificial insemination technologies raises a number of bioethical problems: the rights of a married couple in deciding whether or not to have offspring; commercialization of services provided by assisted reproduction centers; the rights of a doctor and scientist to use assisted reproductive technologies (ART) for treatment and research in the field of human reproduction; early human embryo: its protection by law, the permissibility of research on early human embryos; gamete conservation and donation of human embryos; surrogacy: medical, ethical and legal issues; the concepts of “family”, “parents”, “children” and their changes in light of the use of ART. The acuteness of the questions posed is due to the fact that in recent years single women and representatives of sexual minorities have begun to participate in assisted reproduction programs abroad. The use of ART is changing the usual understanding of the structure of a family in which there will be 5 parents at once: legal father and mother, sperm donor (biological father), egg donor (biological mother), surrogate mother. Methods of artificial insemination by donor sperm (AIDS) and husband's sperm (AIHS) are mainly used in cases of male infertility and male impotence, if the husband and wife are incompatible due to the Rh factor and some other cases. In

connection with the use of artificial insemination technology, the following bioethical problems arise: anonymity of donors and recipients; an opportunity for couples using donor sperm to receive information about the donor; parental rights of the donors of germ cells and embryos; the right of adult children to have information about the “biological father”; age limit for sperm donation, etc. The donation of gametes (sperm, eggs), which is one of the forms of donation of genetic material, stands apart from a number of similar phenomena in medical practice.

The experience of medical practice in foreign countries sheds light on some issues. So, in France, where there are more than 20 centers of artificial insemination, the selection of donor sperm necessarily includes the following requirements: donors are examined for the presence of sexually transmitted diseases; only men with children can be donors. The issue of fertilizing an unmarried woman in different countries is being addressed in different ways. Sometimes, single women do not recognize the right to artificial insemination; in other countries there is no such norm. In this regard, Sweden, for example, is usually called the country of “reproductive tourism, in which women from countries with more stringent laws come to go to AIDS.

Another modern reproductive technology is in vitro fertilization, otherwise referred to as in vitro fertilization and embryo transfer (IVF and ET). The idea of fertilization outside the woman’s body arose in the last century, and it was practically launched in the 1940s, when American scientists carried out the “in vitro conception”. Indications for the use of IVF and ET are primarily the absolute infertility of a woman, for example, in the absence of the tubes or ovaries (in the latter case, donor eggs are used). A lot of controversy is being conducted regarding the fate of the remaining “excess” fertilized eggs (cryopreserved, they can persist for a long time). If pregnancy does not occur immediately, then they can be used in subsequent cycles. If pregnancy occurs, then “excess” fertilized eggs are literally “superfluous”. Numerous disputes are ongoing around the so-called “surrogate motherhood”. In this case, the egg of one woman is fertilized in vitro, and then the

embryo is transferred to the uterus of another woman - “mother-carrier”, “temporary mother”, etc .; in this case, the social mother - the employer - can be either the woman who gave her egg, or a third woman in general. Thus, a child born through such manipulations may have five parents: 3 biological (male sperm donor, female egg donor and female donor of the womb) and 2 social - those who act as customers. The attractiveness of surrogacy in cases where the cause of infertility is the lack of a uterus in a woman is obvious.

There are cases when the peculiar donor function of a “mother carrier” was performed by the mother or sister of a woman suffering from infertility. Family ties in this case are extremely confusing. More often, however, this practice is carried out on the basis of a contract that provides for payment for the services of both the “female carrier” and the doctor, as well as the lawyer who makes up the contract.

Orthodoxy expressed its attitude to ART. The position of Orthodoxy in this matter is directly related to the understanding by Christianity of the essence of marriage. Marriage is a sacrament, the integrity of matrimony. This is the union of “soul and body,” and procreation is not the only purpose of marriage. A person’s behavior that is contrary to these provisions is assessed as sin, as evil. Orthodoxy differentially approaches the assessment of different methods of insemination: the artificial insemination of an unmarried woman is rejected and evaluated as a form of fornication; artificial insemination of a married woman, but without the consent of her husband, is rejected and evaluated as adultery, sin. Artificial insemination of a married woman with her husband’s sperm is estimated ambiguously: some representatives of Orthodoxy consider the insemination of the husband’s sperm unnatural, since the child is not conceived as a result of normal sexual intercourse; others believe that insemination with the husband’s sperm does not destroy the integrity of marital relations. The above positions are characteristic of both foreign and domestic Orthodoxy.

Thus, a wide discussion of “problem situations” in modern society has become a manifestation of the ideology of protecting human rights in medicine. Modern

medicine, biology, genetics and biomedical technologies have come close to the problem of predicting and managing heredity, the problem of life and death of an organism, and monitoring the functions of the human body at the tissue, cellular and subcellular levels. Today, these problems have stepped over the scope of natural science knowledge: to solve them, a broader theoretical and methodological development of global and social bioethics problems corresponding to the tasks of maintaining and strengthening public health, as well as observing the rights and freedoms of the patient as an individual, is required.

CONFLICTS IN THE PEDAGOGICAL PROCESS

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The pedagogical process is based on the personal relations between teachers and students. This kind of relationships are colored by a rich palette of teacher`s feelings which help to reach the secrets of the students` soul to influence their feelings. Conflicts in pedagogical communication impede the full development of personality, which is contrary to the main purpose of education. They can be considered as a result of professional and interpersonal interaction of participants in the educational process which most often cause them negative emotional background in the communication, and which presuppose constructive conflict and elimination of its causes [1]. Conflict in pedagogical activity is often manifested as the teacher`s desire to assert his position and as a protest of the student against unfair teacher`s punishment and misjudgment. Success in evaluating an act often leads to mistakes, causes anger at the student by the injustice of the teacher, and then the pedagogical situation goes into conflict [2]. In itself, pedagogical conflict is a normal social phenomenon, quite natural for such a dynamic society. However, conflicts in pedagogical activity often for a long time violate the system of relationships between teacher and students, cause stress, dissatisfaction with their work. In this regard, the