

SSMU

Subject: Latin language

Head of chair: Zhorokbaeva M.D.

SIW

Deontology

Prepared by Orazbekov Bogdan, 1
course, 145 GM

Checked by Shakirova B. T.

Plan

- Introduction
- What is the deontology
- Obstetrician-gynaecologist's deontology
- Oncologist's deontology
- Surgeon's deontology
- Conclusion

- Most of people wonders, how many awkward situations and moments doctors can bear. Medical worker feels the same difficulties of a new meet with disease, but he or she maintains the rules of linked to specialty deontology

- Deontology is an assemblage of ethic norms how medical workers must do their special responsibility.

- Deontology begins on medical ethics that observes how to interact with co-workers, patients, their relatives. They are connected between each other but are not contiguous.

Obstetrician-gynaecologist

- Independence: patient has a right to behave according to own principles
- Action for good cause: doctor must direct every own effort for good cause of patient.
- Secrets keeping: doctor must keep in silence all the details about patient (medical secret might be disclosed only according to of patient to judgment).
- Agreement: every diagnostic and treating actions is lead only after agreement of patient.

Obstetrician-gynaecologist

- Knowledge: before to obtain the permission from patient doctor must introduce the ill into meaning and purposes of procedure, into benefits and risks after its leading and possible alternates.
- Trust: it's a milestone of interaction between doctor and patient .
- Fair: patient has a right to get what it's owned by him or her.

Obstetrician-gynaecologist

- Intimate-sexual, psychological, ethic and social problems take place during the treatment of obstetrician-gynaecologic diseases that hardens the work of medical workers essentially. Female modesty manifesting is absolutely natural during examination. We should be with a great respect to this psychological phenomenon. It's needed the tactfulness and carefulness in discussion and examination for establishment of good relations with patients.

Oncologist

- Doctor's purpose is to allay and to prepare the patient psychologically to the future treatment, convincing him or her that this disease is remediable. But it shouldn't to report the patient about cancer or malignant tumor presence with controversial end. The more patient wants that true is opened to him, the more he's afraid of this. Single exception is undervaluation of patient with following refused treatment. But even in such cases it's desirable not to use terms «cancer», «sarcoma».

- It mustn't admit that confirming the malignant tumor documents and data aren't noticed by patient from deontologic side . You should keep maximal carefulness while you're talking over the telephone about the ill, his analysis of X-ray frame and results of special examinations **in the presence of patient.**

- If patients are afraid of future surgery we must explain to patient, that before solving the question of surgery in the hospital consequent treatment will be lead to him, that accommodates safe surgical interference.
- Due to disfiguring effect of cancer surgery, people worry about this. Solution is to say how to hide these defects

- If the cancer passes into extensive stage, doctor should hide the true currency of disease and direct the attention of patient about non-significant disease which is possible to treat in long time.

Surgery

- Only doctor or head of department should tell the illness diagnosis to the patient in understandable fashion
- We should give notice the ill's relates about surgery need , especially when it leads to the risks and complications
- Compellation to patient must be respective and gallant: we should compel to the patient on name and patronymic, not just “patient”

- All the medical workers must interact to each other without additional familiarity in the presence of ill.
- Patient is very sensitive to gestures, stares, even to the tone of medical staff so she must express a real compassion, that inspires the diseased and give confidence in treatment

- Saving of clinical records and data of laboratory examinations must be laid to exclude the access to them completely of relatives and third people
- Medical staff has no right to divulge diagnosis of such illness, who are in department, among the relatives and friends. It mustn't inform third people about complications or unfavorable course of postsurgical period.

Pediatrics

- «Non nocere!» («Don't harm!»). Every treatment, action, administration of doctor must be directed for good cause, bring him the benefit
- Human life is the highest wealth.
- Paternalistic principle is taken by the doctor while child is treating
- Contact with a child is necessary because parents fell the confidence for the doctor

Pediatrics

- We should know how to call off the attention from the fear of child
- Hard will even can save the child's life, because parents sometimes lose their correct perception and wishes

Conclusion

- Deontology is very useful for us as doctors, because patients need a safe feeling, but they are their obstacles to reaching of this feel. Doctors put many powers on wealthy treatment and previous science is a great helper, following m

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