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DEONTOLOGICAL ASPECTS OF THE DEVELOPMENT OF THE MEDICAL CULTURE OF FUTURE DOCTORS

Fozilov Feruzjon Abdumominovich
Andijan State Medical Institute

Annotation:

This article reflects on the development of medical culture in future doctors through the means of neurolinguistic programming technologies of Future future doctors studying in medical institutes.

Keywords: courtesy, decency, reliability, sensitivity, justice.

The degrees of medical culturality of future doctors begin with their interaction with patients who have them first. Personal qualities that develop a medical culture in caring for the patient in future doctors: high professionalism, care and attention to the sick, patience, politeness, a high sense of responsibility for the fate of patients, control of your emotions. These qualities are distinguished from the degrees of medical culturality.

Deontological aspects of the development of the medical culture of future doctors:

1. The system of subordination of the minor to the elder. The nurse must strictly follow the medical instructions, monitor the dosage of the drugs, the time and sequence of their intake. Negligence and error can threaten the patient's life and lead to irreparable consequences. The nurse may not cancel the doctor's instructions on her own or do it at her discretion. He should not take on the responsibility of diagnosing and treating a patient without a doctor's prescription. If there are changes in the patient's condition that require stopping medication or prescribing new medications, it is necessary to inform the doctor about this, he will provide appropriate instructions. In emergency situations, in the absence of a doctor, instructions are given by the nurse of the appropriate department. Medium and small medical personnel in other departments of the department should perform them immediately and unconditionally;
2. Courtesy. Criticism of your colleagues with the participation of patients and visitors is unacceptable. This undermines the reputation of the person being criticized and deprives patients of further Trust, which can exaggerate the importance of the mistake made. The patient should be addressed with the name "you" and the name and patronymic. When talking to the patient, you need to



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monitor the content of your speech, intonation, facial expressions and gestures. A benevolent attitude towards the patient should not turn into familiarity.

3. Decency. In critical situations (bleeding profusely, cardiac arrest, etc.), panic and disorder should not be allowed. Actions should be clear, purposeful, without fuss. It is unacceptable for medical personnel to shout at the entire department when contacting each other at a long distance. It is necessary to come to a distance where it is possible to talk quietly.

4. Reliability. It is important to give the patient confidence in recovery, the absence of a feeling of disgust. The biggest challenge is to take care of patients with extensive purulent-rotting wounds, stomach and intestinal leaks, bed sores and paralysis. Such patients are required to use special care methods, change bedding and underwear more often, eat in bed and meet physiological needs, etc. All this must be done skillfully, without causing additional pain to the patient. At the same time, medical personnel should not show disgust or show discomfort from performing a particular procedure.

5. Sensitivity, warmth, friendship. It is possible to gain the patient's trust only if the patient has sincere sympathy and understanding of his condition. Indifferent, compassionate, unbalanced people should not be allowed to work in medical institutions, especially in surgical departments. Rudeness, formal attitude to work, self-confidence, arrogance, arrogance and rudeness are unacceptable qualities for medical personnel.

6. Equally important is the high professional level of medical personnel, their high spiritual and moral qualities in harmony with their appearance. Dirty clothes, dirty robes and excessive use of cosmetics make the patient doubt the professionalism of the medical worker. And these doubts are often justified.

7. Maintaining medical secrecy is the Professional Responsibility of all medical personnel. All information included in the history of the disease is available to the nurse - the history of the disease, the results of examinations and consultations, the protocol of the operation, etc. Therefore, not only the doctor, but also the ward nurse knows the essence of the disease. Often the patient asks the nurses about his diagnosis, upcoming surgery, and possible complications. It is necessary to firmly understand that the patient is not explained about his illness and treatment by anyone other than the attending physician or the head of the Department. In no case should the patient be informed that there is an incurable disease, especially edema. As for the prognosis of the disease, it is always necessary to express firm confidence in a



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positive result. The task of the doctor is to treat the patient sincerely, attentively and build confidence in the positive outcome of treatment for him. Hippocrates wrote: "surround a sick person with love and reasonable comfort, but most importantly, leave him without knowing what threatens him." For prospective physicians, the Hippocratic Oath States: "whatever I see or hear when dealing with my profession or communicating with people outside of it, I consider it my duty to remain silent in this case, I keep quiet about things that shouldn't be disclosed". A medical officer is exempt from maintaining medical secrecy in the event of diseases that threaten the health of other people (infectious and sexually transmitted diseases, information about HIV infection, AIDS, poisoning, etc.). Medical documents with research results should be open to the patient. Their misinterpretation by the patient can lead to the fear of a certain disease ("phobia") - cancer (carcinophobia), heart disease (cardiophobia), etc. An incorrect conversation, especially with a suspicious patient, can cause a painful condition. or a disease in it, called a yatrogenic disease (in Greek, *yatros* - a doctor, *genes* - are formed).

8. Communicativity (initiation into interaction). Future doctors should always try to improve their medical culture and your skills. The relationship between service providers and recipients in Medicine shows the important importance of information sharing and medical culture in these processes. Doctors must constantly communicate with the patient's relatives and close friends. When hiding from the patient the presence of an incurable disease or the deterioration of his condition, this should be transmitted to the close relatives of the patient in an understandable form to them. It should be remembered that among them there may be patients whose data can lead to a deterioration in their condition. Only the Attending Physician leads this conversation with relatives.

9. Justice. The principle of justice requires equal and fair use of health services for everyone, regardless of social status, race, gender and other factors.

10. Conscientiousness. Doctors are obliged to be honest and conscientious in their work. This includes Honest information, as well as transparency in relationships with patients and colleagues.

The conclusion in general is: medical culture and good behavior require constant exercise. It is impossible to stop, take a break. You can never be a good Mannerist if you behave differently at home and on the street.



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