

The Concept Of T. Beachamp And D. Childres.

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Annotation. The literature on bioethics offers various options for systematizing the universal principles and norms of biomedical ethics. The concept proposed by well-known American experts Tom Beechamp and James Childres in his work "Principles of Biomedical Ethics" has received the **widest recognition**¹.

Keywords. Principles of biomedical ethics, "do no harm", "do good", Bioethics and Human Rights.

The authors put forward four principles as fundamental: respect for the autonomy of the individual, do no harm, do good and justice. The principles of "do no harm" and "do good" have been the fundamental foundations of traditional medical ethics since the time of Hippocrates, and the principles of respect for the autonomy of the individual and justice are becoming relevant at the present stage of development of biomedical ethics. According to Beechamp-Childres approach, principles do not have a hierarchical order. They are considered equivalent and act together, creating a kind of moral framework for medical activity.

1. The principle of respect for the autonomy of the individual is based on the recognition of a person as an unconditional value and implies a free choice of an individual in relation to his life and health (choice of a medical institution, an attending physician, consent or refusal of treatment, etc.). At the same time, the choice that the patient makes, no matter how it disagrees with the position of the doctor, should determine the further actions of the latter. Thus, the right to choose and responsibility for it are not entirely concentrated in the hands of the doctor but are distributed between him and the patient. The patient can perform an autonomous action if he is competent (aware of the consequences of his decision), informed and performs it without any external coercion, voluntarily. Obviously, compliance with these conditions is possible only in the case of an active dialogue between the doctor and the patient.

In medical practice, there are often situations when patients cannot make a fully conscious decision, either due to age (children) or health reasons (persons suffering from mental disorders, etc.). In this case, autonomy is transferred to their legal representatives (close relatives, adoptive parents, guardians, trustees). If there are no legal representatives or it is not possible to locate them, the decision may be made by a doctor or a council of doctors. At the same time, their action should be justified by the principles of "do no harm" and "do good".

2. The principle of "**do no harm**" in Latin wording "Primum non nocere!", Which means "First of all, do no harm!". This principle goes back to the ethics of Hippocrates and is considered a moral foundation of medicine. The principle implies a need to avoid harm that the doctor can cause to the patient. Causes of harm may be inaction and failure to help those who need it; negligence and malicious intent; accidental errors and thoughtless or unskilled actions of the doctor. A doctor can also inflict moral harm on a patient related to withholding information and deceiving the patient, disclosing medical secrets, rude and inattentive attitude, etc. Of course, a moral duty of a doctor is to exclude from his practice the harm caused by these reasons. However, it should be noted that any medical intervention is associated with a risk for the patient, and it is often impossible to completely avoid harm. Therefore, when deciding whether to perform a therapeutic, diagnostic or prophylactic procedure, the physician must constantly weigh the benefits and risks associated with a particular intervention. It is important here, firstly, that the harm caused does not exceed the benefit that is acquired as a result of medical intervention, and, secondly, that with the chosen course of action, this harm should be minimal in comparison with all other possible options.

3. The principle of "**do good**" requires active action aimed at saving lives and restoring health, alleviating the pain and suffering of the patient. Unlike the "do no harm" principle, these actions involve not

¹ Beauchamp T.L., Childress J.F. Principles of biomedical ethics / 4 th ed. New York; Oxford University Press, 1994

so much rational considerations as feelings and emotions such as compassion and mercy. At the same time, the doctor is obliged to take care not only of the welfare of the patient, but also of the welfare of society (for example, to fight the spread of epidemics), as well as the welfare of science, without which the progress of medicine is impossible. Difficulties arise when contradictions between these kinds of goods are revealed. From the standpoint of modern biomedical ethics, the interest of science should not prevail over the interests of a particular individual. However, in exceptional cases, it is considered morally justified to restrict the freedoms of an individual for the benefit of society.

4. The principle of justice at the level of doctor-patient relations involves providing assistance to the patient, regardless of his gender, age, race and nationality, social and financial status, political beliefs and religion, personal preferences of the doctor; at the level of the health care system as a whole - equal access for all groups of the population to obtaining biomedical services and benefits, the availability of pharmacological agents, and the protection of the most vulnerable segments of the population. When distributing scarce health care resources, one must turn to certain criteria of justice - equality, consideration of individual needs or merit, etc. Of course, none of them can be considered absolute and often several criteria are used to distribute limited medical resources.

In addition to these principles, the following can also be noted:

- the principle of respect for human dignity, which implies the recognition of the intrinsic value of each person, including people who, due to their physical or mental condition, do not have the opportunity to express their will;
- the principle of integrity, emphasizing the physical and mental identity of the individual to himself and prohibiting the manipulation or destruction of this identity;
- the principle of vulnerability, which characterizes the fragility and finiteness of every life, and requires special protection and attention in relation to certain groups of the population (the poor, the illiterate, children, the disabled).

In October 2005, the General Conference of UNESCO adopted the Universal Declaration on Bioethics and Human Rights². The Declaration addresses ethical issues relating to medicine, the life sciences and related technologies, and establishes 15 principles to ensure that these areas of activity respect human dignity, human rights and fundamental freedoms.

However, it can be considered as a legal custom, since it finds its logical conclusion in the article "Law on the protection of the health of citizens of the Republic of Uzbekistan"³. Almost all countries have similar laws. Naturally, the boundary between the ethical interpretation and the legal application of this principle is very flexible. It can be determined based on the concept of human rights in the interpretation of each specific case. This article, as you know, regulates the activities of medical workers. It does not apply to people outside the medical community. At the same time, the ethical principle can be applied to everyone.

As you know, many people sometimes show excessive interest in personal information that the patient discloses to the doctor. This information is traditionally, ethically and legally protected confidentiality.

Confidentiality is a strict but not absolute obligation. There are principles and circumstances that justify exceptions to the rules of medical ethics. This is perhaps one of the most difficult problems in medical ethics: the value of confidentiality requires that physicians who are in breach have a very good reason for doing so. The ethical justification for a breach of confidentiality is based on the principle of justice and depends on the context of the case. In general, there are two grounds for exceptions to the rules of medical ethics: a threat to the safety of others and a threat to public welfare.

The conditions of modern medical care give rise to the problem of careless handling of confidential information. The reports are not protected enough and are available to many people, including those who do not have a professional relationship with medicine. Providers and non-medical staff can talk about patients in public places. The real challenge to privacy in modern healthcare has been the use of information technology to create, store, correct and access information. The computerization of medical records increases statistical

² Universal Declaration on Bioethics and Human Rights.

https://www.un.org/ru/documents/decl_conv/declarations/bioethics_and_hr.shtml

³ Law of the Republic of Uzbekistan Ensuring guarantees of the rights of citizens to health protection by the state. www.lex.uz/acts/41329

information and facilitates administrative tasks. But the relative availability of medical reporting information to interested third parties, entrepreneurs, management services, family members and others, threatens the patient and even the doctor responsible for the preservation of information. For example, recent technologies for predicting genetic diseases or susceptibility to them produce information of interest not only to the patient and his doctor, but also to the patient's relatives, employers and insurance companies.

Literature:

1. Mukhamedova ZM. Bioethics in Uzbekistan: History, issues, prospects. Asian Bioethics Review. 2015;7(5):501-11.
2. Мухамедова ЗМ. Интеграция гуманитарных наук в медицинское образование: проблемы и перспективы. Journal of Health Development. 2019(1 (30)):37-45.
3. Nugmanovna MA. The place and significance of social and legal control in the legal socialization of the individual in civil society. Asian Journal of Research in Social Sciences and Humanities. 2022;12(2):21-33.
4. NUGMANOVNA OF. ABORTION AS AN ETHICAL PROBLEM. Journal of Modern Educational Achievements. 2023 Sep 13;9(9):31-9.
5. Zamira M. BIOETHICS IN UZBEKISTAN: HISTORY, ISSUES, PROSPECTS. FALSAFA VA HAYOT XALQARO JURNAL.:61.
6. Mukhamedova ZM. Bioethics in Uzbekistan: History, issues, prospects. Asian Bioethics Review. 2015;7(5):501-11.
7. Nugmanovna MA. Ethical Problems Of New Reproductive Technologies. Miasto Przyszłości. 2024 Apr 19:9-12.
8. Mukhamedzhanovna MZ, Akmalovna UN. Historical and modern aspects of Islamic philosophical, religious and ethical traditions in medicine in Uzbekistan. Eubios Journal of Asian & International Bioethics. 2020 Jan 1;30(1).
9. Mukhamedzhanovna MZ, Nugmanovna MA, Akmalovna UN, Abdusamatovich KS, Rakhmatullaevna UL, Shukhratovna TD. ROLE OF BIOETHICS AND PUBLIC HEALTH IN PROVISION OF FAIR AND QUALITY MEDICINE. European Journal of Molecular and Clinical Medicine. 2021 Jan 1;8(1):1047B-.
10. <https://www.uc.edu/content/dam/refresh/cont-ed-62/olli/22-winter/bioethics%20four%20principles.pdf>
11. <https://bioethics.jhu.edu/wp-content/uploads/2021/10/Beauchamp-and-Childress-Principles-of-Biomedical-Ethics-Chapter-1.pdf>