

Features of deontology in oncology

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Abstract: The article analyzes the main points and features of deontology in oncological practice. The oncologist in his practice meets with the issues raised on a daily basis. Examples are also given from practical situations that probably every oncologist has encountered. The work emphasizes an important feature of deontology is the need to constantly fight against the widespread belief that malignant neoplasms are incurable.

Keywords: deontology, cancer, carcinophobia, cancer, malignant neoplasms

Whether or not to inform a cancer patient of his diagnosis has been debatable for many years. This problem is primarily based on the medical tradition of sparing the patient's psyche. When concealing a diagnosis from a patient, the question is raised of what is more from such silence - benefit or harm - neither doctors, nor psychologists, nor deontologists can unambiguously say. On the one hand, the right of a person to know what is happening to him, but on the other hand, the negative consequences of such knowledge, the fear of death, "cancerophobia".

To date, an increasing number of oncologists do not hide the diagnosis of cancer from patients, especially those of its forms that are easier to radical treatment. To the question: "Do you think that the patient should know about a hopeless prognosis?", 27% of doctors answered in the affirmative, and 46% answered negatively. And only 5% actually informed the patient about such a diagnosis [1, 6, 7].

Based on clinical expert work. In order to study the ethical and legal aspects of the issues of deontology in oncology, we analyzed the scientific and educational literature and individual legal documents on this issue.

Medical deontology (from the Greek deon - duty, due; logos - word, teaching) - the science of the physician's duty to the patient and to society; moreover, we are talking not only about purely professional duties, but, above all, about moral aspects, spirituality, humanity [2,8, 9].

Every doctor in his work and practice must adhere to the ethical principles of the Geneva Declaration of the World Medical Association (1994), the International Code of Medical Ethics (1983) [3,10, 17].

Academicians N.N.Blokhin and N.N.Petrov attached particular importance to the ethical and psychological aspects of helping patients. N.N.Blokhin noted that deontology is a broad concept, it includes "the need for a doctor to be ready to help

the patient, to build relationships with patients, their relatives, colleagues, and their teachers” [4,14,15].

The appearance of a doctor, the ability to communicate with a patient can contribute to mutual understanding with the patient, his relatives, the parents of a sick child, or, conversely, indifference and rudeness will repel the doctor, cause negative emotions, up to manifestations of aggression. Accuracy, smartness, benevolence, accuracy and commitment, these are the features that attract a doctor, inspire confidence in him, regardless of his age.

An oncologist is constantly in contact with patients who are mentally traumatized by their, as they often believe, fatal disease. The ability to win the trust of the patient is an indispensable component of successful treatment. This category of patients is under dispensary observation for life, and the timeliness of detection of relapses and tumor metastases depends on the contact of the doctor with the patient, when timely treatment can, if not save, then significantly prolong life.

Many doctors, not having the means of treatment in an advanced stage of cancer and the opportunity to at least give some hope to his relatives, doctors do not immediately and unconditionally reject the possibility of contacting the so-called traditional healers. Giving himself excuses that there is nothing to do, why not try, the patient is absolutely hopeless, and suddenly he will be helped. Thus testifying to professional and deontological helplessness.

When talking with relatives, relatives, and sometimes with the patient himself, the doctor must take a strong and uncompromising position.

The first deontological task of oncologists, in relation not to an individual patient, but to society, refuting the emerging myths and legends about the appearance of miracle remedies from tabibs (healers) by resorting to treatment with traditional medicine.

Example (case report): A 62-year-old patient was diagnosed with a malignant neoplasm of the rectum, with invasion into neighboring structures, multiple metastases in the abdominal cavity and liver. Cachexia. From the anamnesis, for a long time, with the appearance of the first symptoms, she did not seek medical help for various reasons: for shame, for a frivolous attitude towards herself, but most importantly, out of fear of a terrible diagnosis. Due to the impossibility of radical treatment, it was decided to use symptomatic (palliative) treatment. Relatives from hopelessness resorted to the help of a traditional healer who recommended treatment with ointments of his own preparation.

And unfortunately, there are a large number of such cases of oncological practice.

Example (case report): A 65-year-old patient was admitted to a dispensary in a serious condition with a diagnosis of a volumetric formation in the area of the outer

surface of the shoulder, with elements of disintegration of the formation (suppuration, bleeding, fetid odor), signs of cachexia. From the anamnesis, from the moment a small formation appeared, she was sent to a dispensary for examination and clarification of the diagnosis, but on the advice of friends and relatives, she decided to be treated by a healer who used mercury salt (sublimite) as a medicine. In the future, the formation increased in volume, and only after ulceration of the tumor and deterioration of the general condition, they turned to the hospital.

In this case, we are talking about the illiteracy of the population, the absence or poor quality of sanitary educational work among the population. The ambiguity of the etiology of malignant neoplasms gives rise to doubts among the population about the possibilities of medicine. The creation of an atmosphere of distrust is facilitated by the publication in the scientific and public press of superficial judgments about the origin of the tumor, which in many people cause unrealizable hopes for the elimination of the disease in some one "simple" way.

The next feature of deontology in oncology is the need to constantly fight against the widespread opinion among the population about the incurability of a malignant neoplasm. In oncological practice, it is not uncommon to encounter severe emotional reactions to a malignant neoplasm.

Already at the first stages of the initial examination, a cancer patient may experience severe emotional stress, manifested by signs of anxiety, fear, and depression. At this moment, various behaviors are possible, including inadequate reactions: denial of the disease, refusal of treatment, up to aggressive or suicidal moods. Gradually, the oncological patient psychologically adapts to his disease. A.V. Gnezdilov distinguishes several stages of adaptation of patients to their disease:

- psychological shock;
- "reaction of denial" (rejection of the disease);
- aggression (as a response to the "injustice of fate");
- depression (depressed state);
- acceptance of the disease (comfort, agreement with the "inevitability of fate", a relatively harmonious internal state) [3, 11, 16, 12].

A.V.Gnezdilov, in his book "Psychology and Psychotherapy of Losses" (2002), explains the psychological reactions of patients with tumor generalization that they can be compared with the feelings of those innocently sentenced to death without announcing a deadline. This is due to the idea of cancer as an incurable, painful, fatal disease, which causes fear of death, insecurity in the patient, suppresses the will and sense of human dignity.

Therefore, deontological principles in oncology deserve the attention of any doctor who inevitably encounters cancer patients in his practice.

Patients with clinical manifestations of cancer, try to explain their feelings by any other reasons, they think and expect that the painful sensations will pass, trying to be treated with improvised means. The possibility of developing cancer is discarded as unacceptable. Refusal of treatment is not a frequent phenomenon; this may be due to a lack of understanding of deontological tasks and poor information from patients about the nature of the disease.

Example (case report): A 35-year-old patient applied to a dispensary with a diagnosis of induration in the right mammary gland measuring 0.5x1.0 cm. After the initial diagnostic measures, a diagnosis of nodular mastopathy with suspicion of cancer was made. The next tactic was to take biopsy material to verify the disease. The patient did not appear for the procedure, after 8 months she applied again: the formation was 6.0x5.0 cm of a dense consistency, the boundaries were not clear, the axillary lymph nodes were enlarged. Diagnosed with Cancer of the breast with metastases to regional lymph nodes.

Unfortunately, such cases are not isolated, although the patients themselves commit crimes against themselves.

Conclusion: Summing up, we come to the conclusion that an important feature of deontology is the need to constantly fight against the widespread opinion that malignant neoplasms are incurable.

When talking with relatives, and sometimes with the patient himself, the doctor should always pay attention to the psychological state and work in this direction. It is not necessary to immediately go to the disease itself (stages of the process), it is necessary to provide complete information about the modern possibilities of medicine in relation to diagnosis and, of course, modern approaches to treating this pathology.

A doctor should never forget about the law "On the protection of the health of citizens" (1996). In which - citizens have the right to receive reliable information about their state of health, but at the same time, the doctor must always remember and adhere to such a provision as "Medical secrecy".

Turning to healers, we are dealing with impostors who abuse people's trust. From the position of an oncologist in relation to non-professional methods of influencing cancer patients, she must be firm and unshakable.

The main reasons for oncological neglect of the disease among the population are the following: late referral to specialists, asymptomatic or atypical course of the disease, defects in sanitary and preventive measures, as well as the lack of oncological alertness among doctors of other specialties.

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