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# МЕДИЦИНСКАЯ ЭТИКА

НАУЧНЫЙ МЕЖДИСЦИПЛИНАРНЫЙ ЖУРНАЛ  
ЯРОСЛАВСКОГО ГОСУДАРСТВЕННОГО МЕДИЦИНСКОГО УНИВЕРСИТЕТА  
И РОССИЙСКОГО НАЦИОНАЛЬНОГО ИССЛЕДОВАТЕЛЬСКОГО МЕДИЦИНСКОГО  
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## AMENDMENTS AND ADDITIONS TO THE WORLD MEDICAL ASSOCIATION DECLARATION OF HELSINKI “ETHICAL PRINCIPLES FOR MEDICAL RESEARCH INVOLVING HUMAN PARTICIPANTS” [1]

Khokhlov AL, Firsov DE ✉, Sopetina DN

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The current version of the Declaration of Helsinki, adopted at the 75th General Assembly of the World Medical Association in October 2024, represents a significant step forward in the updating one of the basic international documents defining fundamental approaches to regulating medical research involving humans. The amendments and additions to the Declaration reflect the task of ensuring compliance of ethical principles of medical research with real research practice. For 60 years, the Declaration of Helsinki has maintained its importance as an ethical guide upholding the humanistic principles of medical research, motivating the professional medical community to cooperate and consolidate in the prevention of risks to humans, following the interests of science and society.

**Key words:** the Declaration of Helsinki, World Medical Association, medical research involving humans, ethical principles, bioethics

**Author contribution:** the authors made an equal contribution to preparation and writing the article.

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## ИЗМЕНЕНИЯ И ДОПОЛНЕНИЯ К ХЕЛЬСИНКСКОЙ ДЕКЛАРАЦИИ ВСЕМИРНОЙ МЕДИЦИНСКОЙ АССОЦИАЦИИ «ЭТИЧЕСКИЕ ПРИНЦИПЫ МЕДИЦИНСКИХ ИССЛЕДОВАНИЙ С УЧАСТИЕМ ЛЮДЕЙ» [1]

А. Л. Хохлов, Д. Е. Фирсов ✉, Д. Н. Сопетина

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Принятая на 75-й Генеральной ассамблее Всемирной медицинской ассоциации, проходившей в октябре 2024 г., действующая редакция Хельсинкской декларации стала новым этапом процесса актуализации одного из базовых международных документов, определяющих принципиальные подходы к регламентации медицинских исследований с участием человека. Внесенные в текст Декларации изменения и дополнения отражают задачу обеспечения соответствия этических принципов проведения медицинских исследований реальной исследовательской практике. Хельсинкская декларация в течение 60 лет сохраняет свое значение этического руководства, отстаивающего гуманистические принципы медицинских исследований, оставаясь примером стремления профессионального медицинского сообщества к взаимодействию и консолидации в вопросах предупреждения рисков для человека, следования интересам науки и общества.

**Ключевые слова:** Хельсинкская декларация, Всемирная медицинская ассоциация, медицинские исследования с участием человека, этические принципы, биоэтика

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In October 2024, the 75th General Assembly of the World Medical Association (WMA General Assembly, Helsinki, Finland) unanimously adopted a new version of the Declaration of Helsinki. The history of this document dates back 60 years ago since adoption of its first version in June 1964 (18th WMA General Assembly, Helsinki, Finland) [1].

The 11th edition of the Declaration of Helsinki was the result of a long-term open discussion, analysis of expert assessments and public opinion, including the position of experts in bioethics.

Previously, revised versions of the document were adopted by the General Assembly of the World Medical Association in 1975 (29th WMA General Assembly, Tokyo, Japan), 1983 (35th WMA General Assembly, Venice, Italy), 1989 (41st WMA General Assembly, Hong Kong), 1996 (48th WMA General Assembly, Somerset West, Republic of South Africa), 2000 (52nd WMA General Assembly, Edinburgh, Scotland), 2022 (53rd WMA General Assembly, Washington DC, USA), 2024 (55th WMA General Assembly, Tokyo, Japan), 2008 (59th WMA

General Assembly, Seoul, Republic of Korea) and 2013 (64th WMA General Assembly, Fortaleza, Brazil, October 2013) in addition to the first edition of 1964.

The changes to the Declaration consistently made by the international medical community have served and continue to serve the task of ensuring that the ethical principles of conducting medical research with human participation comply with current research practice.

Taking into account the overall increase in the volume of the Declaration of Helsinki in the 2024 edition compared to previous versions, several changes in its provisions can be noted, which are the most significant from the point of view of the evolution of approaches to the regulation of medical research.

1. The list of specialists (participants) to whom the Declaration is addressed and the regulatory nature of the document have been clarified and expanded (paragraph 2). In the 2013 edition, it was stated that “The Declaration is addressed primarily to doctors. The BMA encourages others involved in medical research with humans as

subjects to follow these principles.” In the current version, this paragraph is as follows: “Despite the fact that the Declaration was adopted by doctors, the BMA believes that the principles set out herein should be followed by all individuals and organizations involved in medical research, since they are fundamental to respecting the interests of all research participants, including patients and healthy volunteers.”

2. In the 2024 edition, the term “human subjects” was replaced by “human participants”. The definitions of “a person as a subject” are excluded from paragraphs 1 and 5.
3. Along with the concept of “individual health”, the categories of “public health” (paragraph 7) and “public healthcare” (paragraph 8) are fixed.
4. Paragraph 8 includes the requirements for compliance with ethical principles “in case of emergency situations in the field of public health.”
5. Paragraph 11, which previously defined that “medical research should be conducted in such a way as to minimize possible harm to the environment,” is worded as follows: “Medical research should be designed and conducted in such a way as to avoid or minimize harm to the environment and ensure environmental sustainability.”
6. Paragraph 12 has been supplemented with the following provision: “Scientific integrity is important when conducting medical research involving humans. They include individuals, teams, and organizations should never allow misconduct against them.”
7. Paragraphs 19 and 20 have been expanded to define the concepts of “individual, group and social vulnerability”.
8. In paragraph 21, the requirement “to show humanity towards animals used in research” has been replaced by the following provision: “It is necessary to ensure the safety of animals used for research.”
9. The term “Ethics Committees” has been clarified as “Research Ethics Committees”. Their functionality has also been clarified (paragraph 23): [The Committee] “should take into account the laws and regulations of the country or countries in which the research is planned, as well as relevant international norms and standards, which, however, should not detract from or cancel the measures for the protection of research subjects established by this Declaration” (2013); “The Committee should be sufficiently familiar with the local conditions and environment, and it should include at least one representative of the general public. At the same time, it is necessary to take into account the ethical, legal and regulatory norms and standards of the country or countries in which the study is planned to be conducted, as well as international norms and standards, but they should not be allowed to contradict any measures for the protection of research participants set out in this Declaration” (2024).
10. The concept of “Informed consent” (paragraphs 25–27) has been expanded to “Voluntary and informed consent”.

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11. Paragraph 27 has been expanded as follows: “Upon obtaining informed consent to participate in a study, a doctor or another researcher ...” (see also paragraph 12: “Such a study requires supervision of a competent and appropriately qualified doctor or another specialist”).
12. Paragraph 32 is supplemented by the provision on the need to follow the rules of WMA Declaration of Taipei (2016) while collecting and storing data or biological samples, ‘including the rights of individuals and principles of management’ which corresponds to the present principles of personalized medicine. The terms ‘data bases and biobanks’ have been introduced. Their creation and control of regular use are regulated by Research ethics committees.
13. Paragraph 34 sets the need for preliminarily organized control of results after completion of a clinical trial.
14. Paragraph 37 (“Unproven interventions in clinical practice”) has been supplemented with the following requirement: “Doctors involved in such interventions should seek the advice of a specialist, weigh the possible risks, difficulties and benefits and obtain informed consent. They should also log and share data when appropriate, and avoid compromising clinical trials. In no case should these interventions be undertaken to circumvent the protection measures for research participants set out in this Declaration”.

The changes in the provisions of the Declaration of Helsinki reflect a consistent confirmation of the basic ethical principles of research involving humans, fixing current requirements for improving safety and risk prevention of all research participants. Undoubtedly, the process of updating the provisions of the Declaration will continue in the context of the emergence and actualization of new ethical issues of technological development [2].

## CONCLUSIONS

The development of modern clinical research, especially research involving humans, taking into account the growing technological possibilities of introducing research results into practice requires constant updating of regulatory norms and requirements concerning all participants in the process [3]. For 60 years, the Declaration of Helsinki has maintained its status as a fundamental document developed and updated by the World Medical Association in order to consolidate and clarify ethical regulations for conducting research with human participation. The 11th edition of the Declaration, adopted in October 2024, was the result of a long-term analysis of expert and public opinion, reflecting the willingness of all stakeholders to engage in a constructive and productive dialogue.

In modern bioethical discourse, the Declaration of Helsinki remains not only the most important international document aimed at regulating medical research, but also one of the most significant examples of the professional community's desire to improve interaction and consolidation for the benefit of man in the interests of science and society.

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## TRADITIONAL MEDICINE AND ETHICAL HERITAGE OF THE KYRGYZ PEOPLE: TRADITIONS, EXPERIENCE AND MODERNITY

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The article is devoted to Kyrgyz folk medicine and its ethical heritage while revealing traditions and methods used in treatment since ancient times. Traditional Kyrgyz medicine has been closely connected with nature and cultural characteristics of the people when herbs, rituals, physical practices and manual therapy were widely used. Healers passed down their knowledge through the generations, including diagnosis of diseases, use of natural resources and spiritual practices. The influence of modern medicine on natural methods of treatment and related ethical issues have also been reviewed in the article. Examples of traditional methods and their transformation in the context of modern medical practices have been provided. The main attention is paid to synthesis of scientific and folk methods of treatment, opening up new prospects for preservation and development of cultural traditions.

**Keywords:** traditional medicine, Kyrgyz people, ethical heritage, traditions, healers, herbal medicine, manual therapy, diagnosis of diseases, rituals, ethics in medicine, folk practices, modernity, integration with science

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## НАРОДНАЯ МЕДИЦИНА И ЭТИЧЕСКОЕ НАСЛЕДИЕ КЫРГЫЗОВ: ТРАДИЦИИ, ОПЫТ И СОВРЕМЕННОСТЬ

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Статья посвящена народной медицине кыргызов и ее этическому наследию, раскрывая традиции и методы, используемые в лечении с древних времен. Народная медицина кыргызов развивалась в тесном контакте с природой и культурными традициями народа, что определило использование трав, ритуалов, физических практик и мануальной терапии. Знания целителей передавались из поколения в поколение, охватывая диагностику заболеваний, использование природных ресурсов и духовные практики. В статье также рассматривается влияние современной медицины на народные методы лечения и вопросы этики, связанные с их применением. Приведены примеры традиционных методов и их трансформация в контексте современных медицинских практик. Основное внимание уделено синтезу научных и народных методов лечения, что открывает новые перспективы для сохранения и развития культурных традиций.

**Ключевые слова:** народная медицина, кыргызский народ, этическое наследие, традиции, целители, траволечение, мануальная терапия, диагностика заболеваний, ритуалы, этика в медицине, народные практики, современность, интеграция с наукой

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Since ancient times, humans have strived for uncovering the secrets of life and health. They compiled various theories and practices aimed at maintaining and strengthening health. Traditional medicine which develops in close cooperation with nature and cultural characteristics of a particular ethnic group is one of the practices. Traditional medicine of the Kyrgyz people is an important part of the cultural and ethical heritage that has been passed down through the generations.

Just like many other nomadic people, the Kyrgyz people invented treatment methods in close contact with nature. This is how a wide range of treatment methods appeared, including the use of herbs, animals, rituals, and physical practices. Traditional medicine of the Kyrgyz included folk medicine, herbal treatment, massages, manual techniques, as well as rituals related to spiritual and religious practices [1].

Representatives of traditional medicine are classified into several groups:

1. A healer is a specialist who treats with herbs and natural remedies.
2. A mullah, a priest, and a father are religious figures who practice healing through prayers and rituals.

3. A chiropractor is a doctor specializing in manual therapy and treatment of bone diseases.
4. A physician is a general practitioner who uses various treatment methods, including diet and medications.
5. A herb doctor is a specialist who uses herbal decoctions and infusions for medicinal purposes [2].
6. A tabyp (from Arabic, tabib — doctor, healer) is a traditional healer who treats patients with empirical methods and medicinal herbs. Aidaraliev A says that, unlike bakshy, who treated people by reading oak trees (spells) and by expelling evil spirits (jins, shaitans) from the patient's body, the means and methods of tabyp treatment were very close to the centuries-old ones of the Kyrgyz people and their folk medicine in the proper sense of the word [3].

In traditional folk treatment of the Kyrgyz people, phytotherapeutic agents were mainly used for drinking or ingestion, and tabyps (healers) skillfully and widely used inhalation, powders, compresses, water, steam baths, and lotions [4].

Knowledge of traditional healers has been passed down through the generations, and this practice has persisted for

**Table.** Traditions, experience and modernity of traditional medicine and ethical heritage of the Kyrgyz people

Aspect	Traditions and experience	Modernity	Example
Knowledge about treatment of plants	Traditional Kyrgyz medicine uses a variety of medicinal plants	Modern medicine uses knowledge about herbs and plants as part of phytotherapy and pharmacy	For example, marigold ( <i>Calendula officinalis</i> ) is used to treat skin diseases.
Diagnostic methods	Diagnostic methods examining pulse, tongue, and external signs were popular in traditional Kyrgyz medicine.	Currently, modern diagnostic methods are used, such as blood tests, ultrasound, etc.	In some clinics, pulse-based diagnostics is combined with modern diagnostic methods.
Rituals and rites	Treatment was often accompanied with rituals and rites performed by shamans and healers	In the modern society, treatment is more science-oriented. However, cultural practices are still important	Herbal rituals are still part of folk customs and festivals
Ethics of handling with patients	In Kyrgyz folk medicine, there is a tradition to respect the sick and provide assistance without financial gain.	Modern ethics in medicine is based on the principles of respect for the patient and maintaining medical confidentiality.	In the Kyrgyz tradition, treating physicians and healers could be given not money but products and services as expression of gratitude.
The role of a family and community	Treatment was often of a collective nature, and the entire community participated in the process.	Today, treatment is mostly individualized, but some villages still have elements of collective care.	In some remote areas of Kyrgyzstan, the family and community continue to participate in treatment
Prevention of diseases	Traditional medicine attaches much value to prevention of diseases through proper nutrition, customs and lifestyle	In modern medicine, disease prevention is also an important aspect of health, but emphasis is made on vaccination and regular checkups.	The Kyrgyz people are taught basic hygiene practices and proper nutrition since childhood
Using health practices	Folk health practices include massages, visiting a steam bath and a sauna, and regular physical activity.	Modern fitness technologies and mass therapy also use similar practices but with new methods and devices.	For example, using hot stones in a folk bath is still an element of physical and spiritual purification.
Transformation in modernity	Traditional methods are constantly adapted to modern reality where traditional remedies are used along with medicinal agents	There is a growing interest in alternative treatment methods, for example, integrative medicine, a combination of folk and traditional methods.	In some clinics of Kyrgyzstan, specialists offer a combination of traditional treatment methods with modern approaches.

many centuries. Practices such as pulse diagnosis, treatment with blood, steam, and splashing on red-hot iron were important methods of traditional medicine. At the same time, this knowledge was closely intertwined with religious and mystical beliefs, which sometimes differed from official medical teachings.

Tabyps usually treated infectious diseases such as anthrax, smallpox, etc., with a variety of methods, including cautery with hot iron or freshly killed animal skin wraps. They also used hot springs of Issyk-Ata and Jeti-Oguz to treat diseases.

Tabyps classified diseases into two groups:

- hot diseases if the pulse is tense;
- cold diseases if the pulse is weak.

Treatment included a diet, increased fluid intake, and other therapeutic measures [5].

Traditional Kyrgyz medicine is not only about treatment but also about ethical standards and traditions. For example, choosing a partner for marriage was highly important as it could affect health of the offspring. Purity of descent had to be followed not to give birth to unhealthy children. For this purpose, they used family record books (sanjira), which helped to identify family ties and avoid marriages between close relatives.

In addition, special attention was given to raising healthy children. The Kyrgyz people had a system of customs and rituals that improved health of children, such as “kireneloo” (removing the evil eye), “apaptoo” (treatment for fright), as well as special wishes for health and longevity, which were expressed through blessings and rituals [6].

As scientific medicine develops, traditional medicine is facing problems related to its integration into modern medical practice. It is important to note that although many traditional methods have a scientific explanation, they often contradict

religious norms. It makes their application controversial in the context of modern ethical and legal standards.

Today, traditional medicine and ethical heritage of the Kyrgyz people have the following traditions, experience and modernity (see table [6]).

The Kyrgyz, who are one of the ancient peoples in the world, have empirically and for centuries developed highly effective medicines that can cure various diseases, and were able to use these medicines and medicines correctly. Medical knowledge was spread among the peoples of Central Asia thanks to the wandering dervishes, who were fond of healing and teaching children. The famous Abu Ali Ibn Sina (Avicenna) received knowledge from wise dervishes as well [7].

Traditional Kyrgyz medicine is an integral part of their culture and ethics. It has come a long way, adapted to modern conditions, but preserved its soul and connection with traditions. It is important that traditional methods of treatment based on the experience of our ancestors are still used and continue to develop. They are also integrated with achievements of modern medicine to create a balanced approach to health. Nevertheless, traditional medicine with centuries of experience still occupies a significant place in the lives of many peoples, including the Kyrgyz. Combination of scientific knowledge with traditional medicine opens up new perspectives for maintaining health and improving the quality of life, as well as for continuing and updating traditions.

One of the main problems of traditional medicine in modern society is its interaction with official medicine and ethical standards. Despite the vast experience, it often faces questions related to safety and effectiveness of the methods used. Modern medical research and new technologies help to integrate ancient knowledge into modern treatment methods contributing to a better understanding and application of folk practices in the modern world.



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## NON-SPECIFIC PREVENTION OF NOVEL CORONAVIRUS INFECTION IN THE WORKPLACE AS A COMPONENT OF MEDICAL DEONTOLOGY

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One of the important factors of medical deontology is the focus of a healthcare professional on the health of patients and colleagues in case of increased infectious morbidity within the framework of limiting transmission of an infectious agent. The aim of the study was to assess the true frequency of regulated use of PPE, including in the provision of medical care to patients with COVID-19, and compliance with the isolation regimen in case of respiratory illness among health workers. The study was conducted using the Internet (the questionnaire is posted on anctolog.ru) from January to March 2022 (ongoing COVID-19 pandemic). Survey data of 3,570 respondents was analyzed in accordance with the quality criteria for filling out the questionnaires. The overwhelming majority of the respondents were women, 63.6% (2,269 people) and 36.4% (1,299 people) were men, the average age of the respondents was  $38.9 \pm 14.22$  years. Non-compliance with the rules of wearing PPE was detected for every fourth respondent (24.9%), 4.1% refused to wear PPE, and 7% complied with the rules of wearing PPE in the workplace only when their non-compliance could be noticed. The data we have obtained indicates that a quarter of health workers do not follow professional ethics in the framework of preventive measures to reduce infectious diseases, threatening the health of colleagues and patients by their behavior in the workplace.

**Keywords:** COVID-19, medical ethics, deontology, nonspecific infection prevention, PPE

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## НЕСПЕЦИФИЧЕСКАЯ ПРОФИЛАКТИКА НОВОЙ КОРОНАВИРУСНОЙ ИНФЕКЦИИ НА РАБОЧЕМ МЕСТЕ КАК КОМПОНЕНТ МЕДИЦИНСКОЙ ДЕОНТОЛОГИИ

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Одним из важных факторов медицинской деонтологии является личная забота медработника о здоровье пациентов и коллег в условиях повышенной инфекционной заболеваемости в рамках ограничения передачи инфекционного агента. Цель исследования — оценить истинную частоту регламентированного использования СИЗ, в том числе при оказании медицинской помощи пациентам с COVID-19, и соблюдение режима изоляции в случае возникновения респираторного заболевания у медработников. Исследование проведено при использовании Интернета (анкета размещена на платформе anctolog.ru) с января по март 2022 год (период продолжающейся пандемии COVID-19). В соответствии с критериями качества заполнения анкет анализу подлежали данные опроса 3570 респондентов. Подавляющее большинство опрошенных составили женщины 63,6% (2269 чел.) и 36,4% (1299 чел.) — мужчины, средний возраст респондентов —  $38,9 \pm 14,22$  лет. Несоблюдение правил ношения СИЗ было выявлено у каждого четвертого респондента (24,9%), причем полный отказ от ношения СИЗ был зарегистрирован у 4,1%, а 7% соблюдают регламент ношения СИЗ на рабочем месте только в периоды, когда могут быть замечены за несоблюдением. Полученные нами данные свидетельствуют о несоблюдении четвертью медработников профессиональной этики в рамках осуществления профилактических мер по снижению инфекционной заболеваемости, своим поведением на рабочем месте ставя под угрозу здоровье коллег и пациентов.

**Ключевые слова:** COVID-19, медицинская этика, деонтология, неспецифическая профилактика инфекции, СИЗ

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Unfortunately, at the present stage, a limited number of health workers observe the principles of medical ethics both in relation to colleagues, including subordinates, and in relation to patients [1]. This problem has become more pronounced in recent years and often leads to retirement of highly qualified personnel. On a daily basis, health workers in the workplace are forced to cope with a large number of tasks, often leading to stress, changes in the psychological state and emotional burnout of the employee, and, as a result, the emergence of a negative attitude towards their activities [2]. All this is associated with the peculiarities of functioning of both outpatient and inpatient healthcare [3]. For example, the daily task of a doctor is not only to examine the patient, establish a correct diagnosis, according to which diagnostic procedures and therapy can be prescribed, regulated by a list of various documents approved at the level of the Ministry of Health of the Russian Federation in accordance with the diagnosis, but also to establish interpersonal contact with the patient, and form a sensitive attitude to the problems of the patient and the patient's relatives. It should be noted that these documents may differ by the same nosology depending on the professional background of a doctor and may be untimely updated or absent in the Ministry of Health's Rubricator [4]. Abundance of information on the Internet, often associated with illiterate medical bloggers supported by patients, often leads to the lack of understanding of interpersonal relationship between a healthcare professional and a patient. At the same time, the strictly regulated time of the patient's appointment, during which the doctor needs to fill in a large number of various documents, leads to an extremely limited dialogue with the patient, causing distrust of the patient and decrease in compliance. It should be noted that modern realities make it essential to fill in medical documentation without the possibility of its further correction, whereas frequent breakdown in medical programs (Unified medical information analysis system), on the Internet, which is used for filling out medical records and issuing referrals for laboratory and instrumental examinations, steadily lead to stress in the workplace and increase in working hours. Frequent conflicts in the workplace associated with increased workload, and frequent lack of proper respect from management, colleagues, and patients and their relatives lead to anxiety and depression among medical staff, especially young people (recent graduates) and people over 65 years of age, a separate cohort whose work is associated with a number of difficulties. Young workers have a lack of experience and self-doubt, and older people have extreme difficulty accepting the new demands of present-day realities of medical work. It must be remembered that under these conditions it is extremely difficult to comply with the principles of medical ethics, and it is important to remember that a healthcare professional shall be responsible for implementation of lawful and unlawful (in case of an incorrect diagnosis or management) actions [2].

An important factor of medical deontology also includes focus of a healthcare professional on the health of patients and colleagues in increased infectious morbidity within the framework of limited transmission of an infectious agent [2, 5]. Thus, it was shown that during the pandemic era, proper wearing of personal protective equipment (PPE), personal hygiene (hand washing, use of antiseptics), and strict isolation in case of illness constituted an integral part of reducing morbidity both within the team and in general population.

The published own data on domestic population show a frequent neglect of compliance with the regulations for

wearing PPE, leading to an increased risk of morbidity in a medical facility [5].

In this regard, it is relevant to study the true frequency of PPE use and compliance with the isolation regimen in case of a respiratory illness among medical workers.

The aim of the study was to assess the true frequency of regulated use of PPE, including in the provision of medical care to patients with COVID-19, and compliance with lockdown in case of respiratory illness among health workers.

The study was conducted during the COVID-19 pandemic from January to March 2022. The data were obtained by analyzing anonymous responses from health workers from various regions of the Russian Federation over the age of 18 who provide outpatient care to patients with the new coronavirus infection. The survey was conducted using the Anketolog cloud platform for surveys and sociological research (<https://anketolog.ru/e/13467998/pG5pKXU8>). Filling out a research questionnaire was equal to a voluntary consent. More than 7,000 people have used the online link. Survey data of 3,570 respondents was analyzed in accordance with the quality criteria for filling out the questionnaires. 2269 (63,6%) of those surveyed were women (the vast majority), 1299 (36,4%) were men, the average age of the respondents was  $38.9 \pm 14.22$  years. A quarter of the respondents (31.4%,  $n = 1122$ ) declared they were somehow related to medicine. Thus, 23.9% ( $n = 853$ ) were residents, 29.4% ( $n = 1050$ ) belonged to mid-level medical staff, 9.9% ( $n = 354$ ) constituted junior medical staff and 5.4% ( $n = 191$ ) were persons who did not carry out medical activities, but worked in a healthcare institution (drivers, receptionists, economists, etc.). The respondents lived in various cities of Russia: 29.1% in Moscow ( $n = 1037$ ), 9.8% in Moscow region ( $n = 349$ ), 8.4% ( $n = 299$ ) in St. Petersburg and Leningrad region, 17.6% ( $n = 627$ ) in Samara and Samara region, 21.7% ( $n = 774$ ) in Crimea, 13.6% in other regions ( $n = 484$ ).

## RESULTS

An analysis of the correct use of PPE and hand washing or use of sanitizers was carried out as a criterion for compliance with medical ethics in relation to preservation of patient's health. Table 1 shows the survey data. It was found that non-compliance with the rules of wearing PPE was detected for every fourth respondent (24.9%), and a complete refusal to wear PPE was registered in 4.1%, whereas 7% followed the rules of wearing PPE in the workplace only when they could be punished for non-compliance. There were approximately equal numbers of people in each group who did not use PPE in the workplace (4%). It should be noted that these respondents also reported a history of new coronavirus infection and presence of vaccination and a protective antibody titer. In the presence of signs of an infectious process, 20.9% and 11.3% of medical staff did not wear masks at shops and medical institutions where they sought medical aid respectively. However, a low percentage of people visit a medical facility without a mask in the presence of clinical symptoms of an infectious disease (Table 1).

Observance of isolation measures in case of respiratory infection is no less important. According to our examination, some of those surveyed can continue their medical activity or visit social institutions (shops, outpatient clinics, etc.) without taking care of possible occurrence of an infectious disease among other people (table 2) irrespective of signs of a respiratory disease. In the presence of signs of an infectious process, 12.7% of those surveyed said that they would go

Table 1. Compliance with regulations for non-specific prevention of transmission of respiratory infections by those surveyed

Response	Groups of those surveyed					Total n = 3570 abs. (%)
	Medical professionals				Others n = 191 abs. (%)	
	Doctors n = 1122 abs. (%)	Postgraduate students n = 853 abs. (%)	Nurses n = 1050 abs. (%)	Junior medical staff n = 354 abs. (%)		
Formulating the following assumption 'I use PPE as per the regulation in the workplace'						
I do not wear it	45(4.0%)	34(4.0%)	42(4.0%)	14(4.0%)	12(6.3%)	147(4.1%)
I always wear it	858(76.5%)	601(70.5%)	797(75.9%)	279(78.8%)	148(77.5%)	2683(75.2%)
I sometimes wear it	143(12.7%)	144(16.9%)	137(13.0%)	46(13.0%)	20(10.5%)	490(13.7%)
I only wear it when I know they might punish me.	76(6.8%)	74(8.7%)	74(7.0%)	15(4.2%)	11(5.8%)	250(7.0%)
The wording of the statement «I wear a mask and change it in accordance with workplace regulations»						
I do not wear it	27(2.4%)	25(2.9%)	30(2.9%)	6(1.7%)	7(3.7%)	95(2.7%)
I always wear it	888(79.1%)	660(58.8%)	849(80.9%)	284(80.2%)	154(80.6%)	2835(79.4%)
I sometimes wear it	154(13.7%)	112(13.1%)	108(10.2%)	55(15.5%)	22(%)	451(12.6%)
I only wear it when I know they might punish me.	53(4.7%)	56(6.6%)	63(6.0%)	9(2.5%)	8(%)	189(5.3%)
The wording of the statement «I wear a mask when visiting a store or public place in case of signs of illness»						
I do not wear it	32(2.9%)	23(2.7%)	32(3.0%)	6(1.7%)	7(4.0%)	100(2.8%)
I always wear it	887(79.1%)	641(75.1%)	842(80.2%)	296(83.6%)	158(83.7%)	2824(79.1%)
I sometimes wear it	137(12.2%)	122(14.3%)	114(10.9%)	39(11.0%)	21(11.0%)	433(12.1%)
I only wear it when I know they might punish me.	66(5.9%)	67(7.9%)	62(5.9%)	13(3.7%)	5(2.6%)	213(6.0%)
The wording of the statement «I wear a mask when visiting a public place in case of signs of illness»						
I do not wear it	15(1.3%)	9(1.1%)	15(1.4%)	2(0.6%)	2(1.0%)	43(1.2%)
I always wear it	980(87.3%)	757(88.7%)	937(89.3%)	322(91.0%)	172(90.1%)	3168(88.7%)
I sometimes wear it	82(7.3%)	50(5.9%)	59(5.6%)	23(6.4%)	10(5.2%)	224(6.3%)
I only wear it when I know they might punish me.	45(4.0%)	37(4.3%)	39(3.7%)	7(2.0%)	7(4.0%)	135(3.8%)
The wording of the statement «I wear medical gloves in the workplace»						
I do not wear it	585(52.1%)	503(59.0%)	542(51.6%)	172(%)	90(47.1%)	1892(53.0%)
I always wear it	298(26.6%)	186(21.8%)	296(28.2%)	109(%)	58(30.4%)	659(18.5%)
I sometimes wear it	218(19.4%)	139(16.3%)	196(18.7%)	66(%)	40(20.9%)	947(26.5%)
I only wear it when I know they might punish me.	21(1.9%)	25(2.9%)	16(1.5%)	7(2.0%)	3(1.6%)	72(2.0%)
The wording of the statement «I use sanitizers for hand treatment»						
I don't use it	141(12.6%)	109(12.8%)	148(14.1%)	40(11.3%)	28(14.7%)	466(13.1%)
Always	587(52.3%)	420(49.2%)	559(53.2%)	183(51.7%)	106(55.5%)	1855(52.0%)
Sometimes	382(34.0%)	313(36.7%)	330(31.4%)	127(35.9%)	55(28.38%)	1207(33.8%)
I only wear it when I know they might punish me.	12(1.1%)	11(1.3%)	13(1.2%)	4(1.1%)	2(1.0%)	42(1.2%)
Specify the frequency of hand washing with soap in the workplace						
Up to 10 times	482(43.0%)	400(46.9%)	413(39.3%)	148(41.8%)	76(39.8%)	1519(42.5%)
10–20 times	345(30.7%)	270(31.7%)	324(30.9%)	110(31.1%)	60(31.4%)	1109(31.1%)
Over 20–30 times	244(21.7%)	139(16.3%)	250(23.8%)	82(23.2%)	47(24.6%)	762(21.3%)
Over 30 times	51(4.5%)	44(5.1%)	63(6.0%)	14(4.0%)	8(4.2%)	180(5.0%)

**Table 2.** Maintaining isolation in case of signs of respiratory illness

Response	Groups of those surveyed					Total n = 3570 abs (%)
	Medical professionals				Others n = 191 abs. (%)	
	Doctors n = 1122 abs. (%)	Postgraduate students n = 853 abs. (%)	Nurses n = 1050 abs. (%)	Junior medical staff n = 354 abs. (%)		
In the presence of signs of respiratory illness (cough, fever, runny nose, impaired sense of smell, rhinitis, etc.)						
I'm not going to work	889 (79.2%)	628 (73.6%)	799 (76.1%)	282 (79.6%)	162 (84.2%)	2760 (77.3%)
I will go	112 (9.9)	138 (16.1%)	141 (13.4%)	47 (13.2%)	14 (7.3%)	452 (12.6%)
I find it difficult to answer	121 (10.9%)	87 (10.3%)	110 (10.5%)	25 (7.1%)	15 (7.8%)	358 (10%)
In the presence of signs of respiratory illness (cough, fever, runny nose, impaired sense of smell, rhinitis, etc.)						
I will stay at home	921 (82.1%)	654 (76.6%)	834 (79.4%)	300 (84.7%)	165 (86.3%)	2874 (80.5%)
I can visit public institutions	102 (9.1%)	116 (13.6%)	124 (11.8%)	31 (8.8%)	11 (5.8%)	384 (10.8%)
I find it difficult to answer	99 (8.8%)	83 (9.7%)	92 (8.8%)	23 (6.5%)	15 (7.9%)	312 (8.7%)

to work though they knew they were ill and put health of both patients and colleagues at risk; 10% of them found it difficult to answer, meaning that the people could go to work. 77.3% of all medical employees displayed consciousness. 10.8% of healthcare professionals said that they could visit social institutions though they had some signs of an infectious disease, whereas 8.7% found it difficult to answer the question. People without medical education who worked at a medical institution displayed more self-awareness in compliance with isolation regimen; 84.2% of them said that they would not go to work in the presence of a disease, and only 5.8% would go to the shop. Resident doctors were found to be the most undisciplined as 16.1% of them promised to work and 13.6% of them wanted to go shopping even in the presence of clinical signs of an infectious disease.

## DISCUSSION

Extremely complex ethical requirements with multiple psychological nuances in the relationship between a healthcare professional and a patient are imposed on a healthcare professional. Constant responsibility to the patient and the patient's relatives, awareness that a person's life depends on his experience and skills, need to take into account both psychological characteristics of the patient and comorbid data, ability to take reasonable risks run through the daily work of a medical professional. Ethical rules and norms of medical care require health workers to behave in a manner aimed at preserving the patient's health and life [2, 4, 6]. Implementation or non-implementation of non-specific prevention of respiratory morbidity reduction in the workplace by wearing PPE displays the ethical or unethical position of the health worker in relation to the patient and colleagues [4].

During the pandemic of the new coronavirus infection in 2019 (COVID-19) health workers were forced to face a number of difficult problem situations. A large number of patients infected with COVID-19, lack of resources and vulnerability to infection, lack of faith in the possibility of using PPE as a protection factor, lack of need for PPE in the presence of vaccination, difficulty in wearing PPE for a long time (according to the temporary regulations), PPE shortage are the main reasons that influenced the ethical decisions of the medical community. Nevertheless, working

at the forefront, providing outpatient care to patients with infectious diseases, medical professionals must understand that even asymptomatic carriers can be a source of the infectious process [7]. At the same time, according to the data we received, non-compliance with the rules of wearing PPE was detected in every fourth respondent (24.9%), 4.1% completely refused to wear PPE, whereas 7% complied with the rules of wearing PPE in the workplace only when non-compliance was not reported. It is interesting that the possibility of catching the new coronavirus infection from other persons in various public institutions is underestimated. So, despite the knowledge of the infectious process when morbidity was on the rise and signs of the infectious process were present, 20.9% and 11.3% did not wear masks at shops and medical institutions where they sought for medical help respectively. It should be noted that the persons who reported non-compliance with the use of PPE were vaccinated at the time of the survey. This leads to the conclusion that there is a hope for specific own vaccination and a lack of care for the patient and others.

One of the important tools for reducing the incidence of the new coronavirus infection was social distancing as soon as signs of respiratory illness appeared [8]. In the presence of signs of an infectious process, 12.7% of those surveyed said that they would go to work though they knew they were ill and were ready to put health of both patients and colleagues at risk; 10% of them found it difficult to answer, it means that the people could go to work as well. 10.8% of healthcare professionals said that they could visit social institutions though they had some signs of an infectious disease, whereas 8.7% found it difficult to answer the question.

## CONCLUSION

According to the data obtained, almost a quarter of healthcare professionals do not follow professional ethics as part of preventive measures to reduce infectious diseases, posing a threat to health of colleagues and patients with their behavior.

## LIMITATIONS OF THE STUDY

As far as we know, this is the first anonymous study devoted to taking ethical decisions aimed at compliance with non-specific preventive measures by medical professionals during the



ongoing COVID-19 pandemic. Despite the important results, our study has some limitations. Given the fact that the vast majority of health workers at the time of the survey were not only newly infected with coronavirus, but also vaccinated or revaccinated, we assume that this could also lead to a decrease

in compliance with non-specific preventive measures. However, this does not justify the actions of health workers related to non-compliance with medical deontology in the framework of creating prerequisites for a possible risk of infection both within the team and in relation to their patients.

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## ETHICAL ASPECTS OF ARTIFICIAL INTELLIGENCE

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According to representatives of technical sciences and philology, there is no artificial intelligence (AI). AI is just a term describing algorithms that work according to a specific program. Discussing the issues of AI, it is necessary to take into account the ethical part. Artificial intelligence has neither bad nor good intentions. It acts the way programmers write. Humanity can disappear if a living creature will be replaced by a not living one. AI is not alive. A human personality is destructed when they can't love and be loved any longer. If only AI and machines remain, a human life will cease, and there will be no people left on Earth. This is the main ethical problem of artificial intelligence. AI is a good human assistant, but in the AI-human dyad, a person must remain in charge.

**Keywords:** human, artificial intelligence, programmer, algorithms, ethical aspects, healthcare

**Author contribution:** the authors have made an equal contribution to the paper.

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## ЭТИЧЕСКИЕ АСПЕКТЫ ИСКУССТВЕННОГО ИНТЕЛЛЕКТА

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С точки зрения представителей технических наук и филологии никакого искусственного интеллекта (ИИ) нет. ИИ — это просто алгоритмы, работающие по определенной программе. При рассмотрении проблематики ИИ необходимо учитывать этическую сторону. У искусственного интеллекта нет понятия добра и зла. У него будет то, что ему заложит программист. Человечество может исчезнуть, если живое, одушевленное, будет заменено на мертвое, неодушевленное. ИИ — неодушевленный. Разрушение человеческой личности начинается с потери возможности любить и быть любимым. Если останется только ИИ и машины, то и жизнь человеческая прекратится, людей на Земле не останется. В этом и состоит главная этическая проблема искусственного интеллекта. ИИ — хороший помощник человека, но в диаде «ИИ-человек», человек должен оставаться главным.

**Ключевые слова:** человек, искусственный интеллект, программист, алгоритмы, этические аспекты, здравоохранение

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Nowadays, artificial intelligence (AI) is mainly developed separately from ethical issues. Ethical risks that can negate the practical usefulness of AI are often not taken into account. It is necessary to analyze the main problems of artificial intelligence development, which, in our opinion, are related not to the technical, but to the humanitarian aspect. It is worth noting that the problems of AI transformations today are a matter of national security of the Russian Federation. Artificial intelligence is primarily high-end technologies. But AI is secondary to values, hence the importance of forming its value-target foundations [1].

### WHY THE TERM 'ARTIFICIAL INTELLIGENCE' IS CONVENTIONAL

The title of the article “Ethical aspects of artificial intelligence” is conventional, as is the term “artificial intelligence” itself. The point is that the role of a scientist or specialist is still crucial in the course of research or other activities, since AI cannot independently generate new knowledge. From the point of view

of specialists in technical sciences, philology, linguistics and just common sense, there is no AI, it's just algorithms that work according to a specific program. Marketers present a set of algorithms as intelligence. Real intelligence is obtained, among other things, under the influence of perception, but what kind of perception do algorithms, a webcam and a microphone have? The term “artificial intelligence” has a right to exist only because it is now widely used, but it must be remembered that it is so nothing more than a machine algorithm for processing routine operations [2–8].

In an interview with The Argumenty Nedeli in 2024, a leading Russian specialist in the field of multiprocessor computing and control systems, Kalyaev IA shared his thoughts on the nature of AI. He claimed that AI should not be considered as a “superbrain,” since in reality it is only a complex computer program designed to expand people's cognitive abilities. Kalyaev IA compared AI to a tool, for example, a hammer, which serves rather to enhance human mental capabilities than to be an independent thinking unit [9].

'If a hammer enhances a person's physical capabilities, such computer programs enhance a person's mental capabilities. It mainly happens due to the huge speed of the computer. At the same time, artificial intelligence is not able to create something new, different from what it was trained to do. Artificial intelligence can replace humans where you have not to think, but rather follow instructions. He can't replace a thinking person who is capable of creating something new. At least now', noted the scientist [9].

Kalyaev IA also stressed that, despite the apparent ability of computers to "think," in fact, they do not have their own intelligence and perform only those tasks that were put into them by programmers. He pointed out that computers can't go beyond the hard-coded instructions. However, according to the academician, the so-called "emergent intelligence" may arise, which will look like behavior of a swarm of insects or an anthill, where collective interaction leads to the emergence of new properties of the system [9].

It is worth emphasizing that there is no intelligence in the term "artificial intelligence" because intelligence is inherent in humans. Intelligence goes hand in hand with a soul and creative thinking. AI is a creation of humans. AI was not created by itself, it did not appear as a result of Divine creation or as a result of evolutionary processes in nature. If God created a man, then a man created AI. Artificial intelligence is primarily a system of algorithms and software. Algorithms are written by a person, according to these algorithms, a person writes a program.

AI solves a question or a problem that is posed by a person. AI is neither cold nor hot, it has no worries, it does not get sick, it does not feel pain, it is not afraid of death. It has no fear at all. AI cannot love. It has no concepts of greed and extravagance. AI lacks all those concepts that are typical of humans. A person sets a goal according to what he needs in life. And he solves it. AI does not set goals for itself due to the fact that it does not need to do that. Since AI is a program created by a person and an algorithm, it solves a problem set by a person and within the framework determined by the person.

Therefore, there are hackers, as well as various groups of programmers who try to beat each other. They display their intelligence, creativity, and implement their programs into existing software. But software created by one person destructs the actions of others, because that person is more skilled and more professional.

#### AI AND NATIONAL SECURITY ISSUES

While solving problems related to the security of the country, including nuclear safety, AI will do it within the framework set by humans, but it must be borne in mind that AI has no fear of death. If AI receives a message that a rocket launch has occurred, it will respond according to the program. It has neither worries nor doubts. You can include an error element in the program, but AI will evaluate the situation again according to the software that the specialists have assigned to it. If AI decides that there is a high probability of a nuclear strike on the country, it will give the command, and the missiles will fly in response. Could it be a false alarm? In the modern history of mankind, there was already a case in 1983 when an officer of the Soviet Army prevented a possible nuclear catastrophe by questioning the instrument readings on the combat launch of NATO missiles [10]. Modern military experts have no confidence that AI would have acted similarly in a similar case.

At the same time, AI was good at processing data obtained from reconnaissance satellites and drones, analyzing the operational situation, etc. It is difficult to imagine a modern army, intelligence and counterintelligence without the successful and effective use of AI.

#### AI AND MEDICINE

It is quite possible that in the near future AI will perform the most complex surgeries, which are now performed by outstanding surgeons with a worldwide reputation only. So, according to a media report, GigaChat neural network model developed by Sber that had been trained on 42 GB specialized information database, passed a medical exam to a commission of professors from the National Medical Research Center named after Almazov VA. The neural network underwent the same tests that a student who has completed six courses at a medical university goes through. GigaChat passed the exam in general medicine, after which the graduate is awarded a professional graduate degree (General Practitioner). The exam was taken by a committee of professors of therapy, surgery, obstetrics and gynecology. The oral examination paper contained three situational tasks: therapy, surgery, obstetrics and gynecology. Several questions on each topic were attached to the tasks. The neural network also passed a test of 100 questions and scored 82% with a threshold of 70%. "In the future, the model can become the basis for creating a doctor's and patient's assistant," said Sergei Zhdanov, director of Sberbank's Center for the Health Industry, assessing the future of neural network development" [11, 12].

But ethical issues arise here as well. This is due to the fact that there is no ethical side to AI. The program of a conditional "artificial surgeon" can include various restrictions, an algorithm of actions that should be followed in a certain case. But an AI surgeon still does not have an inner creative, ethical, or moral principle. The "machine surgeon" will operate without the slightest doubt. It will not worry about the death of a patient. But a doctor's motto is "Do no harm!" AI can do harm, it has a program for how and what to do. It will perform according to the program, and as a result, a person may die. Thus, AI can become a good assistant, but the main decision will still be made by a doctor.

#### AI AND THE HUMAN BRAIN

It should be understood that AI is not intelligence, but software that can malfunction from the point of view of ethics, morality, and professionalism. Therefore it must be constantly monitored by a specialist. The software system definitely calculates a large amount of data well and quickly. At the same time, AI calculated that the human body processes 400 billion pieces of information within a second. As each cell sends a signal about itself, the brain reacts. Humans have a huge number of cells, nervous system, venous system, etc. They all send signals, and the brain calculates them all. There is no computer in the world that can calculate as much as our brain calculates. So far, no AI will be able to process such a volume of information.

#### COMPUTER PROGRAMS AND CHESS

Why do the best chess players lose to the computer? The point is that they lose to the computer in terms of calculating the options. It's an external action, it's a game. AI calculates what

is outside. And those 400 billion bits are an internal calculation, an internal processing of information. Every second our brain receives 400 billion pieces of information through our senses, whereas consciousness processes only 2,000 pieces of it. But all the other information is also available to our brain. When we start thinking the information over, we just use the available 2000 units and that's it [13]. But perhaps intuition processes a lot more information. How many times did the first correct decision come to us instantly? Thinking and intuition are all inside a person, and the game, including chess, is outside of a person.

Garry Kasparov, the 13th world chess champion (declared a foreign agent in 2022 and included in the list of extremists and terrorists in 2024), has been playing chess with a computer since 1996. That computer could evaluate up to 200 million positions per second, but Kasparov won the first series of games [14]. Then they created more advanced computers. Other talented chess players appeared, and they lost too. Chess players say that we simply cannot keep in mind as many options as the computer does, so we lose. Chess players are not competing with a computer now. It's useless as any of the best grandmasters will lose to the computer. But this is an external calculation, it is done purely in a certain direction, and our brain and spinal cord calculate everything related to human vital cells. Therefore, the brain is more powerful than AI. Another thing is that it is designed for life, not for play.

In the mid-1990s, the 13th world chess champion accused IBM of cheating, pointing out that a human helped the computer [15]. A few years later, any current world chess champion began to lose to the computer. But, as noted above, chess is a game, an external action that is not related to a human life. If a person creates a more advanced program or a powerful computer, then this computer will beat another computer. So what is the greatness of AI? It appeared due to the creative activity of a person. A computer can't create itself. Computers and AI have no motivation.

#### SELF-DEVELOPMENT OF AI IS A MARKETING PLOY

A number of researchers and specialists who describe AI note its ability to self-develop [16]. In fact, these are just beautiful words and a marketing ploy. There are self-learning systems, but they are trained according to a program laid down by a person. That is, to ensure self-education of a machine, it is necessary to include such a program, a system of self-learning, self-education, and self-development, acting in a certain direction. She can't embrace everything as a human being. The field of application for artificial intelligence is indicated by a person.

#### PROBLEMS OF AI DEVELOPMENT

Can AI eventually get out of human control? No, when experts create AI, they program its activities with certain limitations. However, all the nuances are difficult to take into account and anticipate. Let's consider an example with a conditional program for preservation of the human population. For example, out of 10 people, 8 must die in order for two to remain alive and continue the human race. AI will complete the task and save a man and a woman of reproductive age. If the conditions are changed and it is necessary to keep alive only males or only females, AI will solve this problem. But what if AI thinks that the best

representatives of humanity are gay or lesbian? Then it will exterminate all the others.

#### AI AND LEGAL PROCEEDINGS

It is believed in the society that artificial Intelligence is impartial and that it will judge according to the law. It will not take into account the defendant's motivations and will simply sort out the crime committed. The main thing is that AI law enforcement complies with the principles of the European Ethical Charter, revised in accordance with the Russian legal tradition [17, 18]. AI will find the necessary article of the Criminal Code and make a decision: the first criminal will be sentenced to three years in prison, the second to seventy-five years in prison, the third to death, the fourth to probation. And everything will be without subjectivity and corruption. AI will judge impartially. Most likely, the program will take into account relapses. But it is much more difficult to consider whether illegal acts were forced or not, who influenced the defendant, whether he repented or not, etc. Is it possible to completely exclude the influence of relatives or accomplices of the defendants on the programmer serving the "judicial program"? It is quite natural that Chucha SY, the lawyer, emphasized: "In the professional judicial environment, introduction of AI, which resolves disputes instead of humans, is officially ... categorically discouraged" [17].

#### CONCLUSION

The crisis of values is the main problem of humanity today. You can get out of crisis through values only. We need axiological messages that would meet the traditions and modernity, and, at the same time, lead to the future. The Russian Empire and the Soviet Union repeatedly saved the world from destruction. In the beginning of the second quarter of the 21st century, Russia can give humanity a new model of development again. Namely, it can combine artificial intelligence with value-based development. The Russian project should combine the technologies of the future, primarily AI, and traditional Russian spiritual and moral values, which can be offered to the whole world as a guideline for breaking the trend of society atomization, and, consequently, its disintegration [1].

When considering the issues of AI, taking into account the ethical side is the most important thing. AI has neither bad nor good intentions, it acts the way programmers write. But if conditions change, bad intentions can seem good and vice versa. For example, if one person kills the other person without reason in peacetime, it is, of course, evil. But what if he is at the frontline, defending his country or saving himself and his family in peacetime? Will AI be able to take this into account? What decision will it make? Will AI be able to take into account that staying at the frontline modifies psychotic behavior of fighters? They can be aggressive, not always adequate, and they need many months of rehabilitation. Some demobilized soldiers have been in the habit of squatting for a long time after hearing a sharp, loud sound, because such a habit can save lives at the front.

Humanity can disappear if a living creature will be replaced by a dead one. AI is not alive. A human personality is destructed when they can't love and be loved any longer. When only AI and machines remain on Earth, a human life will cease, and there will be no people left. And this is the main ethical issue of AI.



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## ETHICAL ISSUES IN TUBERCULOSIS COMORBIDITY WITH CANCER

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An increased number of patients who have tuberculosis (TB) comorbidity with cancer leads to a number of ethical problems. Approaches to treatment of oncological diseases in patients with TB have not been developed yet limiting provision of care to patients with comorbidities. The priority of TB treatment leads to a loss of time spent on treatment of oncological diseases and occurrence of vicious circles when progression of an oncological disease prevents from an effective treatment of TB and initiation of cancer treatment. At the same time, interaction of anti-tuberculosis and antitumor drugs has not been studied, limiting their simultaneous administration. Long-term diagnostics of TB represents an ethical problem. The set problems can be solved during scientific research on TB prevention in cancer patients, treatment of patients with comorbidities and interdisciplinary interaction in practical healthcare on an individual basis.

**Key words:** treatment of tuberculosis, treatment of oncological diseases, comorbidity, ethical issues

**Author contribution:** Khokhlov AL — setting a problem, discussion of key ethical issues, planning and discussion of the article; Chelnokova OG — consultations with patients, study of literature on the topic, systematization and generalization of data, participation in discussion of results, writing and formatting of the article; Skrypnik NV — supervising patients, studying literature on the topic, participating in discussion of the results and writing an article; Dmitrieva AP — studying literature on the topic, participating in discussion of patients and results, and writing an article.

**Compliance with ethical standards:** meeting of the ethics committee was not held, as the questions to be discussed included practical experience of observing patients in real clinical practice and compliance with ethical standards.

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## ЭТИЧЕСКИЕ ВОПРОСЫ ПРИ КОМОРБИДНОЙ ПАТОЛОГИИ — ТУБЕРКУЛЕЗ И ОНКОЛОГИЯ

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Увеличение числа больных с коморбидной патологией туберкулез и онкологические заболевания ведет к возникновению ряда этических проблем. В настоящее время не разработаны подходы к лечению онкологических заболеваний у больных туберкулезом, это ограничивает оказание помощи больным с коморбидной патологией. Приоритет лечения туберкулеза приводит к потере времени по лечению онкологических заболеваний и возникают порочные круги, когда прогрессирование онкологического процесса не позволяет эффективно лечить туберкулез и начать лечение онкологического заболевания. В то же время не изучены вопросы взаимодействия противотуберкулезных и противоопухолевых препаратов, что ограничивает их одновременное назначение. Этическую проблему составляет длительный период диагностики туберкулеза. Решение поставленных проблем возможно в условиях научных исследований по профилактике туберкулеза у онкологических больных, лечения коморбидных пациентов и междисциплинарного взаимодействия в практическом здравоохранении с персонализированным подходом в каждом случае.

**Ключевые слова:** лечение туберкулеза, лечение онкологических заболеваний, коморбидность, этические проблемы

**Вклад авторов:** А. Л. Хохлов — постановка проблемы, обсуждение ключевых этических вопросов, планирование и обсуждение статьи; О. Г. Челнокова — консультации пациентов, изучение литературы по теме, систематизация и обобщение данных, участие в обсуждении результатов, написание и оформление статьи; Н. В. Скрыпник — курация больных, изучение литературы по теме, участие в обсуждении результатов и написание статьи; А. П. Дмитриева — изучение литературы по теме, участие в обсуждении пациентов и результатов и написание статьи.

**Соблюдение этических стандартов:** заседание этического комитета не проводилось, так как материалом для обсуждения послужил практический опыт наблюдения пациентов в реальной клинической практике с соблюдением этических норм.

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A steady increase of patients with malignant tumors of various localizations is one of the modern medical problems. Life expectancy of patients with malignant neoplasms and that of cured patients is increasing [1, 2]. These patients develop secondary immunodeficiency while getting the treatment, as the used drugs and methods result in a prolonged decrease in immunity. In addition, oncological

diseases are developed alongside with decreased immunity and worsen immune disorders. This is the background for endogenous reactivation of TB. Patients receiving immunosuppressive therapy and people with malignant neoplasms have an increased risk of becoming infected with TB [3]. According to our observations and opinions of some authors, the incidence of patients with newly found

TB and malignancy is increasing with a general decline in TB incidence [4, 5].

Currently, there is a shortage of practical treatment experience in patients with comorbidities and malignancy. No documents regulate treatment of these patients. Let's consider the first comorbidity case, when a patient, who is diagnosed with cancer and receives treatment for it, develops tuberculosis. It has become practice when tuberculosis is considered the principal disease and prior to cancer treatment we need to cure TB. The epidemic risk of patients is the main argument in favor of this treatment strategy. Meanwhile, bacterial excretion occurs in a half of cases only. Patients are stigmatized by the oncology service. Drug-susceptible tuberculosis and drug-resistant tuberculosis are treated for up to 6 months or for up to 24 months respectively. Effectiveness of TB treatment can depend not only on the use of TB drugs but on the body's condition as well. The process becomes chronic against the background of immunodeficiency and decreased reparative processes. Meanwhile, malignancies commonly progress, and a fatal outcome occurs. The issue of withdrawal of treatment of an oncological disease in the presence of TB has a lot of different aspects. Until now, a combination of TB drugs and anti-cancer preparations has not been studied yet, and it can be admitted that unfavourable effects will be summed up and a doctor will face an ethical dilemma. Both diseases must be treated to save the patient's life but the treatment is not regulated, and a high risk of serious adverse effects is prognosticated. The patient faces a situation when all forces previously thrown to the fight against cancer, which was equal to a struggle for life, suddenly lose their relevance for the doctor, but not for the patient, and all forces are now thrown to the fight against TB. In addition, administration of anti-tuberculosis drugs to a person with a weakened body, previous antitumor treatment and a tumor often results in poor drug tolerance and further exacerbates the situation in the presence of both diseases, both clinically and ethically.

The problem can be solved with the help of scientific studies devoted to treatment of patients who have TB comorbidity with oncology. Combined efforts of oncologists and phthisiologists should now be aimed at developing individual treatment strategy for both diseases. For example, antitumor therapy and surgical treatment methods against the background of tuberculosis therapy can be used in limited forms of tuberculosis without bacterial excretion. In case of common and destructive forms of tuberculosis with bacterial excretion, it is advisable to conduct anti-tuberculosis

therapy and decide whether cancer therapy is possible on an individual basis.

Organizational issues about the patient's place of treatment and provision of drugs are equally complex and important. The priority of TB as an infectious disease leads to hospitalization of comorbid patients to TB departments, often against the background of diagnosis. It also violates ethical standards as cancer patients are vulnerable to the exogenous infection present at tuberculosis departments. It can be necessary to determine the need in separate beds for patients with such comorbidities in tuberculosis facilities and get possible pharmacological support. Even in the absence of bacterial discharge, surgical treatment should be carried out at a tuberculosis facility in the presence of a team of oncologists and be followed by joint patient management. This is due to the risks of acute tuberculosis progression after surgical interventions.

Another ethical problem is an extensive period of diagnostics, which is often longer than 3–4 weeks, and subsequent rejection of TB diagnosis in a patient with cancer, which sometimes lasts for more than one month for objective reasons. The situation is observed in the lack of bacterial discharge and non-typical picture of TB associated with immune deficiency. Loss of time and TB overdiagnosis are the causes of cancer progression if treatment is postponed or discontinued. In such situations, the time of examination for tuberculosis should be shortened. It is possible when the examination process is clearly organized.

The opposite clinical situation with comorbidity occurs when an oncological disease develops in a patient with active tuberculosis. Such examples point at an even larger conglomerate of bioethical issues. The patient has two mutually aggravating diseases, and test for cancer is difficult due to the epidemic risk for the patient. Oncology is planned to be treated in case of the patient's convalescence. It is a rarely occurring phenomenon due to some previously described reasons. In case of progressive oncological disease, the patients are left without help or the help is provided late leading to unfavorable conditions.

Thus, during examination and treatment, patients who have TB comorbidity with oncology come across some ethical problems with the limited time and scope of oncological care, long-term diagnosis, and low effectiveness of tuberculosis treatment. The problems can be solved only using scientific research to prevent TB in oncological patients, treatment of comorbid patients and interdisciplinary interaction in practical healthcare with a patient-specific approach in every case.

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## ETHICAL AND LEGAL ISSUES OF MEDICAL CARE IN PEDIATRIC OTORHINOLARYNGOLOGY

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A patient-physician relationship is regulated by the principles of medical ethics and the Law on Healthcare of the Russian Federation. In pediatric practice, ethical issues are even more important. Pediatric otorhinolaryngology is one of the most popular branches of medicine that diagnoses, treats and prevents diseases of the ear, throat and nose (ENT) in children. ENT diseases are most common in childhood. Pathology of the upper respiratory tract and diseases of the ear and mastoid process account for about 20% of all cases. The prevalence of pediatric otorhinolaryngologic diseases currently accounts for 184 per 1,000 children; however, as they age, the chronic pathology of the ear, throat and nose is increasing. This field has its own unique ethical and legal aspects that require special attention of medical professionals, parents, and legislators. In Russia, ethical and legal issues of pediatric otorhinolaryngology have not been addressed for a long period of time, although it has its own peculiarities due to anatomical and physiological features of a child's ENT organs. The article provides detailed description of ethical and legal problems in the practice of an otorhinolaryngologist and describes how to solve them. Compliance with the rules will improve quality of medical aid among children.

**Key words:** medical ethics, legislation, otorhinolaryngology, children's age

**Author contribution:** the authors made an equal contribution to this research and writing an article.

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## ЭТИЧЕСКИЕ И ПРАВОВЫЕ ПРОБЛЕМЫ ОКАЗАНИЯ МЕДИЦИНСКОЙ ПОМОЩИ В ДЕТСКОЙ ОТОРИНОЛАРИНГОЛОГИИ

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Взаимоотношения больного и врача регулируются правилами медицинской этики и Законом о здравоохранении РФ. Значение этических норм в детской практике еще более важно. Детская оториноларингология — одна из самых распространенных отраслей медицины, занимающаяся диагностикой, лечением и профилактикой заболеваний уха, горла и носа у детей. Болезни уха, горла и носа относятся к наиболее часто встречающимся в детском возрасте. На долю патологии верхних дыхательных путей и болезней уха и сосцевидного отростка в общей заболеваемости приходится около 20% обращений. Распространенность оториноларингологической патологии у детей в настоящее время составляет 184 на 1000 детского населения; причем с возрастом наблюдается тенденция к росту хронической патологии уха, горла и носа. Эта область имеет свои уникальные этические и правовые аспекты, которые требуют особого внимания со стороны медицинских работников, родителей и законодателей. В России длительное время этические и правовые вопросы детской оториноларингологии не затрагивались, хотя в ней существуют свои особенности, это связано с анатомо-физиологическими особенностями ЛОР-органов ребенка. В статье подробно рассмотрены этические и правовые проблемы в практике врача-оториноларинголога, описаны пути их решения. Соблюдение всех правил приведет к улучшению качества получения медицинской помощи у детей.

**Ключевые слова:** медицинская этика, законодательство, оториноларингология, детский возраст

**Вклад авторов:** авторы внесли равный вклад в проведение научно-исследовательской работы и написание статьи.

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Each profession has its own ethical code that ensures decent and socially significant behavior of a person while carrying out their activities [1]. Medical ethics, which is a type of professional ethics, represents a set of rules of behavior and morality of medical professionals. Its basis is formed by traditional ideas about the humane purpose of the work of a medical practitioner, who should act for the benefit of the patient's physical and spiritual health, regardless of difficulties, and be ready to risk their own safety in exceptional cases [2].

A patient-physician relationship is one of the most difficult issues in medicine because trust is essential for proper diagnosis and treatment of the disease. In pediatric practice, ethical issues are even more important [3]. In 1995, Alan Fleischmann, the American pediatrician, wrote as follows:

“children occupy a special position in the world of ethics, and in the world in general, although the tasks are the same as they have to choose between life and death, have a right to refuse from treatment and provide conscious consent. However, the issue is especially pressing and difficult among children” [4, 5].

Pediatric otorhinolaryngology is one of the most widely spread branches of medicine that diagnoses, treats and prevents diseases of the ear, throat and nose in children. This field has its own unique ethical and legal aspects that require special attention of medical professionals, parents, and legislators [6].

Diseases of the ear, throat and nose most commonly occur in childhood. Pathology of the upper respiratory tract and diseases of the ear and mastoid process account for about

20% of all cases. In pediatric population, the prevalence of otorhinolaryngologic diseases currently accounts for 184 per 1,000 children; however, as they age, the chronic pathology of the ear, throat and nose is increasing [7].

Ethical and legal aspects have not been covered in Russian pediatric otorhinolaryngology for a long time though it has its own specific traits [8]. This is associated with anatomical and physiological features of children's ENT when manipulations cause discomfort and pain, as well as pathologies of the ear and larynx, such as hearing loss, installation of a tracheostomy tube, etc. that often hamper socialization in childhood. Some pediatric ENT diseases can result in stable disability caused by both pathologies and complications. In recent years, there has been a rapid development of knowledge and technology in clinical medicine, which leads to introduction of high-tech treatment methods, on the one hand, and to emergence of new, previously unexplored problems, on the other hand. For example, an otorhinolaryngologist can come across younger children with necrosis of the columella due to nasal continuous positive airway pressure (nCPAP) in premature babies. In addition, it is necessary to understand that pediatric otorhinolaryngology is a surgical specialty with all its inherent features [9]. Young children are immature persons without a complete autonomy who often can't formulate their preferences and protect themselves, i.e. they are incapacitated. According to the law, parents or guardians, who, as a rule, are participants of all doctor-child relationships, are endowed with moral and legal rights to consent or withdraw consent to perform medical and diagnostic interventions among children (under 15 years old) [10, 11].

All types of iatrogenic events can be found in pediatric otorhinolaryngology. Nosocomial diseases can be classified as iatrogenic in pediatrics, including pediatric otorhinolaryngology. The majority of otorhinolaryngologists believe that inadequate drug therapy, administration of ototoxic drugs, manipulations or operations performed incorrectly or without indications are iatrogenic events [12, 13]. Hospital otorhinolaryngologists mention iatrogenic diseases associated with improper actions of the doctor during operations and manipulations (trauma to the external auditory canal, eardrum, traumatic labyrinthitis, nasal bleeding when removing a foreign body from the nasal cavity, traumatic intubation with damage to the structures of the larynx and subsequent development of laryngeal stenosis, incorrect provision of help with chemical burns of the pharynx and esophagus) more common than their colleagues from outpatient clinics. Iatrogeny associated with late referral of a child to the consultation by doctors of other specialties (mainly pediatricians) and, as a result, occurrence of diseases with a more severe course and complications such as acute purulent otitis media, purulent polysinusitis, complications of acute tonsillitis, etc.

In otorhinolaryngology, prevention of iatrogenic conditions consists in continuous professional development of doctors, reasonable limitation of indications to instrumental and surgical interventions of a diagnostic and therapeutic nature, their careful justification, and in a joint discussion of each iatrogenic case with pediatricians and otorhinolaryngologists, and, if necessary, with doctors of other specialties who treated this child [14].

In pediatric otorhinolaryngology, these ethical problems can be resolved depending on knowledge of the legal framework, since ethics and legislation are interrelated [15].

Let's consider the legal aspects in the practice of an otorhinolaryngologist.

1. *Legislation in healthcare*: medical care for children, including ENT diseases, is regulated by international, federal and regional documents. It is important to comply with all laws and regulations concerning children's rights to receive medical care [14, 15].

International documents are used when choosing patient surveillance.

1.1 The Universal Declaration of Human Rights (1948).

– Article 2:

everyone is entitled to all the rights and freedoms set forth in this Declaration, without distinction of any kind, such as race, colour, sex, language, religion, political or other opinion, national or social origin, property, birth or other status.

Furthermore, no distinction shall be made on the basis of the political, jurisdictional or international status of the country or territory to which a person belongs, whether it be independent, trust, non-self-governing or under any other limitation of sovereignty.

– Article 25:

everyone has the right to a standard of living adequate for the health and well-being of himself and of his family, including food, clothing, housing and medical care and necessary social services.

1.2 "Convention on the Rights of the Child" (approved by the UN General Assembly on 11/20/1989) (entered into force for the USSR on 09/15/1990)

– Article 24:

1. States Parties recognize the right of the child to the enjoyment of the highest attainable standard of health and to facilities for the treatment of illness and rehabilitation of health. States Parties shall strive to ensure that no child is deprived of his or her right of access to such health care services.

2. States Parties shall pursue full implementation of this right and, in particular, shall take appropriate measures:

- a) To diminish infant and child mortality;
- b) To ensure the provision of necessary medical assistance and health care to all children with emphasis on the development of primary health care;
- c) To combat disease and malnutrition, including within the framework of primary health care, through, inter alia, the application of readily available technology and through the provision of adequate nutritious foods and clean drinking-water, taking into consideration the dangers and risks of environmental pollution;
- d) To ensure appropriate pre-natal and post-natal health care for mothers;
- e) To ensure that all segments of society, in particular parents and children, are informed, have access to education and are supported in the use of basic knowledge of child health and nutrition, the advantages of breastfeeding, hygiene and environmental sanitation and the prevention of accidents;
- f) To develop preventive health care, guidance for parents and family planning education and services.

3. States Parties shall take all effective and appropriate measures with a view to abolishing traditional practices prejudicial to the health of children.

1.3 The Constitution of the Russian Federation.



- 1.4 Federal Law No. 323-FZ dated 21.11.2011 “On the Basics of Public Health Protection in the Russian Federation”.
- 1.5 Federal Law No. 61-FZ dated 12.04.2010 “On the Circulation of Medicines”.
- 1.6 “Good clinical practice. GOST R 52379–2005”.
- 1.7 Order of the Ministry of Health of the Russian Federation dated 19.06.2003 No. 266 “On Approval of the Rules of Clinical Practice in the Russian Federation” (GCP).

2. *Informed voluntary consent*: informed voluntary consent is an integral part of good clinical practice, especially in cases involving minors. This requirement is not only a legally binding act, but also an ethical necessity for medical professionals to protect the rights of patients, develop autonomy, and strengthen the trust of patients and their families. Therefore, ensuring that children and parents are fully informed about medical procedures is fundamental to provision of the best possible clinical care.

Signs of obtaining informed consent from children:

- Age-appropriate: this information should be provided to the child depending on his age and psychological and pedagogical theory. Games and visual materials are suitable for young children, but a teenager needs a more detailed explanation;
- Involvement of parents/guardians: since children are not full subjects of duties, consent to medical procedures must be given by their parents or legal representatives. However, the child’s opinion must be taken into account as well;
- consent and disagreement of the child: if the child’s consent to the procedure is legally optional in the vast majority of cases, his disagreement is an important factor in making a decision;
- special cases: in some cases (for example, emergency care), consent may not be required. In other cases, medical professionals can go to court to protect the interests of the child when parents refuse to provide necessary treatment.

Complexities and ethical dilemmas:

- conflict of interests: sometimes the opinion of parents may not coincide with the interests of the child. In such cases, medical professionals must protect the child’s interests;
- refused treatment: parents may refuse to provide necessary treatment to their child due to religious or other beliefs. In such cases, doctors face an ethical dilemma of how to protect a child without violating the rights of parents;
- minor patients: the age of consent may vary in different jurisdictions, creating legal difficulties while treating adolescents.

3. *Medical documentation*: all data related to the child’s health status, examinations and treatment should be carefully and timely reflected in the medical record, primarily for their own legal security.

4. *Responsibility of medical workers*: medical professionals are responsible for their actions and have legal liability for mistakes and negligence that may harm a child.

5. *Children’s rights*: children have a right to access qualitative medical care, including ENT specialists, and to be treated with respect by medical professionals.

6. *Protecting children from abuse*: otorhinolaryngologists should know how to detect signs of child abuse and report them to the appropriate authorities.

7. *Disclosure of medical secrets*: confidentiality of medical information in pediatric practice should be maintained with special care and sensitivity, as it affects the interests of both the child and his parents. Health care providers should achieve a balance between protecting a child’s privacy and ensuring their well-being. Violation of medical confidentiality may result in legal liability.

Maintaining confidentiality in pediatrics is a complicated issue.

- Involvement of parents/legal representatives: in pediatric practice, medical confidentiality is often applicable to parents or legal guardians who have a right to make decisions about the child’s health. However, difficulties arise when the interests of the parents and the child do not coincide.
- Age differences: the older a child is, the more rights to confidentiality they have. Teenagers may have their own ideas about what information should be disclosed to their parents.
- Conflicts of interest: in some situations, when, for instance, child abuse is suspected, medical professionals are required to report their suspicions to the appropriate authorities, even if it contradicts the wishes of the parents or the child.
- Information exchange: medical professionals involved in treatment of a child should exchange data confidentially.
- Use of electronic medical records: electronic medical records simplify access to information, but can also breach confidentiality if appropriate security measures are not taken.

Ethical aspects in pediatric otorhinolaryngology are essential because children are vulnerable and dependent on adults who make decisions about their own health. They are intertwined with legal norms, but empathy and desire to help a child should undoubtedly be inherent to a doctor.

Let’s consider ethical aspects in clinical practice.

1. Consider the best interest of a child: the principle of “the best interests of the child” is the main ethical principle in pediatric medicine. It means that all decisions and actions of medical professionals should ensure health and well-being of the child, even if this contradicts the wishes of the parents or guardians.
2. Informed consent: in pediatric practice, obtaining informed consent for medical procedures is undoubtedly necessary, but it is more important to tell the parent/legal representative and the child about upcoming manipulations, complications, and treatment tactics clearly and in detail. The parent/legal representatives should have no questions, fears, or doubts.
3. Confidentiality: information about the child’s health status is confidential and cannot be disclosed without the consent of the parents or guardians, except in cases provided for by law. It is necessary to show understanding to children of the older age group, treat them as independent persons and take their opinions into account.
4. Justice: every child has a right to receive qualitative medical care, regardless of their social status, ethnicity, or other factors.
5. Psychological comfort: children are particularly sensitive to medical procedures, that is why it is important to create a comfortable and friendly atmosphere to reduce their anxiety and fear. All medical care should be provided in order to minimize harm and suffering of the child. In pediatric ENT practice, it is especially important when performing invasive procedures and surgical interventions.

6. Respect for the child's autonomy: as a child grows up, they should have a right to participate in making decisions about their health, as far as it is possible at that age.

Pediatric otorhinolaryngology has complex ethical and legal aspects. Taking care of pediatric health and well-being is the primary task of medical professionals. They must adhere

to ethical principles and legal norms and constantly strive to improve the quality of medical care for children. Parents also play an important role by participating in making decisions about their children's health and cooperating with doctors. Effective cooperation and continuous learning ensure provision of the best possible care for children with ENT diseases.

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## MEDICAL ACTIVITY DURING MILITARY CONFLICTS IN THE POST-SOVIET SPACE IN THE 1990s COVERED BY MEDITSINSKAYA GAZETA

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At the end of the 20th century, a number of post-Soviet states faced multicultural conflicts or civil wars. Military actions in Abkhazia, Transnistria, and Tajikistan received widespread coverage in the Russian press of that time. Meanwhile, efforts of medical professionals to localize the mentioned and some other conflicts are often ignored by domestic and foreign researchers. In the early 1990s, the independent international periodical Meditsinskaya Gazeta repeatedly mentioned that the wounded and sick military personnel received assistance from doctors on the front line or in rear hospitals. The newspaper also mentioned the help provided by Russian doctors to the civilian population in the notorious flashpoints. Some of its publications reported on the most successful and complex operations carried out by Russian specialists during those years. In those years, Meditsinskaya Gazeta also reported on the doctors who distinguished themselves during active hostilities or on the fight against epidemics. The newspaper took up a pronounced peace-loving position. The result of the practical activities of Russian doctors in the military operations of the post-Soviet space in the 1990s was not only saving the lives of wounded servicemen and civilians, but also an attempt to unite the efforts of the medical community of the CIS countries to restore peaceful life in flashpoints, prevent epidemic outbreaks and successfully combat numerous infectious diseases.

**Keywords:** doctors, military operations, post-Soviet space, Transnistria, Tajikistan, army, Meditsinskaya gazeta

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## ДЕЯТЕЛЬНОСТЬ МЕДИКОВ В УСЛОВИЯХ ВОЕННЫХ КОНФЛИКТОВ ПОСТСОВЕТСКОГО ПРОСТРАНСТВА В 1990-е гг. В ОСВЕЩЕНИИ «МЕДИЦИНСКОЙ ГАЗЕТЫ»

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В конце XX в. ряд государств постсоветского пространства был охвачен межнациональными конфликтами или гражданскими войнами. Боевые действия в Абхазии, Приднестровье и Таджикистане получили широкое освещение в российской прессе того периода. Между тем участие медицинских работников в локализации упомянутых и некоторых других конфликтов зачастую находилось на периферии внимания отечественных и зарубежных исследователей. Между тем независимое международное периодическое издание «Медицинская газета» в начале 1990-х гг. неоднократно упоминало о помощи раненым и больным военнослужащим со стороны медиков на передовой или в тыловых госпиталях. Газета не оставляла без внимания и помощь российских медиков гражданскому населению пресловутых «горячих точек». В некоторых ее публикациях сообщалось о наиболее успешных и сложных операциях, проведенных в те годы российскими специалистами. На страницах «Медицинской газеты» в те годы также можно обнаружить репортажи о наиболее отличившихся во время активных боевых действий врачах или о борьбе с эпидемиями. Газета занимала ярко выраженную миролюбивую позицию. Итогом практической деятельности российских медиков в военных действиях постсоветского пространства в 1990-е гг. стало не только спасение жизней раненых военнослужащих и гражданских лиц, но и попытка объединения усилий медицинской общественности стран СНГ для восстановления мирной жизни в «горячих точках», предотвращения эпидемических вспышек и успешной борьбы с многочисленными инфекционными заболеваниями.

**Ключевые слова:** медики, боевые действия, постсоветское пространство, Приднестровье, Таджикистан, армия, «Медицинская газета»

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One of the most tragic consequences of dissolution of the Soviet Union in 1991 included the further aggravation of inter-ethnic relations and growth of national and religious radicalism in the young CIS countries. As a result, the notorious protests escalated into a full-scale war with 63 to 98 thousand recent Soviet citizens being its victims, according to American political scientist and economist Trizman D [1]. The bloodiest wars occurred in Nagorny Karabakh, Tajikistan and Abkhazia, while conflicts in South Ossetia and Transnistria accounted for less deaths. In this case, the victims of numerous conflicts in the Russian North Caucasus in the 1990s and 2000s are not taken into account. Despite the difficult socio-economic situation in the early and mid-1990s, Russia could not stay away from the conflicts in the republics of the former USSR,

but publicly expressed its willingness to take responsibility for their settlement. Thus, on February 28, 1993, the country's first president, Boris Yeltsin, declared that "all responsible international organizations, including the United Nations, should supply Russia with special powers as a guarantor of peace and stability in the territory of the former Soviet Union" [2]. It should also be noted that the causes, course and consequences of military conflicts in the post-Soviet space, taken both individually and collectively, have repeatedly been the subject of study of domestic and foreign authors, but all these researchers have almost not paid attention to the role of physicians in resolving and overcoming tragic consequences of these wars. This article is intended to fill the existing gap, at least partially, mainly based on the works published in the early

1990s by Meditsinskaya Gazeta, the independent international periodical.

According to it, the activities of medical workers in flashpoints of the former USSR were extremely dangerous. Thus, in spring of 1992, the metropolitan Meditsinskaya Gazeta reported that unknown criminals had shot at an ambulance on the Tashly–Grigoriopol highway in Transnistria. As a result of this raid, a midwife was killed, a driver and two passengers were injured; they later underwent surgery and survived [3]. It was specifically noted in the publication that the criminals saw who they were shooting at [3]. This crime was obviously not the only one even during the relatively short armed conflict in Transnistria. In Meditsinskaya Gazeta of 1992, a murder of a nurse in the city of Bendery by an unknown sniper was mentioned [4], whereas a special correspondent of the publication Panyushin R witnessed how Pridnestrovian guards shot an ambulance from Chisinau that had refused to stop. Luckily, there were no casualties, but the driver was slightly injured [5]. In turn, a bus carrying doctors and nurses from the Dushanbe Hospital was attacked by a grenade launcher during the 1992–1997 civil war in Tajikistan. One of the workers was seriously injured and subsequently died [6]. In an interview with Meditsinskaya Gazeta, soldiers of the Khorog border detachment informed about attacks of vehicles with Red Cross symbols from Afghan territory, which was a gross violation of international law, or firing at doctors and paramedics by Tajik opposition fighters directly on the battlefield [7].

Vivid front-line reports from such places of major military conflicts in the post-Soviet space as Transnistria or Tajikistan amounted to a relatively small but factually significant percentage of publications in Meditsinskaya Gazeta. The report was commonly published shortly after the end of large-scale hostilities when a fragile ceasefire between the warring parties was established. The first report about the situation in Tiraspol and Bendery a month after Moldova's unsuccessful attempt to resolve the dispute in Transnistria in a military way was published in the periodical in summer of 1992. According to the special correspondent Panyushin RY, the capital of the unrecognized PMR (Pridnestrovian Moldavian Republic) was a “quiet, flourishing city”, where only numerous armed fighters, evening curfew, night blackout, “the distant rumble of artillery fire” and new wounded who daily arrived at the military and republican hospitals (medical city) in Tiraspol from Bender, Rybnitsa, Grigoriopol or Dubossary reminded of the recent war [5].

Direct eyewitnesses recalled that the military hospital and medical city were operating in a disaster mode on the night of June 20, 1992, when Bendery were stormed by Moldovan forces. Over 20 people with gunshot or shrapnel wounds, burns and contusions obtained almost at the same time were admitted to the military hospital only [5]. Hospital director, lieutenant colonel of medical service Moskovchuk BF also claimed that due to a shortage of dressing and suture materials, as well as places to accommodate all the wounded, surgical teams “did not leave the operating rooms for days”, resting no more than 2–3 hours a day [5]. In those days, doctors placed stretchers with the wounded on the floor. A similar situation was observed in the medical city as its numerous employees who had left the place for a weekend later found themselves behind the front line and had to get to Tiraspol through Ukraine. The correspondent briefly noted that Bendery assault split the doctors of the republican hospital, as some of them chose to leave the city and abandon their

duties. Panyushin RY refused to mention their names for ethical reasons [5].

According to this publication in Meditsinskaya Gazeta, there was a real full-scale war in Transnistria in summer of 1992. Only in the first two days, the hospital morgue received over 150 bodies of those killed during the fierce battles for Bendery, though it was designed for 5 places only. How to preserve the corpses in summer heat was a pressing issue. The correspondent of Meditsinskaya Gazeta later wrote that they “covered the entire courtyard of the pathology department as a terrifying carpet.” However, the head of the Republican healthcare department Semko A managed to find 3 refrigerators and solve the issue [5]. Attacks of unknown snipers were taken as another specific problem typical of wartime. A bullet of one of them hit the operating room of a military hospital in Tiraspol when surgeons were working, which later forced the staff to use night blackout [5].

The city of Bendery, which in summer of 1992 became the epicenter of the military confrontation between the armies of the Republic of Moldova and the unrecognized PMR, was severely destructed. The correspondent of Meditsinskaya Gazeta Panyushin RY, who got to the place with journalists from the USA, Canada, the Netherlands and Czechoslovakia, told readers and subscribers in close detail that the new building of the local maternity hospital, which was considered one of the best in the USSR, was destructed. During the city bombardment, a unique operating room with imported equipment was destroyed, an autoclave was burned, and a safe with documents of employees and an ultrasound machine by Toshiba were saved with great difficulty [5]. During the cease-fire that happened later doctors still traveled daily to the ruins of the maternity hospital in order to rescue the remaining medicines, tools and survived equipment. To do that, they needed regular consent from both sides of the Transnistrian conflict, both Cossacks and Moldovan policemen [5].

It is stated in the publication of Panyushin R that shortly after the end of the active phase of the confrontation the PMR was in a terrible condition from the point of view of sanitation and hygiene. Vice-President of the self-proclaimed Republic Karaman AM, who was a neuropathologist and traumatologist in the recent past, had an interview with a journalist from Meditsinskaya Gazeta where he described the consequences of the armed confrontation with Moldova as “simply catastrophic, comparable only to the first post-war years” for the USSR. They included not only 150,000 refugees from Transnistria, but also destruction of sewers, gas pipelines, sewage systems in Bendery and Dubossary, a sharp deterioration in water quality in the Dniester and, as a result, a ban on its use by the authorities [5]. The boarding school for psychochronics on the Kosice bridgehead faced a very tragic situation in those days. With the outbreak of hostilities, the supply of drinking water was stopped and the patients had to drink water from a fire reservoir. Due to that, 69 outbreaks of typhoid fever were reported here in summer of 1992 [5].

Taking into account all of the above, it is not surprising that special correspondent Panyushin RY asked rhetorical questions whether doctors could understand the “original criminality of any war” and scale of the tragedy of civilians in conflict zones [5]. He actually asked Russians to help the affected region in his article. His call was heard, and soon some paragraphs of Meditsinskaya Gazeta briefly informed the public about the serious humanitarian assistance provided to the civilian population of Transnistria by Russia, which



was experiencing an acute socio-economic and political crisis in that historical period. The publication mentioned the facts in summer 1992 when the active hostilities in the region were ceased. In particular, the newspaper reported that a truck with 100,000 meters of gauze and medicines was sent from the citizens of St. Petersburg to Transnistria. The initiator was the infamous St. Petersburg businessman and politician, Chairman of Garant Joint Stock Company Baskin IM. A center collecting medical aid for the flashpoint was set up near Gostiny Dvor on Nevsky Prospekt, in the historical center of the Northern capital, and despite serious economic difficulties, a queue of citizens willing to help Transnistria, which suffered from military operations, was never-ending [8].

During these months, Moscow was active as well. In an interview with ITAR-TASS state news agency, head of the Medical Support Department of the Russian Red Cross Rescue Service Kashlev A announced arrival of a car with 350 kg of medicines and dressings totaling 80 thousand rubles from the closed city Arzamas-16 (now Sarov, Nizhny Novgorod region) to the capital. They were purchased by public organizations using the funds from city enterprises or voluntary donations from citizens [9]. Medical and preventive institutions in Moscow sent medicines and bandages to the city headquarters of the Red Cross as well. The most significant contribution was made by St. Vladimir's Hospital (formerly City Clinical Hospital No. 2 named after Rusakov IV). Moreover, since the Transnistrian hospitals were overcrowded with the wounded and sick after the battles for Bendery, the Main Medical Directorate of Moscow formed medical detachments to work in the self-proclaimed republic for three months despite a shortage of medical personnel and working in almost front-line conditions. According to the correspondent of *Meditsinskaya Gazeta*, the main motivating factor in this case included a triple salary, the funds for which were personally allocated from the capital's budget by the Mayor of Moscow Luzhkov M. (1936–2019). As the publication states, there were a lot of volunteers [4].

The following year, *Meditsinskaya Gazeta* continued to cover the professional activities of Russian doctors during conflicts in the post-Soviet space and published a long report from the Republic of Tajikistan (RT), engulfed in the bloody civil war. The special correspondent Smirnov F arrived in the flashpoint of the former Soviet Central Asia in February 1993 as part of a group of journalists from Russia, the USA, Japan, China, Germany and other countries. The trip was initiated personally by the Chairman of the Supreme Council of the Republic Rakhmonov ESh President of the Republic from 1994 till today, he also changed his name into Rahmon E starting from 2007). Thus, the later publication of *Meditsinskaya Gazeta* included clear signs of confrontation between Dushanbe and forces of the United Tajik Opposition (UTO), and a number of assessments of the difficult events in the republic were political and, therefore, one-sided [10].

For example, correspondent Smirnov claimed that most of the republic's indigenous population blames the leaders of the Islamic opposition for the outbreak of the civil war in Tajikistan, as they "sowed the seeds of hatred in people's hearts producing poisonous sprouts" [10]. According to the journalist, who referred to local intelligence services, Tajik opposition used the long-standing mutual distrust of residents in various regions of the republic and set them on each other. They tried to create the so-called Islamic hospitals. To do that, they forced out of medical institutions those leaders and doctors who did not share their religious and political beliefs or

belonged to ethnic minorities of the republic. For example, 23 Tajik doctors from the state farm named after the XXV Party Congress of the Kurgan-Tyubinsk region started a strike that lasted about three weeks and ended with dismissal of the local chief physician, an experienced Uzbek specialist [10]. In the autumn of 1992, armed opposition members kidnapped the chief physician of a district polyclinics in the same region, and at the time of the publication of the article his fate was still unknown [10].

The journalist of *Meditsinskaya Gazeta* believed that the actions of the Islamic opposition destructed the economy. For example, Turkmenistan state farm, that was established in the semi-desert during the Soviet period and appeared to be one of the largest state farms in the republic of those times, was destroyed: out of more than 10,000 employees, only a few remained, almost all residential buildings were destroyed, and the cotton crops of 1992 was never harvested. The state farm was turned into a base of opposition formations, which blocked roads in the area, carried out numerous brutal reprisals against those who were objectionable and committed other illegal acts. References to transformation of the former House of Culture of the state farm into a concentration camp, and the bath into a torture chamber, killing prisoners with steam containing a high concentration of chlorine, and shooting dozens of civilians in water treatment facilities of the former state farm could have resulted in direct associations with the actions of the Nazis in the Soviet Union during the Great Patriotic War of 1941–1945.[10]. The journalist asked a rhetorical question whether it was possible to forget and forgive such crimes, and also reminded of the fate of Sharipov S, the ambulance driver from the Kulyab district center. A representative of a rather peaceful profession had to enter military service in the detachments of the governmental National Front and become an armored personnel carrier driver because he did not want his children to go through the same events again.

Smirnov F believed that outbreak of infections in Tajikistan could be another purely medical consequence of the civil war here. An outbreak of helioproptic hepatitis was recorded at the end of 1992 In some parts of the south Khatlon region. Up to 5 thousand cases of this disease were registered here with over 700 people being its victims [10]. According to the special correspondent of *Meditsinskaya Gazeta*, the reason was an acute shortage of food in the south of Tajikistan due to the prolonged blockade by the Islamists. Local farmers could harvest wheat later than usual. That's why the grain was poisoned by heliotrope, a poisonous weed. Many collective and state farms in the south of the country were affected. Bread made from unrefined wheat led to the outbreak of the disease. It should be noted that all the patients accused the opposition of poisoning the grain. According to Smirnov, the disease was extremely difficult and painful for the patients as their liver function was disturbed resulting in accumulation of a large amount of fluid in the abdominal cavity and extensive balloon-like stomach swelling [10].

Tajik authorities had to send patients to local hospitals, outpatient clinics, schools, kindergartens and hotels, whereas the most serious patients were referred to the Republican Institute of Gastroenterology or medical institutions in the city of Dushanbe. Minister of Health of the Republic Akhmedov A and leading gastroenterologists went to the affected regions on a regular basis to provide aid to local doctors. In that difficult situation, assistance to Tajikistan was provided by the near and far abroad countries, and representatives of



the International Red Cross and Red Crescent. Thus, doctors from neighboring Uzbekistan equipped a mobile hospital with 50 beds in regions with an epidemic outbreak [10]. The help of the main ally, Russia, was also important to fight the disease as well. In February 1993, the Minister of Defense of the Russian Federation, Hero of the Soviet Union, General of the Army Grachev PS (1948–2012), personally visited Tajikistan, after which units and subunits of the Russian army stationed in Tajikistan donated up to 8 tons of medicines to the population of areas affected by heliotropic hepatitis [10]. The head of the military hospital in Dushanbe Gafarov A later delivered humanitarian aid to the Parkhar regional hospital and personally allocated 5,000 rubles for the needs of the residents. His subordinates followed the example [10]. Joint efforts helped them to achieve a positive result in the fight against a serious illness.

A significant part of the mentioned newspaper report from the flashpoint was devoted to a story about functioning of the Republican Clinical Hospital named after Dyakov AM (Dushanbe) at war time. By the beginning of February 1993, up to 80 patients with heliotropic hepatitis were found in the hospital with children being about half of them [10]. The journalist of *Meditsinskaya Gazeta* referred to the relevant reviews of the patients and provided good references about the work of the hospital staff as the doctors of the named medical institution were able to provide truly qualified assistance to the sick. Treatment included strict bed rest, a diet rich in proteins and carbohydrates, vitamin therapy, hepatoprotectors, diuretics, detoxification, and, if necessary, hormonal drugs. The civil war left its trace as in addition to patients with heliotropic hepatitis, 30–40 patients in the hospital had gunshot wounds as victims of recent night clashes [10]. Smirnov stressed that the situation was even worse in November–December 1992. All medical institutions in Dushanbe were overcrowded with the wounded, and the ambulance service in the city was almost paralyzed due to the lack of gasoline and the doctors' fear of armed gangs [10]. In an interview with *Meditsinskaya Gazeta*, the therapist of the republican hospital Tiloev A reported a widespread occurrence of diseases such as pneumonia, bronchitis, peptic ulcer, protein starvation and influenza. He said that the reasons were the recent heavy fighting in Dushanbe and, as a result, the presence of numerous refugees, decreased immunity among citizens due to severe stress, shortage of food and medicines and antibiotics, in particular. Tiloev stated directly that “only humanitarian aid is saving us so far” [10], including aid from Russia.

The press of those times paid significant attention to high qualification and professional success of Russian doctors in the flashpoints of the post-Soviet space. For example, a report by *Meditsinskaya Gazeta* from Tajikistan provided details on the activities of a military doctor, Captain Krysenko O. He was a graduate of the Military Medical Faculty of Tomsk Medical University, served in the amphibious assault maneuver group (AAMG) of the Russian border troops deployed in the mountainous republic and was awarded medals “For bravery”, “For service in Tajikistan” and “For distinction in military service” of the first degree for his two-year service. The military service of Krysenko O. in Central Asia was extremely difficult. According to correspondent of *Meditsinskaya Gazeta* Papyrin AL, that person and other fighters of AAMG were surrounded by Tajik opposition fighters. In the highlands, even a common military campaign of border guards in full combat gear often led to the need to provide first aid due to sprains, hematomas, or acute gastroenterocolitis. Doctor Krysenko succeeded in that as well [6].

An episode of the medical officer's military activity was mentioned in *Meditsinskaya Gazeta*. The events on the Tajik-Afghan border were referred to as a “warfare”, which was “not only armed and open, but also mine and terrorist”. The publication had to prove the thesis [6]. During a military operation in the Yazgulem gorge in September 1994, Krysenko accompanied the AAG, which found an enemy refuge in a cave near the ruins of Safi Sang border village. The main forces of the Tajik and Afghan Islamists retreated, Russian military got abandoned equipment and ammunition as a trophy, and one wounded militant was detained. However, a land mine explosion killed 6 border guards, and seriously injured 3 more of them [11]. Lieutenant Yefremov who obtained “very skillfully and competently provided first aid” from military doctor Krysenko was among the wounded. The doctor “treated and bandaged multiple wounds on the left side of his face, neck, limbs, and chest.” The wounded officer was subsequently taken to the hospital of the Russian border troops in Dushanbe by helicopter, where military surgeons from the Central Hospital in Golitsyn saved his life [6].

The medical specialists who served as part of the Group of the Federal Border Service in Tajikistan in the 1990s actually agitated for the presence of Russia in the flashpoint of the former Soviet Central Asia. According to correspondent of *Meditsinskaya Gazeta* Papyrin AL, staff of the first district hospital of the Russian border guards in Dushanbe provided assistance to the injured and sick soldiers of the Tajik army regardless of where they came from [12]. It should be noted that it was not a simple thing to do. A local civil war of 1992–1997 was largely a clan warfare, and most of the border troop personnel included local residents due to its chronic shortage. Unlike the local islamists, Russian military doctors tried to help absolutely all patients, sometimes even the UTO, the enemy.

Even the Tajikistan and Afghan frontier intruders obtained qualified medical assistance. One such patient, an Afghan who received a gunshot wound while trying to cross the Panj River, was found by *Meditsinskaya Gazeta* journalist at the medical center of the Khorog border detachment [7]. Meanwhile, the enemy failed to display similar noble qualities. In those years, the service of military doctors in Tajikistan was far from being safe. According to Konev D, who was the head of the Department of Traumatology surgery at the military hospital in Dushanbe, Russian doctors were once surrounded by the UTO militants during a mandatory monthly business trip to the Panj border river. Meanwhile, Konev's friend, a doctor at the Central District Hospital, was killed by local armed opposition members “because he helped everyone,” and not just supporters of the official government of the republic [12]. It should also be noted that in spring of 1995, the UTO militants seized a truck with seriously wounded soldiers during full-scale hostilities at the Dashti-Yazgulem border post. Then they beat and almost shot Abdullobekov M, a Tajik surgeon at the Khorog hospital, accusing him of betrayal. The doctor could avoid death only because one of the militants, whose wife had been previously successfully operated by Abdullobekov, stood up for him [7].

Covering the armed conflicts in the post-Soviet space in the 1990s, *Meditsinskaya Gazeta* focused on a number of aspects. Firstly, the publication preferred to appeal not to the state interests of Russia, but to general humanistic issues. It differed from the public statements of politicians. Thus, describing the incident with shooting of a convoy of Ossetian refugees on the Zarskaya road by Georgian militants on May 20, 1992, the newspaper noted that “... shots fired on the

Georgian Military Road are shots at us” [13]. The editorial board of *Meditsinskaya Gazeta* later emphasized that it provided financial and organizational assistance to Golub L, an engineer from Tiraspol, whose sick son required to purchase a medicine at Moscow pharmacies. The reasons of the journalists were extremely simple and humane: “We all lived peacefully and amicably so far. We had enough freedom and territory’. At the end of the note, the woman and her son were wished to survive the Transnistrian crisis [14]. Having returned from Tajikistan, journalist Smirnov F also asked Russian readers to display compassion for the residents of this republic and other CIS flashpoints who got into trouble [10].

Secondly, the aim of the newspaper was to become a tribune inviting all doctors of the post-Soviet space to take active action and join forces in the anti-war struggle. In particular, a telegram entitled “Pain breaks our hearts” signed by the Minister of Health of Uzbekistan Karimov Sh and other famous Uzbek doctors was published on the first page of the May Day issue of *Meditsinskaya Gazeta* in 1992. They asked medical professionals from the CIS countries to help politicians settle conflicts in Nagorny Karabakh, South Ossetia and other regions of the former USSR. The signatories demanded “to stop the slaughter and solve problems in a civilized and peaceful way,” for which they proposed “to gather in one of the republics, discuss the situation and act as one against violence and slaughter” [15].

Following the outbreak of violence in the Prigorodny district of North Ossetia [16] six months later, the Minister of

Health of Kabardino-Balkaria Berov ML called for the creation of a movement of doctors against ethnic hostility [17]. The editorial board of *Meditsinskaya Gazeta* fully supported his call, stating that the goal of the medical profession is “not to start, but to extinguish the resulting fire flames” [17]. The same idea was mentioned by special correspondent in Nalchik Bliev Yu [18]. To confirm their words, photographs of Kosints A, correspondent of ITAR-TASS agency, taken on November 8 of 1992, were published in the newspaper issue of November 20, 1992. The photos captured the military everyday life of North Caucasus with dozens of corpses of the Ingush residents in the square of the Progorodny district in Nazran, a temporary capital of Ingushetia. Dinner for refugees at the field kitchen of the Russian military unit in Vladikavkaz was displayed there as well. A few months later, the organizing committee of Doctors against Violence, Interethnic Conflicts and Civil Wars International Movement published an appeal in *Meditsinskaya Gazeta* on March 24, 1993 to the presidents, parliaments, and governments of all post-Soviet countries, especially the Russian Federation, to “find a way to harmony and nonviolent resolution of contradictions” [19]. The organization confirmed its peaceful intentions during the war campaign of 1994–1996 in Chechnya [20]. Thus, a peaceful and humanistic attitude was clearly expressed in the publications of *Meditsinskaya Gazeta* devoted to the armed conflicts of the post-Soviet space of the 1990s. The publication presented doctors as true peacemakers who were able to stop violence between former compatriots.

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## ORTHODOX ETHICS OF VLADIMIR SOLOVYOV AND MYSTICAL ETHICS OF DANTE ALIGHIERI

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The article provides a comparative analysis of the Orthodox ethics of the Russian religious philosopher Vladimir Solovyov and the mystical ethics of the Renaissance representative Dante Alighieri. The aim of the study is to identify points of contact between the ethical concepts of these two very different philosophers. Two works were selected for comparison: "Readings on God-Manhood" by V. S. Solovyov and "The Divine Comedy" by Dante. The ethics of man's abstraction from natural principles and the acquisition of a metaphysical existence by the individual are explored. Three stages of human ethical development are considered in the concept of V. S. Solovyov. It is shown that in the process of ethical development, the human personality perceives the Divine principle and reunites nature with it. It is noted that for Solovyov, ethical development is a positive and objective process — a divine-human process. A significant place is devoted to the symbolic-metaphysical understanding of ethics in Dante Alighieri's Divine Comedy. It is indicated that Dante shows an inexhaustible source of possibilities for man to overcome the burden of earthly existence and turn to the true ethics of divine revelation. It is concluded that both Dante Alighieri and V. S. Solovyov came to the realization that the religious principle in man is the only real implementation of the free ethical process.

**Key words:** ethics, the ethical process, humanism, divine principle, worldview, nature, a person, personalities, freedom, religious philosophy

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## ПРАВОСЛАВНАЯ ЭТИКА ВЛАДИМИРА СОЛОВЬЕВА И МИСТИЧЕСКАЯ ЭТИКА ДАНТЕ АЛИГЬЕРИ

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В статье предпринят сравнительный анализ православной этики русского религиозного философа Владимира Соловьёва и мистической этики представителя эпохи Возрождения Данте Алигьери. Цель исследования: выявить моменты соприкосновения этических концепций этих двух столь несхожих философов. Для сравнения выбраны две работы: «Чтения о Богочеловечестве» В. С. Соловьёва и «Божественная комедия» Данте. Исследуются этика отвлечения человека от природных начал и обретение личностью метафизического существования. Рассматриваются три ступени этического развития человека в концепции В. С. Соловьёва. Показано, что в процессе этического развития личность человека воспринимает Божественное начало и воссоединяет с ним природу. Отмечено, что у Соловьёва этическое развитие есть положительный и объективный процесс — богочеловеческий процесс. Значительное место уделено символически метафизическому пониманию этики в «Божественной комедии» Данте Алигьери. Указано, что Данте показывает неиссякаемый источник возможностей для человека преодолеть бремя земного существования и обратиться к подлинной этике божественного откровения. Делается вывод о том, что и Данте Алигьери и В. С. Соловьёв пришли к осознанию того, что религиозное начало в человеке является единственным действительным осуществлением свободного этического процесса.

**Ключевые слова:** этика, этический процесс, гуманизм, божественное начало, мировоззрение, природа, человек, личность, свобода, религиозная философия

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It seems important today to compare the mystical ethics of Dante Alighieri, a representative of European social thought, and the ethical concept of Vladimir Solovyov, the largest representative of Russian religious philosophy. It is important not only to pay attention to the original aspects of religious ethics in Russia, but also to understand more deeply the features and traditions of Russian culture and the nature of its interaction with the culture of people from other countries and other eras. As Paul Ricoeur rightly noted, "reflection is appropriation of our effort to exist and of our desire to be, through the works which bear witness to that effort and desire" [1]. In this regard, comparison of such different thinkers should be the apotheosis of lasting ethical values.

Dante Alighieri introduced the humanistic tradition into the system of medieval scholastic thought. The idea of natural existence sinfulness served only as a starting point for his reflection. Dante considered abstract formulas justifying Goodness, substantiating the transcendent essence of the

Divine principle, undertaken by representatives of medieval philosophy as the basis for discussing the true virtues of a man. Guardini R notes that Dante expresses his thoughts based not on precise theories, but symbolically; he wishes to form images, and his worldview is constructed speculatively [2]. Dante Alighieri's philosophy is a challenge to the medieval era. As depicted by Dante, a man tries to release his creative energies while satisfying his needs. Therefore, we can say that Dante goes beyond his era, and his creation serves as the introduction to the Renaissance humanistic ethics. According to Guardini R, "Dante is committed to the Middle Ages seriously and unreservedly, but at the same time he is on the border of the Middle Ages, and part of his human existence is already beyond its borders" [2], writes Guardini R.

Solovyov V defines the moral basis of a human through a comprehensive religious and philosophical concept of freedom. The process of mutual transformation of captivity into freedom needs an active human mind, which contains reserves



of human knowledge and through which the ethical process is implemented. Thus, Solovyov offers conditions for movement of cognition and activity from captivity to freedom. Meanwhile, both Dante and Solovyov start the ethical process of a human movement from understanding the natural existence to consideration of the foundations of Divine existence from an ethical sensation. Therefore, an attempt to find the common ground between the ideas of Dante Alighieri and Vladimir Solovyov is undoubtedly of great importance.

Vladimir Solovyov and Dante Alighieri could accumulate achievements in the sphere of spiritual culture of their era and did it each in their own way. Solovyov V made a significant impact during his years, forming new layers and directions of philosophical research in the field of ethics. Our generation will have to find new landmarks in the history of philosophical thought of past years. Researchers are finding their own way to creations of Dante Alighieri, and that of Solovyov V, in particular. "The great creations of the human spirit are like mountain peaks: the more we distance ourselves from them, the higher their snow-white peaks rise in front of us" [3], wrote Bulgakov SN.

Despite the fact that the ethical views of Vladimir Solovyov and Dante Alighieri were diverse, their attention to a human being and deep analysis of earthly and Divine existence unites these thinkers and allows to find landmarks for creation of a holistic philosophical worldview. In this regard, Bulgakov SN asked: "Is it possible both to be a materialist based on your world view, i.e. think of yourself as truly united with nature and a human race, and affirm the originality of the human spirit with its demands and postulates about a supernatural, Divine being that lights up and comprehends a natural life?" [3]. It is Bulgakov who mentions that ethical concepts are universal. Bulgakov claims that Solovyov's positive unitotality is an organism of living ideas. According to Bulgakov SN, researchers will have to step deep back in the history of thought to find a person who, just like Solovyov, can have a similar combination of talents. This world view, described by Bulgakov, is in an embryonic state in the works by Dante Alighieri and reaches its integrity in those by Vladimir Solovyov. "It is the philosophy of Vladimir Solovyov that united the Russian thought and determined its direction for a second consecutive century" [4], states, with cold accuracy, Maksimov MV.

Vladimir Solovyov assumes that initially a person possesses three main elements: first, nature, i.e., the present reality; second, the Divine principle as the desired goal and content, which is gradually revealed; third, personality, the subject of life and consciousness. According to the thinker, it is the human personality that perceives the Divine principle and reunites it with nature, transforming it from an accidental existence into a proper being.

According to the philosopher, the term of revelation means that the revealed Divine being is initially hidden, i.e. not revealed as such. The thinker asserts that for a human, God exists and acts, though not in his own definiteness, but in nature: "The unconditional and overall Divine principle embraces nature (but is not embraced by it, as the greater covers the lesser, but not the reverse)" [5]. Vladimir Solovyov considers this kind of representation as the first stage of religious development, where the Divine principle is hidden behind the world of natural phenomena, and the direct object of religious consciousness includes only service beings and forces directly acting in nature and determining the material life and destiny of a man. The thinker says that this stage is natural, it is direct revelation, or polytheism.

In the Divine Comedy, Dante Alighieri writes that the Divine principle is hidden in the natural life:

"The more perfect a being is,  
the more susceptible to good  
and bad treatment it is. Their puny race,  
which is far from being perfect, longs for it  
And in his thoughts, he strives for the good" [6].

The consonance of Dante's thoughts with Solovyov's ideas means that an infant has natural instincts only; when growing up, he begins to reach out for the good, seeing perfection in God. On the other hand, the idea of goodness as the highest idea is the ultimate ascent for Dante, as for Plato. According to Dante, a person who makes an attempt to speculate, rushes to the essence of the object by means of reason alone avoiding sensations and does not retreat until he reaches the essence of the good using thinking.

According to Solovyov, the second stage of religious development shows the Divine principle in its difference and as opposed to nature in the form of negation of nature, or nothing i.e. the absence of natural existence, and negative freedom from it.

He believes that negative freedom should be deprived of a positive feature and individuality: 'the negative freedom includes the freedom of emptiness, the freedom of the poor' [5]. Therefore, the thinker considers this essentially pessimistic and ascetic stage as negative revelation. The negative feature is mystically shown by Dante as a person losing his appearance:

'And backward through his head withdraws his ears,  
even as a snail doth with its horns;  
his tongue, which single used to be, and prompt to speech,  
divides itself, while in the other case, the split one closes,  
and the smoking stops. The soul which had become  
a savage beast flees hissing through the trench,  
the other spits behind him as he talks.  
Then, having turned away from him his just created shoulders,  
he to the third said:  
"I 'd have Buoso run, as I have, on his belly o'er this path." [6].

Just like many Russian philosophers, Dante perceived the serpent, which, according to the biblical story, forced Eve and Adam to eat an apple from the tree of knowledge, as personification of negative freedom. The freedom to resist God is the negation of the divine will or negative freedom. Rebirth of a sinner's soul into a serpent is a metaphor that allows us to understand the meaning of the fall. Thus, the symbolically mystical understanding of human existence and punishment for sins serve as eternal truth in *The Divine Comedy* by Dante. It should be noted that the exaggerated feelings of confrontation between a person trapped in hell "originate neither from cosmic forces nor from ruthless and superhuman battles between the forces of God and the forces of Satan. They are rather expressed through the language of relationships" [7], wrote Kilburn B. Owing to that, matter, flesh, human destiny and perception of reality are interrelated anew. The reader believes that the paintings and images that Dante shows in his brilliant work are real. Analyzing the biblical story about the fall of man, American psychoanalyst Kilburn B shows a semantic shift from the concept of "human mistakes" to the concept of a punishable sin, and considers the figure of the serpent as a manifestation of Satan.

In this regard, we ask which reality is more significant. Is it the reality of earthly life or the reality of a soul's stay in



hell after death? Can we use common sense here? In this regard, it seems relevant to use the concepts of Yung G and Bashlyar G. In his work "The Transcendental function", Yung G noted that the rationality of common sense can be the worst of biases, because we think that we know the result and we call it so [8]. Despite common sense, the reader stays in a new reality of images invented by Dante. It is about "realism of the second level, which is different from the usual understanding of reality and is in conflict with the immediate one" [9]', says Bashlyar G in his *New Scientific Spirit*. According to Bashlyar, it is the mystical sensation giving an impetus to the ethical process that can be referred to as realism of the second level. By showing the torments of sinners, Dante uses an allegory, trying to depict the source of reflections on the ethical human values. Thus, we can see that Dante's thought has a metaphysical basis.

At the third stage of religious development, the Divine principle is consistently revealed in its own content, i.e. in what it is in itself and for itself. The thinker states that a person combines opposites of all kinds, including the opposite between the unconditional and the conditional and the opposite between the absolute essence and the transitory phenomenon. Therefore, the most important goal for the philosopher is to establish the human status in the general context of true existence. In this regard, Solovyov thinks that the most important thing is to comprehend "the integrity of the twofold divine being" [5]. On the one hand, the Russian philosopher considers the productive unity represented by the united divine creation of the Word (Logos). On the other hand, the unity is produced and implemented. Solovyov says that the second implemented unity is called Sofia. According to the thinker, it is the produced and implemented unity that constitutes the beginning of the humanity or an ideal and ethical human being. Therefore, God can exist eternally as Logos and as an active God, if we assume that real elements that perceive a divine action are eternal, or that the world is subject to a divine action through giving place to the divine unity: "The own or produced unity of this world, which is the center of the world and the circumference of the Deity, is a humanity" [5].

Dante shows that the human soul and God are united and that living beings are dissolved in the Deity. In Dante, the Divine Law, the essence that connects the humanity and God, occupies the place of Divine Sofia:

'...the Divine Law  
Binds everything in the world together;  
Owing to the Law, the Highest God  
is shown in His creation. Sinless creatures  
Here see a bright trace of the power of Creator,  
To whom His law draws them endlessly" [6].

Dante thinks of human existence based on traditional concepts, and provides the Divine law with a new meaning, which can be considered a prologue to understanding Divine revelation in the concept of Solovyov V, in particular.

According to him, it is at the first stage of Divine revelation where the divine principle is recognized only through the beings and forces of the natural world, when nature itself receives a Divine meaning and is recognized as something unconditional and self-existent. According to the philosopher, this is the general meaning of naturalistic consciousness: a person does not like his reality, seeks for something unconditional, but tries to find it within the natural material existence. Therefore, he is controlled by natural forces and principles, becoming a slave of the "weak and meager elements" of the natural world. A human does not think that he belongs to nature. Thus, the human

is not a natural being only, but something bigger and greater than nature. According to the thinker, natural principles cannot have an unconditional power over the human personality. This power is given to nature by the human: "nature dominates us externally only because and as much as we internally obey it" [5]. In this regard, Nethercott F states that "Solovyov claimed that the life is primary and that the theoretical thought is subordinate to it" [10].

Vladimir Solovyov states that each being in nature can be one of many, particular only, and the totality and absoluteness of this being are expressed only through the desire to be an ethical being. The thinker believes that it is the human shape that allows to be an ideal "Everything", since a human can contain everything in his consciousness. Thus, Solovyov believes that the unity that eternally exists in the Divine principle and that was transformed into pure potency in natural existence, is an example of ideal restoration in humanity. Therefore, the philosopher points out that every being in nature is conditional and transitory. This being can be eternal and unconditional only in God, its absolute beginning.

In this regard, Dante calls to overcome earthly existence, which he defines as pathetic. This is similar to conditional and transitory existence of man according to Solovyov. And strive for goodness and the "light of knowledge" can be interpreted as the strive for unconditional existence. In his work, Dante shows a fusion of passions of the heart and thought represented as a combination of the subjective and the metaphysical:

'Not for this purpose were we born,  
To lead a miserable existence,  
But to strive for truth until the end  
Towards good and light of knowledge!' [6].

According to Dante, as long as we have a body, we are dead, because fundamentally we exist because of the soul, and the soul rests in the body as in the grave, which means it is mortified. The death of the body is life, as the soul is freed. The body is the root of all evil, the source of unhealthy passions, hostility, disagreement, ignorance and just plain madness. The thinker reflects on the metaphysical distinction between the soul (an intelligible essence) and the body (a sensual being). The human body commits sins, and a person must be punished for that. The question is whether a human can ever be free from his sinful nature and become an ethical being. Konrad Lorenz could answer the question in his book *The Eight Deadly Sins of Civilized Humanity*. Lorenz writes that everything that is good and useful both for humanity and for an individual has almost been forgotten under the pressure of competition between people. Thus, "the vast majority of people living today think that only something that helps them surpass their fellows in ruthless competition is of value. They think that any means suitable for this purpose is an independent value" [11]. So, in the twentieth and the twenty-first centuries, the sinful essence was considered as a value and thereby the idea of overcoming the sinfulness of human nature was created.

According to Solovyov, the life of nature is based on struggle, exclusive self-affirmation of every being, internal and external denial of all other beings. Therefore, the law of nature is a struggle for existence, and more perfectly a being is organized and the higher it is, the more intensely this law is applied. Solovyov V believes that nature as a set of natural processes is a constant movement, a constant transition from one form to another one, and a constant achievement. It means that processes and states of natural existence can be

a reason for imagination until they are implemented. According to Solovyov, implementation of a natural drive or instinct is a necessary content, something satisfying and representing a certain thing until this implementation has taken place and until the corresponding result has been achieved.

Thus, a natural life, which is a goal, can turn out to be evil, deception, and an illusion, since all the content that a person connects with specific natural objects and phenomena and all images belong to the person are products of his imagination. There is a question whether humanity can have clear guidelines or standards according to which it can avoid illusions and follow the path of perfection and realization of the idea of the good. In this regard, law and legislation have an indirect meaning only. Mezhyuev BV drew attention to Solovyov's idea that the task of law is not "to create the Kingdom of God on earth, but to ensure that the world does not turn into hell prematurely" [12]. This means that a person is not provided from the external environment with something that he lacks, that could satisfy his needs and complement his existence. Man supplies nature with what the nature lacks and with something that is inherent to a human, that is, an ethical principle. "Stripped of the rich attire that is given to nature by the will and imagination of a human, it is only a blind, external, and alien force, a force of evil and deception" [5].

Vladimir Solovyov believes that submission to a higher and blind force is the root source of suffering for a man; but being aware that nature is evil, deception and suffering is thereby awareness of superiority of the human over nature. "If I recognize that nature is evil, it is only because I have the power of good, in relation to which nature is evil, if I recognize that nature is a deception and a ghost, it is only because I have the power of truth, compared to which nature is a deception. And finally, it is possible to suffer from nature. It is not about particular or accidental suffering, but about the general severity of natural existence. It is possible only because there is a desire for and ability to get that bliss or fullness of existence that nature cannot give" [5].

Vladimir Solovyov makes a conclusion that the human will, directed at nature, binds a person to it and leads to evil, deception and suffering. Thus, liberation of the will from power and domination of nature is liberation of one's own natural will or renunciation of it. The poetic genius of Dante displayed harmony with this idea:

'when the soul is filled with delight or melancholy,  
all other thoughts  
can be far away, and nothing disturbs it;  
our soul cannot split,  
and the person who  
believes that a mortal has two souls is mistaken...  
A soul has two abilities: attention  
and self-concentration, one  
is in bonds while the other  
is free' [6].

It means that nature can be completed and obtain an ultimate meaning only in a personal, supernatural dimension. The relative and partial existence of nature is manifested through a rational being. That is why Dante denies the impersonal nature of the soul (its duality) as a final reality. He claims that a soul freely strives for ethical values and God. Thus, it can be concluded that according to Dante, the existence and immortality of the soul are meaningful only if the soul is thought about as a "superempirical being" inhabiting an intelligible space.

According to Solovyov, a human will always strive for natural existence, he claims to be a natural being, whereas renunciation of this will is the same as renunciation of natural existence. But as nature was originally defined as "Everything", as a person in the given state of consciousness sees nothing outside the nature, then denial of natural existence means denial of all existence. Therefore, Solovyov declares that the desire to get rid of nature is a desire for self-destruction. The philosopher hypothetically asserts that if nature is Everything, then Everything that is not nature is nothing. Thus, the thinker believes that if nature is recognized as evil, deception and suffering, it is deprived of the unconditional principle. It is the unconditional principle, which is not perceived as nature by human consciousness, can only be negatively defined as the absence of all existence, and as nothing.

Vladimir Solovyov believes that, on the one hand, the religious attitude towards nature, subordination of human life and consciousness to it and its deification led to religious denial of nature and all existence, as well as to religious nihilism; on the other hand, philosophical deification of nature in modern consciousness and philosophical naturalism led to philosophical denial of all existence i.e. to philosophical nihilism. The philosopher thinks that if a person wants to understand and implement this unconditional principle within his own reality, he should separate and oppose it to the elements of the world. To understand what the unconditional principle is, one must first reject that it is not. Then, according to Solovyov, this unconditional rejection of all ultimate signs will already mean a negative definition of the unconditional beginning. The negative definition is the first step towards its positive cognition.

Dante redefines human existence based on a deeply inner and metaphysical experience:

'...your thoughts are influenced  
by earthly concepts;  
you can see darkness  
where bright streams of light are pouring.  
The riches are inexhaustible:  
the more you can divide them,  
the more extensive they become.  
Its love and mercy  
shine upon everything around us  
like the sun' [6].

According to Dante, existence of earthly reality is based on radical antagonism. And metaphysical existence is based on ecstasy, the form of a pure object: "We master sophisticated forms of radicalization of hidden qualities and fight obscenity<sup>1</sup> with its own weapon. We oppose something that is more truthful than the truth to something that is more misleading than the lie. We will not oppose something beautiful to something ugly, we'll search for something even uglier than ugliness: it is monstrous. We will not oppose the obvious to a mystery, we will look for something even more mysterious than a mystery: it is incomprehensible [13], writes Baudrillard. Baudrillard called the movement of cognition, that originated in the metaphysical existence of "ecstasy," a fatal strategy for the European social thought. However, Dante's philosophy is a possible exception in this case. It is so because such a movement of thought is more typical of Russian philosophy, and of Solovyov V, in particular.

<sup>1</sup> Obscenity — in Baudrillard's texts this word means not only «indecent», but he also plays with the word «scene» in this term, that is, the absence of a stage and spectators.

Solovyov is sure that reality of the unconditional principle that exists in itself does not depend on us. The reality of God can neither be deduced from pure reason, nor can it be logically proved. According to the thinker, the necessity of an unconditional beginning for the highest interests of man, will and moral activity, reason and true knowledge, and for feeling and creativity, makes the actual existence of the Divine principle possible. The philosopher believes that unconditional confidence in the existence of the entire external world in general can be obtained through faith only. Thus, we see that Solovyov draws attention to the fact that "... if our entire experience and knowledge are our own states and nothing else, then any statement of external existence corresponding to these states is, from a logical point of view, a more or less probable conclusion only; and if, nevertheless, we are unconditionally and directly convinced that external beings (other people, animals, etc.) exist, then this belief is not logical (since it cannot be logically proved) and is, therefore, nothing more than faith" [5].

In this regard, the philosopher examines the essence of external existence. According to Solovyov, although the law of causality makes us recognize external existence as the reason for our sensations and representations, and since this law of causality is a form of our own mind, then application of this law to external reality can be conditional only. Consequently, the law of causality cannot unconditionally convince us in the existence of an external reality. All the proofs of this existence, reduced to the law of causality, are, according to the thinker, thoughts of probability, and not evidence of reliability. Only faith is evidence of authenticity, that is why the thinker mentions external and internal reality: "We cannot know that something exists outside and independently of us, because everything we know (is real), that is, everything we experience exists in us, but not outside (our sensations and our thoughts); what is not in us, but in itself, is therefore beyond our experience and, consequently, beyond our actual knowledge, and can thus be confirmed only by an act of the spirit that goes beyond our reality and is called faith." [5].

On the other hand, the thinker believes that if the existence of external reality is confirmed by faith, then the content of this reality and its essence (essentia) can be transferred through experience. Therefore, Solovyov is confident that the data obtained during the experience tell us about a truly existing reality and thus form the basis of objective knowledge. In this regard, the philosopher makes a conclusion that if we want to get complete objective knowledge, it is necessary to connect parts of individual information about the existing reality together, and integrate the experience into a system. Solovyov believes that this can be achieved with rational thinking that gives empirical material a scientific shape. Vladimir Solovyov asserts that all the provisions related to the external world can be totally and on the same grounds applicable to the Divine principle. Moreover, the existence of the Divine principle can be confirmed by an act of faith only.

Dante is infinitely devoted to the values that symbolize the image of God the Father. The thinker creates an idea of a decent human existence.

'Oh our Father, living in heaven!  
Not because you dwell there,  
but because you are filled with omnipotent  
Love for mortal beings,  
may they humbly and lovingly glorify  
your Holy Name,  
all those to whom you grant existence' [6].

According to Solovyov, our mind perceives the existence of the external world, as well as the existence of the Divine principle, only be as probabilities or conditional truths, that can be unconditionally confirmed by faith only. On the other hand, the content of the Divine principle, as well as the content of the external nature, can be transferred through experience. Vladimir Solovyov believes that experience provides only psychic facts and facts of consciousness. both in the case of objective reality and Divine principle. The objective significance of these facts is determined with a help of a creative act of faith. With this faith, internal religious experience is recognized as the actions of the cognizing Divine principle, which is the actual object of our consciousness. Thus, the thinker concludes that philosophy of religion taken as a coherent system and synthesis of religious truths can supply the cognizing subject with adequate knowledge of the Divine principle as something unconditional or comprehensive.

According to Solovyov V, the integrity of religious experience and religious thinking forms the content of religious consciousness. From the objective part, this content is a revelation of the Divine principle as a real object of religious consciousness. The thinker believes that the human spirit in general, and, consequently, religious consciousness is not a complete, ready-made fact. Instead, it represents something emerging, taking place and improving, something continuous. Consequently, according to Solovyov, revelation of the Divine principle in this consciousness is gradual.

According to the philosopher, the Divine principle is a real object of religious consciousness, influencing this consciousness and revealing its content in it. In this regard, religious development is a positive and objective process, it is a real interaction between God and a man or a God-human process.

Vladimir Solovyov is convinced that the highest form of Divine revelation should possess the greatest freedom from any exclusivity and one-sidedness, represent the greatest generality; it should also possess the greatest wealth of positive content and represent the greatest completeness and "integrity" (concreteness). According to the thinker, both of these conditions are combined in the concept of positive generality (universality), which is opposed to negative, formally logical universality, which consists in the absence of certain properties and features.

Based on this, according to Solovyov, the goal of universal religion is to maximize positive content as "the religious form is higher when it is richer, more vivid and more specific. A perfect religion is not contained in everything equally (the indifferent basis of religion), it contains and possesses everything (a complete religious synthesis)" [5]. According to the philosopher, a perfect religion should be free from all kinds of limitations and exclusivity, "but not because it lacks any positive features and individuality because such negative freedom is the freedom of emptiness, the freedom of the poor, but because it contains all the features and, therefore, is not exclusively bound to any of them, possesses all of them and is, consequently, free from all of them" [5].

Vladimir Solovyov strives to show that a positive religious synthesis, a true philosophy of religion, should embrace the entire content of religious development, without excluding any positive element, and the unity of religion should be sought in completeness, not in indifference. According to the thinker, religion is the reunion of a man and the world with an unconditional and integral beginning. Therefore, the thinker points out that "this whole or all-encompassing principle does not exclude anything, and therefore true reunification with it is possible, as true religion



cannot exclude, suppress, or forcibly subjugate any element, any living force in a man and human world.” [5].

According to Solovyov V, the reunion of individual beings, particular principles and forces with an unconditional beginning must be free. It means that individual beings and particular principles must voluntarily come to a reunion and unconditional agreement, they must refuse from their exclusivity, self-affirmation or egoism. And as the essence of the unconditional principle does not allow exclusivity and violence, the reunion of private aspects of life and individual forces with the whole principle and among themselves should be, as Solovyov sees it, unconditionally free.

Dante's idea of the world is constructed speculatively. It is determined not by the desire to follow any theory, but by the ability to form images which are followed by the metaphysical reality. The poet wanted to build a picture of human existence based on the highest Divine ethical values. In this regard, Dante noted as follows:

'Partly, all earthly actions  
are dependent on heaven, its light  
Sent to earth  
to distinguish good from evil.  
Freedom of will is also given to you,  
and if you resort to it at the beginning —  
it will overcome all influences.  
Unbound in your freedom,  
subject only to your best nature' [6].

Dante decided to show the inexhaustible potential that lies in the human soul and which can serve as the basis for developing new ethics. Such self-awareness and a person's sense of self-importance is no longer medieval. This indicates

that Dante has already crossed the line that separates medieval values from Renaissance humanism.

A person must deeply comprehend his essence, determine the scope of his personality and choose between the perishable momentary earthly needs and the highest values of being. We can completely agree with Serbinenko V, who noted the following: "... Russian motives include understanding the value of a philosophical thought, which under no circumstances can be reduced to an "opinion", "idle talk" and ideological simulacra pretending to be conceptual" [14].

According to Solovyov, the way to salvation, true equality, true freedom and brotherhood, lies through self-denial. According to the Russian philosopher, it is self-denial that allows a free reunion with the Divine principle. The words of Solovyov V. can truly serve as the apotheosis of the difficult creative way covered by these two such different thinkers: "For self-denial, preliminary self-affirmation is necessary: to refuse from one's exclusive will, one must first have it; to allow free union of private principles and forces with the unconditional principle, separation is initially required, they must strive for exceptional dominance and unconditional importance. Because only real experience, experienced contradiction, and fundamental inconsistency of this self-affirmation can lead to a free renunciation and conscious and free demand for reunification with the unconditional beginning" [5].

Thus, it can be concluded that both Dante Alighieri and Vladimir Solovyov went through a very difficult path trying to establish genuine ethical values in different historical epochs. These thinkers have similar substantiation of the metaphysical foundations of faith. While Vladimir Solovyov justified ethical values on the basis of the Orthodox tradition, Dante tried to transform medieval European ethics by glorifying humanism and putting a man above his sinful nature.

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