

ETHICAL AND LINGUODIDACTIC PRINCIPLES OF SELECTING LINGUISTIC CONTENT FOR FOREIGN LANGUAGE CLASSES AT A MEDICAL UNIVERSITY

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The article reviews the ethical aspects of selecting educational resources to be used during foreign language lessons at a medical university under the conditions of digital transformation. Theory and practice are utilized to conclude that a teacher of a foreign language doesn't only translate linguistic knowledge, but also acts as an ethical mediator who determines the professional and communicative competence of future doctors. The principles of bioethics (autonomy, beneficence, non-maleficence and justice) are reviewed as the criteria for assessing the learning content, the significance of the intercultural approach and critical selection of authentic digital resources. A thematic plan and reflective practices that allow to include ethical issues into foreign language lessons with medical students and particular linguistic tasks are offered. It is concluded that the approach allows to develop linguistic skills, shape the professional identity and moral consciousness of medical students.

Keywords: technological mediation, bioethical principles, intercultural approach, reflection, professional and communication competence, media literacy

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ЭТИЧЕСКИЕ И ЛИНГВОДИДАКТИЧЕСКИЕ ПРИНЦИПЫ ОТБОРА ЯЗЫКОВОГО МАТЕРИАЛА ДЛЯ ЗАНЯТИЙ ПО ИНОСТРАННОМУ ЯЗЫКУ В МЕДИЦИНСКОМ ВУЗЕ

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В статье рассматриваются этические аспекты отбора учебных материалов для занятий по иностранному языку в медицинском вузе в условиях цифровой трансформации образования. На основе теоретических положений и практического опыта делается вывод о том, что преподаватель иностранного языка выступает не просто транслятором лингвистических знаний, а этическим медиатором, формирующим профессионально-коммуникативную компетентность будущих врачей. Рассматриваются принципы биоэтики (автономия, благодеяние, не навреди, справедливость) как критерии оценки учебного материала, а также значимость межкультурного подхода и критического отбора аутентичных цифровых ресурсов. Предлагаются тематический план и рефлексивные практики, позволяющие интегрировать этическую проблематику в занятия по иностранному языку со студентами-медиками и конкретные языковые задания. Делается вывод, что такой подход способствует развитию языковых навыков, формированию профессиональной идентичности и морального сознания студентов-медиков.

Ключевые слова: технологическая медиация, биоэтические принципы, межкультурный подход, рефлексия, профессионально-коммуникативная компетенция, медиаграмотность

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Modern medical education is going through profound digital transformation, where technologies are turning from mere tools to active intermediaries (mediators) between teachers, students and professional knowledge [1]. Foreign language teachers at medical universities play a critical role in this process. They are responsible for developing not only linguistic skills, but also the professional and communicative competencies required to analyze foreign literature, participate in international clinical trials, and communicate ethically with patients and colleagues. The digital transformation of a higher school teacher is a complex and contradictory process that

raises numerous ethical concerns and requires careful analysis and consideration [2].

The key role of a teacher of a foreign language at a medical university of today goes far beyond the traditional language education. Such a teacher acts as a mediator [3]. On the one hand, they decode a complex linguistic code of medical discourse consisting of terminology, grammar constructions and clinical cliches. On the other hand, they acquaint medical students with those values that constitute the essence of this profession. Learning medical discourse in a foreign language is not just about mastering vocabulary. It also forms the

foundation of a professional culture that determines the attitude of healthcare providers to the life and health of patients.

An ethical problem of selecting linguistic material arises right at the junction of these two tasks. Any text, dialogue or any other content used during a foreign language lesson has a hidden ethical meaning. A teacher who works with future doctors can't take a neutral position. An ethical component, if ignored, distorts the idea of a profession when a language exists separately from ethics. Thus, only a conscious approach to the selection of content allows you to use professional reflection during every lesson. Development of media communications requires use of ethical standards for all participants of an educational process at a medical university. The international medical educational space where foreign languages are taught under conditions of digitalization has certain requirements for the form and contents of education. Technological mediation, thus, becomes particularly pressing [2].

COMPLIANCE OF THE EDUCATIONAL CONTENT WITH THE BASIC PROFESSIONAL VALUES OF THE MEDICAL FIELD

Most foreign language textbooks for medical students deal with texts, when symptoms and diagnoses are translated with the help of medical vocabulary. The texts fail to reflect the main four principles of bioethics such as autonomy, beneficence, non-maleficence and justice formulated by Thomas Beecham and James F. Childress neither in implicit, nor in explicit ways [4].

The ethical principle of a patient's autonomy can be easily incorporated within the linguistic content, when a doctor doesn't just order a patient using the imperative but also lets the patient choose whether the assigned treatment plan should be followed or not ("You may consider...", "Another option would be..."). The doctor can use the phrases instead of such a strict imperative structure as "I prescribe you the treatment...". This approach not only introduces diverse foreign vocabulary and grammar but also transforms the core meaning of the communication.

Dealing with the informed consent forms is an alternate side of the autonomy principle during the foreign language lessons. The forms are available on sites of international clinics. The linguistic content allows to see the close interrelation between the medical and legal issues. Medical students can find and analyze the modal structures used to describe risks or rights of a patient to refuse from treatment.

Any foreign text describing a clinical case and treatment strategies can illustrate the principle of beneficence if the medical facts are not only described but also urge medical students to speculate if a doctor who offers similar treatment methods acts with the greatest benefit for the patient. Supporting the position, the student inevitably makes a conscious decision related to the choice of words, modal verbs, and subjunctive mood to reflect the ethical assessment.

The non-maleficence principle, which can be implemented in the language practice through analysis of texts about iatrogenic complications, medical mistakes and their reporting to the patient, is of no less importance. The content must not only name the mistake, but also use the language that makes the case less traumatic for a patient and recognizes the patient's right to know the truth.

For instance, when direct structures ("We damaged the nerve.") are compared with more sensitive structures ("The procedure resulted in an unexpected neural response."), the students comprehend that every word in the language is of an ethical value. The documents of practical medicine, including informed consent forms, confidentiality forms, and protocols of

ethical committees are written in the language, which reminds of the language used in legal documents. The content is ideal for examining medical translation tricks and understanding how the legal doctor-patient relations are executed using the language means.

The principle of justice in distribution of resources is of particular interest now, when the issues of donating organs, fair distribution of expensive medicines and access to costly treatment are actively discussed. Texts on this topic (for instance, how medicines are distributed during the pandemics) allow students to learn words, and provide for arguments against discrimination based on social grounds.

EMPHASIZING THE INTERCULTURAL APPROACH

Medicine has become globally available long time ago. Doctors have practice in different countries where they go for working purposes, patients look for treatment abroad, and clinical research is carried out at international centers.

Globalization, however, does not mean unification of ethical and communication standards. The intercultural approach here is not determined methodically, but becomes an ethical necessity.

In different countries, a doctor's speech can be different even within the same language [5]. This is what a foreign language teacher needs to explain to medical students. An analysis of the communicative strategies used by physicians from the USA highlights their directness when informing patients about their medical status. This approach stems from a healthcare tradition in the United States that upholds a patient's right to receive a complete, unfiltered diagnosis without the use of euphemisms. This can be compared to eastern cultures, where family members are informed of the real situation, while the patient doesn't know the truth, which helps to ensure psychological comfort.

If the cultural differences are ignored, the student may have an opinion regarding the universality of ethical standards in doctor-patient communication. The knowledge is essential both globally and in Russia, when the number of migrants from Asia keeps growing. When patients are informed of their condition directly, they can be shocked. The ability to communicate with various patients shows their respect for cultures and traditions. Thus, educational content should include authentic texts and dialogues displaying cultural differences. Knowledge of the data allows to be ethically sensitive, providing for a better understanding of patients from diverse cultural backgrounds.

ETHICAL PRINCIPLES OF TECHNOLOGICAL MEDIATION WHILE CHOOSING AND USING AUTHENTIC CONTENT

The expansion of the Internet and total digitalization have provided medical university language teachers with virtually boundless access to authentic content for classroom integration. The variety, however, can have hidden ethical risks. When teachers act as technological mediators to guide interaction among students, content, and themselves through digital tools [2], they need more than basic tech skills. They must also possess the ethical discernment necessary to assess the content of vocabulary.

Acting as an ethical mediator, a medical university teacher is responsible not only for selecting language content for foreign language courses but also for verifying its reliability and representativeness. Consequently, teachers must be familiar with the World Medical Association's Code of Medical Ethics and the Declaration of Geneva, as these documents provide verified ethical vocabulary and outline moral duties of

Table. The course “Foreign Language” in a medical university. Approximate subject plan

The module	Ethical focus	Language tasks
Informed consent	Autonomy, voluntarism	Form filling, making dialogues with alternatives, examination of modalities (must, may, should)
Palliative care	Beneficence, non-maleficence, respect for dignity	Analyzing the articles related to hospice, writing an essay entitled ‘What is death with dignity?’, a role-play with relatives
Medical confidentiality	Confidentiality	Discussion about the scope of medical confidentiality, analysis of legal texts devoted to medical issues
Intercultural communication	Justice, respect for diversity	Comparison of communication protocols, practicing communication phrasing for interacting with culturally diverse populations
Distribution of resources	Justice	Debates concerning triage, social responsibility phrasing, dealing with letters to ethical committees

a physician [6]. These primary sources can also be used as reference materials in a foreign language lesson.

Furthermore, it is essential to direct students toward current clinical texts sourced from prestigious medical journals, including *The New England Journal of Medicine*, *The Lancet*, and *BMJ* [7]. Within the “Clinical Cases” and “Ethical Dilemmas” sections, the authors go beyond merely describing the treatment to reflect on the moral implications of the decisions made. Medical literature is characterized by a high frequency of passive constructions, which are typical of scientific discourse. By analyzing these constructions with students, teachers can conduct linguistic work while simultaneously demonstrating how such structures help authors depersonalize and distance themselves from expressing direct opinions on a particular issue.

Medical television series resonate strongly with medical students. The most famous television series favored by medical students of today are *House, MD*, *The Good Doctor*, and *Grey’s Anatomy*. Naturally, the behavior of characters in these television series should not be viewed as exemplary; it rather serves exclusively as a catalyst for subsequent ethical analysis [8]. Episodes that demonstrate a violation of ethical principles in medical practice should be analyzed and commented on, accompanied by a language task aimed at correcting the dialogues. Only under these conditions will authentic content serve as an effective foundation for ethical reflection.

Consequently, ethical engagement with foreign medical sources relies on the foundational principles of reliability, legality, and cultural tolerance [2].

Teachers must not only possess the ability to verify sources but also cultivate students’ critical evaluation skills; this involves teaching proper citation practices, securing necessary permissions (e.g., for reproducing clinical imagery), and preventing plagiarism.

PRACTICAL IMPLEMENTATION

It’s important to understand the ethical aspects of working with foreign-language sources in medical university language courses. This theoretical understanding should be complemented with appropriate methodological resources. One highly effective strategy is to develop a thematic plan that links each section of the course to a particular ethical issue. The plan can be developed based on the established stages of technological mediation. These progress from reproductive (simply following rules) and productive (intentionally applying ethical standards) to creative (developing ethically focused scenarios and providing mentorship) [1, 3].

Having analyzed the basic ethical problems and aligned them with the topics covered in the foreign language curriculum

for a medical student, an approximate thematic plan can be composed (Tab.).

Every module contains an ethical problem. It is better to start with an authentic text. During post-reading activities, students go through vocabulary and grammar to complete education with a final role-play or classroom debate.

Every lesson should incorporate reflective components, utilizing either group oral discussions or individual written assignments. The reflective questions can range from ‘What ethical challenges seemed the most challenging to you?’ to ‘Do you have any stereotypes that influence the attitude to an ethical problem?’. Reflection helps not only to repeat the vocabulary or use the grammar constructions being studied but also enables students to formulate their own positions, accept or not accept ethical standards and values, and broaden their cultural and medical horizons.

The teacher can increase task complexity in accordance with the established levels of technological mediation [1]. At the reproductive stage, teachers merely select predefined classroom activities. At the production stage, teachers analyze the ethical load of the content and independently create assignments. The creative level requires the teacher to develop a lesson plan with an emphasis on ethical issues. This approach is essential for implementing both the linguistic and ethical competencies of a medical student learning a foreign language.

CONCLUSION

Choosing linguistic content that incorporate medical ethics matches the current state of society, when empathy, compassion for patients, and respect for their rights are considered essential qualities for any doctor.

Through the careful selection of linguistic content, medical university professors enable students to look beyond grammar and vocabulary, using the foreign language as a tool to comprehend core moral and ethical values. Using a unified textbook is good for the teacher, but not for the student. Ethically focused medical texts, role-playing activities, and authentic intercultural content successfully shape not only the language proficiency of medical students but also their professional identity. The ethical dimension of technological mediation is inherently linked to the educational process and is grounded in both competence-based and contextual approaches [3]. All of these factors necessitate adjustments to training programs for foreign language teachers, the development of modern, authentic, and ethically verified linguistic content for medical universities, and the establishment of interdisciplinary connections with the departments of bioethics and medical psychology.

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