

V.O. Dubinina, I.V. Ksonz, S.M. Bilash, L.V. Abyzova, O.S. Bilanov, V.I. Ksonz

## Axiological dimensions of medical deontology in pediatric surgery

*Poltava State Medical University, Ukraine*

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The achievements of contemporary medicine, application of advanced technologies and comprehensive therapeutic and diagnostic investigations are not limited to broadening the range of professional opportunities for pediatric surgeons but also require further rationalization of the axiological discourse of medical deontology.

The article **aims** at theoretical and methodological substantiation of the axiological principles of medical deontology in pediatric surgery.

The theoretical and methodological foundation of the scientific research includes the theory of creative development and self-improvement of an individual, the theory of education and personal development in changing socio-cultural conditions, concepts of humanization of education, conceptual approaches to the general theory of activity and philosophical theories of values.

The professional activities of medical workers in pediatric surgery inevitably include the process and result of a deontological dominant, manifested in the profound understanding by the medical experts of their professional and human duties, and in a high moral and ethical responsibility for the quality of their professional activities.

**Conclusions.** Philosophy and axiology constitute the worldview and methodological basis of medical deontology, particularly in surgery. The genesis of knowledge about moral and ethical principles and the professional duty of a pediatric surgeon is presented in the form of a logical chain: philosophy – axiology – deontology – medical deontology – deontology in surgery – deontology in pediatric surgery. The process of forming the deontological competence of medical professionals in pediatric surgery will be successful if the organization of deontological training for future healthcare providers is based on principles of humanism, in compliance with the requirements of the social environment, and implemented in the educational process through a productive mechanism.

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**Keywords:** axiology, value, medical deontology, ethics, deontological competence, pediatric surgery, humanism.

### Аксіологічні виміри медичної деонтології в дитячій хірургії

**В.О. Дубініна, І.В. Ксьонз, С.М. Білаш, Л.В. Абизова, О.С. Біланов, В.І. Ксьонз**

*Полтавський державний медичний університет, Україна*

Досягнення сучасної медицини, застосування новітніх технологій, складні лікувально-діагностичні дослідження не лише розширюють діапазон професійних можливостей лікаря хірургії дитячого віку, але й потребують подальшої раціоналізації аксіологічного дискурсу медичної деонтології.

**Мета** – навести теоретико-методологічне обґрунтування аксіологічних засад медичної деонтології в дитячій хірургії.

Теоретико-методологічну основу наукового пошуку становлять теорія творчого вдосконалення, теорія виховання і розвитку особистості в мінливих соціокультурних умовах, концепції гуманізації освіти, концептуальні підходи до загальної теорії діяльності, філософська теорія цінностей. Проаналізовано вихідні аксіологічні принципи медичної деонтології, серед яких – орієнтація на формування деонтологічної компетентності медичних фахівців; формування особистості медичного працівника з урахуванням перспектив його професійного зростання та життєвих орієнтирів; соціальна, особистісна та професійно орієнтована спрямованість медичної діяльності в галузі хірургії дитячого віку.

Динамізм та інтенсивність професійної діяльності медичних працівників вимагають від них дотримання принципів медичної деонтології, володіння деонтологічною компетентністю, заснованою на морально-етичних засадах. Структура деонтологічної

компетентності об'єднує аксіологічний (ціннісний), мотиваційно-особистісний, творчо-смысловий, когнітивно-деонтологічний і рефлексивний компоненти. Професійна діяльність медичних працівників у дитячій хірургії неминує включати в себе деонтологічну доміную процесу і результату, яка реалізується в глибокому розумінні медичним фахівцем свого професійного і людського обов'язку, у високій морально-етичній відповідальності за якість власних професійних дій.

**Висновки.** Філософія і аксіологія постають світоглядно-методологічною базою медичної деонтології, зокрема, деонтології в хірургії. Генезис знань про морально-етичні принципи і професійний обов'язок лікаря дитячої хірургії наведено у вигляді логічного ланцюжка: філософія – аксіологія – деонтологія – медична деонтологія – деонтологія в хірургії – деонтологія в дитячій хірургії. Процес формування деонтологічної компетентності медичних працівників дитячої хірургії буде успішним, якщо організація деонтологічної підготовки майбутніх медичних працівників здійснюватиметься на принципах гуманізму відповідно до вимог соціального середовища на основі продуктивного механізму її впровадження в освітній процес.

Автори заявляють про відсутність конфлікту інтересів.

**Ключові слова:** аксіологія, цінність, медична деонтологія, етика, деонтологічна компетентність, дитяча хірургія, гуманізм.

## Introduction

The imperative nature of deontological norms defines the ideological foundations of the professional activities of medical workers, ensuring the existence of medicine as a highly professional, highly organized, moral-and-ethical system, and a sphere of application of the personal qualities of medical professionals, its subjects, motivated by the principles of «Do no harm» and «Do good». New discoveries and the use of the state-of-the-art medical technology expand the range of professional opportunities for pediatric surgeons. The experts anticipate that the application of robot-assisted surgery, especially in pediatric surgery, enables high-tech surgical interventions that could hardly be imagined in the past. Therefore, addressing the issue of the philosophical foundations and axiological dimensions of medical deontology, including deontological competence in pediatric surgery, is, in our opinion, very relevant. The assertion that philosophy, medicine and medical axiology have evolved side by side is the intellectual context of our research.

The greatness of philosophical knowledge lies in its humanistic orientation. Without denying Ludwig Feuerbach's idea that philosophy is the mother of all sciences, let's recall Ludwig Wittgenstein's notion of the «ingratitude» of sciences towards philosophy, suggesting that they have «deprived» philosophy of its subject of study, effectively exhausting its epistemological potential and transforming philosophy, at first glance, into meaningless and speculative knowledge, leading even to statements about the «death of philosophy». However, the historical experience of the 20th and 21st centuries shows that science that ignores the worldview-humanistic potential of philosophy becomes a threatening force.

Contemporary science, especially medical science, has fundamentally changed the human life world and humanity itself, equipping it with new and advanced technologies and outlining the prospects for creating a «God-human,» the cyborgization of human and society. At this point, the development of medical science has

brought about ethical issues that cannot be resolved without philosophy and its crucial component – axiology, the doctrine of values. As Michel de Montaigne said, «all other knowledge is hurtful to him who has not the science of goodness».

At each phase in the evolution of human thinking, axiological issues were expressed in alignment with the characteristics of the time. Axiology has its roots in the works of ancient philosophers, such as Socrates, Plato and Aristotle. The principle of ethical rationalism of Socrates found its continuation in Aristotle's understanding of morality, as expounded in «Nicomachean Ethics». The fundamental ethical values of Christianity were interpreted by medieval representatives of patristic and scholasticism based on the Bible. Kant's categorical imperative: treat people as an end, and never as a means to an end forms the basis of moral behavior. The ideas of axiology were contemplated by neo-Kantians and existentialists. These ideas may vary, but they are united by the search for moral principles, which ultimately formed the basis of axiology and later, deontology. The heuristic and prognostic function of philosophical knowledge lies in the fact that philosophers of previous eras brilliantly outlined examples of solving philosophical problems that are relevant to date [7].

Unfortunately, contemporary socio-political realities provoke new delineations of moral and ethical issues in the public health sector. In 2020, the world experienced the dramatic development of the COVID-19 pandemic caused by severe acute respiratory syndrome coronavirus 2 (SARS-CoV-2). Recent studies report an increase in the prevalence of anxiety and circadian rhythm disorders under the COVID-19 pandemic [3]. Dramatic historical events demand new approaches to understanding the value of human life and health. Russia-Ukraine war of 2022 not only resulted in deaths and injuries but also impacted the lives and safety of Ukrainians through the destruction of healthcare facilities and interruptions in the delivery of medical aid and supplies. War constitutes

an ongoing humanitarian crisis, considering the persistent destruction of infrastructure and services directly affecting the well-being of human lives. Devastation, injuries and the human cost of war will affect future generations of Ukrainians [5]. Importantly, additional significant burdens on healthcare facilities are caused by the destruction of medical infrastructure during combat actions, losses among medical personnel and internal migration processes within the country [8].

The contemporary process of reevaluating fundamental values affects society as a whole, including the public health sector, leading to significant changes in the system of human (doctor)-to-human (patient) relationship [6]. Usually, rigoristic guidelines have the effect of «precisely the opposite». In such cases, they do not multiply goodness but, on the contrary, diminish it [2]. Various aspects of this problem are discussed in the conceptual field of philosophy and sociology [1], psychology, cultural studies and ethics [10]. Despite the undeniable theoretical significance and practical value of these studies, it is worth acknowledging that the axiological dimensions and mechanisms of forming deontological competence of medical professionals, engaged in pediatric surgery, are not fully and comprehensively addressed and require further theoretical and methodological conceptualization.

The article **aims** to substantiate the axiological principles of medical deontology in pediatric surgery based on the definition of philosophical-axiological approaches to understanding the deontological competence of the professionals.

The research methodology is grounded on several initial assumptions, positing that the social, personal and professional orientation of medical activity is based on axiological principles. The contemplation of the values, theoretical foundations and methodological principles of deontological competence of medical personnel, engaged in pediatric surgery, the design of an adequate model for its formation and the development of a scientific-methodical toolkit implementing this model are determined by a series of contradictions between:

- constantly increasing demands on the level of professional (deontological) training of medical workers, which necessitate the existence of norms of professional behavior, moral imperatives and values, and the insufficient orientation of the traditional model of professional education of medical workers toward the formation of their deontological competence;

- objective societal need for a medical professional's personality possessing deontological competence and the insufficient development of this issue in philosophical-pedagogical, deontological theory and practice.

The specificity of surgical activity lies in the use of surgery as the primary and decisive therapeutic factor, placing the surgeon in a unique, even exclusive position compared to physicians in non-surgical specialties. The leading role of surgery in the development of issues related to medical deontology is due to the fact that, the more active a surgeon's actions are, the higher potential danger is. The necessity to improve the quality of professional activities of medical specialists in pediatric surgery, who possess deontological competence in the process of performing professional functions, ensures the efficiency of the work of healthcare professionals.

Deontological competence of a medical professional in pediatric surgery is a trait of his/her personality, influenced by both professional (internal) and social (external) determinants. It is characterized by acquired professional knowledge, skills, abilities and a value system that ensures the resolution of professional issues, effective organization of the therapeutic and preventive process, as well as personal and professional interaction with patients. Deontological competence is marked by the medical professional's knowledge, reflecting the substantive essence of intellectual, ideological and moral values. It involves the ability to prognosticate and design the professional activity process, considering its specifics and interactions with colleagues and patients. This competence is determined by the content of norms of professional medical ethics, moral imperatives and professional-moral ideals and values in medical practice. The structure of deontological competence is grounded on moral and ethical attitudes, the benchmarks of the socio-professional environment in medical practice. It encompasses motivational-personal, creative-meaningful, cognitive-deontological and reflexive components.

The formation of deontological competence of a medical professional is subordinate to the principles of morality, ethics and deontology. Morality outlines a scale of values, the conception of human life as a goal and higher value, and it shapes behavioral norms permeated with the spirit of cooperation and collaboration.

In the pediatric surgery unit, a medical worker deals with not only the child but also with the family, primarily with the parents of the sick child. The communication between the doctor, the child and their parents can be based on various principles. Currently, parents and their relatives have a vast amount of information about pediatric diseases, drawn from specialized, educational and popular literature. The parents are «armed» with information from the Internet sources, their interest in trendy or non-traditional treatment methods, sometimes promoted by the doctors themselves, can create

challenges in the interaction between doctors and parents. During communication with a doctor, parents of a sick child often expect to meet an outstanding personality. Sometimes, they may be disappointed when they encounter «only» a conscientious professional and a good expert. If the rules of deontology are violated, it can lead to misunderstandings. Professional loads, high responsibilities sometimes contribute to the mental and psychological strain of a doctor that can result in burn-out syndrome. It has long been known that psychosocial stress has a negative impact on health. Nevertheless, the influence of moderate stressors enhances resilience and contributes to well-being [9,11].

The following recommendations related to the doctor-parent relationship in the pediatric surgery unit can be beneficial:

1. Parents primarily trust a doctor when they see that the doctor has established contact with the child.

2. Trust in a doctor is evoked by their human qualities: neatness, tidiness, attentiveness, sensitivity and restraint. A doctor with healthy complexion, maintains good posture, is not overweight, and refrains from smoking sets a positive example and personifies trust.

3. Persuasive and clear presentation of information about a sick child in a friendly and calm manner indicates a high professional level of a doctor and fosters trust not only in the doctor but also in the medical facility as a whole.

4. Dispelling fear in a child and his/her relatives is one of the main deontological tasks. Techniques such as distraction and humor can contribute to this.

5. Keeping a certain distance while maximizing friendliness promotes understanding between the doctor, the parents of the sick child and the child.

6. Friendliness brings calmness to parents' consciousness.

7. Strong will when presenting certain requirements to parents eases the treatment process, as parents who sometimes lose self-control may not always realize that their behavior affects the child's condition.

8. Instilling in the child and their relatives the idea that they themselves must follow the doctor's prescriptions alleviates many deontological difficulties.

Adhering to medical ethics concerning a child depends on his/her age. This is the specificity of the operation of the pediatric surgery unit, where a high level of professionalism is combined with patience and love for children. Ideally, a medical professional in pediatric surgery, in the relationships with the child and the parents, should demonstrate the best qualities of both an educator and a psychologist, taking into account the psychological characteristics of childhood age:

1. Interactions with children contribute to their trust, suggestibility, optimism and absence of psychological complexes.

2. Communication with children is complicated by feelings of fear, polarity and inadequate reactions, negativity, low conscious-volitional qualities, a tendency to simulation and dissimulation and rare but harmful psychosomatic reactions, when fear of manipulation can provoke disruptions in compensatory mechanisms.

When interacting with children, especially in life-threatening situations, it is essential to consider that the experience of the same illness varies at different ages. The older the child, the more consciously and tragically they may perceive his/her condition, potentially leading to psychological trauma. The difference in these perceptions depends on the child's cognitive level, psychosocial development and experience. Therefore, it is crucial to avoid psychogenic (informational) iatrogenesis, which can result from thoughtless conversations with a doctor, disclosing a life-threatening diagnosis without prior preparation, unclear medical information or excessive silence.

The prevailing opinion is that children who fear surgery should not be operated on under any circumstances. It is essential to patiently prepare them for surgery using various methods such as explanation, suggestion and medication. The mobility and instability of a child's psyche should be considered not only by parents but also by doctors. This is because a child, subjected to any harmful influence during growth and development, may suffer to the extent that this «breakdown» manifests as some pathology many years later.

Parents' refusal of preventive, diagnostic and therapeutic procedures requires both persuasiveness and diplomacy from a doctor. Parents sometimes regard the child as their property, over which they have the right to exercise their discretion, and their decisions and actions are based on emotions. Seeking to protect their child from what they perceive as potential erroneous or aggressive procedures, parents may make demands that are not always legal or reasonable, without considering the consequences. This is particularly relevant for young parents who lack life experience.

Parents of a sick child, who are under stress, should be informed about the development of a severe complication or a possible unfavorable outcome of the illness extremely carefully and gradually. More detailed information will be provided over time when parents can absorb it more calmly. Parents or guardians should be involved in organizing diagnostic and therapeutic measures. An exception is made for special cases where it is not possible to inform parents in a timely manner about the



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upcoming surgical intervention due to the sudden deterioration of the child's condition and the need for emergency medical care.

If parents are unaware of the necessity of medical assistance for their sick child and refuse it, medical facility has grounds to seek assistance from social or legal authorities. Doctors, following the Hippocratic Oath, continue to provide medical care if it is necessary for the child's life. However, this issue is not definitively resolved and remains a serious ethical and legal dilemma. This is the case, when the influence and assistance of a hospital and regional ethics committees, which have legal status, are needed.

### Conclusions

The axiological principles of medical deontology in pediatric surgery determine the professional thinking and behavior that a medical professional should possess. Among them are:

- personal inclination to the profession (vocation), expressed through the elevated motivation for a creative focus in one's work and the pursuit of mastery (professionalism);

- cultivation and self-cultivation of human qualities, involving fostering qualities such as compassion, communication skills, civic and professional maturity, altruism and selflessness;

- combination of professional openness and democratic behavior;

- knowledge of professional activity regulation that encompasses understanding the specifics and methods of regulating professional activity based on codes of medical ethics and a commitment to adhering to these norms in practice;

- adherence to the doctrine of «informed consent», providing meaningful support to the patient and the ability to establish therapeutic interaction at various levels, including quick decision-making in critical situations;

- awareness of the social significance of the medical profession and the moral responsibility to society; respect for the patient, colleagues and the surrounding community; the need for self-reflection and self-assessment, the ability for self-control and a critical approach;
- dedication to socially significant values of spiritual culture and morality, aspiration to enhance cultural awareness, self-education and the autonomy of creative pursuits.

The theoretical model for the formation of deontological competence in pediatric surgery should be developed considering the requirements for professional functionality and the quality of deontological training for medical professionals in medical education institutions. It should be grounded on the principles of huma-

nism and include functional-target, content-activity, managerial-technological, evaluative-result components. The model serves as a theoretical, moral and practical guide for organizing deontological training for future medical professionals and aims at the subject-deontological development of the personality of the future medical worker. The study of the mechanism of implementing deontological competence in the context of its successive stages (analytical-diagnostic, organizational-motivational, functional-implementation and resultative) defines the perspective for further scientific investigations.

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**Відомості про авторів:**

**Дубініна Віра Олександрівна** – д.філос.н., доц., зав. каф. філософії та суспільних наук Полтавського ДМУ. Адреса: м. Полтава, вул. Шевченко, буд.23. <https://orcid.org/0000-0001-8024-9823>.

**Ксьонз Ігор Володимирович** – д.мед.н., проф. кафедри хірургії № 2 Полтавського ДМУ. Адреса: м. Полтава, вул. Шевченко, буд.23. <https://orcid.org/0000-0002-7703-1759>.

**Білаш Сергій Михайлович** – д.біол.н., проф., зав. каф. анатомії з клінічною анатомією та оперативною хірургією Полтавського ДМУ. Адреса: м. Полтава, вул. Шевченко, буд.23. <https://orcid.org/0000-0002-8351-6090>.

**Абизова Лариса Віталіївна** – к.філос.н., доц. каф. філософії та суспільних наук Полтавського ДМУ; доц. каф. філософії, історії та соціально-гуманітарних дисциплін Донбаського державного педагогічного університету. Адреса: м. Полтава, вул. Макаренка, буд.3. <https://orcid.org/0000-0002-9260-2126>.

**Біланов Олег Сергійович** – аспірант, викладач каф. філософії та суспільних наук Полтавського ДМУ. Адреса: м. Полтава, вул. Шевченко, буд.23. <https://orcid.org/0000-0001-8024-9823>.

**Ксьонз Володимир Ігоревич** – лікар-інтерн хірург Національного інституту хірургії та трансплантології імені О.О. Шалімова. Адреса: м. Київ, вул. Героїв Севастополя, 30. <https://orcid.org/0000-0002-8550-1642>.

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