



ETHICAL PROBLEMS OF MODERN PSYCHIATRY AND RESEARCH OF THE
HUMAN PSYCHE

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Despite great achievements, the field of psychiatry remains one of the most difficult and problematic in modern medicine. Some researchers explain this, in particular, by its traditional predilection for the so-called linear principle, according to which each mental illness has common causes, manifestations, course, outcome (i.e. one cause gives the same effect).

Such "rigidity" in making a clinical diagnosis is poorly justified, because it is impossible not to take into account the factor that not only the physical and spiritual properties of individuals are unique, but also the manifestation and course of the disease in individual patients. A departure from one-linearity and an appeal to the theories of random processes will lead, as some experts believe, to the renewal of psychiatry, because the concept of disease will be probabilistic, and its course in some cases will be fundamentally unpredictable. In psychiatry, the concept of free will will become relevant, which will entail a change in the judgment of "norm" and pathology, blurring the boundaries between them. Focusing on a specific person – according to the fundamental principle of medicine, "treat not the disease, but the patient" – will help to avoid "ethical distortions" ("overdiagnosis" or "presumption of illness").

Certain ethical dangers are fraught with psychosurgical intervention in the patient's life. This is also the possibility of a subjective, arbitrary approach to the choice of the object and methods of treatment. This is the danger of expanding the scope of psychosurgical manipulations. Indications for them may be not only criminal behavior, but also, for example, "hyperactivity syndrome" in children (extravagance, disobedience, unstable behavior), as well as mass demonstrations and outbreaks of violence, diagnosed as "brain diseases", to which it is necessary to apply mass surgical (or other psychotropic) intervention. The consequences of such approaches are not difficult to imagine. Therefore, many specialists in the field of psychiatry propose to impose a moratorium on certain areas of psychosurgical research.

Thus, many biotechnologies associated with successes in neurophysiology and brain microsurgery, as well as in the field of psychiatry in general, are fraught with certain dangers in their application, because often their end result is not just correction and modification of behavior, but radical changes in the essence of human personality. Such dangers include:

- the use of psychiatry for political and social purposes to correct the behavior of "socially dangerous persons";
- the possibility of complete personality rebirth as a result of partial intervention
- experimental studies of the psychoemotional state of a person against his will as a violation of human rights



— the use of psychotropic techniques not for medical, but for social purposes: "happiness through electrodes", manipulation of people's consciousness for political and other purposes, the use of NLP to achieve success, etc.

It is obvious that modern biotechnologies in the field of psychiatry carry a huge number of ethical problems that do not so much receive a specific resolution, as they generate new questions that remain "open".

Ethical problems of psychiatry

One of the most difficult ethical problems of psychiatry is the moral side of the attitude towards patients. The formation of society's attitude towards the insane as sick people began only in 1793, when the French doctor F. Pinel for the first time removed the chains from them, thereby raising them to the dignity of the sick. He advised to apply to them various "paternal" means (care, patronage, affection, condescension, edification, exhortation), just to conquer the patient,

to win his trust. However, the use of some restraint measures was also allowed – a "straitjacket", temporary isolation. Only 50 years later, the English doctor D. Conolly excludes any restraint measures in relation to the mentally ill: "No restraint." However, until the middle of the twentieth century, forced hospitalization of the mentally ill was considered an unshakable norm, based on the ethical traditions of the medical profession and moral feelings of mercy, humanity, responsibility.

Involuntary treatment remains one of the main problems in the provision of psychiatric care. Today, hospitalization of a patient by the decision of a psychiatrist without the consent of his or her relatives is carried out only if the patient poses an immediate danger to himself or others. This is the paradigm of protecting and guaranteeing the civil rights of persons suffering from mental disorders. At the same time, the principle of the patient's "informed consent" to any intervention in the sphere of his health (hospitalization, appointment of studies or any means of treatment) acquires the following aspects in psychiatry. First, the patient should be provided with complete and comprehensive information, including answers to all his questions, about his disease, diagnosis and prognosis, duration of treatment and the risk associated with the use of particularly dangerous types or methods of treatment. Secondly, obtaining the consent of the patient after informing him is the duty of the doctor; consent to clinical experiments in psychiatry requires additional guarantees to protect the rights of the mentally ill. Thirdly, "informed consent" is the right of competent patients, their consent must be voluntary and informed, i.e. obtained without threats, violence and deception.

However, in psychiatry, the voluntary nature of treatment and the patient's right to refuse it carries serious contradictions. On the one hand, this right is also a universally recognized ethical and humanistic value and a legal norm corresponding to generally recognized international standards. On the other hand, the application of this norm in the provision of psychiatric care makes urgent the problem of the danger that some mentally ill people may pose to themselves and others. At the same time, another ethical aspect arises related to the functions of a psychiatric hospital, which consist primarily in providing



medical care to patients taking into account their civil rights, and not only in isolating the mentally ill who pose a danger

Conclusion

It must be remembered that a person who abuses psychoactive substances is the same person who just got into trouble. And if he has at least some resources and stability, he is ready to respond even to small psychotherapeutic influences, especially at an early stage of a painful addiction, which can lead to positive results.

Therefore, tactful intervention of relatives and friends, early diagnosis, friendly counseling and clarification of the circumstances under which some people develop addiction will increase the effectiveness of assistance to drug-dependent people. Relationships that provide such a patient with a sense of self-esteem and self-esteem, guarantee him personal security and non-disclosure of information, contribute to their inclusion in the treatment process, give rise to optimistic expectations for the future.