

ETHICAL PROBLEMS IN NARCOLOGY

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Narcology (from others-Greek. νάρκη /narkē/ "stupor, sleep", and λόγος "teaching") is a branch of medicine that studies the manifestations of chronic alcoholism, drug addiction and substance abuse, developing methods for their prevention and treatment. Ethics in narcology is not specifically developed in world practice, since in most countries narcology is a branch of psychiatry, and not a separate specialty as in Russia. From here not

It follows that there are no specific ethical problems in Russian narcology. V. D. Mendeleovich (2006) writes about them most vividly and polemically : the problem of implementing the principle "informed consent"; declaring the principle of only complete cessation of taking surfactants and forgetting "narcological patronage"; using only "one-time refusal" and the requirement

to refrain from surfactants before the start of planned treatment; "paid anonymity" in the treatment of chemical addictions; the use of scientifically unsubstantiated techniques (stereosurgical operations, "porcotherapy") as well as techniques based on the formation of mythological thinking and irrational fear in the patient; the problem of substitution maintenance therapy.

The latter problem is not only ethical, but also legal, since substitution (methodon) therapy is not allowed by the current legislation. Ethical problems arise in connection with the attempts of some paternalistic-minded respected domestic narcologists (Hoffman A. G., 2006) to reintroduce the practice of forced treatment for binge drinking, equating binge states to psychoses, and also the practice of compulsory treatment,

reviving LTP. Narcology in Russia is an independent medical discipline, therefore, the general principles and norms of professional biomedical ethics fully apply to the field of activity of psychiatrists of narcologists. At the same time, there are ethical issues and problems in narcology bioethics have their own specifics, their own characteristics, therefore, moral conflicts that arise in the practice of a pharmacologist cannot always be solved with the help of analogies present in other fields of medicine, including psychiatry. Stop

they focus on the main ethical problems in the system of providing drug treatment. Since narcology is a branch of psychiatry that deals with the diagnosis, treatment and prevention of diseases manifested in addiction to

narcotic drugs and drugs as a result of persistent mental and physical dependence on them, the principles and norms of bioethics also operate in this area in a peculiar way.

Principles:

PRINCIPLES:

- The principle of personal autonomy (dependent patients on compulsory treatment for alcoholism or drug addiction they represent a non-autonomous personality. In this case, there is a problem of implementing informed consent);
- The principle of non-harm (some drugs used in narcology cause dangerous side effects in patients with their complete absence or poorly proven effectiveness, but at the same time this treatment is a "lesser evil");
- The principle of benevolence (the narcologist independently chooses the life and health of the patient as moral values, ignoring the autonomy of the individual (freedom of self-determination of the patient));
- The principle of justice (patients with narcological pathology are not socially valuable. Experts say that the costs of society for the treatment of addicts will be compensated many times through the preservation of their life and ability to work);

Bioethical norms in narcology:

BIOETHICAL NORMS IN NARCOLOGY:

- Truthfulness (situations of omission of the truth for the benefit of the patient and direct deception of the patient);
- Privacy (discussion by the doctor of the patient's health status with relatives or other interested persons without the patient's knowledge);
- Confidentiality (non-proliferation information);
- Competence (professionalism).

A psychiatrist narcologist provides medical care mainly to socially maladapted patients with impaired forms of behavior, with antisocial and antisocial actions and deeds. These patients differ in the depth and degree of manifestations of their characterological disorders, the level of intelligence, the level of maintaining criticism of their condition and their

behavior, the unequal ability to understand the meaning of their actions and control them. Among the patients of a psychiatrist-narcologist, there are both chronically sick people who are not able to make decisions and appropriate actions on their own, as well as completely preserved individuals with minor mental

disorders. Such a wide range of social and personal qualities of narcological patients creates ambiguity and pluralism of therapeutic approaches to them. Therefore, the

main task of bioethics in narcology is to optimize the relationship between a doctor and a patient ("compliance" according to modern terminology) based on the principles and norms of biomedical ethics.

Ethical conflict in the work of a psychiatrist is associated with the need to conducting a two-pronged protection of the interests of the narcological patient and the interests of the society in which this patient lives. Society treats narcological patients with distrust,

sometimes intolerant and intolerant. Patients with alcohol, drug and substance abuse addiction, although they are recognized as sick and, however, at the same time they

are not sick, because they themselves are to blame for their illness

. No one forced them to abuse alcohol or take drugs. So in about

ethical nihilism is formed in relation to narcological patients

when the ethical norm it is replaced by the concept of expediency.

Unfortunately, the bias and strong attitude towards patients

with dependence on psychoactive substances takes place among

doctors-narcologists, doctors of other specialties. Thus, ethical nihilism

generates therapeutic nihilism and low effectiveness of treatment in cancer patients. Narcological problems are accumulating in society. The

improvement of ethical relations in practical narcology can become an

essential reserve for improving the effectiveness of narcological care.

Moral conflicts in narcology are also associated with the necessity of applying coercion to certain categories of patients. These collisions reach a special tension in cases of acute psychotic states (delirium tremens, alcoholic hallucinosis, alcoholic paranoid, dementia, etc.). In such cases, based on the principles of psychiatric ethics, compulsory intervention of police and hospitalization and treatment of patients should be determined only by medical

necessity when there is a real threat to life and health of the patient himself or his people. At the same time, compulsory intervention should be carried out at the following the principle of the least restriction. Of course, it is possible to ensure compliance with bioethical principles in narcology only

thanks to an appropriate legal framework. In many European countries it is quite developed. In Russia, it does not exist yet, there is only the possibility to use certain articles of legislation, legislative acts "On psychiatric care" and "Code of Professional Ethics of Psychiatrists ". There are currently no legislative acts regulating the professional activities of psychiatrists and oncologists, although in Narcology has been separated from psychiatry in Russia for many years and it is an independent medical discipline. The imperfection of the legislative framework has contributed to the appearance in recent years of completely uncontrolled advertising about various non-traditional methods of treating drug pathology, about the healing properties of phytoconcentrates and food additives that have not been tested and have not been registered as medicines.

The internal corporate duties of doctors in relation to each other remain legally unsettled. There was self-promotion of individual doctors -narcologists without the approval of her professional medical society is like: "Everyone is treated, but I am the only one who cures." According to the International Code of Medical Ethics, adopted by the WMD back in 1949 By the World Medical Association, such self -promotion is recognized as unethical. In recent years, the situation in the narcological service has been changing, interest in the ethics of practical narcology is growing. The status of a medical patient has been legally assigned to patients with a narcological profile. The State Narcological Service

has lost its monopoly on providing narcological assistance to the population . Active private drug treatment is developing. Competition for the right to provide drug treatment to patients forces doctors to improve their knowledge, change their views. nIn order to solve complex medical, legal and ethical problems arising in practical narcology, it is necessary to develop appropriate legislation in this area of legal relations, its implementation and the establishment of a clear mechanism for monitoring the effectiveness of its action. For the effective operatio of regulatory mechanisms in our country, it is necessary to form a medical x workers, in society as a whole, a modern worldview based on the principles of Christian ethics, with the corresponding universal moral principles and traditions.

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