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**Abstract:**

The authors of this article attempt to analyze the existing models of medical ethics and some of the issues associated with them today. The article presents the authors' views on various aspects of medical ethics in society, emphasizing its significance, and analyzes the unique features of the models within the field of medical ethics.

**Keywords:** aspiration to perfection, moral views, ethical virtues, deontological views, ethical principles, continuity of universal human values, professional ethics, "professional secret," medical ethics models, medical culture.

**INTRODUCTION**

The term "ethics" originates from the Greek word *ethos*, meaning morality, custom, or character. It represents the philosophical study of morality. The concept of ethics was first introduced into discourse by the ancient philosopher Aristotle, who systematized moral inquiry and studied it as a discipline. According to Aristotle, "ethics is the moral conduct, customs, and traditions that regulate social life and human interactions" [1].

The cultivation of high moral virtues is one of the essential factors in societal progress. Individuals striving for perfection and living by elevated moral ideals often encounter numerous challenges, facing the trials of life. These difficulties arise from opposing perspectives on existence, where notions of good and evil, justice and injustice coexist. Historically, two distinct approaches to life have emerged: one followed by individuals dedicated to altruism and social benefit, and another embraced by those prioritizing personal comfort and self-interest. Philosophers and scholars from various cultural and religious backgrounds have long sought answers to these existential dilemmas, producing extensive works on the subject. These ethical questions remain highly relevant today. Aristotle, in particular, dedicated three of his major works to the exploration of ethics [2].

**LITERATURE REVIEW**

According to Aristotle, when discussing moral virtues, it is essential to recognize that "every science and craft has a specific purpose, and that purpose is the attainment of some good. The highest good serves as the ultimate goal common to all virtues and





benefits” [3]. Aristotle categorizes human virtues into two groups: ethical and dianoetic virtues. For instance, generosity and temperance are ethical virtues, while wisdom, intelligence, and prudence emerge from habitual practice. Dianoetic virtues, on the other hand, are primarily shaped through education and experience, requiring time to develop.

Aristotle’s reflections illustrate that his approach to studying morality was influenced by the socio-cultural environment of his time. Some of his views may not be entirely acceptable from a modern standpoint. However, certain moral virtues have remained relevant throughout history, preserving their essence despite societal transformations. These virtues, which define human moral character, represent universal ethical values that transcend temporal boundaries. Their intellectual and practical significance remains intact, serving as a vital ethical foundation for future generations. Aristotle’s ethical teachings are esteemed precisely because they address these fundamental moral principles in a systematic and philosophical manner.

### **RESEARCH METHODOLOGY**

Ethics is prominently manifested in both culture and professional conduct. As individuals mature and engage in a specific profession, they inevitably interact with others within their occupational sphere. These interactions occur in two primary contexts: within professional circles among colleagues and in encounters with diverse individuals dictated by the nature of their profession. Professional ethics, therefore, represents one of the highest forms of moral culture and plays a significant role in the ethical life of society.

Given its importance, professional ethics warrants a more detailed examination. In every society, certain professional groups hold privileged positions due to their occupational roles. The well-being, health, legal protection, intellectual advancement, and overall safety of the broader population often depend on how these professionals fulfill their duties, demonstrating honesty and moral integrity. Consider medical practitioners, particularly surgeons: each day, they save lives, and countless individuals rely on their expertise, placing immense trust and hope in their hands. However, if a surgeon were to betray this trust for personal gain—deliberately harming a patient—who could prevent such an occurrence?

To mitigate the risks of misconduct, self-interest, and ethical violations in professions requiring a high degree of responsibility, societies have historically established sets of ethical guidelines and standards. These codes of conduct serve to uphold the moral integrity of professionals and ensure that their actions align with ethical principles. Violating these standards is considered not only a breach of decorum





but also an act of moral transgression, even a betrayal of societal trust. Such ethical commitments have deep historical roots. One notable example is the Hippocratic Oath, formulated by the ancient Greek physician Hippocrates in the 5th–4th centuries BCE. This concise yet profound ethical code has endured for centuries and remains relevant in contemporary medical practice.

### **FINDINGS AND DISCUSSION**

The Hippocratic Oath, a succinct yet comprehensive ethical code for medical professionals, remains a cornerstone in shaping the professional ethics of physicians. Historical records indicate that many doctors, adhering to their ethical responsibilities, have treated even their adversaries. For these individuals, professional duty and ethical commitment took precedence over all else.

An illustrative example can be found in the ancient Indian epic Ramayana (dating back to the second millennium BCE). In this narrative, a royal physician of the demon king faces a moral dilemma: whether to provide medical assistance to the wounded and unconscious Lakshmana, an enemy of the kingdom, or to withhold treatment, effectively condemning him to death. After careful deliberation, the physician adheres to the principles of medical ethics, recognizing that, in the presence of a suffering patient, distinctions between friend and foe become irrelevant. The only imperative is to provide care. As a result, Lakshmana recovers and later defeats the kingdom's most formidable warrior, Indrajit, leading to the eventual downfall of Lanka. However, rather than perceiving the physician as a traitor, readers admire his moral courage and unwavering commitment to professional ethics.

A more recent example is that of the renowned Russian scientist and academician Andrei Sakharov. As a distinguished theoretical physicist and a pioneer in thermonuclear research, Sakharov played a crucial role in the development of the hydrogen bomb. He was a highly decorated figure, twice awarded the title of Hero of Socialist Labor. However, despite his privileged status, he made the extraordinary decision to renounce his work on weapons of mass destruction and publicly oppose nuclear testing. This stance led to severe repercussions under the Soviet regime: he was ostracized from the scientific community, exiled to a remote city, and his writings were banned. Despite these hardships, Sakharov remained steadfast in his ethical convictions, refusing to allow his scientific talents to serve as an instrument of state oppression. Ultimately, his unwavering advocacy for human rights earned him international recognition and acclaim.

Numerous other examples across various professions—such as teaching, law enforcement, and judicial practice—underscore the significance of professional ethics in maintaining moral integrity within society. However, the scope and impact of ethical





violations vary. In certain fields, ethical breaches may be considered mere improprieties, while in others, they amount to serious moral transgressions. This distinction perhaps explains why professional ethics is sometimes referred to as "professional morality."

The discussion above highlights that the issue of professional ethics is not a minor aspect of moral philosophy, as some might assume. Rather, it is a subject of profound importance in contemporary ethical discourse, necessitating thorough examination of the relationship between professional freedom and duty. In the 21st century, professional ethics continues to play a vital role in shaping ethical conduct within society.

Medical ethics, as a key subdivision of ethical studies, encompasses norms of professional conduct and obligations. Beyond merely instructing physicians in ethical principles, it contributes to their ideological and moral formation. Modern perspectives on medical ethics encompass three primary dimensions: scientific foundations rooted in medical disciplines, moral philosophy, and ethical application—specifically, the development of healthcare professionals' ability to implement ethical principles and standards in medical practice.

### ***The contribution of medical ethics to society.***

A great contribution to the development of medical ethics was made by our compatriot, the renowned physician and scholar Ibn Sina. His work *The Canon of Medicine* elucidates the uniqueness of medical practice, emphasizing the individual characteristics, unparalleled honor, and immense responsibility associated with this profession.

Medical ethics, by its very essence and purpose, transcends national, racial, or socio-political affiliations. For instance, as early as 1847, the American Medical Association adopted its first Code of Ethics. In the United Kingdom, the legal framework for medical ethics began with the enactment of the Apothecaries Act, which was passed by the British Parliament and led to the regulation of medical practice starting in 1815.

The International Medical Association has also placed significant emphasis on medical ethics in recent years. Recognizing the fundamental role of medical ethics in ensuring quality healthcare, addressing ethical and educational challenges in medicine, and studying human rights issues within the healthcare system, the association established the Ethics Committee in 2003. The primary objectives of this committee include providing support in matters of medical ethics, strengthening international collaboration among related organizations, assisting physicians in practical matters, organizing scientific and practical conferences, implementing educational programs,





and developing dedicated online platforms. This international organization plays a crucial role in strengthening global cooperation and addressing urgent ethical issues in medicine.

Medical ethics is particularly important for young physicians, helping them develop professional identity and decision-making skills. It also plays a key role in the legal framework of society. However, medical professionals sometimes face ethical dilemmas where legal considerations must be weighed against moral responsibilities.

Medicine is both a science and an art. As a scientific discipline, it involves the study of complex medical problems, with its empirical aspect focusing on observable and measurable phenomena. A skilled physician can diagnose a disease based on its symptoms and formulate a treatment plan accordingly. However, the practice of medicine also has clear ethical boundaries, as it directly relates to an individual's culture, religion, rights, freedoms, and responsibilities.

As an art, medicine applies scientific advancements and technological innovations to individual patients, families, and communities in a unique and personalized manner. Many differences among patients and communities are not merely physiological but also cultural and social. This is why the humanities and social sciences, including ethics, play a significant role in medicine. Ethics, in turn, draws upon various disciplines, as dramatizing roles and presenting real-life scenarios often prove more effective than merely describing abstract problems.

An example from Ibn Sina's teachings illustrates this concept. He emphasized the necessity of a personalized approach to patient care, stating:

"A physician must always remember that each individual has a unique nature. It is rare, if not impossible, for two people to share identical constitutions. Words hold great significance—not only in terms of speech etiquette but also in expressing kindness, understanding emotions, and uplifting a patient's mood. A doctor must never act negligently or carelessly, as such behavior can cause harm."

### ***Modern models of medical ethics.***

Currently, there are several established models of medical ethics:

1. The Hippocratic Model – This model, known for the principle of "Do No Harm", is derived from the ethical foundations of ancient medicine established by Hippocrates. His famous Oath defines the fundamental duties of a physician. Despite the passage of time, the Hippocratic Oath remains relevant, serving as a benchmark for the development of numerous ethical guidelines in medicine.

2. The Paracelsus Model – Another widely recognized model, based on the principle of "Do Good". The term Paracelsus originates from the Latin word "parpsels", meaning "near or around", and implies "close to Celsus". The name is associated with







the ancient Roman encyclopedist, physician, and scholar Celsus, who made significant contributions to medical science. The German physician Philippus Aureolus Theophrastus Bombastus von Hohenheim, who lived in Salzburg, was known by the name Paracelsus. He was a renowned alchemist, philosopher, physician, and natural scientist.

Paracelsus was often compared to the religious reformer Martin Luther because he advocated for reforms in medical science and practice. As a key figure in modern science, he re-evaluated ancient medical concepts, contributed to the integration of chemical substances into medicine, and laid the foundation for contemporary medical practices. A distinguished surgeon and therapist, he held a doctorate in pharmacology and authored works such as *Philosophy* (1534), *Secret Philosophy* (1533), and *Great Astronomy* (1530).

His writings and philosophical ideas significantly influenced medical ethics, shaping concepts of professional culture and moral responsibility in the medical field. Paracelsus gained numerous disciples across Europe, including physicians, philosophers, pharmacists, and Protestant theologians. One of his notable students, Gustav, the son of King Eric XIV of Sweden, was so highly regarded that he was called the "Second Paracelsus". In recognition of his contributions, Sweden established the Paracelsus Award in 1941, and in 1970, a lunar crater was named in his honor.

Paracelsus' ethical views align with those of Galen and Ibn Sina, as he sought to advance the medical knowledge of earlier scholars and adapt their ideas to a new era. Unlike the Hippocratic model, the Paracelsus model emphasizes the social relationship between the physician and the patient. According to Paracelsus, a physician must earn the patient's trust through social engagement. This concept, known as paternalism, stresses the importance of emotional and psychological communication between doctor and patient.

During Paracelsus' time, the doctor-patient relationship was often likened to that of a spiritual mentor and a novice, reflecting the influence of Christian religious principles. Proponents of this model believed that all situations were determined by divine will and that a physician's ethics were paramount in shaping medical practice. However, Paracelsus also challenged some of the prevailing medieval medical traditions, introducing the following principles:

1. A physician must care for the patient until full recovery.
2. A physician must be honest, ethical, and free from deceit or hypocrisy.
3. A physician must understand and sincerely fulfill the ethical obligations of their profession.
4. The greatest and most effective cure is compassion.





These principles remain relevant today and are widely practiced in European Union countries as part of modern medical ethics.

3. The deontological model. The next model in medical ethics is the deontological model. This model in medical ethics is based on the ethics of professional duty and commitment. The deontological model primarily emphasizes adherence to ethical principles by physicians, compliance with societal norms and regulations, and the importance of professional ethical culture.

Secondly, this model addresses the codes of ethics established for various medical specialties. It also considers the consequences of violating these ethical codes, including potential disciplinary actions against physicians.

4. In modern medical ethics, there is also a bioethical model centered on respect for human rights and dignity. With advancements in medicine, biology, genetics, and biomedical technologies, contemporary medical science has reached a point where it can influence genetic inheritance and even predict life and death at the tissue level. As a result, respect for patient autonomy, the right to make informed choices, and the right to receive information about their illness and treatment methods have become crucial aspects of bioethics as a social institution.

A significant contribution to this field was made by A.F. Koni in the early 20th century. As a jurist, judge, and public figure, he played a key role in shaping medical ethics. Koni's expertise in law, philosophy, medicine, and psychology enabled him to address medical professionalism from a moral and ethical perspective. He developed the principle of "medical confidentiality", which remains a cornerstone of medical ethics today.

In his research, Koni examined various ethical aspects of medicine, including:

The relationship between physicians, patients, and their families.

The physician's moral obligations within the family setting.

The ethical dilemmas surrounding terminal illness and the impact of hopeless situations on patient survival.

In his fundamental studies, Koni wrote: "A physician constantly lives with a sense of responsibility, sharing the suffering of their patients to some extent. Until their patient recovers, the physician remains at risk of contracting the disease. This requires great courage. Therefore, managing medical ethics is a complex social process."

### ***Ethical challenges in modern medicine***

As humanity enters the third millennium, it faces numerous global challenges, including ethical dilemmas in medicine. Some of the most pressing ethical issues in modern medical ethics include:

1. Euthanasia





2. Abortion
3. Contraception
4. Artificial fertilization
5. Surrogate motherhood
6. Iatrogenesis (harm caused by medical intervention)
7. Organ transplantation
8. Ethical boundaries of medical services

These issues continue to be the subject of ethical debates and policy-making in modern bioethics.

One of the most debated ethical dilemmas in medical ethics is euthanasia. The term originates from the Greek words “evos” (good) and “thanatos” (death), meaning “good death”. In contemporary understanding, euthanasia refers to the conscious decision to end the life of a terminally ill patient with no possibility of recovery. It is often viewed as an attempt to relieve physicians from moral and legal responsibility in such cases.

The 16th-century philosopher Francis Bacon described euthanasia as a “painful death”. Today, euthanasia is legally practiced in many countries. However, in Uzbekistan, it remains strictly prohibited.

Historically, euthanasia was widely practiced in Europe during World War II. In Nazi Germany, a special program known as “T-4” was developed, targeting individuals deemed unfit for life. Even today, some medical systems enforce similar programs, particularly for mentally ill patients. In Uzbekistan, euthanasia is only permitted in cases involving terminally ill animals. Currently, the only country where euthanasia is fully legalized is the Netherlands.

Euthanasia is classified into several types: active, passive, voluntary, involuntary, and direct euthanasia. Since the mid-20th century, advancements in medical science, including artificial respiration, circulatory support, artificial kidneys, and new pharmaceuticals, have intensified ethical debates around euthanasia. Discussions continue regarding its passive, active, voluntary, and involuntary forms. Given its prohibition in Uzbekistan, this issue is strictly monitored.

***Abortion as an ethical dilemma.*** Another widespread ethical issue in modern medical ethics is abortion. Today, abortion is viewed as a medical intervention in human reproductive capabilities. It has become a mass phenomenon, and its ethical and legal assessment continues to evolve.

In Uzbekistan, government regulations strictly define the circumstances under which abortion is permitted. The decision to perform an abortion is primarily based on medical conclusions and indications. According to current policies, a physician has the







right to refuse to perform an abortion. However, certain exceptional cases exist where an abortion may be legally required.

Physicians are also encouraged to conduct individual consultations with women considering abortion, sometimes persuading them to reconsider their decision. There are 86 types of abortion, with specific conditions and regulations governing its application, particularly for adolescents under 14 years of age. To prevent child and human trafficking, as well as illegal documentation related to birth and death registration, private clinics are prohibited from performing nine types of abortion procedures.

***Reduction in abortion rates in Uzbekistan.*** In recent years, the number of abortions in Uzbekistan has been steadily decreasing. Statistical data indicate a significant decline: in 2007, the number of abortions due to unwanted pregnancies was 42,682, while by 2021, this figure had dropped to 35,449. Similarly, if in 2007, the abortion rate was 7.4 cases per 100 births, by 2021, it had decreased to 4.1 cases per 100 births [12]. Analytical studies suggest that this decline is primarily due to improvements in the quality of healthcare services and the overall standard of living in the country.

***Genetic engineering and emerging ethical challenges.*** Medical ethics has historically emphasized respect for human dignity, including considerations related to illness and personal choices. The 20th century marked a turning point with the advent of genetic engineering, introducing both groundbreaking opportunities and significant ethical dilemmas. Today, geneticists, philosophers, policymakers, sociologists, and medical professionals are engaged in debates on several critical issues, such as:

- Should genetic research encompass entire populations?
- Can genetic diagnostics be used as a basis for abortion?
- Is it ethical for a doctor to inform a patient in advance about a disease that will inevitably cause suffering?
- Can genetic engineering be ethically applied to supply human organs for transplantation?
- Should genetic research results be disclosed to all family members?

***Ethical concerns in organ transplantation.***

Another ethical dilemma in modern medical ethics is organ transplantation. Today, transplantology is a widely practiced medical field, involving the transfer of non-functional organs from one person to another. Transplantation is classified into three main types:

1. Autotransplantation – transplantation within the same individual.





2. Homotransplantation – transplantation between individuals of the same species.

3. Xenotransplantation – transplantation between different species.

A key ethical principle in transplantation is "Do No Harm", ensuring that procedures do not cause unjustifiable suffering to the donor. In some cases, donors are living individuals, making ethical considerations even more complex.

By the 20th century, advances in resuscitation and transplant technology had shifted organ transplantation into the realm of bioethical debates. Modern medicine defines brain death as the primary criterion for determining human death, and the brain remains an irreplaceable organ. The shortage of donor organs has led to ethical challenges, with human organs becoming an extremely valuable commodity. While artificially created organs are emerging as an alternative, medical ethics mandates that such procedures only be performed with the patient's full consent.

### CONCLUSION

In conclusion, medical ethics can be regarded as a philosophical discipline that analyzes moral principles in clinical medical practices and corresponding scientific research. The development of medical ethics spans from the Hippocratic Oath to the present day, with notable legal and normative documents like the Nuremberg Code (adopted in 1947) and the Helsinki Declaration (adopted in 1964) playing a pivotal role. In recent years, the use of genetic analysis in treating diseases, preventing illnesses, and the ethical implications of such practices for future generations have raised important moral questions. Moreover, this issue remains highly debated.

Throughout its evolution, medical ethics has continued to change, incorporating insights from philosophy, history, and sociology. It also addresses contentious issues, such as euthanasia, patient confidentiality, informed consent, and the conflict of interests in healthcare. Additionally, medical ethics and culture are closely intertwined because different cultures implement moral values in diverse ways, sometimes emphasizing family values over individual autonomy. This trend leads to a growing demand for sensitive, responsible, and ethically aware physicians in hospitals and healthcare facilities, who are knowledgeable about their professional ethics.

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