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НОВАЯ МОДЕЛЬ ЦЕННОСТНОГО ОТНОШЕНИЯ К ЖИЗНИ. ХОСПИСЫ И ПАЛЛИАТИВНАЯ МЕДИЦИНА

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Аннотация. В данной статье анализируются некоторые философские вопросы, касающиеся здоровья и жизни человека, связанные с паллиативной медициной и хосписами. Биоэтика помогает формированию новых ценностей в обществе, в национальном самосознании. Она значительно способствует гуманизации естественных и социальных наук, новых технологий, медицины и здравоохранения за счет перехода от естественных, медицинских, социальных и гуманитарных знаний к установлению баланса между наукой и моралью. Биоэтика как особая форма практической философии жизни учит, что взаимосвязь человека со своей собственной жизнью, со всей биосферой не только дискреционная, теоретическая и эмоциональная, но, будучи практическими отношениями, она всегда предполагает определенную оценку. Философский анализ проблемы эвтаназии показал, что философская мысль XX и XXI вв. рассматривает смерть не как нечто чуждое человеческому существованию, а как экзистенциальный компонент самой жизни. Причем философски трактуются не только граничащие вопросы жизни и смерти, но и экзистенциальные основы человеческой жизни, то есть свободы и ответственности. Идея достойного права человека на смерть сегодня активно обсуждается в двух направлениях: как проблема эвтаназии и проблема хосписов. В статье предпринята попытка дать философскую интерпретацию паллиативной медицине, корни которой уходят в средневековую культуру. В статье на основе исследования становления и развития биоэтики обосновывается положение о том, что императив современного человеческого существования требует качественно нового подхода к сложным, глобальным, разнообразным проблемам современности.

Ключевые слова: здоровье, здоровье как ценность, смерть, эвтаназия, хоспис, паллиативная медицина

Original article

THE NEW MODEL OF VALUE ATTITUDE TOWARDS LIFE. HOSPICES AND RELAXING MEDICINE

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Abstract. This article discusses some of the philosophical issues of life and health related to hospice movement and palliative, palliative medicine. Bioethics promotes the formation of new values in social and national consciousness, it stimulates significantly the humanization of natural and social sciences, new technologies, medicine and health care, make a transition between the natural, medical, social and humanitarian knowledge, as well as to establish balance between science and morality. Bioethics as a special form of practical philosophy of life teaches that human inter-relation with his own life, the whole biosphere is not only contemplative, theoretical and emotionless, but, being a practical relation, it constantly involves a certain assessment. The philosophical analysis of the problem of euthanasia has shown that the philosophical mind of the 20–21st centuries doesn't view death as an alien to human existence, but as an existential component of life itself. Not only the problems of life-death bordering situations are implemented philosophically, but also the existential bases of human life i.e. freedom and responsibility. Today the idea of a human's dignified death is discussed in two directions: as an euthanasia issue and the problem of hospices. In the article an attempt was to give the palliative medicine a philosophical interpretation, the roots of which can be found the Medieval culture. On the base of the formation

and development of bioethics in article is substantiated the position according to which the imperative of the contemporary human existence demands a qualitatively new approach to current complicated, global and various issues.

Keywords: health, health as value, death, euthanasia, hospice, palliative (palliative medicine)

Introduction. In modern society, the right to a dignified death is discussed in two directions: as a problem of euthanasia and as a problem of hospices providing palliative social-medical care to the dying. We find the roots of the ideology of palliative medicine in medieval culture, Christian worldview and ideology. At present, the modern human rights ideology has been added to them, which has confirmed the moral principle of respect for a person with respect for autonomy. Hospice's philosophy's practice has established new ethical approaches to caring for dying patients. Its essence is today concentrated in the bio-moral principle of the "right to a dignified death". There is a lot of talk today not only about the right to life, but also about the right to a dignified death [1, 2].

In the twentieth century, a special direction was developed within medicine – palliative medicine. The term "palliative" comes from the Latin word *pallium* (mask, blanket, cloak) [3, 4]. In other words, it assumes that the doctor must be able to take care of the patient, take him under his auspices. Palliative medicine practically confirms the value of human life until the last moment of life.

The main goal of palliative medicine is to seek to alleviate patients' pain, not only to provide medical but also moral assistance to patients and their caregivers [5]. Palliative medicine has developed a special attitude towards death as the last resort of human life, which should be lived with dignity. Undoubtedly, palliative care is the result of the humanization of traditional medicine, where the patient's suffering ends only in death. The main humanitarian idea here is to accompany life to death, to give a person the opportunity to leave life with dignity, and relatives to fulfill their last human duty to the dying.

"Good (dignified) death" is not only a humanitarian idea of palliative medicine, but also a philosophy of death. By providing the highest possible quality of life for the deceased (relieving pain, improving mental and emotional state, providing maximum comfort, the ability to communicate with loved ones, etc.), palliative medicine practically confirms the value of human life until the last moment of life. From the philosophical point of view of death, palliative medicine embodies the idea of light death, but not in the sense of euthanasia, but in the sense of supporting the deceased's efforts to endure suffering and pain.

The principles of palliative care have been fully realized in the establishment of hospices [6, 7]. The term originated from the English hospice (nursing home, divine home, shelter). The tradition of setting up a nursing home where dying people could be housed dates back to medieval Europe. Such houses operated near monasteries. The first shelter for medical and psychological care for the dead was established in London in 1969. It is named after a Christian saint, Christopher, whose name literally

translates as "Christ-bearer". This meant that these institutions were called to carry out the messages of Christian mercy in daily life. 1969 opened St. The Christopher Hospice was also the first educational and charitable institution.

Hospice does not mean just a hospital. Hospice is based on the idea of anti-hospitalism. Being sick in a hospice, one should not feel isolated from the world, cut off from social reality. In palliative medicine, the bio-ethical and philosophical foundations are no less important than the medical one. The basic idea is to help people get out of life with dignity. By the way, the "human right to a dignified death" was nominated and based on the works of the classics of British philosophy Francis Bacon and John Locke. They introduced the principle of "accompanying life to death". The hospice movement currently solves not only medical and social rehabilitation problems, but also has a serious moral and psychological impact on public life. One of the key elements of the philosophy of death is the idea of humanity. "Compassion for the dying is reflected in the growth of humanity in various spheres of society" [5].

The activities of hospices are fraught with many challenges that are common to all post-Soviet health care. One of the main ones is the outflow of staff, very insufficient funding, etc. And although there are many people in this field who work at the behest of the soul and not for the sake of salary, nevertheless, the issue of staff shortage has not been resolved. Or they add to the state budget allocations benevolently.

However, in addition to the lack of staff, insufficient funding has created many new problems. The choice of palliative care horse largely depends on the capabilities of the country, city or region. Creating a palliative care unit next to a hospital is not as costly as setting up your own hospice. The further development of this promising branch of palliative care directly depends on the solution of a number of economic problems.

In the West, palliative care is often provided at the patient's home. The possibility of that is conditioned by the high standard of living of the population – good living conditions, the opportunity to hire a nanny, etc. The situation in Armenia is completely different. Two-thirds of patients die not in the home but in the hospital. This indicates the low social standard of living of the population. Unfortunate living conditions, difficult relationships with relatives force such unfortunates to find their last refuge in hospitals and hospices [8].

Problems related to the organization of palliative care in modern Armenia can not be solved without the involvement of state non-budgetary funds. This is the only way to improve the quality of medical care and provide social assistance to the dying. The sponsorship of commercial, non-governmental organizations, foundations and other organizations can serve as a basis for

the material and social support to be provided to this group of patients. This field is not very developed in our country. Educational programs dedicated to palliative medicine have been developed and introduced in Armenian medical educational institutions [9].

The hospice movement has developed a number of principles that aim to create the conditions for dignified sick people to die with dignity. "You do not have to pay to die", "Hospice is the house of life, not death", "Hospice is another option of euthanasia", "Hospice is not the walls, but people who are compassionate, loving and caring".

This right was enshrined at the international level at the minimum standard of patients' rights back in 1981. (World Medical Association Lisbon Declaration of Patient Rights). Point "e" of that document says: "The patient has the right to die with dignity". "Palliative care can be provided to patients, both inpatient and outpatient, and medical staff are completing training in providing such care". The law of Armenia on the protection of citizens' health does not now enshrine the human right to "die with dignity" [2].

Palliative care is a relatively new phenomenon in Armenia. The Armenian Association for Pain and Palliative Care (ACE) was founded in 2003 and currently has 146 members, including mainly specialists from the National Oncology Center and various clinics in Armenia. HPAА joined the European Palliative Care Association in 2004. He is also a member of the Global Relief Alliance. APA is a member of the Council of Europe Working Group on Palliative Aid Organizations and is considered by the Council of Europe to be the main partner responsible for palliative care in Armenia.

From time immemorial, death has been regarded by civilized humanity as a crucial problem for the existence of the human individual. The fact of death has always had a special place in the philosophy of national culture. Concern about death has always been one of the values that strengthens the psyche of Armenians. Meditations on the inevitability of death are inseparable from the Armenian philosophical discourse on biostatics. Attitudes toward death have changed in modern society. It seems that modern culture tries to hide death from man, distracting him from thinking about it.

Conclusion. In the 21st century, biology has turned its face to the issue of death, which was previously blocked for in-depth research. At present, death is not an alien, external phenomenon of human existence, but a primary component of life itself. The existential basis of the philosophy of life – freedom and responsibility – is actively interpreted in the West. And this is fundamentally necessary for the discussion of such an urgent issue as euthanasia. In our opinion, euthanasia is not a choice between death and "life". The problem is that, in essence, euthanasia is a choice between 'death', that is, a torturous death, 'death without undue suffering'. This is the fundamental difference between euthanasia and suicide. But since it is about ending life in an unnatural way, the issue

of euthanasia remains a hotly debated topic. In all cases, when it comes to euthanasia, it is always a matter of human voluntary choice. In modern society, special social-medical services have been created to help the dying patient. At the same time modern number of societal values have begun to be reinterpreted: now more often they speak not only about the right to life, but also about the human right to a dignified death. The importance of the right to a dignified death in hospice goes beyond the medical reality and reflects the characteristic features of the caring life of modern civilization.

The limits of human individual existence are characterized by the existential values of life and death. Active entry into life has always been the subject of special care of the society, and the painless, easy departure from life remains a serious problem.

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