

*Materials of Conferences***PEDAGOGIC ASPECT OF INTERACTION BETWEEN MEDICAL DEONTOLOGY, ETHIC, AND SPEECH ETIQUETTE FOR A DOCTOR OF GENERAL PRACTICE**

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**Urgency.** Special features of profession in doctor of general practice (DGP) are such that a DGP personally meets a patient with whom they have to establish communication, therefore, training interns of senior courses should be provided with an organic relation between general classic methods of tutorship and medical deontology, ethics, and speech aspect of treatment.

**Research objective.** Studying interaction between medical deontology, ethics, and word of a general practice doctor during reception of patients in polyclinic, traumatological centers, etc.

**Methods and materials.** The research was help within practice of 6–7 year interns via observation of their dialogue with patients, this method provided for improvement in education quality – solution of pedagogic problems. During the process of questioning we understood that interns have no skills in rhetoric, and they are used to reply via computer method only. We took 7 groups of interns, 8 students each, who took training in the first semester of 2015–2016 training year, compared them, held questioning, in other words, clinical exam on discipline “surgical diseases” in oral form and during reception of patients, then in written form via testing method. The results, received from the written form of testing were better because it required a simple “yes” or “no” answer, while oral responds required rhetoric culture, in other words, relation between medical deontology, ethic, and oral etiquette.

**Results and discussion.** The most important methods of harmonizing communication between doctor and patient that provides for successful realization of the basic professional objective – treat the patient, are politeness and speech etiquette. Academy member V.M. Bekhterov claimed: “if a patient doesn’t feel better after talking to doctor, it isn’t a doctor”. Therefore, language of professional doctors and their speech behavior are important components of research, as people say: “a word can heal, but also injure”.

Regretfully, violation of speech ethic takes place frequently in life and medical area: pa-

tients can be rude to a doctor, or the other way around in medical institutions where interns take practice. Sometimes it is necessary to ask participants to watch their language. Deontology and medical ethic is a science that generalizes behavior principles for medical personnel, including doctor, that provide for establishing the required atmosphere in diagnostic, treatment, and rehabilitation of patients.

In order to replace “doctoral ethic”, in 1944 surgeon N.N. Petrov introduced the term “medical deontology (ancient Greek “proper, correct study”).

In reality each doctor cares after their patients, but not all of them are able to show their feelings to patients and convince them. Without doctoral speech etiquette communication with a patient cannot take place, this aspect distinguishes the profession of doctor from all other kind of human activity.

Professional speech culture of a doctor must not use words that have doubtful meaning thus causing a negative reaction of a patient. Before speaking with a patient, doctor of general practice must weigh his every word for its effect of influencing patient’s soul and psychic. An important component of communicating with a patient is convincingness, but sometimes, “a saving lie is better than truth that hurts a patient’s soul”. Obtaining skills of using words with care while maintaining dialogue with a patient, some interns remember certain standards of communicating with patients in their future work, but individual approach should be used in each case.

Knowledge is the only common thing between people, without which no specialist can deal. Huge importance is attached to the knowledge of a physician, as “mediocre doctor, more harmful, than helpful (M.Ya. Mudrov)”. It is necessary to mention, that medical knowledge is safe and beneficial only in the hands of people with a clear conscience and integrity, steadfast moral and ethical principles, and an exaggerated sense of fanatical loyalty to the professional duty of medical heart and soul. People with a deficiency of these qualities can use their knowledge to take advantage, and such a concern, “do no harm” (Hippocrates) always accompanied humanity today.

**Conclusion**

The pedagogical aspect (opinion) should be directed to the preservation of the noble ethical

traditions of medicine- it is one of the main tasks in the interaction of medical deontology, ethics and etiquette of speech not only for the general practitioner.

Given the specificity of the medical profession, medical ethics, deontology and speech etiquette are a necessary and indispensable feature of his professional activity, vicious people should be denied access to this particular sphere of human existence, which requires people honest, wise and courageous.

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