Some Biomedical and Social Issues through the Lens of National Axiology

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Abstract. This article analyzes the issues of morality, virtue, bioethics in society and man. The ethically complex situation in modern biomedicine exacerbates the problem of educating virtues among participants in theory and practice in the field of biology and medicine. In addition to professional knowledge, they must also possess moral virtues. Some biomedical technologies are considered in the light of national axiology.

Key words: reverence for life, biosecurity, biomedicine, bioethics, virtue.

The fundamental principle of morality is formulated by A. Schweitzer in the book “Culture and Ethics”: “Ethical behavior is the awareness of the need to respect every life and every desire to live. To the same extent that I respect my own life, the good is to support life and help it. Evil is the obstruction and destruction of life.”

Society is totally medicalized. As Robert Musil writes in The Man Without Qualities: “We are born in the hospital, we die in the hospital. Why don't we live like we're in a hospital?” Modern medicine supports the life of a person who has been in a coma for years (famous racing driver Michael Schumacher, daughter of actress Yulia Vysotskaya, etc.). Medicine can give life to a fetus in danger of miscarriage. Developed communities spend huge amounts of money caring for fellow citizens with dementia. All these are instances of the virtue of reverence for life as such. However, such cases raise doubts whether it is worth saving life at any cost. Late births with the help of reproductive technologies, according to some reports, provoke oncology. This is also blamed on the use of stem cells for revitalization and rejuvenation.

Is it worth it to revere life - to keep a special child alive, whose intelligence is limited by innate instincts? Is animal suffering acceptable in a scientific experiment? Whom to save if it is impossible to save everyone in a pandemic? Which healthcare system is more fair - focused on promising or weak patients? Experts in the field of ethics argue that ethical categories (principles) are relative, otherwise, not universal, transient, changeable. Ethical relativism means that moral principles are relative, not absolute, because they are not shared by everyone, not by an absolute majority.

The ethically complex situation in modern biomedicine exacerbates the problem of educating virtues among participants in theory and practice in the field of biology and medicine. In addition to professional knowledge, they must also possess moral virtues: “What we are experiencing today is not...
just a technological revolution in our ability to decode DNA and manipulate it, and a revolution in the fundamental science of biology. This scientific revolution draws on discoveries and advances in a number of interrelated fields beyond molecular biology, including the cognitive sciences of the neural structures of the brain, population genetics, behavioral genetics, psychology, anthropology, evolutionary biology, and neuropharmacology. And the scientific advance in all these areas has potential political implications because it expands our knowledge of the brain, the source of human behavior, and therefore the ability to control it. (Fukuyama F. 2002.)[1] Thus, bioethics is a mechanism for controlling scientific knowledge and the process of their implementation into practice.

Good will, respect for the sanctity of life and the autonomy of others, critical understanding of the consequences of new and emerging technologies, a culture of experimentation - all this constitutes the subject of interest of biomedical ethics. Some authors, in particular, the historian of Uzbek medicine V. Iskhakov, proposes to translate biomedical ethics as adab-al-tabib. “Tabib” is translated not only as a doctor, but also a natural scientist. The approach is not without merit: biomedical ethics as adab-al-tabib is intended to instill specific behavioral standards in doctors and researchers (for example, informing patients). But he does not leave room for abstract theoretical content and axiological aspects.

Some consider bioethics (biomedical ethics) to be one of the areas of environmental ethics. Some researchers, on the contrary, consider bioethics to be global in scope. Others attribute it almost to the ethical problems of the technosphere. Thus, Russian authors write: “Environmental ethics covers an extremely wide range of problems and examines the moral relations between man and the environment. Global bioethics, in turn, is focused on resolving moral problems caused by the latest achievements of science and modern biotechnologies.”[2].

I would like to note what moral relations can there be between a person and the environment? Only a person’s relationship to nature can be moral or immoral, for morality is a purely human mechanism. The definition of bioethics as a global (all-planetary) discipline is also questionable: about everything and nothing in particular. From our point of view, it is not correct to reduce bioethics to a moral examination of the latest achievements of science and technology. In the structure of bioethics, a significant share is occupied by traditional ethical issues, for example, issues of medical ethics.

Some are inclined to view bioethics as a worldview part of the complex of biological sciences. The criteria of the exact sciences cannot be applied to it, since “the humanistic study of man will always contain an element of art, sympathy and ethical assessment”[3]. Bioethics does not answer yes/no to pressing questions and does not provide ready-made recipes for all occasions: “the task of a philosopher is not to think, but to allow or give the opportunity to think” and others. The purpose of biomedical ethics is to protect humanity from genetic engineering and other biotechnological disasters. The need to increase the responsibility of scientists and technologists involved in the complex of living sciences led to the birth of a special branch of applied ethics, biomedical ethics. Pharmacological and biotechnological transnational corporations seek to reassure civil society of the moral infallibility of their achievements.

New technologies not only bring positive benefits; Some scientific proposals are difficult to evaluate unambiguously*. The volume and likelihood of possible negative consequences in the long term depend on the level of the spiritual and moral state of society, on the humanists and researchers of moral theory who predetermine public opinion. The moral development of a researcher or doctor is not a one-time phenomenon and not an innate or gifted ability; it develops synchronously with intellectual

* The financial elite and elite of economically developed countries are increasingly hiring women to bear their children. The Republic of Uzbekistan has not adopted a law on surrogacy. No law - no scandal.
and psychological development in the process of socialization of the individual. Fostering a culture of respect for nature is impossible without relying on a moral philosophy. In addition to terminological nuances, the actual methodological problems of the development of scientific knowledge as a whole pose difficulty. The need to compare research and technology with value guidelines completely changes the nature of modern scientific research. From an ideologically detached, value-neutral phenomenon, it is increasingly turning into a “human-commensurate phenomenon.”

The treasury of Uzbek national values still includes the cult of an educated person, from whom impeccable behavior is expected in social and everyday relations. Knowledge is the criterion of a perfect person and is understood as a virtue in Muslim culture, as an adornment of a person[4]. If you trust Al Ghazali, the Prophet said that “The pursuit of knowledge - ilm - is the duty of every Muslim.” There are attempts to prove that the Koran contains the rudiments of most natural science facts, “gives a person knowledge of what he had no knowledge of, for example, from what the human embryo arises: “creates a person from condensed blood” (Ayat 96, 2 and 5). Knowledge is a universal value. However, this value is often used with evil intentions. Means of mass destruction grew out of scientific knowledge.

In ordinary consciousness, scientific fact and moral value are separated on opposite sides as completely incompatible things. Entire trends have emerged that justify the gap between facts and values. The process of cognition is socially determined; its result is subject to not only causal, but also value interpretation.

The American methodologist of science Laudan believed that the dominant model of any scientific justification, as L. A. Mikeshina sets out his views in his monograph, is hierarchical, at the lower level of which the “factual” (factual consensus) is discussed, then generally accepted methodological rules as a means of achieving goals of science (methodological consensus); finally, consensus of values and goals. This model “postulates a unidirectional ladder of justification” from goals to factual statements, whereas in real science justification goes in either direction, linking goals, methods, and results. Still, factual knowledge is at the bottom of the knowledge pyramid, and values are at the top. Knowledge is divided into value teachings and exact sciences. The position of the exact sciences, it would seem, does not require clarification of the scientist’s attitude to the phenomenon being studied. The requirements for the moral character of a researcher in the exact sciences have now increased, because the results of their activities sometimes pose a danger to the biosphere. The threat to humanity from modern technology has increased incredibly. Ethics and morality belong to the value-based, that is, ideological, branches of knowledge. Nowadays, in natural science, the researcher’s attitude to the phenomenon being studied is explicitly or implicitly present.

The authority on the issue of norms of scientific knowledge T. Kuhn distinguishes “a real scientific solution from purely metaphysical speculation, wordplay or mathematical fun.” K. Popper believes that “a humanist does not know what intellectual honesty is.” M. Foucault spoke more definitely: “There is always something ridiculous in a philosophical discourse that wants to dictate the law to others from the outside, to tell them where their truth lies and how to find it, or when it undertakes to investigate their case in a naively positive spirit , his right, on the contrary, is to look for what in his own thought can be changed through working with knowledge that is alien to him.” In unison with them, modern natural science researchers note: “there is a gap emerging between the pace of development of the natural scientific foundation and the philosophical and methodological setting that is being rapidly built over it. There is an unpleasant feeling of a lack of specific knowledge, which only for a few turns out to be an additional incentive, and for the majority - a source of mistrust.”[5]. Humanitarian thought recognizes that the pace of ethical analysis lags behind the speed of introduction.
of new biomedical technologies. This lag is inevitable and is predetermined by the nature of the process of generalization and value assessment.

Previously, biology studied, but did not directly intervene in the process of human birth and life, influencing them through the dissemination of acquired knowledge. Now there is a reorientation of the goals of biology as a science. Biology actively intervenes in the process of human origin and development, trying to improve human nature, just as zoology and botany successfully manage to improve the quality of animals and plants. Human biology is becoming an increasingly active field. There was a merger of biology and medicine. Branches of knowledge are emerging that cannot be considered exclusively a branch of biology or medicine, for example, gene therapy. In scientific, educational literature and in international documents, for convenience and brevity, the intertwining of biology and medicine began to be called the phrase “biomedicine”. Ethics that regulates research and activities in this area is called “biomedical ethics.” Ethics has not previously been concerned with the problem of research on human embryos, GMOs, and pandemics. She did not question the timing of artificial life support or the deliberate termination of it, the permissibility of artificial conception or transsexual operations, organ cloning or eugenics, the design of animals, plants and even humans - many, many other questions that have befallen in connection with the development of biomedical technologies. New technologies have changed the human worldview and moral ideals. Bioethics tries to find an answer to such completely new and somewhat unusual questions. It is necessary to recognize the validity of the opinion that considers bioethics a “qualitatively new phenomenon” that can enrich both ethics and biology and medicine. Despite the frequent interpretation of bioethics as a relatively new branch of knowledge, it is a type of applied ethics. It is its subordination to general ethical norms and ideals that makes it possible to build into a system modern ethical rules related to production and scientific activities in the sphere of living things.

An interesting situation is emerging: if the complex of life sciences is intensively updating its ideas, then ethics, on the contrary, is becoming even more convinced of the correctness of its fundamental values, strengthening their categorical nature and expanding the area of their distribution. The rule “do not kill” increasingly applies not only to humans, but to all living things, including the human embryo; “do no harm” increasingly dictates its own rules already at the stage of biological experiments on animals, etc. The inviolability of the fundamental ideological principles helps to understand the rapidly growing pile of facts. Ethics serves as a regulator in the chaos of scientific discoveries, a “locomotive” (Kisilev L.P.), which will remove the entire load of issues that are difficult for ethical assessment, a compass for orientation in the heap of modern problems of biomedicine.

The treasury of national values of Uzbeks still includes the cult of an educated person, from whom impeccable behavior in social and everyday relations is expected. Knowledge is the criterion of a perfect person and is understood in Muslim culture as a virtue, as an adornment of personality. (Baeva L.V.) Humanitarian thought recognizes that the pace of ethical analysis lags behind the pace of introduction of new biomedical technologies. This lag is inevitable and predetermined by the nature of the process of generalization and value assessment. Previously, biology studied, but did not directly interfere with the process of birth and human life, influencing them through the dissemination of acquired knowledge. Now there is a reorientation of the goals of biology as a science. Biology actively intervenes in the process of human origin and development, trying to improve human nature, just as zoology and botany successfully manage to improve the qualities of animals and plants.

How bioethical conflicts are resolved is largely determined by the values of a nation. The Republic of Uzbekistan has not adopted a full-fledged law regulating organ transplantation. Heart transplantation is not performed in the country. Bone marrow transplantation is carried out, transplantation of liver and kidney fragments is carried out only with special permission, if the donor and recipient are close
relatives. Relatives are not always ready to share a liver fragment or a whole kidney. Family transplantation has medical and moral limitations.

In addition to the ideological aspect, the development of the phenomenon of a second chance at life through transplantation is hampered by the lack of a donor organ bank and the shortage of donor blood. One of the first places in the world for transplantation and organ donation “Spain is a world leader in the number of donors per million population – 47.0”[6]. When comparing the number of organ transplants per million population per year, the leader is Spain – 86.4, the average for European countries is 39.3, in Russia only 9.0”[7]. The growth of donation in Europe was facilitated by the so-called “Nicholas effect”[8]. An American boy who died in Italy became a donor of 7 organs with the consent of his parents. After this, there was a sharp increase in the donor movement in Europe and the USA. Recently, a similar case occurred in the Russian Federation, when the organs of one donor were transplanted into 4 recipients[9].

The failure to adopt the law on transplantation is partly explained by reference to national, religious, and worldview principles: if transplantation is put on stream, then an atmosphere will develop of waiting for someone to die so that he becomes a suitable donor. At the same time, modern Islamic theologians allow lifetime and posthumous (cover) donation free of charge as an act of mercy. Organ transplantation is widespread among the financially wealthy sections of the Eastern Muslim world. From a medical point of view, it is not organ transplantology that looks more promising, but growing organs from stem cells, which minimizes the risk of rejection. These are projects of the future. In the meantime, ethical difficulties caused by transplantology, euthanasia, artificial conception, etc. remain particularly complex bioethical problems. In the USA, a textbook case has become: a 4-year-old girl requires a kidney transplant; The mother's kidney is not suitable, the father's kidney is ideal for transplantation to the daughter. The doctors told the man about this, but he asked them not to tell his wife the results of the study. What will you do in his place? Does he have the right to refuse? P example shows that seemingly purely medical problems actually turn into spiritual and moral ones. Everyone solves them according to their own set of values. The “Code of Decency in the East” describes how a sick person should behave: endure the torment to the best of his ability, do not grumble or despair, do not ask for death. [10]

“Do not ask for your own death” is a direct answer to how Islamic teachings relate to euthanasia. Euthanasia is the hastening of death with the help of a doctor. Euthanasia is the termination of the life of a hopelessly ill patient who experiences excessive suffering at his request. There is a special procedure for recording the patient’s voluntary consent to euthanasia. In the Republic of Uzbekistan, the law on euthanasia is not even discussed. The morally acceptable perspective in this situation is palliative care, when medical technologies are designed not so much to treat the patient, but to save him from unbearable suffering. Thus, an analysis of some situations in modern biomedicine shows that, despite their novelty, they are resolved in the light of national traditional values. These values have a rich philosophical heritage: “Spiritual Medicine” and “Medicine for the Poor” by Abu Bakr Ar-Razi, “Adab al-Tabib” by Ishaq Ibn Ali Al-Ruhawi, “Canon of Medicine” and “Poem on Medicine” by Abu Ali Ibn Sina, “Treatise on Asthma” and “Prayer of the Doctor” by Abu Amran Musa Ibn Mamun. The emergence of biomedical ethics is not a tribute to Western fashion. This is a response to the needs of the development of medicine and philosophy, the worldview of humanity as a whole. In the 1970s, terms with the prefix bio came into scientific use. These are the concepts of “biopower”, “biopolitics” and “bioethics”. The concept of “bioethics” was created by the biochemist W. Potter to combine completely different elements of knowledge: scientific facts and moral values. The other two concepts belong to the philosopher Michel Foucault. Biopower is a mechanism for implementing biopolitics. In
a simplified form, biopolitics stands for control over the human race, over its mortality, life expectancy, level and nature of diseases, etc.

V. Potter is not the only thinker who grasped the need to moralize scientific and technological progress. Around this time, in the 1970s, E.O. Wilson, an American entomologist, a specialist in the study of insects, laid the foundations of a special discipline - sociobiology, the task of which is to provide schemes for explaining the social behavior of people on the basis of observed phenomena in the animal world: “The time has come to explain ethics from the hands of philosophers and biologize it” (Wilson E. ABOUT.). He bases his conclusions on the assumption that the evolutionary process is one, therefore moral qualities are genetically determined.

Is it justified to identify the special term “biopower”? The first stage of biopower is characterized by the dominance of technologies for modifying the phenotypic constitution. Such technologies were based on direct or indirect coercion of people (through “public opinion”, market conditions, generally accepted standards, etc.). The second stage is the stage of the predominance of reproductive technologies, which allowed interference in the selection of parental pairs, prenatal and postnatal selection, sterilization, etc. The third stage of controlled evolution technologies (genetic engineering reconstructions of the genetic program of ontogenesis for the purpose of “social adaptation”[11], 17-18 centuries, when an ordinary demographic policy was carried out. At the second stage, in our opinion, the emergence of biopower as such begins. In the 19th and 20th centuries, certain eugenic measures were carried out, for example, sterilization of patients with hereditary mental illnesses or deviant behavior; widespread use of contraceptive measures.

In the 1930s and 40s, in some European countries, eugenic policies were carried out in violation of inalienable human rights, and in Nazi Germany they turned into genocide. Until now, experts have not found the answer to the question: “When medicine went crazy” (the title of a book on the history of human experiments in Nazi Germany: Arthur L. Caplan. When medicine went. Bioethics and Holocaust. Toronto, 1992). A whole complex of factors was at work, but by the own admission of one of the researchers, the question of why doctors supported inhumane ideas and participated in these experiments remained open. There was no personal moral responsibility for the “experimenters”; Hitler freed them from any responsibility for their atrocities. Historical experience has shown that moral regulators are not enough. Unfortunately, a complex legal framework is needed to control research and treatment practice. It is no coincidence that the emergence of bioethics began in the 1950s, after the Second World War, when it was necessary to realize that mass murders in the gas chamber should not be allowed under the guise of developing means for euthanasia. Perhaps this is why, due to discredit by Nazi doctors, there is such a skeptical attitude towards euthanasia.

If at the first stage the impact on population reproduction occurs indirectly and on everyone at once through the influence of macroeconomic conditions and the dictates of a certain way of life through art and the media, then at the second stage the government offers the population technologies that directly affect the biological nature of an individual and mean interference with his body. In some cases, this was openly violent and irreversible intervention, for example, sterilization, lobotomy; in some cases, covert intervention, such as prenatal scanning, medical abortion due to fetal defect, premarital testing. Politics fully becomes biopolitics at the third stage, when it attempts to control the natural evolution of man and the evolution of the human race. Politics is management; control is one of the primary management tasks. At the second stage, biopolitics was reduced to the task of controlling the “purity of the race” by blocking undesirable indicators, the so-called negative eugenics. At the third stage, attempts are made to purposefully form certain indicators using genetic engineering methods (positive eugenics). Politics is the management of society through law, economics, natural resources, and ideology. Biopolitics has another channel of influence on society, this is the impact on the bodily
nature of a person with the help of a system of biomedical technologies. Power, any power, appears where and when there is a lack of something: territory, resources, energy, obedience. It is unrealistic to organize equal access to biomedical technologies for all segments of the population, then those in power begin to distribute and redistribute the capabilities of modern biotechnologies that are truly amazing in their effectiveness (extension and quality of life, revitalization and rejuvenation, assisted reproductive technologies, etc.). Although “biopower is by no means always legally formalized. Moreover, its very existence is often publicly denied,” but biopower occupies an increasing share in the structure of power. Biopower is not a “new” type of power, but a fixation of the fact that the content of power is changing, or rather, the scope of its application is expanding. The government, like a surgeon, inserts its instruments into the human body and programs the macrosocial parameters of human reproduction.

The right to difference in bioethics was a fundamentally important reason for the formation of the Central Asian Bioethical Association. The republics of Central Asia are united by the identity of the proclaimed goals: market transformation, democratization, growth of the well-being of the people; historical and cultural community; mosaic ethnic settlement (the presence of large diasporas on each other’s territory); indivisible transport infrastructure and water resources; approximately equal level of economic development; similar political system and regime; common Turkic language of communication; religion; common external threats, the presence of significant natural resources, but weak competitiveness of local goods.

One of the functions of modern bioethics is to monitor the purity of thoughts of people in white coats. Ethical review of research and treatment serves these purposes. Conducting such examinations is the main task of bioethical organizations. Improving the procedure for ethical examination and the activities of ethical committees is another one of the tasks of uniting professionals involved in bioethical issues. The biomedical industry spares no expense in seeking the moral approval of civil society. On behalf of society, experts in biomedical ethics make judgments about the admissibility or danger of a particular innovation. They also form public opinion on these issues. Interested corporations finance such activities. We need specialists who can competently, balancedly and impartially resolve conflicting situations.

References
4. The financial elite and elite of economically developed countries are increasingly hiring women to bear their children. The Republic of Uzbekistan has not adopted a law on surrogacy. No law - no scandal.
22. Агзамова, Н. Ш. Антиваксеры: моральная дилемма. Научный журнал" Академический вестник ЭЛПИТ, 5.