

MODERN APPROACHES TO IMPROVING THE STATE SYSTEM OF MATERNAL AND CHILD PROTECTION FROM A BIOETHICAL PERSPECTIVE

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Abstract

This scientific work analyzes contemporary approaches to improving state policy aimed at protecting maternal and child health based on bioethical principles. This topic is highly relevant for the modern healthcare system, as it thoroughly examines bioethical norms such as human rights, reproductive freedom, justice, safety, equality, confidentiality, and the right to information.

Keywords

Protection of motherhood, safeguarding childhood, medical and social support, bioethics.

Since ancient times, people have used various natural medicinal substances derived from plants and animals. Pharmacists of the past attempted to use substances isolated from living animal organisms to combat various diseases, but the true breakthrough in creating medicines through the synthesis of various substances began with the development of chemistry. In 1891, P. Ehrlich developed the theory of using chemical compounds to fight infectious diseases. It should be noted that 95% of pediatric medicines used in pediatrics, pediatric surgery, and other fields have been created in the last 30-40 years.

Medicinal products intended for children include pharmacological agents (substances or mixtures of substances) that have undergone a full cycle of clinical trials, have been approved by the Ministry of Health of the Republic of Uzbekistan for use in the prevention, diagnosis, and treatment of diseases in children, and are included in the State Register of Medicinal Products. The quality of medicines used for treating children is controlled by healthcare and social development regulatory authorities.

The quality of medical care for children largely depends on the availability and accessibility of medicines. Therefore, providing the entire maternal and child health protection system with effective and safe pharmacological preparations is an important task of the country's healthcare system.

The current state policy on providing children with medicines and medical devices aims to supply them to consumers in sufficient quality, quantity, and at affordable prices (especially during the pandemic). The main direction of implementing state policy in the field of providing medicinal assistance to children should be the provision of medical care with medicines, including on a preferential basis, within the framework of state guarantee programs.

International experience shows that rational provision of children's medicines (hereinafter referred to as DLD) is the most effective way to optimize the use of state budget funds. According to WHO recommendations, the first stage of this work is the introduction of a national list of essential medicines.

Today, it is generally recognized that improving children's healthcare should include four mandatory components: financial investments; high-tech medicine; reliance on specific scientific methods of empirical pediatrics; and the development of pediatric bioethics. The volume and structure of medical care for children in our country are regulated by medical and economic standards. These standards are based on clinical concepts of what constitutes "sufficient" care for a particular disease, covering all aspects such as laboratory and instrumental diagnostic methods, drug selection, treatment duration, follow-up procedures, specialist consultations, and more. Often in pediatric practice, this leads to doctors focusing on meeting the requirements of medical and economic standards rather than addressing the specific characteristics of the patient's condition. As a result, these standards sometimes lead to an unnecessary overload of childcare measures and the depletion of the child's physical and mental strength. A clear example, scientifically documented in literature, is the case of a 2-year-old Russian child hospitalized in the pediatric transplantology department of a clinic in Italy, where the new attending physician was forced to postpone a vital operation due to the physical exhaustion of the child undergoing inpatient treatment.

On the other hand, in pediatrics, the assessment of the treatment quality should be based on final outcomes: mortality, morbidity, disability in chronically ill children, or improvement in functional indicators. One of the most crucial aspects of obstetrics, gynecology, and pediatrics is the continuous improvement of the personnel training system and the organizational structure of these services. The rapid evolution of medical practice requires doctors to constantly upgrade their qualifications. Some North American studies have shown a clear inverse relationship between years of medical practice and level of knowledge, as well as diagnostic and treatment skills. According to the study authors, doctors possess the best clinical skills immediately after completing their internship (residency).

It is even more important to teach parents to promptly recognize symptoms of serious illnesses in children that require urgent care. Early detection of children with chronic diseases and providing them with prompt medical attention can significantly reduce child mortality. In the next phase, parents should learn more about their child's chronic illness, identify exacerbations and complications as early as possible, adjust treatment, or take other independent actions. There is convincing evidence of the substantial benefits of self-management in chronic diseases. For instance, teaching children with asthma and their parents to act independently in challenging situations reduced emergency calls by 79 percent and hospitalization frequency by 86 percent. Some insurance companies also conducted a randomized clinical study on the effectiveness of lectures that included slides about fever cases in children. The results showed that parents who attended such lectures sought medical help 35% less often for their child's fever. Moreover, the overall frequency of visits for acute illnesses was also 25% lower.

E.E. Bartlett, analyzing research on the ethical and economic feasibility of educating parents of sick children, demonstrated that every dollar spent on education saves an average of three to four dollars in pediatric medical care. Parental education proved most beneficial for children with diseases such as asthma and upper respiratory tract infections. Doctors can also successfully assist parents and collaborate with them to initiate a healthy lifestyle program for the child. The experience of Finland, the USA, Canada, and some other countries shows that it is possible to change society's attitude towards lifestyle. To help society appreciate the importance of a healthy lifestyle, it is necessary to disseminate relevant information through mass media, especially regarding the consumption of alcoholic beverages, tobacco products and drugs, road behavior, and other related issues. Additionally, it is crucial to encourage special classes on healthy lifestyles in schools.

It is necessary to regulate advertising campaigns at the state level and scientifically substantiate the harm of advertising products that negatively affect children's health. It should be noted that most of the mentioned measures have been approved at the legislative level in Russia. Now comes the most critical stage - ensuring compliance with these laws and implementing strict measures against violators.

It is advisable to facilitate the translation of books, manuals, audio and video materials on self-help for minor illnesses, guidance on when to consult a doctor, as well as information on self-management for chronic diseases, including how to monitor one's condition and make individual adjustments to doctor-prescribed

treatments. These resources should be developed and distributed both commercially and through medical institutions (free of charge).

Parents should be involved in making decisions about future life-sustaining interventions or procedures that carry high risks or contradict scientific knowledge. Doctors should be aware of how satisfied sick children are with the quality of medical care provided to them.

In conclusion, we emphasize the following:

clinical epidemiology and evidence-based practical recommendations allow obstetricians-gynecologists, neonatologists, and pediatricians to reassess the current situation and eliminate ineffective methods of treating children;

from the perspective of human rights, economic feasibility, and pediatric bioethics, sick children and their parents should have the opportunity to choose their treating physician. This is necessary to maintain morally and ethically driven medical competition, which is an important component of improving the quality of medical care for children;

primary care for children can occupy a more significant role in the maternal and child health protection system, which should be closely integrated with the work of specialists in both children's outpatient clinics and hospitals to ensure the continuity of the treatment process;

Parents of a sick child must participate in implementing the diagnostic and treatment program (without the right to make medical decisions).

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