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New Social Problems in Medicine

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Abstract:Content analysis of publications in sociology of medicine had showed some actual social problems of medicine, which became interested for Russian researches in last 10-15 years. These difficulties don't limited all social problems of medicine and therefore it seems appropriate to new researches in the given direction.
Key words: doctor-patient relationship models, gender, medicalization, institutionalization of simulation training

An almost endless literature is devoted to social issues associated with medicine, however in the overwhelming majority of cases it affects one or other issues related to social significantly significant diseases.

At the time liberal-democratic changes, primarily ethical-legal regulation in medicine, on the one hand, and globalization processes in the dissemination of scientific and not only scientific) information, on the other hand, contributed to the interest of domestic researchers in recent years to new social problems in medicine, not having a narrow link to officially recognized socially significant diseases.
Goal: to explain social problems in medicine, which began to be considered by domestic authors in the last 10-15 years.

In 2000 the sociology of medicine was recognized as an independent scientific specialty and it is in its categorical field that the majority of research dedicated to social problems is carried out medicine, becausethis specialty assumes and allows to successfully combine medicine and socia l.Therefore to achieve the goal a content analysis of publications on the sociology of medicine was used.

The content analysis allowed to identify the following problems attracting the attention of do mestic researchers (issues reduced in one form to another form to the limited capabilities of a significant part the population to receive full medical care against more than a decade of passing and very controversially assessed reform of the health system, with all evidence thissocial problems need in separate consideration and theref ore were not raised in this work).

1. Relationship between doctor and patient. This issue was also considered by Hippocrates, he was given a lot of attention in the works of foreign and Soviet scientists in the 20th century, however, in the last 1015 years in the domestic literature on the sociology of medicine, they often began to analyze from the standpoint of the representations of R.Vich (R.Veatch) about four main models of the relationship doctor and patient:

• collegial type – doctor and patient should see one another as colleagues striving to common goals to eliminate the disease and protect the health of the patient;

• paternalistic (sacral, authoritarian) type – the doctor authority has an influence on the patient that suppresses his freedom and dignity;

• of the technical type – built on the image of a doctor-scientist who treats the patient dispassionately and without judgment; at the same time, the doctor, relying on facts, avoids value judgments and, in particular, provides all the facts to the patient, leaving the decision to the latter;

• of contractual type – action based on mutual obligations and expected mutual benefit, and a precondition (ideally) is trus

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t. In research carried out in this course [1, 10] mainly it is noted that doctors and patients declar orientation toward the collegial model, although due to historical traditions (and, correspondingly, mentality) most often there is a paternalistic one, especially since in certain situations (for example , in urgent surgery) it is, essentially, no alternative.

2. Gender aspects of medicine.
In this direction considers (and confirmed), primarily issues such as the impact of psychophysiological differences men and women on the social image of health and disease gender new differences in the culture of disease and culture of healing, gender differentiation in structuring healthcare systems at different levels (international, federal, regional), the existing gender asymmetry in domestic medicine and its determining factors [5, 8].

3. Medicalization. Medicalization is a process during which a condition or behavior of an individual begins to be defined as a medical problem requiring a medical solution or, in other words, medicalization – this is solving non medical issues using medical methods (mostly medication). In this definition of medicalization it should recognize that in many circumstances it will act as a good, as show concern with the problem and suggest quit e effective medical means of resolving it. However, on the other hand, such a perception of medicalization can lead to its uncontrolled expansion and, therefore, to negative individual and social consequences. A striking example of the last in particular are athletes who being healthy people resort to massive reception of vitamins, vitaminized mixtures and other various biologically active additives (even without including identified / un un identified cases of use of prohibited drugs) for optimization of your physical condition [2-4].

4. Institutionalization of simulation training in medicine. A worldwide trend in modern health has become the requirement to strengthen practical training of doctors, which is especially relevant for Uzbekistan. At the same time, the possibilities of traditional “bedside” training have been sharply limited and it has become generally accepted that a beginning doctor must master the skills of gain practical experience before he starts treating real patients.
The technological revolution that has taken place in medicine in most developed countries and has not received widespread distribution in Uzbekistan, has made it possible to overcome the crisis of practical training of specialists.

An alternative to training on people has become the acquisition of skills and abilities with te chnical simulation devices – simulation training technologies that have become an integral component of temporary educational process in medicine. However, the institutionalization of simulation training faces a a number of difficulties, largely reduced to the exceptionally large costs of acquiring and maintaining the functioning appropriate advantages imported equipment, which becomes “morally” obsolete in almost 2-3 years [6, 7].

The content analysis of publications on the sociology of medicine allowed to explicate a number of current social problems in medicine, which began to be considered by domestic authors almost exclusively in recent 10-15 years (relationships doctor and patient in the context of R.Vich on the four main models of relationships doctor and patient, gender aspects of medicine, medicalization, institutionalization of simulation training in medicine). Naturally, the social problems of medicine are not limited to this and should not be limited. Therefore it seems appropriate to conduct more wider “good and different” research in this area (and not only wi thin exclusively the sociology of medicine) to change the notes I see in the special literature the passivity of doctors regarding participation in solving social problem s of patients [9].

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