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prevalence among adult males (15–49 years) was estimated at 0.24% (0.18–0.32%) and among adult females at 0.20% (0.15–0.26%).

At the sub-national level, three states with the highest adult HIV prevalence were from the north-eastern part of the country, namely Mizoram (2.32% [1.85–2.84%]), Nagaland (1.45% [1.15–1.78%]), and Manipur (1.18% [0.97–1.46%]). Other states/UTs estimated to have adult HIV prevalence higher than the national average were Andhra Pradesh (0.69% [0.54–0.89]), Meghalaya (0.54% [0.46–0.63]), Telangana (0.49% [0.35–0.66]), Karnataka (0.47% [0.37–0.59]), Delhi (0.41% [0.33–0.50]), Maharashtra (0.36% [0.25–0.53]), Puducherry (0.35% [0.20–0.58]), Goa (0.27% [0.19–0.46]), Punjab (0.27% [0.22–0.35]), Dadra and Nagar Haveli (0.23% [0.14–0.37]), and Tamil Nadu (0.23% [0.16–0.29]).

Conclusions. India's population can make a difference today and in the future by working together and creating awareness about the critical but still underserved issue of HIV-AIDS. HIV requires society to tackle personal, often taboo, subjects openly and honestly. Thanks to courageous and determined activists, community organisers, health experts and their collaborations with NACO, the barriers are gradually crumbling. As the fight against HIV/AIDS proceeds, India will face a slew of both expected and unforeseen problems. Perseverance and resilience and efficacy, and grit are required at this vital juncture in history.

Literature:

1. National AIDS Control Organisation: HIV Sentinel Surveillance Technical Brief.c2015. http://www.naco.gov.in/sites/default/files/HIV_Sentinel_Surveillance_report.pdf.
2. Sgaier SK, Claeson M, Gilks C, Ramesh BM, Ghys PD, Wadhwani A, *et al*. Knowing your HIV/AIDS epidemic and tailoring an effective response: How did India do it? *Sex Transm Infect* 2012;88:240-9.
3. Walker N, Garcia-Calleja JM, Heaton L, Asamoah-Odei E, Pomeroy G, Lazzari S, *et al*. Epidemiological analysis of the quality of HIV sero-surveillance in the world: How well do we track the epidemic? *AIDS* 2011;15:1545-54.
4. http://www.censusindia.gov.in/2011census/maps/administrative_maps/Final%20Atlas%20India%202011.pdf.
5. Kant S, Goswami K, Rai SK, Dar L, Misra P. Quality assurance of annual HIV sentinel surveillance 2006: Experience of regional institute, central zone. *Indian J Public Health* 2017;51:28-32

PUBLIC HEALTH ETHICS ASPECTS IN THE PREVENTION AND TREATMENT OF TUBERCULOSIS

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In order to prevent disease and the spread of infectious diseases, in special cases, the legislation of Ukraine provides for both preventive vaccinations and compulsory diagnosis and treatment.

Population groups and categories of workers subject to preventive vaccinations, including mandatory vaccinations, are determined by the Ministry of Health of Ukraine. The list of mandatory preventive vaccinations is given in Article 27 of the Law of Ukraine "On Ensuring Sanitary and Epidemic Welfare of Population" and Article 12 of the Law of Ukraine "On Protection of the Population from Infectious Diseases"[1].

This legal act states that preventive vaccinations to prevent tuberculosis, poliomyelitis, diphtheria, whooping cough, tetanus and measles are mandatory in Ukraine. Certain categories of workers are subject to mandatory preventive vaccinations to prevent the spread of other infectious diseases due to the specifics of production or the work they perform. In case of unjustified refusal of vaccination at the request of relevant officials of the state sanitary and epidemiological service, they are not allowed to work.

Bioethics goes beyond the ethical problems that arise in clinical practice concerning vaccination. It is conditioned both by teleological (aristotelian) ethics that has a good purpose orientation and by the ethical ethics (kantian) in which moral goodness is determined by awareness of duty as a human being. According to the principle of opportunity we study what are the possibilities available that are more suitable to reach a purpose since the values and principles of Bioethics should be a useful tool for public health and, being that vaccinations are a part of it, in the decision-making [2].

Preventives vaccination can be mandatory and performed as indicated on the basis of informed consent between a doctor and a patient. Even in the case of mandatory preventive vaccinations, the patient has the right to objective information, the choice of vaccination method and vaccine or serum.

The legislation of Ukraine stipulates that medical workers who must carry out preventive vaccinations are obliged to provide objective information to the persons being vaccinated or their legal representatives about the effectiveness of preventive vaccinations and possible post-vaccination complications.

Preventive vaccinations should be carried out only after a medical examination of a patient, in the absence of relevant medical contraindications. Adult citizens with legal capacity are given preventive vaccinations with their informed consent. Provision of information on: vaccination; consequences of refusing vaccination; possible post-vaccination complications [3].

Persons who have not reached the age of 15 or who are recognized as incapable in accordance with the procedure established by law, are given preventive vaccinations with the consent of their objectively informed parents and other legal representatives.

Persons between the ages of 15 and 18 or patients recognized by the court as having limited legal capacity are given preventive vaccinations with their consent after providing objective information. At the same time, the consent of objectively informed parents or other legal representatives of these persons is also required.

Preventive vaccinations are not compulsory. A person must have objective information and has the right to decide for himself about medical intervention.

However, not carrying out preventive vaccinations can be the cause of a serious illness. Therefore, the legislation of Ukraine elaborates the procedure for refusal of vaccination and registration of such cases.

If a patient or his legal representatives refuse mandatory preventive vaccinations, a doctor has the right to obtain a corresponding written confirmation from them. In case of refusal of vaccination, a patient must give such confirmation and certify it with a deed in the presence of witnesses. In accordance with Article 12 of the Law of Ukraine "On the Protection of the Population from Infectious Diseases", all information about the refusal of preventive vaccinations is subject to statistical accounting and entered into the relevant medical documents [1].

According to Article 19 of the Law of Ukraine "On the Protection of the Population from Infectious Diseases", persons suffering from infectious diseases or carriers of bacteria have the right to receive: reliable information about the results of medical supervision, supervision and treatment; recommendations to prevent the spread of infectious diseases [1].

In order to ensure epidemic well-being in Ukraine, persons suffering from infectious diseases, contact persons and carriers of bacteria, who create an increased risk of infection for others, are subject to timely and high-quality treatment, medical supervision and examination.

Persons suffering from sexually transmitted infectious diseases are also subject to mandatory treatment. However, the treatment of such patients can be carried out anonymously.

Despite the right of every citizen of Ukraine to informed consent to or refusal of medical intervention, there are cases when the state of health of one citizen may

threaten the well-being of another person, group of citizens, or society. In such cases, the state considers it the duty of every citizen to carry out prevention, diagnosis and treatment of a disease.

The legislation of Ukraine considers as mandatory the actions necessary to ensure the well-being of society and every citizen when• prevention, treatment and localization of mass infectious diseases.

In order to timely identify persons infected with mycobacterium tuberculosis and patients with tuberculosis, preventive medical examinations of population are carried out.

Obligatory annual preventive medical examinations for tuberculosis are subject to: children under the age of 14 inclusive; workers engaged in heavy work, work with harmful or dangerous conditions; persons under the age of 21; employees of certain professions, industries and organizations whose activities are related to public service.

Exceptions are certain categories of employees who are subject to such reviews within the time limits established by special legal acts. For example, persons serving sentences in institutions of the penal system undergo a preventive medical examination upon arrival at these institutions, and subsequently at least once a year and one month before release.

The list of professions, industries and organizations whose employees are subject to mandatory preventive medical examinations for tuberculosis, the terms and procedure of conducting them, the necessary laboratory, instrumental and other types of research used during these examinations are established by the Cabinet of Ministers of Ukraine.

In the event of a worsening of epidemic situation with regard to tuberculosis, at the request of the relevant chief state sanitary doctor, the executive authorities and local self-government bodies shall make a decision to conduct extra-ordinary mandatory preventive medical examinations for tuberculosis of persons subject to mandatory medical examinations or other population groups , among which the morbidity rate significantly exceeds the average indicator in the relevant territory.

Groups with an increased risk of tuberculosis include persons who: are in contact with patients with active forms of tuberculosis; do not have a permanent place of residence; are serving sentences in institutions of the criminal-executive system; abuse alcohol or drugs; refugees, migrants, etc.

Persons who evade or without valid reasons do not undergo a mandatory preventive medical examination for tuberculosis within the specified period are suspended from work, and minors, pupils and students are suspended from attending educational institutions.

Prophylactic vaccinations against tuberculosis in Ukraine are mandatory and are carried out in accordance with the calendar of preventive vaccinations in compliance with the requirements of Article 12 of the Law of Ukraine "On the Prevention of the Population from Infectious Diseases" in the order established by the central executive authority in the field of health care.

Prevention vaccinations against tuberculosis are carried out free of charge, at the expense of the State Budget of Ukraine, local budgets, social insurance funds, and other sources not prohibited by law.

In accordance with the legislation of Ukraine, tuberculosis patients found in remand detention centers receive medical and preventive care in the medical units of remand detention centers. Tuberculosis patients diagnosed in correctional and labor institutions are provided with medical and preventive care in specialized anti-tuberculosis institutions of the penal system.

The procedure for identification, treatment of such patients and the implementation of preventive measures is established by the central executive authority in matters of execution of punishments in agreement with the central executive authority in the field of health care.

In the case of discharge of a patient with an active form of tuberculosis, the institution of the criminal-executive system notifies the health care authority at the selected exempted place of residence. After arriving at the chosen place of residence, the mentioned persons are required to appear at the appropriate anti-tuberculosis facility for continued treatment and medical (dispensary) supervision.

Mette Sagbakken and co-authors emphasize that the ethical values articulated in the Guidelines for the Ethics of Tuberculosis Prevention, Treatment and Control reflect many of the principles embedded in the frameworks used by ethicists when evaluating public health interventions. These frameworks include a loose set of moral considerations, such as obtaining benefits, preventing harm, and maximizing utility, etc. [4]. Childress et al. draw attention to five "justifying conditions" that must be evaluated when considering ethical problems in the field of health care. These conditions are intended to help decide whether public health interventions can legitimize core moral values such as personal freedom and justice. One condition is "effectiveness," which means that any violation of one or more moral considerations must be based on publicly available scientific evidence that the proposed intervention will do more good than harm. Another condition is "proportionality," meaning that the benefits of any proposed intervention must outweigh any negative features and consequences, such as impairment of patient autonomy. Related to this is "necessity," meaning that any intervention that raises moral concerns must not go beyond what is necessary to achieve the goal. Even if the proposed policy satisfies the first three justifying conditions, "least violation" is a condition that emphasizes the need to minimize violation of general moral considerations. For example, when a policy violates patient autonomy, the least restrictive alternative should be sought; or when the policy violates patient privacy, the least intrusive alternative should be sought. Finally, "public justification" is required when public health officials implement a practice or policy that violates one or more moral considerations. Such justification involves the obligation to explain and justify to the public the necessity of the violation in a firm and transparent way [5].

References:

1. Law of Ukraine «On Ensuring Sanitary and Epidemic Safety of the Population». Document 4004-XII, valid, current version — Revision on January 14, 2021// <https://zakon.rada.gov.ua/laws/show/4004-12?lang=en#Text>
2. Varo Baena A. Bioética de vacunaciones y salud pública// Vacunas. 2020; 21: P.60–66.
3. Heininger U. Preventive medicines: vaccination, prophylaxis of infectious diseases, disinfectants. Handb Exp Pharmacol. 2011;205:317-37. doi: 10.1007/978-3-642-20195-0_16. PMID: 21882119.
4. Sagbakken, M., Frich, J.C., Bjune, G.A. et al. Ethical aspects of directly observed treatment for tuberculosis: a cross-cultural comparison. BMC Med Ethics 2013;14, 25 <https://doi.org/10.1186/1472-6939-14-25>
5. Childress JF, Faden RR, Gaare RD, Gostin LO, Kahn J, Bonnie RJ, Kass NE, Mastroianni AC, Moreno JD, Nieburg P: Public health ethics: Mapping the terrain. J Law Med Ethics. 2002, 30 (2): 170-178. 10.1111/j.1748-720X.2002.tb00384.x.