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- забезпечення здійснення державного регулювання фондового ринку на належному рівні у відповідності до міжнародних стандартів, зокрема, вимог європейських актів та стандартів Міжнародної організації комісій з цінних паперів (IOSCO), що включає необхідність підвищення інституційної та фінансової незалежності регулятора українського фондового ринку;

- реформування інфраструктури ринків капіталу, зокрема проведення модернізації, консолідації і розвитку біржової, розрахункової та клірингової інфраструктури організованих товарних ринків та ринків капіталу, забезпечення удосконалення інституту посередників фінансового сектору та рейтингових агентств у відповідності до європейських вимог;

- удосконалення корпоративного управління.

Отже, для вирішення проблемних питань і стимулювання подальшого розвитку вітчизняного фондового ринку потрібно: збільшення капіталізації, ліквідності та прозорості фондового ринку; удосконалення ринкової інфраструктури та забезпечення її надійного і ефективного функціонування; удосконалення механізмів державного регулювання, нагляду на фондовому ринку та захисту прав інвесторів; стимулювання подальшого розвитку фондового ринку України.

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BIOETHICAL PRICIPLES OF MEDICAL CARE: INFORMED CONSENT TO TREATMENT

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Historically, the patient's consent to treatment was considered a necessary condition for every medical care. In the absence of such consent, the doctor's actions were considered illegal and amounted to a criminal or civil delict, i.e. "insult by action", violence (battery) [1].

The ethical and legal significance of the patient's consent to medical care is recognized by the fact that it acts as a tool for protecting the human right to self-determination, which is recognized as one of the basic human rights.

For the first time, the principle of informed consent was set forth in the Cardozo Code in 1914. It stated: every adult and healthy person has the right to determine what will be done with a body; a surgeon who performs an operation without the patient's consent commits a crime for which he\she must be held accountable.

In Great Britain, a patient's consent to treatment (referring to a hospital, voluntary hospitalization in a specialized department, etc.) can be accepted for the patient's consent to medical intervention. However, in serious clinical cases, written consent to medical intervention is preferred. In medical institutions of the state health care service, the patient signs a standard form called "Consent to surgery". The form states: "... I hereby consent to the operation... the nature and purpose of which was explained to me by the doctor... I agree to such subsequent and alternative actions as will be recognized as necessary in the course of the operation..., general, local or any another type of anesthesia... I was not given guarantees that the operation would be performed by a specific doctor..."

The English form "Consent to surgery" has a number of shortcomings from an ethical point of view. It is somewhat formalized, because in order to give consent to medical intervention, it is necessary to have sufficient information about the disease and methods of its treatment. In addition, the information must be understandable and considered by the patient [2-3].

In the 1950s and 1960s, the doctrine of "informed consent" was formed in the United States of America. The doctrine is based on ethical and legal concepts aimed at establishing a balance between ethical values and the legal status of the patient when he/she goes to court.

The doctrine of informed consent determines that the treatment of a competent patient cannot take place without his/her informed, voluntary consent and assumes that a competent patient can refuse medical intervention. The information provided by a doctor should create an adequate idea for a patient about: nature and purpose of medical care; risk associated with treatment; possible alternative methods of treatment. Special attention is paid to the risk category of medical intervention, which has 4 main aspects: character; seriousness; probability of risk materialization; the suddenness of its materialization.

The form for obtaining the patient's consent for medical care in the USA is qualitatively different from a similar document in the UK. For example, the form adopted in the state of Washington is a document in which it is stated that a doctor can give information and advice, a patient, together with a doctor, must participate in decision-making. The form contains several points, for each of which a patient must express own consent: regarding an operation or a course of treatment with the name of a specific doctor; consent to medical care or procedures, the need for which may arise during the surgical care; consent to anesthesia; consent to blood transfusion; additional (special) conditions.

In the form, a patient must confirm the fact that he/she knows that every operation does not exclude risks that can lead to death and disability [4].

There are 4 recognized exceptions to informed consent requirements in US law that allow for treatment without the patient's consent.

1. Exception in case of crisis - allows treatment if a patient would suffer serious harm to own health, if the treatment did not start immediately or before consent for medical intervention could be obtained.
2. Exception in case of refusal - allows patients to refuse the right to choose the method of treatment and transfer this right to another person (family members, lawyer or doctor).
3. Exception to the therapeutic privilege - allows treatment without the patient's consent, when obtaining it would cause serious, irreversible and immediate harm to a patient.
4. Exception due to the patient's incompetence - allows treatment without the patient's consent, if the latter is recognized as incompetent. In this case, the consent of a person who has the right to make decisions for an incompetent patient is required [5].

The basic bioethical principles regarding the patient's rights were proclaimed in the "Declaration of the Patient's Rights" at the 34th World Medical Assembly in 1981 (Lisbon, Portugal). In particular, the Declaration states: "The patient has the right, having received adequate information, to agree to treatment or to refuse it." [1].

The principle of the patient's right to make a decision regarding own treatment arose in connection with the revision of the basic concept in the relationship between a doctor and a patient. In the past, the main task of medicine was to make every effort to prolong human life, cure disease, relieve pain and suffering of a patient.

Today, in all countries with a developed health care system, the main task of medicine is to help the patient's well-being. Patient's well-being is a broader concept than restoring health. Even the prognosis of a disease with different treatment methods does not yet determine which method is best for a particular patient. Each person has own values in life. And only they can determine what is best for each person. For example, a patient is faced with the choice of a surgical operation to amputate a part of body, as a radical method of treatment. An alternative is radiation therapy. A physically active person may prefer radiation or chemotherapeutic methods of treatment, or even refuse treatment altogether. A woman may prefer the increased risk of stillbirth to a caesarean section. That is, two components must be present in the choice of treatment method: objective medical components; subjective preference of a patient.

General international human rights principles state that everyone has the right to: respect for personal life, when it comes to information about the health of this person; get acquainted with any collected information about her health; not to receive information about your health or to restrict such information.

According to international law, in emergency situations (natural disasters, accidents, etc.), when consent to medical intervention cannot be obtained (unconscious state or a child who has not reached the age in which he\she has the right to informed consent), an intervention that is medically necessary to improve the victim's health.

Parth Shah, Imani Thornton, Danielle Turrin and John E. Hippskind indicate that obtaining informed consent in medicine is process that should include: describing the proposed intervention, emphasizing the patient's role in decision-making, discussing alternatives to the proposed intervention, discussing the risks of the proposed intervention and eliciting the patient's preference. Discussion of all risks is paramount to informed consent in this context. Most consent includes general risks, risks specific to the procedure, risks of no treatment and alternatives to treatment. Additionally, many consent forms express that there are no guarantees that the proposed procedure will provide a cure to the problem being addressed. Patient safety is a major focus in health care, and effective informed consent is considered a patient safety issue. The Joint Commission recently addressed the challenges to ensuring effective informed consent. The emphasis of a patient signature as an indication of understanding is being called into question. The process of informed consent is shifting to focus more on communication and less on signatures. Studies of informed consent have found that there are many barriers to obtaining effective informed consent. One major barrier is that some consent forms contain language that is at too high a reading level for many patients. Use of visual and digital communication tools is being encouraged to address some the

inefficiencies in the process of obtaining consent. Patients should be actively engaged as a way to enhance communication and ensure patient safety and understanding [6].

The doctrine of informed consent dictates the fact that treatment of a competent patient cannot be carried out without the patient's informed and voluntary consent. A competent patient can refuse any treatment.

The need for a patient competence to give informed consent stems from the following factors: the patient must have the ability to participate in the decision-making process regarding methods of diagnosis, treatment or prevention; a patient must have the ability to judge the course of treatment; the patient must be able to guarantee that he has the necessary information.

Only a competent patient can guarantee that his\her decision about the method of diagnosis or treatment was voluntary, that is, it was not the result of coercion, pressure, excessive influence or manipulation by a third party or a doctor. Such a decision should correspond to the personal values of a patient, and not to other persons, even when they are members of his\her family.

Thus, the main factor of informed consent is the criterion of patient competence. The general international principles of modern bioethics interpret several categories of patients who have different rights in obtaining information and making decisions regarding the application of medical intervention methods to them: competent patients (adults); incompetent patients (small children; patients in a comatose state; patients who were recognized as incapacitated in accordance with the procedure established by law); partially competent patients: persons with limited ability to make a decision regarding medical intervention due to: diseases or taking medicines; patients aged 15 to 18 years; persons recognized by the court as having limited legal capacity.

The question of who should make a decision in choosing a method of medical care for an incompetent patient is the most relevant for both medical ethics and judicial practice. The theoretical foundations of bioethics state that in such cases consent to medical care should be given by family members of an incompetent patient. Such a thesis is due to the following provisions: the family knows the patient's life values and wishes better than others; family members are more interested than others in ensuring that the treatment provides the patient's main interests; the family is a social unit of society and therefore should have a certain autonomy in taking care of its members [7-8].

On the other hand, international judicial practice often encounters cases of conflicts between members of the same family or family members and the patient. Moreover, the patient may be separated from other family members, live for a considerable time in another city or even in another country. Therefore, in such a situation, it is necessary to find another person who can represent a patient in choosing a method of treatment. Such a person may be a treating physician, attorney, or other trusted person who must adhere to formal directives left by the patient at a time when he or she was competent to decide what medical intervention he or she would like to have under the current circumstances. In international