Discussion post

In modern gynecology and obstetrics, many conflicting issues cause controversy among doctors, researchers, patients and other categories of people. These issues most often affect the rights of patients, the ethical side of medical activity, new technologies for diagnosis and treatment, the relationship between doctors and patients, the attitude of doctors to specific categories of the population.

A lot of controversies is being held around the world over the human right to choose a doctor and medical institution at will. In many countries, there is specific territoriality that does not allow patients to freely choose the services of a particular doctor or medical institution. Even with a private practice in the medical system, the choice of specialists at the request of the patient can sometimes be limited (Andrews & Boyle, 2008).

The opposite ethical dilemma exists regarding the right of a physician to choose patients or the power of a physician to refuse professional assistance to several patients. For example, if the patient ignores the doctor’s recommendations, does not accept the prescribed treatment, then in many countries, the doctor has the right to refuse to conduct such a patient (Fry, Johnstone & Fletcher,2003). However, under several circumstances, such a selective approach can lead to the fact that among the “refuseniks” are patients whose selection is based only on the personal interests of the doctor, in particular, his financial interest. Health care disparities are associated with social, cultural or economic factors. However, health care disparities put adverse effects on the health care system (Armstrong, 2006).

A lot of ethical disputes are being held regarding the professional relations of doctors and nurses, doctors and administration, as well as collegial relations. Does the doctor have the right to treat the patient at his discretion, ignoring generally accepted recommendations regarding such treatment in the institution in which he works?

In some states the medical institutions, the working conditions of doctors are harsh in their actions, the doctor has no right to go beyond the limits of acceptable methods of diagnosis and treatment (Chadwick & Gallagher, 2016).In other countries, as in institutions, doctors have absolute freedom of choice of diagnostic methods, as well as treatment methods. In some states, the use of informal (non-traditional) methods of diagnosis and treatment is prohibited, in others - alternative medicine is poorly controlled or not controlled, and the doctor has the right to use it in his practice. Therefore, the doctor should be well aware of the range of choice of diagnostic and treatment methods that exist in a particular institution.

References

Andrews, M. M., & Boyle, J. S. (Eds.). (2008). Transcultural concepts in nursing care.

Lippincott Williams & Wilkins.

Armstrong, A. E. (2006). Towards a strong virtue ethics for nursing practice. Nursing

Philosophy, 7(3), 110-124.

Chadwick, R., & Gallagher, A. (2016). Ethics and nursing practice. Macmillan International

Higher Education.

Fry, S. T., Johnstone, M. J., & Fletcher, M. (2003). Ethics in nursing practice: a guide to ethical

decision making. The Canadian Nurse, 99(4), 20.