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MEDICAL-SOCIAL ASPECTS OF PROTECTION OF DOCTORS' RIGHTS IN THE REPUBLIC OF UZBEKISTAN

Monograph

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“O‘zbekiston Respublikasida shifokorlar tibbiy-ijtimoiy huquqlarini himoya qilish”

Monograph

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Anatatsion. Today, large-scale work is being carried out in the Republic of Uzbekistan to pay attention to doctors, radically improve their professional activities, and attract modern technologies to the medical field. The appeal emphasizes that doctors and other employees of medical institutions are subjected to humiliation and degradation of their dignity while performing their professional duties, and their health is being harmed. Users who expressed their opinions provided a number of examples. At the same time, it is proposed to establish liability at the legislative level for obstructing the legitimate activities of medical workers.

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LIST OF USED ABBREVIATIONS

AD	Blood pressure;
VAMP	World Medical Law Association;
TRAIN	World Health Organization;
VOP	GP;
LPU	Medical and preventive institution;
exercise therapy	therapeutic exercises;
MBT	International Labor Office;
MSM	International Council of Nurses;
IOO	Civil service international;
EDTN	European Association of Dialysis and Transplant Physicians;
EARTH	European Kidney Association;
Media	media;
LOVE	physician burnout syndrome;
USA	United States of America;
StonePMI	Tashkent Pediatric Medical Institute.

INTRODUCTION

Doctors are a specific professional group with differences in qualifications (in relation to other medical workers) and purpose (in relation to other professional groups). Their work is associated with a high level of neuropsychic and physical stress, special social responsibility, the need for a large amount of special knowledge and skills, the ability to apply them creatively, with constant risk. The time spent on obtaining professional medical education is an average of 9 years.

At the same time, doctors continue to be representatives of a group with a clear altruistic motivation. They sympathize with the patient's experiences and agree to help him, even at the expense of their own material and other interests. The results of the doctor's work have a direct social impact, on which not only the lives of specific people, but also the stability of society as a whole depend. All this allows us to say that representatives of this professional group have a special value for society.

At the same time, their working conditions, material support, conditions for improving their professional skills, and their moral status in the eyes of patients do not correspond to their social significance. The negative and generally incompetent attitude of the media (in particular, as a rule, the media do not distinguish between errors and offenses and crimes, the term "medical error" is used in the sense of "medical error"), as well as the low level of financing, the lack of developed legal norms of professional activity - all this allows us to talk about the level of social protection of doctors.

Special attention should be paid to specially organized entities for the protection of the rights of doctors. The first of them is the professional association of medical workers. Surveys show that doctors have retained their former paternalistic attitude towards trade unions. They are mainly viewed as a source of profit. Among medical workers, despite the fact that they do not receive the necessary amount of legal or economic support from the professional association, positive expectations regarding their ability to protect their rights remain. The second and fundamentally new entity for the protection of the rights of doctors is insurance companies. Insurance protection is considered the most reliable, especially in cases of medical errors.

Currently, compulsory insurance of professional liability of medical workers is especially relevant, since it allows:

- providing guarantees to compensate for damage caused during the provision of medical care;

- reducing damage caused by compensation for damage caused to medical organizations;

- reducing the risk of bankruptcy and liquidation of medical organizations, if such a risk arises due to the inability to repay debt due to lack of funds;

- reducing the amount of damage for which the state may be held liable in certain cases as a shareholder in institutions and organizations established by it;

- reducing the level of conflict, as compensation for the harm caused to the patient is guaranteed and the doctor is provided with a mechanism for resolving this legal conflict.

Basically, the medical and social rights of doctors, as in Western countries, should be better protected by professional associations than by others. Our situation is somewhat different. Surveys show that doctors view their associations as potential defenders of their rights, but the mechanism for protecting doctors' rights by medical associations is not yet sufficiently developed: their conclusions do not have legal force in courts, and they are not recognized as partners in developing economic strategies for healthcare.

Compliance of the research topic with priority research areas in the Republic.

In the Republic of Uzbekistan, the Ministry of Health, the Ministry of Health of the Republic of Karakalpakstan, the health departments of the city of Tashkent and regions, the trade union of medical workers and its branches, medical professional associations, medical centers, hospitals and polyclinics themselves deal with medical and social issues of protecting doctors.

At the same time, the analysis of this activity study shows thatThe main legislative document regulating medical activity, the Law "On Protection of Citizens' Health", does not contain a single article on the protection of the honor and dignity of medical workers. According to the Law "On Protection of Citizens' Health", medical

workers have the right to engage in medical activities and establish professional associations. Unfortunately, there is no law "On Professional Liability Insurance of Doctors", and professional medical associations and trade unions of medical workers do a poor job of protecting the rights and interests of doctors.

The above circumstances formed the basis for conducting this study, which was carried out within the framework of the TashPMI scientific research plan.

The work's connection to government programs or research and development.

The work is related to the state programs of the Tashkent Pediatric Medical Institute and is included in the plan of scientific subjects (state register No. 01980006703).

The extent to which the problem has been studied.

The medical system and methodology in the Republic of Uzbekistan todaysocial protection of doctors.In order to prevent the irreversible trend of declining prestige of the doctor in society, it is necessary to determine the existing methods of his medical and social protection, the distribution of functions between the subjects of this protection, and specific measures for its implementation. The identified circumstances require the conduct of this study in connection with the development of state priorities.

The purpose of this study. Identificationtakes into account the needs of doctors for medical and social protection and develops recommendations for its implementation.

Research objectives.

Assessing the problem of physician safety through a study of legislative and regulatory documents of the Republic of Uzbekistan, as well as conducting a survey among physicians.

To study the mortality rate in the Republic of Uzbekistan during the coronavirus pandemic and conduct a comparative analysis of different countries around the world.

Conduct a comparative analysis of physician fatigue syndrome.

Pevaluation of the results of training on issues of regulating relations between doctors and patients;

Developing recommendationson the actions of a doctor when dealing with patients in conflict situations.

For the first time, it has been proven that viral load is highly correlated with morbidity and mortality rates among surgeons, oncologists, infectious disease specialists, obstetricians-gynecologists, and therapists;

algorithms have been developed to resolve various conflict situations between doctors and patients;

a work program has been developed on the use of legislative and regulatory documents to protect the rights and dignity of medical workers;

Implementation of a training program to improve the skills of doctors on issues related to the protection of their rights.

Reliability and validity of research resultsdetermined using proven methods, sufficient primary material is statistically processed using modern methods.

Theoretical and practical significance of the research results.

The current conditions of healthcare reform require a significant increase in the medical and social protection of doctors.Knowledge and compliance of medical workers with the norms of current legislation in the field of healthcare is a guarantee of the effective functioning of the healthcare system and professional protection of medical activities. Legal literacy of doctors is an integral part of their professional skills, especially in matters related to doctor-patient relations. The most famous principle of legal responsibility states: “Ignorance of the law does not exempt from responsibility”. However, knowledge of the law should not be used as an opportunity to circumvent it or avoid responsibility. Increasing the level of legal literacy of medical workers is necessary, first of all, to prevent violations of the rights of citizens when providing them with medical care.

Implementation of research results. Based on the scientific results obtained, by definitiontakes into account the needs of doctors for medical and social protection and develops recommendations for its implementation:

methodological recommendation approvedAlgorithms of doctors' actions when working with patients in conflict situations“(Reference No. _n-d/___ of the Ministry of Health of the Republic of Uzbekistan dated March 24, 2021). This methodological recommendation made it possible to make the right decisions to improve the activities of doctors and protect their rights in case of conflict situations;

The scientific results of the developed methods for improving the assessment system were applied in healthcare practice, including in the "Uzbekistan Association of Doctors" in Tashkent and the "Kibray District Medical Association". The application of the obtained scientific results in practice made it possible to significantly increase the efficiency of doctors' activities, prevent possible conflict situations, increase the time for receiving patients to discuss their diseases, and reduce the likelihood of the development and exacerbation of chronic diseases among doctors (Certificate of the Ministry of Health of the Republic of Uzbekistan dated _n-z/__July 2, No. nz/_ July 2).

CHAPTER 1

FUNDAMENTALS OF MEDICAL AND SOCIAL PROTECTION OF DOCTORS

The current situation in the healthcare system of our country requires the development of a comprehensive system of regulatory control. This should, first of all, affect the improvement of the quality of medical services to the population, therefore, in recent years, intensive work has been carried out to improve previously adopted laws in the field of healthcare and develop new ones. Over the past few years, more than 10 amendments and additions have been made to the Law of the Republic of Uzbekistan “On the Protection of Citizens' Health” and the Law of the Republic of Uzbekistan “On the Protection of Citizens' Health”.About medicines and pharmaceutical activities"The Law of the Republic of Uzbekistan "On Compulsory Medical Insurance" is being developed.

Today, there are serious shortcomings in the legislative and regulatory documents regulating the relationship between patients and doctors. Legal relations in the medical field are mainly regulated by departmental regulatory documents: orders and instructions issued for official use and not accessible to the public, which reduces the doctor's responsibility for the fulfillment of his professional duties.

At the same time, there are few regulations protecting the rights of doctors. Medical workers have formed the opinion that they are legally unprotected persons, since all existing regulations are aimed only at protecting the rights and interests of patients. On the other hand, as a result of an unfair, negligent, negligent attitude of a medical worker to his professional duties, harm to the life and health of patients can occur, therefore, gaps and contradictions in the legislation in this area are especially dangerous.

Apparently, the old approach is preserved, according to which the medical profession itself is prestigious and the state does not require additional efforts to attract people to it. Indeed, the attitude towards the medical profession in society has changed significantly. Their salary level is one of the lowest among organized professional groups (Proshin VA, 2008), the possibility of earning through private

practice is limited by demand (Barmina TV, 2009), and living conditions are very modest (Russian Healthcare: Motivation of Doctors and Public Openness). In the public mind, however, the image of a doctor is formed by negative media materials (Kuznetsov AV 2009) and reports of medical errors, violations and crimes (Mokhov AA, 2004). Patients perceive all the miscalculations and shortcomings made in the reform of the healthcare system as the personal actions of the doctors with whom they are directly involved: queues in polyclinics, poor provision of inpatient care, the need to resort to paid services, etc. Because of this, the psychological burden on doctors has increased..

1.1. Specific features of medical practice

Doctors are a specific professional group with differences in qualifications (in relation to other medical workers) and purpose (in relation to other professional groups). Their work is associated with a high level of neuropsychic and physical stress, special social responsibility, the need for a large amount of special knowledge and skills, the ability to apply them creatively, with constant risk. The time spent on obtaining professional medical education is an average of 9 years.

Increased responsibility, significant physical exertion and increased nervous stress negatively affect the health of doctors, which in turn leads to high morbidity. In the performance of their professional duties, they are exposed to factors harmful to health, which also leads to an increase in their morbidity. Doctors working with ionizing radiation sources, chemical reagents, employees of infectious disease departments, tuberculosis dispensaries, bacteriological laboratories are a high-risk group for the disease (Borodulina EA Incidence of tuberculosis among medical workers in Samara today // Tuberculosis. Moscow: Proceedings of the VII Congress of the All-Russian Biologist. 2003. pp. 89-91; Kaibyshev VT Health and lifestyle of doctors in modern conditions // "Profession and health" Moscow, October 30 - November 2, 2006 According to the results of a sociological survey, a multidisciplinary hospital // Proceedings of the All-Russian Scientific Conference dedicated to the 85th anniversary of the Department of Public Health and Health Care with the Course of Economics of the Moscow Medical Academy named after I.M.

Sechenov "Public Health, Health Care Management and Personnel Training" Moscow, PI0.M. 57-59; Kibrik BS Tuberculosis in the Yaroslavl Region // Social Hygiene, Health Care and History of Medicine 2009. Pages 15-17.

In modern conditions, medical workers can be considered an unprotected professional group for the following reasons:

• economic (salary is not proportional to labor costs);

• legal (legal lack of social guarantees);

• professional (need for continuous professional development, high neuropsychic and physical stress, uninsured professional risks).

In addition, nLow levels of legal literacy are a risk factor for respecting the rights of medical workers.

Medical workers themselves do not act as independent social entities in protecting their rights for the following reasons:

• they have a limited understanding of the meaning of social security;

• the large number of altruists in the profession hinders active social action;

• the content of the professional role does not imply refusal to provide assistance even if the rights of a medical worker are violated.

Medical care includes a wide range of therapeutic, preventive and other measures, which must be carried out in conjunction with high requirements for the quality of the work performed. The most valuable thing in the hands of doctors is life and health. The requirements imposed on their professional activities have justified themselves, therefore, along with public condemnation and condemnation of shortcomings, mistakes and shortcomings, it is also appropriate to hold medical workers legally liable. But this is very difficult to do, since the specifics of the responsibility of medical workers are determined by the specifics of professional medical activity, which are completely unclear and unpredictable not only for society, but also for the doctors themselves. Despite the conscientious attitude of the doctor in the process of providing medical care, harm to the patient's health can occur.

The reason for this may be the insufficient development of medical science, individual characteristics of the body that the doctor cannot take into account. The

situation is also complicated by the inability to regulate by law the process of introducing new technologies, means and methods of treatment into the medical field, since it, like no other, is subject to constant changes and improvements. Much, if not everything in this process depends on the patient himself, he should lead a healthy lifestyle, avoid unnecessary risks, when consulting a doctor, state his complaints as clearly and accurately as possible, follow the doctor's recommendations, possibly throughout his life.

1.2. Responsibility of doctors in making decisions during the provision of medical care

The doctor makes a lot of momentary decisions [EV Prize. Social fulfillment of the rights of patients and medical workers in domestic medicine: dis. Doctor of Medical Sciences: 14.02.05: defended on 17.12.2011; approved: 12.11.2012/ Evgeniya Vyacheslavovna Prize. – Volgograd, 2011. – 377 p.9], [Pashinyan AG Comprehensive clinical, expert, medical and legal study of professional errors and negative outcomes in the provision of dermatovenerological care: dis. Doctor of Medical Sciences: 14.00.24, 14.00.11: defended on 22.06.2005/ Pashinyan Albina Gurgenovna. – M., 2005. – 197 p.], he can “professional burnout” due to constant overload, injustice, bias [Shamov IA Biomedical ethics: textbook. 2nd ed. / IA Shamov. – M.: INFRA-M, 2015. – 288 p.]. It is no coincidence that according to the results of surveys of doctors cited in scientific sources, most of them are tired and very tired and experience significant overload [Prize EV Social fulfillment of the rights of patients and medical workers in domestic medicine: dis. Doctor of Medical Sciences: 14.02.05: defended on 17.12.2011; approved: 12.11.2012 / Prize Evgeniya Vyacheslavovna. – Volgograd, 2011. – 377 p.].

Protection of the rights and legitimate interests of medical workers from illegal and unfounded claims of patients and their relatives gives the doctor a certain confidence in making decisions. However, it would be wrong to talk only about the legal protection of medical workers, without taking into account the rights and legitimate interests of patients. In any profession, including medicine, there are

different specialists, and not all of them, for subjective and objective reasons, meet high professional qualifications. Therefore, when protecting the rights and legitimate interests of medical workers, one should not forget about the legal protection of patients. Medicine is a complex science and an even more complex profession. It is impossible to regulate all possible relationships between a doctor and a patient, but the most typical and frequent relationships should be reflected in the legislation to the maximum extent possible.

Following the example of the USA, England, and the Russian Federation, the Republic of Uzbekistan has begun to apply a comprehensive assessment of the adequacy of medical care provided to the patient based on a set of criteria unified in the concept of “standard of care”. Unjustified deviation from the standards is considered a decrease in the quality of medical care. Compliance of the doctor's actions with these standards exempts him from liability in the event of an unfavorable outcome of treatment. Standards are used in anesthesiology, obstetrics and gynecology, surgery, and other areas.

If the doctor's actions correspond to the standard, they are considered subjectively adequate. This means that if the standards are met, but harm is caused, this is an accident or medical error. The doctor may not strive to improve the patient's health as much as possible, he must only fulfill the standard, because whether he is rewarded or punished for his work, this is the standard. Consequently, the goal of providing medical care is, first of all, compliance with the standard, and secondly, the patient's health, and the doctor may sacrifice the patient's health in order to fulfill the standard. This situation turns the doctor into a technical executor. He is not obliged to think and make independent decisions, he must only follow the ready-made recommendations of the relevant authority. The range of ideas about how to treat seems much wider than any standards. These ideas are constantly changing and developing in an evolutionary way.

The introduction of standards is an attempt by the Ministry of Health of the Republic of Uzbekistan to establish control over the professional activities of doctors by the state and society, but it is not entirely successful, since it changes the purpose of providing medical care. The decision to introduce standards is part of the state policy in the field of health care, excluding the possibility of the doctor's creativity, the use of justified professional risk [1. Kvernadze RA Some aspects of the formation and development of legislation in the field of health care / RA Kvernadze // State and law. 2001. No. 8. P. 99]. It is easier to prove a violation of the norm than a crime that caused death by negligence (Article 102). Causing death by negligence (Criminal Code of the Republic of Uzbekistan), causing serious or moderate harm to health (Article 116 of the Criminal Code of the Republic of Uzbekistan) "Article 116. Failure to properly perform one's professional duties" As it turns out, the law protects standards, but not life and health, because if the treatment meets the standards, the doctor is not held liable.

The responsibility of medical workers and healthcare organizations is one of the topics widely discussed in medical and legal sciences and the media. Responsibility is understood as the ability of an individual (or team) to fulfill the social, moral, civil, professional and other obligations imposed on him without any additional incentives. A doctor must have the most fully developed sense of professional responsibility, since in most cases he works alone with the patient. Therefore, the correctness and correctness of the doctor's work, the use of basic examination methods, the validity of the diagnostic and treatment conclusion are provided by the measure of the doctor's professional responsibility.

The perception of medical care as a type of service, the increased attention of the media and Internet users to health issues, and the promotion of resolving disputes with medical organizations in favor of the patient have led to the emergence of "consumer extremism" [3, p. 6], [4, p. 123]. "Consumer extremism" in the field of medical care is the desire to obtain material benefits at the expense of treatment and preventive institutions, without signs of poor-quality medical care or with obvious exaggeration of the shortcomings.

At the same time, it was found that, unlike the trade, catering and household services sectors, which are adapted to the possible claims of the population, medical organizations and medical workers are not ready for illegal material claims of patients and their relatives. Such a situation distracts the efforts of the doctor, causes nervousness in the medical world, and all this is happening against the background of the activities of various trade unions to protect consumer rights and increase patient literacy [Prize EV Social fulfillment of the rights of patients and medical workers in domestic medicine: dis. Doctor of Medical Sciences: 14.02.05: defended on 17.12.2011; approved: 12.11.2012 / Prize Evgeniya Vyacheslavovna. - Volgograd, 2011. - 377 p., Pashinyan AG Comprehensive clinical, expert, medical and legal study of professional errors and negative outcomes in the provision of dermatovenereological care: dis. Doctors of Medical Sciences: 14.00.24, 14.00.11: protected 22.06.2005 / Pashinyan Albina Gurgenovna. - M., 2005. - 197 p., Radzinsky VE Obstetric aggression v. 2.0. / VE Radzinsky. - M .: Status existence, 2017. - 872 p.].

The problem of liability of medical personnel for improper performance of their professional duties has existed for several centuries and is currently becoming especially acute. This is due to the introduction of new technologies, tools and methods of treating patients, which makes it extremely difficult to establish a causal relationship between the improper performance of professional duties by a medical worker and the consequences arising from it.

The specifics of medical activity, based on mutual trust between the patient and the doctor, gave rise to the idea that doctors should not be held responsible for adverse outcomes of treatment, including those associated with various professional shortcomings during the operation [Serova, E.Ya. On the professional responsibility of the doctor/E.Ya. Serova, MF Kopelev, NI Pripuskova // Sov. dori. 1983. No. 1. P. 61.]

Proponents of this point of view believed that the main judge of the failures and mistakes of doctors should be their conscience. The medical profession and conscience are inseparable. The moral responsibility that a doctor takes on is reflected

in the Hippocratic oath, which lists the main functional duties of a doctor and names his main commandment: nolinocere - do no harm. “Whatever house I enter, I enter for the benefit of the patient, I will refrain from anything intentional, unjust and harmful.”

Legal responsibility is presented in the form of responsibility before the state and society (public law norms: administrative, criminal, etc.) and before individuals (private law norms: civil, family, etc.), which creates significant difficulties in the practice of law enforcement.

The types of state liability are similar in many ways, but at the same time have three important differences:

1. Administrative legislation means only the possibility of establishing administrative liability in the Code of the Republic of Uzbekistan on Administrative Offenses.

2. The Code of the Republic of Uzbekistan on Administrative Responsibility provides for liability not only for individuals, but also for legal entities.

3. Criminal liability is the exclusive competence of the court, and bringing a person to administrative liability, including the imposition of administrative penalties, can be carried out not only by the court, but also by state bodies or officials [1], administrative offenses related to the professional duties of medical workers or arising from medical activities, including the provision of unlawful information to a citizen, including information concerning a citizen's health (Art. 5.39 of the Code of Administrative Offenses of the Russian Federation); illegal private medical practice(Article 6.2 of the Code of Administrative Responsibility of the Russian Federation);violation of sanitary-hygienic and sanitary-and-epidemic norms and rules(Article 6.3 of the CoAPRF);knowingly false expert opinion(Article 17.9 of the Code of Administrative Responsibility of the Russian Federation).

Since the Code of Administrative Offenses of the Russian Federation pays little attention to offenses in the field of medical activities, a special article was included in the draft Law "On Healthcare of the Russian Federation" establishing additional grounds for administrative liability (Article 152), such as deliberately false

appeals of citizens."ambulance"(calling a non-existent patient) or violation of the requirements established for the conduct of medical activities by legal entities of the private healthcare sector [Stogova VB Legal and moral responsibility of medical workers /VB Stogova, I.Yu. Grigoryev // Health. 2002. No. 10. p. 162].

The problem of criminal liability of medical personnel for unprofessional offenses is one of the most difficult problems facing medical practice law. The main difficulty lies in determining the guilt, that is, the intention or negligence of the person who committed the socially dangerous act. In conducting such criminal cases, it is difficult to determine the causes of the patient's death and whether proper treatment could have prevented adverse consequences.

Analysis of the causes of poor-quality medical care is a problem even in countries with a much higher level of development of medicine and health care. In the USA, about a million patients suffer annually due to the fault of doctors, and for 120-150 thousand people this ends in death, which is three times more than the number of deaths in car accidents. Official complaints come from 5, at most 10% of victims, only 2-5% of cases reach the courts [1 Kvernadze RA Some aspects of the formation and development of legislation in the field of health care / RA Kvernadze // State and law. 2001. No. 8. p. 99, 1 Minister of Health Yu. Shevchenko // Power. 2002. No. 10. 2 Chichikalov AV Health as a benefit protected by law / AV Chichikalov, AV Tikhomirov // Medicine and law. M., 1999. P. 43. 3 Serova, E. Ya. On the professional responsibility of a doctor / E. Ya. Serova, MF Kopelev, NI Pripuskova // Sov. dori. 1983. No. 1. P. 61, Kanel RF The bitter truth of a doctor's error / RF Kanel // Abroad. 2001. No. 45. 2 Shnur, A. Criminal liability of a doctor in the FRG / A. Shnur. M., 1992. B. 43–44.]1.

In the USA, every seventh doctor is held criminally or civilly liable, in Germany over the past decade the number of lawsuits against doctors and clinics has increased 5 times. In Germany, 15 thousand cases of bringing doctors to justice are considered annually, 30% of which are for committing crimes. [Zagryadskaya AP On professional and professional-official offenses of medical workers / AP Zagryadskaya, LM Bedrin, NS Eden, V.Yu. Yuryev // Nizhegorodskikh medical

journal. 2000., Shishkov S. Will there be a Medical Code in Russia? / S. Shishkov // Rossiyskaya Yustitsiya. 1997. No. 1. P. 38., 1 Ershov V. Civil legislation and other areas of law // Rossiyskaya Yustitsiya. 1996. No. 1, 6. 2 Azarov AA, Zakharov IA, Kosolapov NV, Nikulnikova OV Organizational and legal support of citizens' rights to receive medical care // Health. 2000. No. 10. pp. 15–23.].

In the United States, approximately 40,000 cases of patient harm by healthcare workers are recorded every day, and this figure affects approximately 15 million patients annually. Annual costs for public health insurance programs such as Medicare (insurance for seniors over 65 years of age, disabled people) and Medicaid (insurance for Americans from poor families) are approximately $ 55 billion (NMP - data from the National Medical Chamber - 2015). In the United States, the Consumers Union conducted a survey of more than 2,000 Americans to learn their thoughts after their stays in medical organizations and interactions with medical institutions. According to the survey results, almost one in five people (18% of cases) reported that they or a family member had contracted an infectious disease during medical procedures. Some respondents reported that they had to extend their stay in a healthcare facility or be hospitalized because of such an illness. Some respondents testified that they had encountered errors made by medical personnel during routine medical procedures, with 9% of respondents stating that they were given medications they did not need. 1 [Facts [Fact] / PatientSafetyEducationProgram //]

In Russia, according to statistics, the number of cases initiated in 1996 was 50, of which 26 were criminal and 24 were civil; in 1997, 66 cases, of which 30 were criminal and 36 were civil; in 1998, 71 cases, of which 22 were criminal and 49 were civil. This trend has continued in recent years.

In most cases, the subjects of criminal cases initiated on the basis of professional misconduct are surgeons (34.5%), obstetrician-gynecologists (16%) and dentists (10.2%), that is, a category of doctors whose work involves more rigorous and active intervention in the development of the disease, sometimes inevitably and inappropriately linked to it.

It is almost impossible to investigate cases brought against medical workers

suspected of committing a professional or professional-service crime without the appointment of a forensic medical examination. It is aimed at the correct and timely diagnosis of the victim's illness (injury), determining the validity and completeness of treatment measures, compliance with instructions and resolving other issues. With the help of the examination, the cause-and-effect relationship between the committed offenses and death, disability or other negative consequences is determined. [1 Kanel RF The bitter truth of a doctor's mistake / RF Kanel // Abroad. 2001. No. 45., 2 Shnur, A. Criminal liability of a doctor in Germany / A. Shnur. Moscow, 1992. pp. 43–44.]

According to the Ministry of Health of the Republic of Uzbekistan (https://news.mail.ru/incident/39643648/) "In 2017-2019, 266 cases of attacks on doctors of the ambulance and emergency medical care system were recorded." More than 340 medical workers were injured, and only 40 cases were punished. Unfortunately, the Ministry of Health of the Republic of Uzbekistan does not have the authority to provide a legal assessment of crimes, clarify them and apply punishment. Analysis shows that in the current criminal legislation, the measures of responsibility for attacking a medical worker performing his official duties and causing him bodily harm are relatively light. When such cases occur with law enforcement officers, the perpetrators are clearly held accountable before the law.

Based on this, in order to strengthen responsibility for such illegal actions, at the initiative of the Ministry of Health of the Republic of Uzbekistan, with the support of the Legislative Chamber of the Oliy Majlis of the Republic of Uzbekistan, a draft law “On Amendments to the Criminal Code of the Republic of Uzbekistan” was developed. The Legislative Chamber of the Oliy Majlis adopted this draft law in the first reading. Now this document is being prepared for the second reading by specialists and experts in the field.

Practice shows that the majority of criminal cases initiated after the completion of thorough investigative actions at the preliminary investigation stage, when medical workers are suspected of professional and professional-service crimes, forensic medical examinations have been conducted, and due to the lack of a criminal element, they do not have a judicial perspective, which, in our opinion, indicates the

complexity of the corporatism of the medical community, both in terms of harming the health of patients and causing their death.

The authors believe that the criminal-legal regulation of legal relations in medicine should be improved. In particular, we consider it unreasonable to replace the formal content of non-provision of assistance to the patient with a material one, since the preventive effect of the norm will decrease.

The negligence of a medical worker in the performance of his professional duties, causing death or causing serious (moderate) bodily harm, has a greater degree of social danger than harm caused to health by other persons. In such legal relations, on the one hand, there is an organism voluntarily entrusted with medical care, and on the other - an obligation to treat, and if this is not possible, at least to preserve life and health. The introduction of a special content providing for liability for improper treatment ensures a more serious attitude of medical workers to their professional duties [1 Zagryadskaya AP On professional and professional-service offenses of medical workers / AP Zagryadskaya, LM Bedrin, NS Eden, V.Yu. Yuryev // Nizhegorodskikh medical journal. 2000.196].

1.3. Protecting the rights of doctors and providing them with medical and social assistance help

The experience of studying foreign countries has shown that in the world the interests of doctors are protected by a number of organizations, such as the World Health Organization, the World Medical Association, etc. The World Medical Association unites doctors from 64 countries. In 1993, the Forum of European Medical Associations and the World Health Organization were established. They adopted the most important medical documents in the field of health: the International Code of Medical Ethics (1983); statements and declarations: on trade in living organs (1985); on child health policy (1987); on human organ transplantation (1987); on genetic counseling and genetic engineering (1987); on the rights of women to use contraceptives (1994). Of particular interest are the documents establishing the professional conduct and ethical standards of a doctor: on freedom of communication between doctors (1984); on the independent and professional work of a doctor (1986);

on the negligent attitude of doctors to their duties (1992); on the involvement of doctors in suicide (1992).

At the same time, the shortcomings in the legislation on the protection of the life, health and professional reputation of medical workers from attacks by aggressive citizens require a radical solution. At present, no clear directions for the development of legislative initiatives on the issue under consideration have been identified: either to amend the provisions of the current articles of the Criminal Code with the addition of qualifying signs, or to add a new article to the code that fully describes the subjects and circumstances of aggression, in particular, during the performance of professional activities. One thing can be said for sure, since the number of attacks on ambulance brigades does not decrease, it is necessary to develop a truly effective mechanism for their protection. It is imperative to create a set of measures to ensure the safety of medical workers. Any legislative initiative should be part of a general set of social measures aimed at improving the quality of life of the population. When making decisions on punishing those guilty of attacks on medical workers, one should not strive to increase the punishment, but adhere to the principles of legal responsibility, including the principle of the inevitability of punishment. The activities of professional medical communities (associations and unions) on issues of providing legal assistance to victims of patient aggression, in cooperation with state bodies, insurance companies, in our opinion, will increase the attention of the authorized bodies to this problem and increase the safety of the life and health of medical workers. Associations of some foreign countries are developing algorithms for the behavior of a medical worker in the workplace, including actions in conflict situations. For example, the International Labour Office (ILO), the International Council of Nurses (ICN), the World Health Organization (WHO) and Public Services International (PSI) have developed a joint programme to combat violence in the health sector, entitled “Key recommendations on combating violence in the health sector at work” [24]. The European Dialysis and Transplantation Association and the European Renal Failure Association (EDTNA/ERCA) have developed recommendations on the prevention and management of violence and aggression [25]. One of the ways to

protect the life and health of medical workers in the performance of their professional activities is to provide life and health insurance, since there is currently no single mechanism for such insurance at the republican level. [27]. 204 “Young Scientist”. Issue 43 (177) State and Law. October 2017.

The World Association for Medical Law has recently been established to promote the advancement of medical law. The World Association for Medical Law (WAML) was officially established in 1970. It is a non-profit organization and, according to its charter, its purpose is to promote the study and discussion of medical law, forensic medicine and ethics and to resolve them in the interests of humanity and the protection of human rights. WAML's purpose is to promote the study of the impact of advances in medicine, health and related sciences on jurisprudence, law and ethics. WAML's membership is also inclusive of advanced practitioners and individuals with a demonstrated interest in the field, as well as local organizations and institutions from around the world involved in medical law, bioethics and health law.

Medical law concerns the rights and obligations of medical personnel and is therefore directly related to the field of professional responsibility and bioethics [Yakovlevich, B. (March 2006). “The concept and significance of medical law”. MedPregl. 59 (3–4): 135–7. doi: 10.2298/mpns0604135j World Association of Medical Law -https://ru.qaz.wiki/wiki/World_Association_for_Medical_Law]. Some consider medical law to be an academic discipline closely related to the development of medical technology over the past 60 years. Others associate the field mainly with malpractice. This growing field of academic research is also very practical in nature, as it relates to real-life everyday situations in hospitals, clinical trials, and many other health-related settings. The development of the field of medical law has led to the establishment of courses in medical law in various law schools, dental schools, medical schools, nursing schools, etc. In addition, some universities offer LLMs and even JSDs or PhDs specializing in health law and medical law. However, many countries have local medical law organizations and associations.

In fact, the rights of doctors should be better protected by professional associations than by others, as in Western countries. Our situation is somewhat

different. Surveys show that doctors perceive their associations as potential defenders of their rights, but the mechanism for protecting the rights of doctors by medical associations is not yet sufficiently developed: their conclusions do not have legal force in courts, and they are not recognized as partners in developing an economic strategy for healthcare. Independent ethics committees of treatment and prevention institutions have a little more influence - their conclusions can be accepted by courts, although everything depends on the position of the judge. But doctors rarely resort to the help of ethics committees to resolve professional issues. Since neither associations nor ethics committees have effective mechanisms for protecting the legal, economic, moral and other rights of doctors, we can propose combining them with social structures that have these mechanisms but are not directly related to the professional group of doctors - insurance companies.

In the modern world, the most important organizational and legal method of protecting the interests of doctors is insurance of professional liability of medical workers, insurance premiums for which are approximately 10% of the annual salary of a doctor, depending on professional risks. In the Russian Federation, according to the results of the survey, the absolute number of respondents (89%) expressed a desire to insure their liability, but were not ready to insure themselves at their own expense [Priz EV Social fulfillment of the rights of patients and medical workers in domestic medicine: diss. Doctor of Medical Sciences: 14.02.05: defended 17.12.2011; approved: 12.11.2012/Priz Evgeniya Vyacheslavovna. – Volgograd, 2011. – 377 p.].

1.4. Causes of burnout in doctors

For several decades, the health of medical workers abroad, primarily doctors, associated with various occupational pathogenic factors, has been the object of close and active study not only by psychologists, but also by clinicians, occupational pathology specialists, and health care organizers.

According to the World Health Organization, 45% of all diseases are related to stress, and some experts believe that this figure is twice as high. [34,69] According to a study conducted in the USSR in the 1980s, 30-50% of clinic visitors were almost

healthy people who simply needed to improve their emotional state. [52]

The situation is not much better in developed, relatively stable countries far abroad. For example, according to the American magazine Psychology Today, about 40 percent of Japanese teachers, a fifth of workers in the UK, and 45 percent of salaried employees in the US suffer from stress. Common complaints include depression, anxiety, and headaches [58].

At the same time, the author of the theory of stress, Hans Selye, believes that stress can also be beneficial, increasing the body's strength and even calling it "a hot spice for the daily food of life", only under certain conditions does stress become pathogenic[79].

In developed countries, the problem of maintaining the health of doctors has acquired such high social importance that separate national programs and individual and group care models have been developed to address it.rehabilitation, as well as preventing professional burnout syndrome [66,72,76].

In modern conditions, attempts were made in the Russian Federation in 2012 to conduct medical examinations of certain groups of budget employees, which officially included doctors. However, in realitydistributionRelated professions, including doctors, began to emerge spontaneously, without taking into account the specifics of their work.

It is assumed that the complexpreventionmeasures should be individual in nature, depending on the individual resistance to stress, that is, in fact, on the level of the doctor's ability to adapt (since the probability of stress in all cases is high and can be considered constant for all specialties). It is also evident that in the last years of university medical education and at the postgraduate stage, it is necessary to provide qualified advice to university graduates on issues of professional orientation, taking into account individual personal characteristics. Since the vast majority of them, before starting work in the profession, do not know the requirements for the physical and psycho-emotional state that the profession places on them.to the doctorprofession. To ensure the required qualitydispensaryIt is necessary to provide special treatment and prevention facilities for doctors to monitor their health and,

above all, to effectively rehabilitate them.rehabilitationa type that can implement individual medical rehabilitation programs in conditions as close to home as possiblestationary[41].

In Russia, as well as in most CIS countries, despite the fact that the incidence of diseases among medical workers significantly exceeds that in many industries with traditionally harmful working conditions, programs to protect the health of medical workers have been practically not developed.

The work of doctors and other medical workers is accompanied by exposure to a number of factors that are unfavorable for their health, including the risk of infection, contact with allergens, sensitizing, irritating or toxic substances, various radiation, vibration, forced working conditions with static loads, etc. Publications on this topic in medical and psychological journals [23].

For most professional groups of medical workers, chronic and sufficiently strong emotional stress is one of the main factors of the production environment that negatively affects their health. In the 1980s, 60% of medical workers in the country believed that their work was accompanied by significant emotional stress. And in 2004, 74% of doctors and 82% of nurses working in various health care institutions (hospitals, polyclinics, dispensaries, State Sanitary and Epidemiological Surveillance Centers) in Russia noted that their work was accompanied by constant and significant neuropsychic stress. The idea of \u200b\u200bdoctors about their work as a constant source of stress is evidenced by the fact that when doctors evaluated various ways to improve their health, almost 50% of respondents noted the primary need to eliminate emotional stress in their work. Surveys of Russian doctors showed that the need for constant contact with patients and their relatives plays a leading role in the formation of chronic emotional stress in 33.8% of pediatricians, 37.5% of dermatologists, 45.2% of neurologists, and 68.7% of psychiatrists[24].

Tibbiyot xodimlarining turli xil hissiy va xulq-atvor reaktsiyalarining vegetativ oqibatlari bo'yicha bir qator tadqiqotlar shuni ko'rsatdiki, ichki munosabatlarga asoslangan qat'iy tendentsiya doimiy ravishda vazmin va tashqi xotirjam ohangga rioya qilish vegetativ reaktsiyalarning sezilarli o'zgarishi va ularning surunkali

kasalliklari, birinchi navbatda, kardiovaskulyar tizimdagi buzilishlar bilan birga keladi. O'z his-tuyg'ularini hissiy tarang muloqotda ifoda etishga imkon bergan mutaxassislarda vegetativ kasalliklar sezilarli darajada kamroq kuchli va qisqa muddatli edi. Ushbu tadqiqotlarning yana bir muhim natijasi, ularning professional muloqotdagi tajribasini cheklashning qat'iy ehtiyoji ularni katta hajmdagi ish hajmi va ish yukining boshqa parametrlaridan ko'ra ko'proq tushkunlikka solayotganligining tavsifi edi. Sankt-Peterburg kasbiy patologiya markazi tomonidan shaharning bir nechta tibbiyot muassasalarida o'tkazilgan so'rovlar shuni ko'rsatdiki, ularning xodimlarining 5% dan ko'pi sog'lom, asosan 30 yoshgacha bo'lganlar [22]. I.M.Gichev va boshqalarning fikriga ko'ra. [32], Novosibirskdagi 163 tibbiyot xodimini tekshirgan shifokorlarning atigi 7 foizi va o'rta tibbiyot xodimlarining 4 foizi deyarli sog'lom ekanligini ta'kidladi. Ushbu ma'lumotlarga ko'ra, amaliy sog'liqni saqlashda tibbiyot xodimlari orasida eng ko'p uchraydigan patologiyalar chegaradagi nevropsikiyatrik kasalliklar, yurak-qon tomir tizimi, tayanch-harakat tizimi va periferik asab tizimi kasalliklari.

Arterial hypertension is recorded in 28.3% of Russian doctors (for comparison, the prevalence of arterial hypertension among the adult population of Russia reaches 20%). According to other data obtained within the framework of the TACIS program "Preventive measures and health of the Russian population" (1998-2000), an increase in blood pressure was recorded in 32% of doctors. In recent years, many researchers have paid attention to "occupational hypertension" as one of the variants of stress arterial hypertension, since cases are increasingly being identified when arterial pressure at work, determined by the method of daily monitoring, is higher than with periodic one-time measurements. This phenomenon has received another name in the scientific literature - "reverse white hypertension". It has been shown that this form of arterial hypertension is detected in 19-20% of people with normal blood pressure indicators during periodic outpatient examinations. At the same time, high levels of emotional stress at work were associated with significantly higher blood pressure levels (both systolic and diastolic) on weekdays than on weekends. No such differences were observed in people with low levels of emotional stress at work. To

a large extent, this applies to people experiencing specific psycho-emotional stress at work. It can be assumed that the prevalence and characteristics of “occupational hypertension” described above also apply to health workers in professions with high levels of chronic emotional stress that develop in the course of their work [19].

Other researchers also note a high correlation between the frequency of arterial hypertension and other cardiovascular diseases, in particular, ischemic heart disease, and emotional stress occurring during work. The source of such stress, which is the most important element of occupational stress, is considered to be a combination of increased demands and a feeling of lack of sufficient opportunities to influence and limit (“control”) various components of the workload, which is considered primarily in connection with increased reactivity of the corresponding physiological systems, such as the cardiovascular and neuroendocrine systems. At the same time, the higher the subjective perception of the impossibility of controlling and regulating the workload, as well as the possibility of independently influencing it to create more emotionally comfortable working conditions, the higher the blood pressure indicators during work. No such physiological reaction was noted in relation to what could be independently controlled and, accordingly, regulated at work. It is noteworthy that if people with communicatively intensive professions develop “occupational hypertension”, an adequate decrease in blood pressure at the end of the day is observed only in cases where work-related anxiety and worries are moderate and have independent control. These data allow us to more accurately identify the psychophysiological mechanisms that link psychoemotional tension as an important indicator of occupational stress in healthcare workers at high risk of developing cardiovascular diseases [15,16,17,18].

When discussing the mechanisms of the influence of occupational stress on the somatic health of medical workers, it seems important to pay special attention to the socio-psychological factors contributing to the development of "workplace hypertension", including high professional workload, irritability associated with dissatisfaction with working conditions and its assessment, and a tendency to suppress other negative experiences. as well as uncertainty about maintaining a job. The

development of this form of hypertension is significantly facilitated by certain psychological, primarily personal, characteristics - the need for high and constant self-control and self-control, a subjectively developed sense of guilt for sufficiently high professional efficiency, hostility suppressed and hidden from consciousness, but reduced to the influence of emotional experiences and a variety of motivational reactions to the patient's behavior. situations. Other factors contributing to the development of "workplace hypertension" should also be taken into account, such as dissatisfaction with one's own socio-economic situation, the imbalance between job demands (often irrationally high by medical workers themselves) and the opportunities to make independent decisions and organize one's own work, as well as the threat of competition and job changes in recent years, including dismissal.

Since medical workers perceive their work as difficult and demanding, and at the same time, insufficiently evaluated from the outside, this may serve as an additional factor explaining the increased prevalence of cardiovascular diseases, in particular, arterial hypertension, among medical workers. This can be explained to some extent by the results obtained within the framework of a large epidemiological study, the Whitehall II study. It showed that a significant discrepancy between the subjective perception of the complexity of the work performed and its external assessment and the level of its reward, especially given that such a discrepancy between "action / assessment and reward" is accompanied by a high level of emotional involvement in work due to a high sense of duty, leads to chronic hyperactivation of neuroendocrine systems (catecholamines in the blood), which in turn leads to increased blood pressure, heart rhythm disturbances, the development of lipid and carbohydrate metabolism disorders, and other cardiovascular diseases [25].

Conclusions on Chapter 1.

Thus, taking into account the above, in order to radically change the situation, a fundamental law is needed - the Law "On Medical Activity", which would regulate in detail the issues related to the activities of medical workers, leave the possibility of creativity within certain limits, in particular, determine the possibility, grounds and conditions for the legality of medical experimentation, as an extreme necessity and justified medical risk. This regulatory document protects the doctor from unfounded claims of patients, and at the same time protects the patient from illegal actions of a medical worker. This law should also be reflectedThe patient's obligations are consistent with the goals of protecting the rights of medical professionals.

In addition, the adoption of such a law will have a significant impact on the indicators of professional burnout of medical workers, which currently affects, along with a decrease in the efficiency and quality of their work.

CHAPTER 2. OBJECT AND MATERIALS OF RESEARCH, CHARACTERISTICS OF THE METHODS USED

2.1. Research object and materials

We studied the legislation.and a survey was conducted among doctors to study the legal issues of doctors' appeals to higher organizations based on regulatory legal acts of the Republic of Uzbekistan "On Administrative Responsibility", "Criminal Code" of the Republic of Uzbekistan. The target group consisted of 1267 doctors working in the Republic of Karakalpakstan, Tashkent city and Samarkand region. The study was conducted from December 2018 to March 2019. The survey data was entered into the Microsoft Excel Pentium IV computer program. Of the target group of 1267 respondents, 493 doctors from the Republic of Karakalpakstan, 503 from Tashkent city and 271 from Samarkand region participated.

We conducted a study of the death of doctors in 2020 using data from the Memorial List of the Russian Federation [5] website, as well as a study conducted in the Republic of Uzbekistan. The data included full names, age, gender, specialty, etc. The study was conducted among 648 doctors from the Russian Federation and 245 doctors from the Republic of Uzbekistan who died in 2020.

The training was held from September to November 2020 for bachelors (6th year) and masters (2nd year) of the Tashkent Pediatric Medical Institute. Amendments were made to the work program, and for the first time two topics were included on the legislative acts regulating the healthcare system, as well as on the relationship between doctors and patients. The topic was based on the articles of the Administrative and Criminal Codes of the Republic of Uzbekistan and the algorithms developed on their basis. The training was held online using the platform at the Department of Health, Organization and Management of Healthcarehttps://mt.tashpmi.uz/login/index.php.

A total of 298 respondents participated in the training process, of which 121 were bachelors and 168 were masters. Assessment and assimilation of the acquired knowledge was carried out by tests, the total number of which was 32 questions on

two topics. Each question was given from 3 to 5 answers. The maximum number of answers for each test was 20 minutes.The data were tested and entered into Microsoft Excel Pentium IV computer software.

2.2. Characteristics of research methods

In accordance with the goals and objectives of the work, analytical, retrospective, and statistical research methods were used.

The analytical method is based on our own observations and data obtained as a result of data collection in sanatoriums and patients, if possible and with the consent of the patient, as well as from doctors who sent questionnaires for this study. Analysis of medical documents allowed us to deeply study the clinical diagnostic, therapeutic (balneological, physiotherapeutic) results in the study groups.

The retrospective method is based on the study of medical services provided to vacationers in sanatoriums, which were used to develop standards of treatment at the resort.

Statistical methods made it possible to determine average values and conduct a comparative analysis and evaluation of the activities of sanatoriums in both groups.

2.3. Statistical research methods.

The data obtained during the study were statistically processed using the Microsoft Office Excel-2016 software package on a Pentium-IV personal computer, including the built-in statistical processing functions. The arithmetic mean value of the studied indicator (M), standard deviation (s), standard error of the mean (m), relative values (frequency, %). The statistical significance of the measurements obtained when comparing the mean values was determined by calculating the probability of error (P) when checking the normality of the distribution (using the excess criterion) and the equality of the common variances (F - Fisher's criterion). The level of confidence $P<0.05$ was accepted as statistically significant changes. The graphic and text parts of the work were performed using the “Excel”, “Word” and “PowerPoint” applications of the Windows 7 operating system of a personal computer

based on the Intel™ processor.

Conclusions on Chapter II

The main research methods used in writing the dissertation were: study of literary sources on the topic; sanitary and statistical analysis; testing. In order to develop organizational measures for its early detection and prevention, the study of the presence of stress in the activities of a general practitioner, as well as the factors of its development, was carried out on the basis of 4 polyclinics in Tashkent: Polyclinic No. 24; Polyclinic No. 59; Polyclinic No. 60; Central Polyclinic of Yunusabad District. The total number of participants in our study was 157 people. Of these, 95 were doctors (60.5 percent), 62 were nurses (39.5 percent). At the first stage of the study, official data describing the total number of specialists in the institution and their workload (for the period 2016-2017) provided by 4 family polyclinics were studied and analyzed. The second stage is characterized by the study of the neuropsychic stability and emotional exhaustion of primary care workers. For this purpose, the Maslach Burnout Inventory (MBI) method, designed for the diagnosis of professional burnout, was used.

CHAPTER 3.
LEGAL BASIS FOR PROTECTING THE RIGHTS OF DOCTORS

3.1. Results of a study of doctors' opinions on the protection of doctors' rights

Medical care includes a wide range of therapeutic, preventive and other activities, which must be carried out in conjunction with high requirements for the quality of the work performed. The most valuable thing in the hands of doctors is the life and health of citizens [9, 10]. The increased demands on their professional activities are fully justified, therefore, along with public condemnation and condemnation of shortcomings, errors and shortcomings, it is also appropriate to hold medical workers legally liable [2]. However, this is very difficult to implement, since the specifics of the responsibility of medical workers are determined by the specifics of professional medical activity, which is completely unpredictable and unpredictable not only for society, but also for the doctors themselves.

Despite the conscientious attitude of the doctor in the process of providing medical care, harm to the patient's health can be caused [11,13,21]. The reason for this may be the insufficient development of medical science, individual characteristics of the body that the doctor cannot take into account. The situation is also complicated by the inability to regulate by law the process of introducing new technologies, means and methods of treatment into the medical field, since it, unlike other means of the national economy, is constantly changing and being improved. Much, if everything in this process depends on the patient himself, he will lead a healthy lifestyle, avoid unnecessary risks, state his complaints as accurately and clearly as possible when consulting a doctor, and follow the doctor's recommendations, possibly throughout his life [20].

In organizing medical care, a doctor makes so many different and sometimes instantaneous decisions [16,19] that he can “professionally burn out” due to constant overload, injustice, and biased attitude.4]. It is no coincidence that, according to the results of surveys of doctors cited in scientific sources, most of them are tired and

very tired and experience significant overload [19]. In addition, medical workers, including doctors, experience severe stress when communicating with inadequate patients or their relatives, which increases the risk of conflicts. Such conflicts only interfere with the work of doctors and exhaust them.

Statistical studies on the problem of violence against healthcare workers are being conducted all over the world. In the USA, Canada [21], Germany [22], Turkey [24,26], regular attacks on healthcare workers range from several hundred to thousands per year. According to the Ministry of Health of the Russian Federation, the number of attacks on healthcare workers in the performance of their duties is much higher - in 2016, 1226 cases of violence against them were recorded, approximately the same figure was committed in the previous two years [14,23].

In Spain, after doctors reported more than 2,000 attacks on healthcare workers, 8 out of 10 of which resulted in physical injuries, the Congress of Deputies decided to put an end to such physical attacks by classifying healthcare workers (doctors and nurses) as public officials (like judges and police officers). Thus, amendments were made to the Spanish Penal Code affecting Title XXII “Crimes against public order”. Article 550, paragraph 1, which now lists the specific characteristics that lead to a change in the legal assessment of the act and an increase in the penalty compared to the main content, equates healthcare workers and teachers with public officials. A person who attacks an ambulance can be punished with up to four years in prison [15].

In France, it is noted that the number of incidents involving doctors is increasing every year. All ambulances in Paris and a number of surrounding districts are equipped with equipment that allows them to monitor the movement of vehicles in real time and can quickly assist them if necessary. In addition, ambulances called to some disadvantaged areas are often accompanied by police squads [11]. In the Russian Federation, the police escorting a doctor on call is also not new, although this applies to patients with mental disorders [17].

At the same time, the availability and quality of medical care often remain inadequate, especially in small and medium-sized cities, where the majority of the

republic's population lives, especially in rural areas. In district centers, there is one, at best two, hospitals, and there is a shortage of doctors in many specialties. Often, a doctor is the only specialist capable of providing medical care in a given area. In such cases, an attack on a doctor can threaten not only the health or life of the doctor, but also the health of the population, who may lose the opportunity to receive necessary, sometimes urgent medical care, which significantly increases the public danger of such attacks [22].

We studied the legislation.and a survey was conducted among doctors in order to study the normative documents of the Republic of Uzbekistan, such as the Code of the Republic of Uzbekistan “On Administrative Responsibility” [7], the “Criminal Code” [8], and to study the medical and social conditions of doctors. The target group consisted of 1267 doctors working in the Republic of Karakalpakstan, Tashkent city, and Samarkand region. The study was conducted from December 2018 to March 2019. The survey data were entered into the Microsoft Excel Pentium IV computer program. Of the target group of 1267 respondents, 493 doctors from the Republic of Karakalpakstan, 503 from Tashkent city, and 271 from Samarkand region participated.

The majority of respondents in the survey were aged 41-50. The gender distribution of respondents was as follows: 424 (33%) were men and 843 (67%) were women. 583 (46%) of respondents had more than 20 years of work experience. The qualification category of doctors is not only professional, but also social. Doctors with a qualification category receive large monetary bonuses to their salaries. 536 (42%) of respondents had the highest category, with 145 (11%) in first place and 184 (15%) in second place, while 402 (32%) of those without a doctor category had the category. Respondents assessed their health as follows: good - 643 (43%), satisfactory - 542 (43%), bad - 51 (4%). To the question: How often do you visit doctors? I undergo a medical examination every year, 471 respondents (37%) answered, I go to the doctors every month, 48 respondents (4%), 2-3 times a year 260 (21%) and very rarely 486 respondents (38%) answered. Providing qualified medical care to doctors is also one of the urgent tasks related to the protection of their health and the collection of social

benefits. The opportunity for doctors to receive high-quality and qualified medical care free of charge at their workplace helps to reduce the number of sick leaves, the duration of days off work due to illness or injury, increase their productivity, and also shift responsibility to colleagues during their absence. In this regard, to the question: Do you have the opportunity to receive free medical care at your workplace? The respondents answered as follows. Yes, of course – 921 (73%) answered “no” – 154 (12%) and 192 (15%) respondents found it difficult to answer. Skillful time management and prioritization increase efficiency and work quality. To the question: How much of your working time do you spend filling out documents per day? 663 (52%) answered that they spend about half of their working time.

One of the questions we were interested in was the study of workload, that is, the performance of their functional tasks, and to the question: Is it difficult for you to perform your daily workload (functional tasks)? The respondents answered as follows: 632 (50%) said “No, not difficult”, 232 (18%) said “very heavy workload”, 352 (28%) said “completely difficult”, and 51 (4%) said “I cannot answer” (Figure 1).

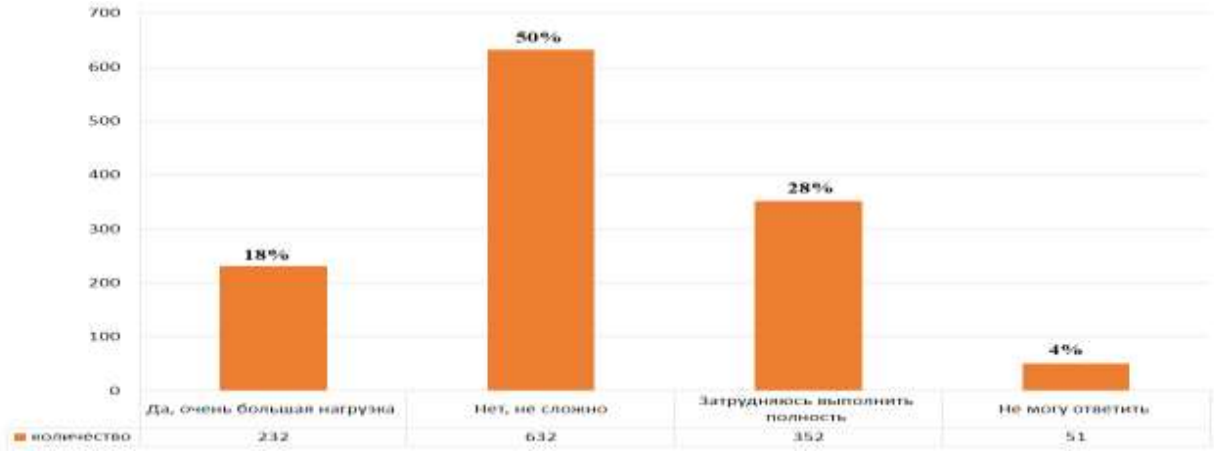

Figure 1. Is it difficult for you to perform daily exercises (functional responsibilities)?

When professional problems arise between doctors and patients, doctors usually turn to higher organizations. To the question: Who do you turn to when problems arise between patients? respondents answered as follows. “Ministry of Health and regional health departments” – 404 (32%), “Association of Doctors of

Uzbekistan" – 92 (7%), "Federation of Trade Unions of Uzbekistan" 215 (17%) and "management of the treatment and prevention institution at the workplace" – 556 (44%) respondents. This means that respondents first turn to the management of the treatment and prevention institution at the workplace, and if they do not receive the necessary assistance, they turn to other state and professional organizations (Figure 2).

Figure 2. Asking for help when needed

In this regard, improving the skills of healthcare facility managers on issues of ensuring their rights, and studying articles of the administrative and criminal codes, are among the priority tasks of healthcare organizers.

At the same time, as a result of a deeper study through feedback among respondents, it was found that the main issues for which doctors appeal to higher organizations are conflicts with patients, which manifest themselves in the form of attacks, intimidation, threats, slander, insults, and sometimes even physical injuries to medical personnel.

According to the Ministry of Health of the Republic of UzbekistanIn 2017-2019, 266 cases of attacks, unlawful actions, and bodily harm on emergency medical services and emergency medical system doctors by relatives and friends of patients were recorded. In these cases, more than 340 medical workers were injured. Only 40

cases were punished. In 109 cases, the case ended in amicable settlements, and in 128 cases, the issue of applying legal measures to those who attacked doctors was not resolved. The current legislation provides only general rules establishing the procedure for holding persons guilty of causing harm to health accountable. At the same time, there are no special rules establishing liability for attacks on medical workers and ensuring their protection from attacks by patients and their relatives in the performance of their professional duties in providing medical care [29].

Since there is no special article on the protection of medical workers in the performance of their official duties, these rules are regulated by the Code of the Republic of Uzbekistan on Administrative Responsibility. Criminal liability is the exclusive competence of the court, and bringing a person to administrative liability, including the imposition of administrative penalties, can be carried out not only by the court, but also by state bodies or officials.

3.2. Burnout syndrome and analysis of overall mortality rates among physicians

In the modern world, the medical profession requires physical health and psycho-emotional stability from a specialist, since the daily work of medical workers is associated with the influence of complex stress factors, which leads to overload and rapid physiological and mental exhaustion [1], the syndrome of emotional exhaustion of doctors. Physicians' burnout syndrome (BS) - This is a syndrome of emotional exhaustion, depersonalization and decreased personal achievements that can occur among specialists engaged in various "auxiliary" professions. All doctors, primarily those who care for cancer patients, immunocompromised patients, and intensive care team personnel, experience fatigue to one degree or another. Studies on the prevalence and severity of burnout syndrome among doctors in Europe, Asia, and North America show that the factors that form emotional exhaustion include: the psychological climate in the work team, responsibility for work results, long work shifts, age (especially for doctors aged 20 to 40), a strong perception of professional

responsibility. In addition, there are studies that identify a direct relationship between emotional exhaustion and an increase in the number of medical errors among therapists, surgeons, anesthesiologists, and interns of various specialties.

Researchers at the Mayo Clinic (Minnesota, USA) have published statistics on “mistakes that never happen” (never happen). The study was conducted over a 5-year period from 2009 to 2014, during which more than 1.5 million surgical procedures were performed and 69 such errors were recorded, 40 of which occurred during surgery and 29 during simpler procedures (such as endoscopic examination). Thus, for every 22,000 correctly performed procedures, there is one error. The most common violation was performing the wrong procedure or operation - 24 such cases were recorded; the operation was performed on the wrong side of the body or in the wrong area 22 times; a foreign object was “left” in the patient’s body cavity 18 times; an implant was incorrectly inserted 5 times. All “never-happening errors” were divided into 4 categories according to the HFACS (Human Factors Analysis and Classification System): unsafe acts, preconditions for unsafe acts, poor control (control/control factors) and organizational influences and were further divided into 161 subtypes. The largest contribution to the “error” was made by unsafe acts (n=296; 47%) and preconditions for the act (n=260; 41%). Poor control and organizational influence accounted for 7.5% (n=47) and 4.5% (n=25), respectively. In the case of preconditions for the act, the authors highlight factors such as stress, fatigue, overconfidence of the doctor, and poor communication with his colleagues [25].

Physician SBS can also lead to suicide attempts and death. About 300 physicians commit suicide each year in the United States. 1 percent of physicians surveyed have attempted suicide. This is a worrying number. Anyone who attempts suicide is at risk of committing suicide again. One physician who admitted to having suicidal thoughts said, “I scream all the time. I’m always angry, upset. I want it to stop. No one in my organization cares about the well-being of patients as much as I do.” In 2020, intensive care physicians, therapists, infectious disease specialists, surgeons, and obstetricians-gynecologists experienced increased stress, increased risk due to COVID-19, and higher levels of burnout and depression, which can lead to

suicidal thoughts. One of the dangers of depression is that people hide their condition and do not seek help. Doctors are no exception. Like other patients, they are embarrassed to seek help for their mental health. They also have an increased level of internal denial; if they seek help from doctors, they consider themselves a failure, believing that if they continue to work hard, they will get out of the crisis on their own [26].

Proper organization of work, learning stress management skills and relaxation techniques, participating in special training, and possibly using rational psychotherapy and group psychotherapy sessions are the main prevention of burnout.

According to the state statistical report of the Ministry of Health of the Republic of Uzbekistan, as of January 1, 2016, the healthcare systemNumber of occupied medical positions as a percentage of the number of staff unitsThe number of doctors in the republic was 86.9, and in the city of Tashkent - 85. Of the total number of working doctors, 23,257 were of the highest category, 5,971 were of the 1st category, 5,894 were of the 2nd category, and 95 doctors were interviewed in the medical institutions under study.

Table 1.

Staffing of medical personnel in the system of the Ministry of Health of the Republic of Uzbekistan

(Statistical materials on the activities of healthcare institutions of the Republic of Uzbekistan 2016)

Name of regions	**Number of working doctors positions as % of staff units**		
	2014	**2015**	**2016**
Republic of Uzbekistan	**89.4**	**86.7**	**86.9**
Republic of Karakalpakstan	86.7	87.8	86.8
Andijanskaya	95.8	95.7	94.5
Bukhara	89.6	88.2	87.3
Jizzakh	87.4	87.6	87.4

Kashkadarya	93.4	91.7	91.3
Navoi	93.1	93.1	91.8
Namanganskaya	92.4	91.4	89.5
Samarkand	93.3	92.4	91.8
Surkhondarynskaya	82.4	79.5	77.8
Syrdaryinskaya	81.3	79.7	78.9
Tashkent	82.4	80.4	77.8
Fergana	89.8	90.7	88.5
Khorezmskaya	90.7	90.9	87.9
Tashkent city	87.8	86.7	85.0
Republican institutions of Tashkent city	93.9	92.0	92.4
Republican institutions of Tashkent region	84.9	80.4	81.8

The number of general practitioners in the Republic of Uzbekistan in 2016 was 3.45 per 10,000 population.

Table 2.

Staffing of general practitioners in the system of the Ministry of Health of the Republic of Uzbekistan(Statistical materials on the activities of healthcare institutions of the Republic of Uzbekistan 2016)

	Name of regions	**General practitioners**	
		Abs.	**Supply per 10,000 population**

republic Uzbekistan	**11097**	**3.45**
Republic of Karakalpakstan	666	3.66
Andijanskaya	1129	3.81
Bukhara	767	4.16
Jizzakh	250	1.92
Kashkadarya	737	2.38
Navoi	326	3.46
Namanganskaya	755	2.85
Samarkand	1367	3.74
Surkhondarynskaya	601	2.44
Syrdaryinskaya	197	2.45
Tashkent	773	2.75
Fergana	1230	3.45
Khorezmskaya	729	4.10
Tashkent city	1508	6.22
Republican institutions	62	

We surveyed 95 general practitioners and 62 nurses from 4 family clinics in Tashkent.

A survey of medical workers revealed that 98 percent (154) of them were women aged 20-58.

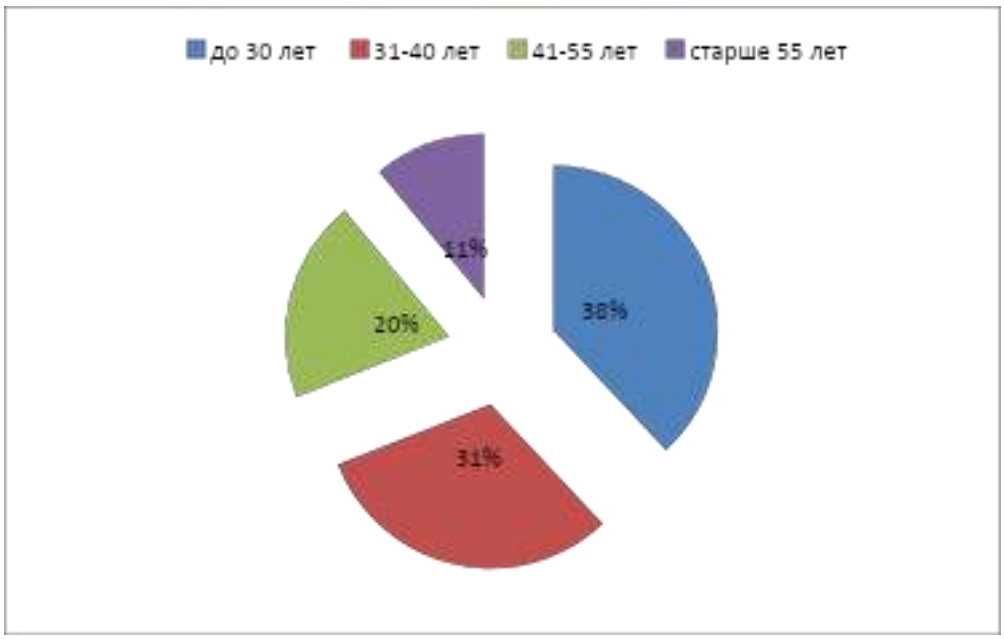

Figure 3. Age of medical personnel

The largest percentage of respondents, 37.5 percent (59), are young professionals under the age of 30. In the 30 to 40 age category, we interviewed 35.6 percent (56) of respondents, 15.5 percent (24) of respondents were between the ages of 41 and 55, and 11.4 percent (18) were over the age of 55.

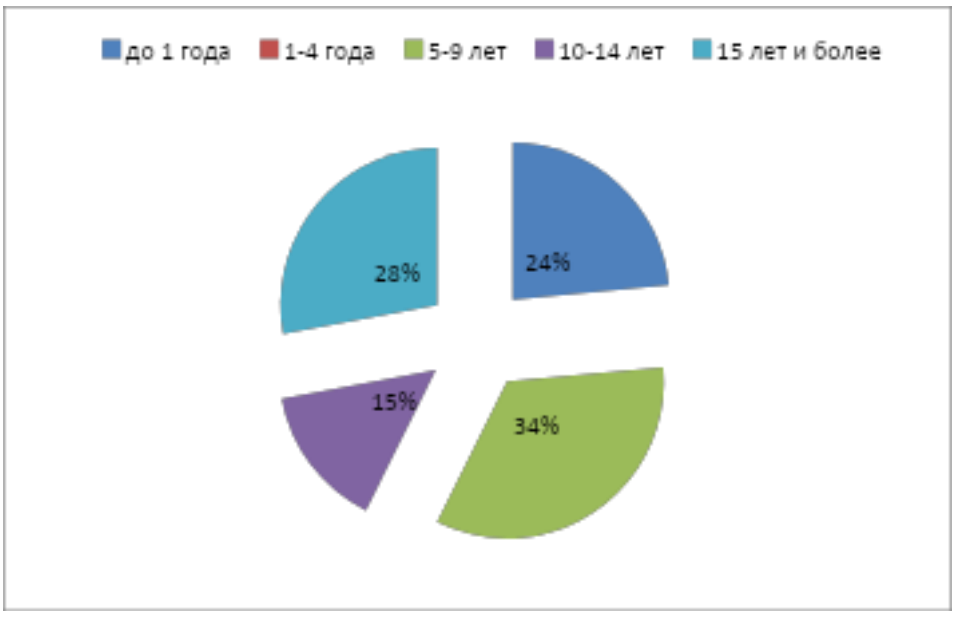

Figure 4. Length of service of medical personnel

The length of service of medical staff in the family clinic among respondents: up to 1 year - 23% (36), from 5 to 9 years - 34% (53), from 10 to 14 years - 15% (23), 15 and more - 28% (45).

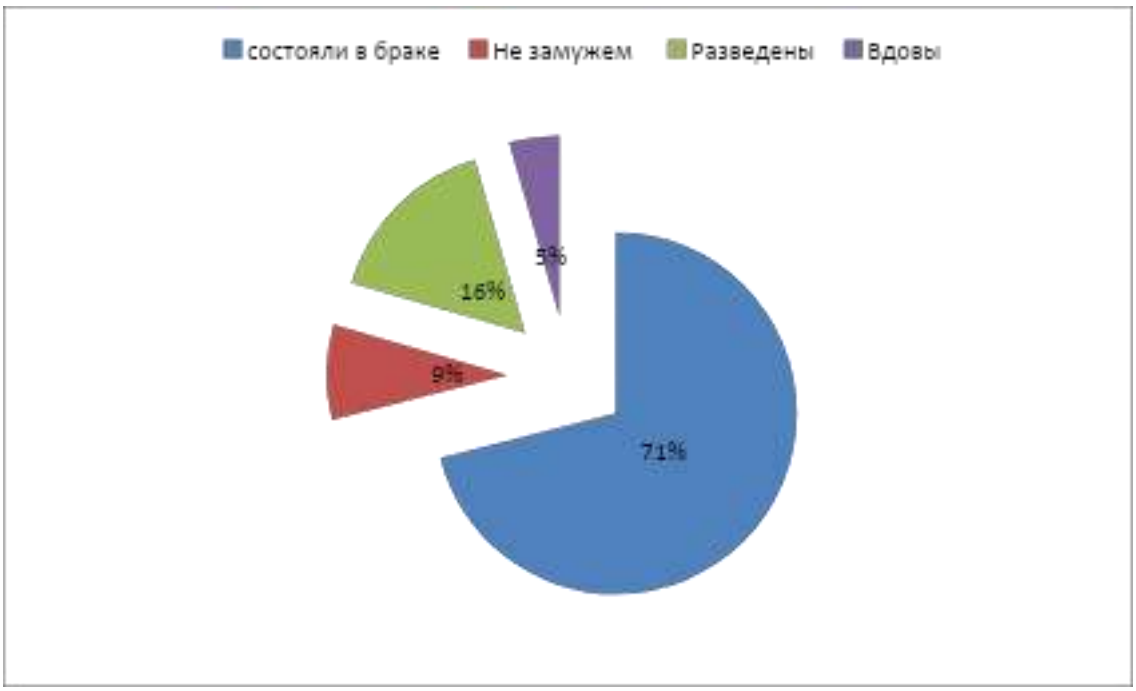

Figure 5. Marital status of medical workers

According to marital status, the medical workers who participated in the survey were distributed as follows: married - 71% (112), single - 8% (12), divorced - 16% (25), widowed - 5% (8).

Thus, the respondents were mainly married women under 30 years of age, with higher education, and up to 10 years of general medical experience, who worked in family clinics in Tashkent.

Research results using the Maslach Burnout Inventory (MBI), a test designed to diagnose professional burnout.

The results of the study show that respondents from both groups, namely doctors and nurses, generally have high levels of emotional exhaustion:

24.2% of the doctors and 29% of the nurses surveyed reported high levels of emotional exhaustion, with a score of 25 points or higher. High levels of indicators indicating the presence of depersonalization, i.e. 11 points or higher, were observed in 18.9% of the doctors and 14.5% of the nurses. 20% of the doctors and 17.7% of the nurses reported a decrease in professional skills, with a score of 30 or lower.

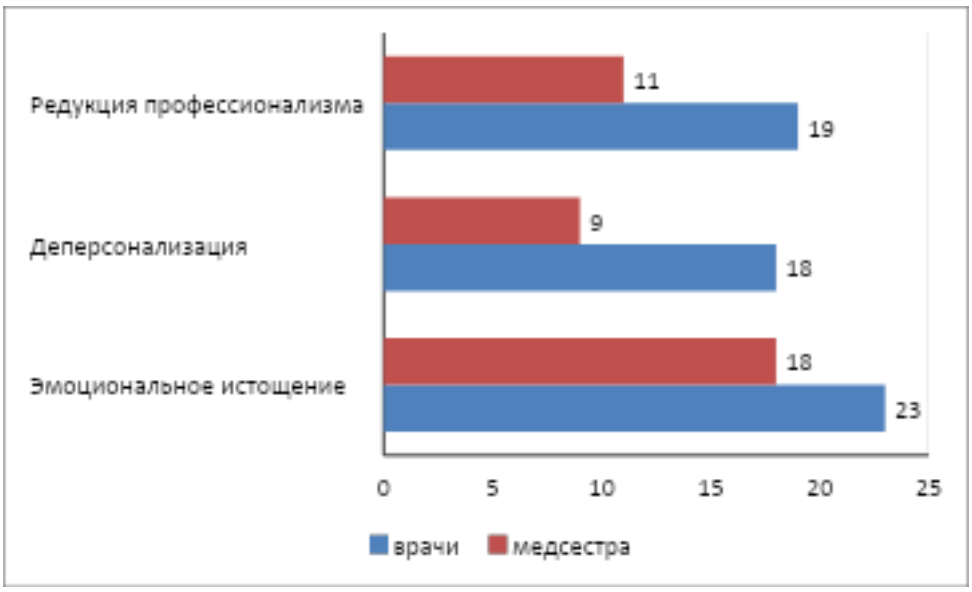

Figure 6. Distribution of high scores of emotional exhaustion in the two groups

An average level of emotional exhaustion with a score of 16-24 was noted in 7.3% of the doctors and 14.5% of the nurses participating in the survey. An average level of indicators indicating the presence of depersonalization, i.e. 6-10 points, was observed in 4.2% of the doctors and 6.4% of the nurses. A decrease in professional skills with an average score of 31-36 was noted in 10.5% of the doctors and 8% of the nurses.

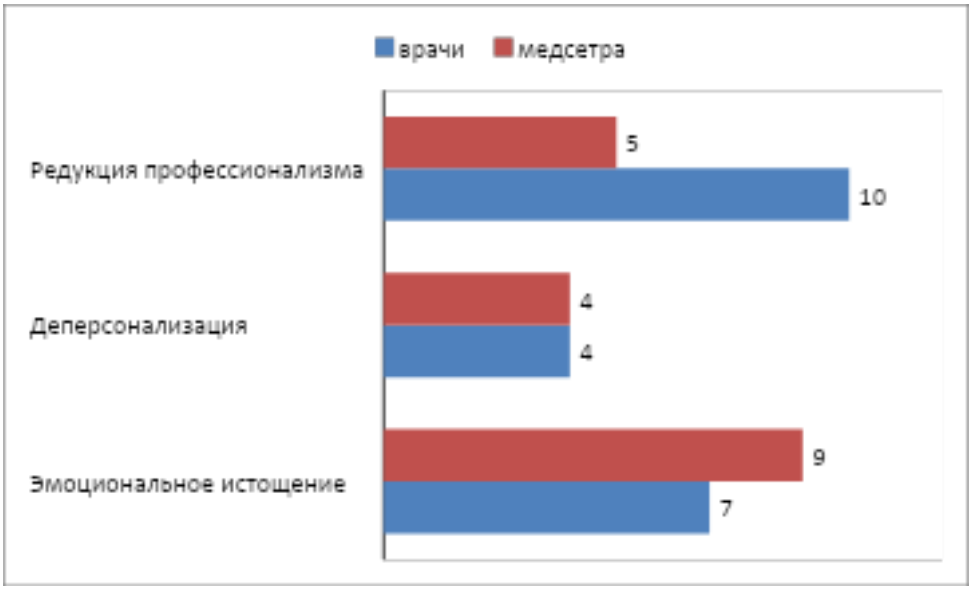

Figure 7. Distribution of average emotional exhaustion scores in the two groups

A low level of emotional exhaustion, with a score of 0-15, was observed in 6.3% of doctors and 6.4% of nurses surveyed. A low level of depersonalization, i.e., a score of 0-5, was observed in 5.2% of doctors. A decrease in professional skills, with a low score of 37 points or higher, was observed among 3.1% of doctors and 3.2% of nurses.

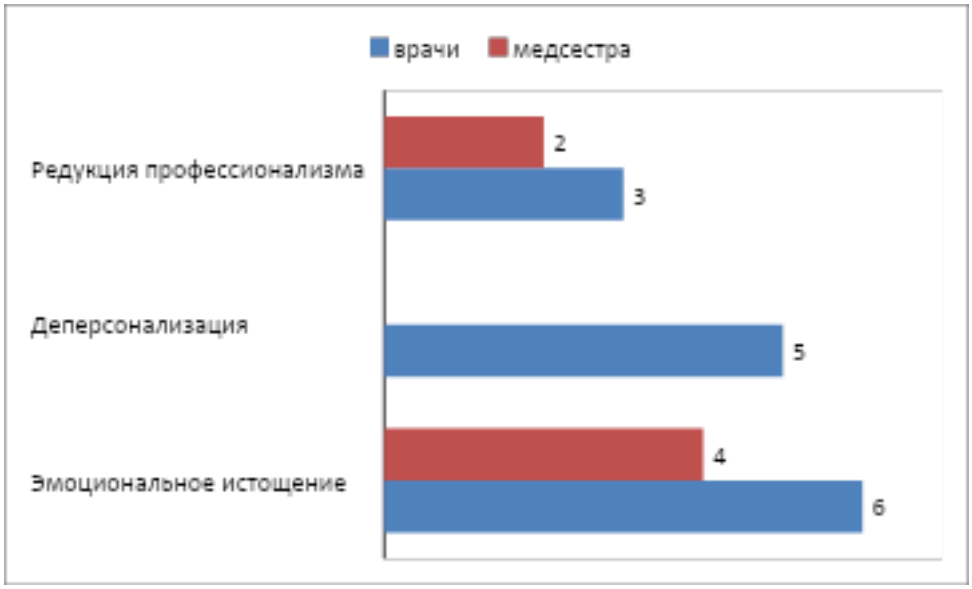

Figure 8. Distribution of low fatigue scores in the two groups

Summarizing the data obtained on emotional exhaustion among doctors, we can conclude that the largest proportion of respondents has emotional exhaustion, which is manifested by a decrease in emotional tone, increased mental fatigue and affective variability, loss of interest and positive emotions towards others, a feeling of "satisfaction" with work and dissatisfaction with life.

Then, in second place, indicators of decreased professional competence were noted, reflecting the level of satisfaction of the medical worker with himself as a person and a professional. The unsatisfactory value of this indicator reflects the tendency to negatively assess his qualifications and productivity and, as a result, a decrease in professional motivation, an increase in a negative attitude towards official duties, a tendency to remove responsibility from himself, isolation from others, detachment and non-participation, first psychological, and then physical avoidance of work.

The next highest indicator in the context of burnout syndrome was

“depersonalization,” which involves the formation of special, destructive relationships with people around you. “Depersonalization” is manifested in emotional detachment and apathy, in the formal performance of professional duties without personal involvement and empathy, and in some cases - in negativism and cynicism. At the behavioral level, “depersonalization” manifests itself in arrogant behavior, the use of professional jargon, jokes and labels.

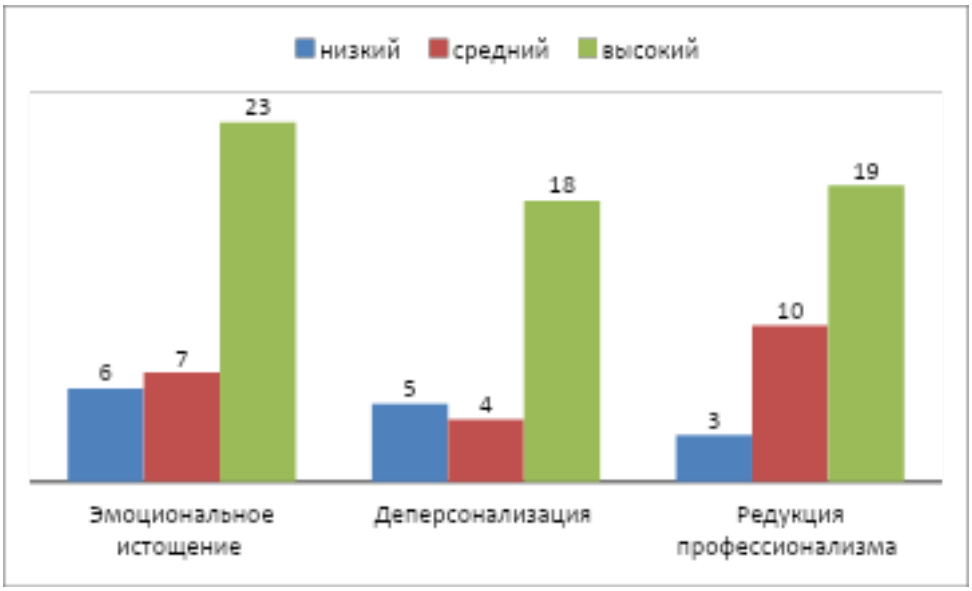

Figure 9. Distribution of emotional exhaustion scores among doctors

As with doctors, high levels of burnout were also observed among nurses. The highest rates were among nurses in the emotional exhaustion stage.

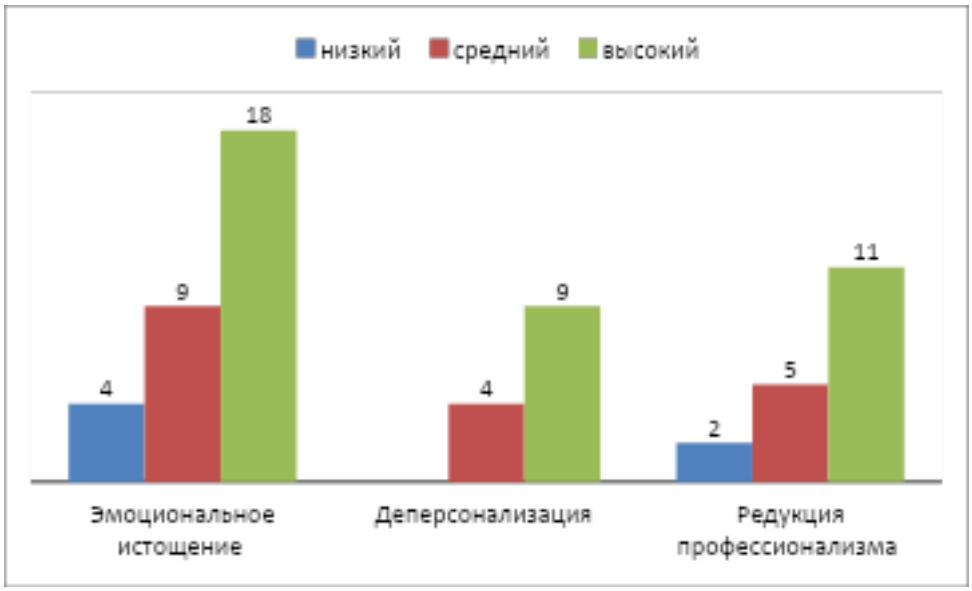

Figure 10. Distribution of burnout scores among nurses

3.3. Results of a survey conducted among medical staff of polyclinics to identify factors influencing the development of emotional exhaustion syndrome

The next stage of the study was to conduct a survey to determine the influence of factors influencing the development of emotional exhaustion syndrome.

As a result, 33% (30) admitted that they meet such unpleasant people at work that they unwittingly wish them harm. All respondents claim that they are very worried about their work. 75% (69) admitted that they are less satisfied with their profession than at the beginning of their career. 33% (30) complain that they are unlucky in their work. 50% (46) of respondents indicated a stage of depression or anxiety; 42% (39) indicate personal detachment.

Among the factors causing anxiety, irritability or stress in the work of general practitioners, excessive workload and excessive responsibility for the final result of work occupy a leading position (68%); overwork and fatigue and dissatisfaction with work results are of moderate importance (45%).

Financial problems are the top reason for doctors to feel anxious, irritable, or stressed outside of work, accounting for 49% of the total.

The life satisfaction level of doctors is 10%. This means that just over 9% of doctors are satisfied with how their lives are going, and more than half (57%) are more satisfied than dissatisfied. All the rest should be classified as "pessimists", as 15% are completely dissatisfied with life, and 18% are more dissatisfied than satisfied.

Among the issues that concern them most in the near future, all doctors (55.7%) ranked losing their health as the top concern.

The prevalence of chronic diseases among doctors, according to self-assessment data, is more than two diseases per respondent, with diseases of the digestive system (30%) in the first place among the registered diseases, followed by diseases of the circulatory system (22%), followed by the musculoskeletal system (18%) and the nervous system (16%). Other diseases account for 14%.

The survey also revealed a high incidence of complaints such as back pain (67.3 percent of those surveyed), increased fatigue by the end of the working day (57.1 percent), headaches (44.9 percent), sleep disturbances (38.8 percent), and pain in the heart area (28.6 percent). 44.8 percent of doctors complain of rapid fatigue. Among vegetative changes, half of the doctors (50.0 percent) noted frequent flushing, and 11.8 percent - pallor of the face.

According to the questionnaire [32], more than 70% of doctors have symptoms of autonomic dysfunction. The leading place in the structure of symptoms of vegetative disorders is occupied by paroxysmal headaches and gastrointestinal dysfunction (constipation, diarrhea, "swelling" of the abdomen, a tendency to pain), which were noted by 62% of doctors. Half of the respondents (50%) noted a feeling of insomnia, a feeling of fatigue after waking up in the morning, and more than 44% - a decrease in performance and rapid fatigue. 16.3% of the doctors who underwent the examination had neurological diseases that were clinically significant at the time of the survey.

In the last month before the survey, more than half of the doctors used sedatives or sleeping pills at least once, and about 10.0% used antidepressants, more than 5.0% of doctors had to use drugs from these groups every day or almost every day, 11.4% - 2-3 times a week, and another 11.3% - at least once a week. The use of painkillers is almost as widespread among doctors, of which about 10.5% used them every day and 45.0% - from one to three times a week.

Analysis of the results of the level of maladaptation showed that approximately every sixth doctor (14.7%) reacts sharply to negative emotions, more than half (52.9%) cannot always cope with a situation associated with the influence of negative emotions, and a third (32.4%) have high resistance to negative emotions.

41.2% of doctors had moderate deterioration in attention and memory, almost the same number (38.2%) had moderate, and 17.6% had a high level of decreased motivation for professional activity.

More than 65% of doctors are in a state of constant fatigue, characterized as moderate for 44.1%, severe for 11.8%, and high for 8.8%.

More than a third of doctors note moderate and 9.0% - severe somatovegetative disorders. Two-thirds (61.8%) complain of psychosomatic disorders in the form of gastrointestinal disorders, paroxysmal headaches and sleep disorders, which are manifested as difficulty falling asleep, shallow sleep and a feeling of insomnia.

3.4. Mortality rates among doctors

It's no secret that the problem of emotional exhaustion among doctors is increasing during the pandemic. According to a study and survey conducted by Medscape (USA), which involved more than 12,000 doctors in more than 29 specialties, an average of 42% of doctors report symptoms of burnout syndrome, which is consistent with last year's figures. However, the impact of COVID-19 on different specialties turned out to be different. Last year, the leading specialties in terms of emotional exhaustion were: urology, neurology, nephrology, endocrinology and family medicine. This year: intensive care (51% today, 44% in the 2019 report), rheumatology (50% today, 46% in the 2019 report) and infectious diseases (49% today, 45% in the last year's report). The main reasons for the tension were identified as excessive bureaucracy, long working hours, increased computerization, low wages, and insufficient psychological compensation (lack of respect from the administration, colleagues, and patients). One respondent summarized it as follows: “All of the above reasons are reminiscent of the thousands of Chinese beheadings (Chinese execution lingchi) in ancient times, when deaths occurred from blood loss, hunger, thirst, mental exhaustion, and pain syndrome [5].

More than 70% of respondents who reported stress felt it was affecting their lives. One in 10 people were considering leaving medicine because of burnout, a startling finding after years of practice. Physician happiness has plummeted since the pandemic began, from 69% before COVID-19 to 49% now. Stress, risk, social distancing, and an uncertain future have all contributed to the decline in happiness. When asked what would help reduce your burnout symptoms, the top answers were a higher salary and a more flexible schedule. “It saves me from having to coordinate my care with insurance, especially when it comes to standard care,” said a neurologist.

“Less planning and billing tasks, electronic records that actually work, and more time for exams!” said a gastroenterologist.In an additional study based on 200 deaths, scientists compiled an average profile of a deceased doctor - in 90% of cases, men died from COVID-19. The average age of the deceased doctors was 63.4 years - from 28 to 90 years. Of the selected, 78 were general practitioners and emergency room doctors, 5 were respirologists, 11 were internal medicine specialists and 6 were anesthesiologists. Another 4 were epidemiologists, 4 were infectious disease specialists, 9 were dentists, 8 were ENT specialists, and 7 were ophthalmologists.Meanwhile, the mortality rate among doctors working with Covid patients in the UK, Germany, Italy and the US does not exceed 1%.[27].

To study mortality, we studied the mortality of doctors in 2020 using data from the Memorial Register of the Russian Federation website [5], as well as from a study conducted in the Republic of Uzbekistan. The data included full name, age, gender, specialty, etc. The study was conducted among 648 doctors from the Russian Federation and 245 doctors from the Republic of Uzbekistan who died in 2020.

According to the memorial list of the Russian Federation, of the total number of deceased doctors, 416 were men (64%), 232 were women (36%). Doctors aged 60 and older - 328 doctors (51%), 50-59 years old - 203 (31%), 40-49 years old - 52 (8%), 30-39 years old - 17 (2.6%), up to 29 years old - 3 (0.5%) and doctors under 6 years old (0.5%). Although the World Health Organization warns about the risk and severity of the disease in people aged 60 and older, unfortunately, according to the analysis of doctors, the highest mortality rate was observed among doctors aged 60 and older. This is due in most cases to the fact that doctors were unable to work during the pandemic, as well as to the high*dose*infection or so-called"dose effect", as well as the infection rate. Because moreIf doctors, like other professions, strictly adhere to self-isolation and social distancing, the mortality rate among them could be significantly lower. Data on mortality by medical specialty are presented in Table 3.

Table 3.

Data on deaths by specialty of doctors in the Russian Federation

No.	Marking specialties	Death toll	specific gravity %
1	ENT	11	1.7
2	Rheumatologists	1	0.3
3	Surgeons/Oncologists	128	20
4	Infectious disease specialists	16	2.5
5	Statisticians/Physical Therapists/Transfusionists /phthisiatrist	61	9
6	VOP	9	1.3
7	Covenerologist	5	0.8
8	Endocrinologist	2	0.3
9	Resuscitator	68	10
10	Cardiologist	20	3
11	Pulmonologist	2	0.3
12	Laboratory physician	5	0.8
13	Ophthalmologist	10	1.5
14	Obstetrician-gynecologist	23	3.5
15	Hematologist	-	-
16	Therapist/nephrologist	106	16.4
17	Pediatrician	43	6.6
18	Urologist	10	1.5
19	Functional doctor (ultrasound, FGDS, ECG, EchoCG)	44	6.8
20	Dentist	11	1.7
21	Neurologist/psychiatrist	34	5.2
22	Health care organizers	39	6

	TOTAL	**648**	**100**

According to the Uzbekistan Medical Association, 245 deaths were observed among doctors in 2020. The highest number was observed in Bukhara region with 37 (0.8%), Khorezm region with 36 (0.8%), and Surkhandarya region with 31 (0.9%). Data on mortality rates are presented in Table 4.

Table 4.

Deaths of doctors according to the Uzbekistan Medical Association (data for 2020)

No.	**Republic of Karakalpakstan, Tashkent city, regions**	**Number of doctors (Data for 2015)**	**number of deaths**	**%**
1.	Republic of Karakalpakstan	3920	19	0.5
2.	Tashkent city	8381	12	0.1
3.	Andijan region	6158	12	0.2
4.	Bukhara region	4770	37	0.8
5.	Jizzakh region	1844	17	0.9
6.	Kashkadarya region	4952		
7.	Namangan region	4503	13	0.3
8.	Navoi region	1874		
9.	Samarkand region	7903	14	0.2
10.	Syrdarya region	1433	9	0.6
11.	Surkhandarya region	3499	31	0.9
12.	Tashkent region	4774	25	0.5
13.	Fergana region	6583	19	0.3
14.	Khorezm region	4398	36	0.8
15.	Republican institutions	7661	2	0.01
	total	**72653**	**245**	**0.3**

Analysis by age of death showed that the highest rate was observed among

physicians born before 1960 (60 years and older) with 125 (51%) cases, while the overall mortality rate among physicians aged 40–59 years was 114 (47%) cases (Table 5).

Table 5.

Analysis of the age of death among doctors

(Data for 2020)

No.	Year of birth	Age	Quantity	%
1	1960 and above	Over 60 years old	125	51
2	1961-1970	50-59 years old	83	34
3	1971-1980	40-49 years old	32	13
4	1981-1990	30-39 years old	4	2
5	1991 and below	29 and under	1	0
	Total		**245**	**100**

Analysis of deaths by medical specialty showed that the highest rates were among surgeons, oncologists 27 (11%), therapists, nephrologists 24 (10%), general practitioners and statisticians, exercise therapy doctors, transphysiologists, phthisiologists 21 (9%) Table 6.

Table 6.

Death data by physician specialty

No.	Marking specialties	Death toll	specific gravity %
1	ENT	12	5
2	Rheumatologists	2	1
3	Surgeons/Oncologists	27	11
4	Infectious disease specialists	10	4
5	Statisticians/Physical Therapists/Transfusionists	21	9

	/phthisiatrist		
6	VOP	21	9
7	Covenerologist	8	3
8	Endocrinologist	3	1
9	Resuscitator	20	8
10	Cardiologist	7	3
11	Pulmonologist	3	1
12	Laboratory physician	6	2
13	Ophthalmologist	4	1
14	Obstetrician-gynecologist	16	7
15	Hematologist	2	1
16	Therapist/nephrologist	24	10
17	Pediatrician	14	6
18	Urologist	2	1
19	Functional doctor (ultrasound, FGDS, ECG, EchoCG)	11	5
20	Dentist	9	4
21	Neurologist/psychiatrist	9	4
22	Health care organizers	14	6
	TOTAL	**245**	**100**

Meanwhile, 146 out of 245 doctors (60%) experienced deaths in July, August and September.

3.5. Legal aspects of protecting the professional honor, dignity and reputation of medical workers

Recently, the number of violations of the honor and dignity of medical workers by patients has been increasing. However, often due to legal illiteracy and

(or) unwillingness to spend time on such processes, doctors do not contact the authorities and do not try to defend their legal rights to protect their honor, dignity and professional reputation.

Unfortunately, such an attitude leads to unpleasant consequences, such as lowering the prestige of the medical profession and disillusionment with their profession on the part of doctors themselves. Today, there is a tense relationship between doctor and patient, which leads to conflicts and sometimes even physical injuries.

The doctor's task is to understand the cause of the disease and try to eliminate it. From this point of view, the medical worker is sometimes forced to communicate with the patient for a long time. The patient can often show a negligent attitude towards the consumer, the doctor, aggressive behavior and varying degrees of disrespect.

Many doctors believe that they have only duties and no rights. However, from a legal point of view, such a conclusion is fundamentally wrong. Although doctors do not have a special legal status, they are also citizens of the Republic of Uzbekistan, therefore they have equal constitutional rights with all citizens.

Article 22 of the Constitution of the Republic of Uzbekistan.The Republic of Uzbekistan guarantees legal protection and patronage to its citizens both within the territory of the Republic of Uzbekistan and beyond its borders.»;

Article 25 of the Constitution of the Republic of Uzbekistan. “Everyone has the right to liberty and security of person”;

Article 26 of the Constitution of the Republic of Uzbekistan. “No one shall be subjected to torture, violence or other cruel or degrading treatment”[6].

If a doctor or medical worker wants to protect his right to honor and dignity, he can apply to court as a plaintiff and prove that unverified, false information (fabrication) was disseminated about him. In this case, the patient who committed such an offense becomes the defendant and must prove that the information he disseminated is true, otherwise this offense is provided for in the Code of the Republic of Uzbekistan "On Administrative Responsibility" adopted on September 22, 1994

[7].

According to Article 40. Slander, that is, the dissemination of knowingly false fabrications that defame another person, shall be punishable by a fine in the amount of twenty to sixty times the basic calculation.

Article 41. Insult. Insult, that is, intentional humiliation of the honor and dignity of a person, shall be punishable by a fine in the amount of twenty to forty times the amount of the fine.

In addition, in the event of a repeated offense, the court may hold the patient criminally liable for this act of the patient under Article 139 of the Criminal Code of the Republic of Uzbekistan. Defamation, that is, the dissemination of knowingly false fabrications that discredit another person, committed after the imposition of an administrative penalty for a similar act, is punishable by a fine of up to two hundred times the amount of the fine, or up to three hundred hours of compulsory community service, or up to two years of correctional labor.

Libel in print or otherwise reproduced or in the media - shall be punishable by a fine in the amount of two hundred to four hundred times the minimum wage, or by compulsory community service for a term of three hundred to three hundred and sixty hours, or by correctional labor for a term of two to three years, or by restriction of liberty for a term of one year, or by imprisonment for a term of one year.

Slander:

a) related to the accusation of committing a serious or extremely serious crime;

b) leading to serious consequences;

c) committed by a dangerous recidivist;

g) committed with malicious or other unjustified intent, - shall be punishable by restriction of liberty for a term of one to three years or imprisonment for a term of three years.

Article 140. Insult. Insult, that is, intentional humiliation of the honor and dignity of a person in an indecent manner, committed after the imposition of an administrative penalty for a similar act, is punishable by a fine of up to two hundred

times the minimum wage or by compulsory community service for up to two hundred and forty hours, or by correctional labor for up to one year.

Insulting in a printed or otherwise reproduced text or in the media - shall be punishable by a fine in the amount of two hundred to four hundred times the minimum wage or by compulsory community service for a term of two hundred and forty to three hundred hours, or by correctional labor for a term of one to two years.

Insult:

a) in connection with the victim's performance of his official or civil duty;

b) committed by a dangerous recidivist or a person previously convicted of slander, - shall be punishable by a fine in the amount of four hundred to six hundred times the minimum wage, or by correctional labor for a term of two to three years, or by restriction of liberty for a term of one year, or by imprisonment for a term of one year.

Medical workers also have the right to protect their honor and dignity based on the Civil Code of the Republic of Uzbekistan.

Article 100. Protection of honor, dignity and business reputation

Medical workers have the right to demand the refutation of information that undermines their honor, dignity, or professional reputation through a court, unless the person who disseminated such information proves that it is true.

At the request of interested persons, it is allowed to protect the honor and dignity of a medical worker even after his death.

If information that undermines the honor, dignity, or professional reputation of a medical professional is disseminated in the media, it must be refuted in the same media.

If the specified information is contained in a document issued by the organization, such a document must be replaced or canceled.

In other cases, the procedure for refusal shall be determined by the court. A medical worker in respect of whom information has been published in the mass media that infringes his rights or interests protected by law shall have the right to speak in his defense in the same mass media. In the event of non-execution of the court's

decision, the court shall have the right to impose a fine on the offender in the amount and in the manner established by law. Payment of a fine shall not exempt the offender from the obligation to perform the action provided for in the court's decision.

A medical professional who has been exposed to information that is damaging to his honor, dignity, or professional reputation has the right to deny such information and demand compensation for the harm and moral damage caused as a result of its dissemination.

The provisions of this article on the protection of the business reputation of a medical professional shall apply mutatis mutandis to the protection of the business reputation of a legal entity.

In the context of the formation of market relations, it is also of great importance to restore the organization's positive reputation and fairly assess its activities in public relations.

The Plenum notes that in court practice, when applyingThe lawQuestions arise about what information is being disseminated “about the mass media” and whether it constitutes defamation. The decisions do not always indicate a specific method for refuting defamatory information and the period for which the refutation is valid. The issue of recovering legal costs is not discussed.

Due to repeated delays and unjustified suspensions of proceedings, claimants are forced to abandon their claims, as the dispute loses its relevance, and therefore many applications remain unconsidered.

There are three main ways to protect yourself from slander:

1) Gather evidence.

2) Submit an application to the prosecutor's office.

3) filing a lawsuit.

Articles in print media, video recordings of TV programs, publications on the Internet (a screenshot certified by a notary or a website with such information can be opened directly in the courtroom), the text (copy) of the patient's complaint can be cited as evidence. A medical worker can prove that this information is slander on the basis of medical documents, including a medical history or outpatient card. Another

piece of evidence is the testimony of witnesses. Unfortunately, judges evaluate witnesses differently. Some judges note that the organization's medical staff is not among the witnesses who listen to the judge's opinion. Documents confirming the doctor's qualifications and work experience in the specialty can also be evidence. In practice, there have been cases of accusations of incompetence and unprofessionalism in the courtroom. A PhD diploma and dissertation were presented, and a counter-case was filed to protect honor and dignity. In court, the dissemination of defamatory information is partly a violation of the law because third parties are involved. Also, the opinion of other people - well-known experts in their field - that the medical professional in question is a professional is also evidence.

When applying to the prosecutor's office, the doctor must state all the facts correctly and accurately. The truth is his main weapon. It is necessary to attach to the application evidence of the dissemination of defamatory information and make sure that the application is registered.

Then wait 30 days for your application to be processed.

When filing a petition with the court, the following are required:

1) Describe in detail all the circumstances and facts in the claim.

2) attach evidence to the claim confirming the dissemination of defamatory information.

3) Start gathering evidence that proves the information being spread is slander.

3.6. Learning outcomes for bachelors and masters in legal regulation of relations between doctors and patients

In the organization of medical care, the doctor makes a huge number of different and sometimes instantaneous decisions [18,19], which can lead to “professional burnout” due to constant overload, injustice and bias [4]. It is no coincidence that, according to the results of surveys of doctors cited in scientific sources, most of them are tired and very tired and experience significant overload [19]. In addition, medical workers, including doctors, experience severe stress when communicating with inadequate patients or their relatives, which increases the risk of

conflicts. Such conflicts only interfere with the work of doctors, exhaust them and can even lead to a conflict or an attack on the doctor.

Such situations can threaten not only the health or life of the doctor, but also the health of the population, who may lose access to necessary, sometimes emergency, medical care, which significantly increases the public risk of such attacks[22].

The training was held from September to November 2020 for bachelors (6th year) and masters (2nd year) of the Tashkent Pediatric Medical Institute. Amendments were made to the work program, and for the first time two topics were included on the legislative acts regulating the healthcare system, as well as on the relationship between doctors and patients. The topic was based on the articles of the Administrative and Criminal Codes of the Republic of Uzbekistan and the algorithms developed on their basis. The training was held online using the platform at the Department of Health, Organization and Management of Healthcare.

The learning process was conducted by discussing topics according to algorithms. Algorithms were developed to teach the topics of the working program more reliably and clearly (Figures 11,12,13).

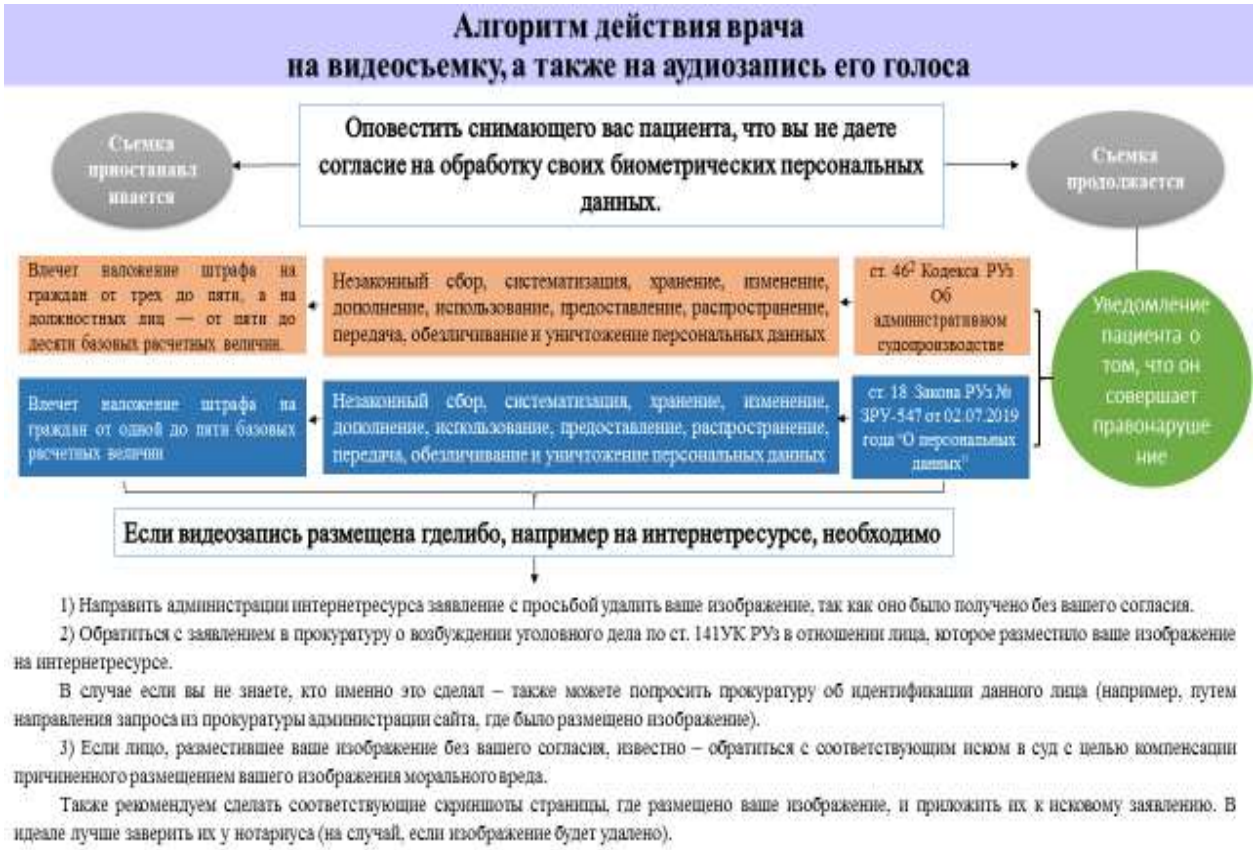

Figure 11. The doctor's actions are recorded on video, as well as his voice on audio.

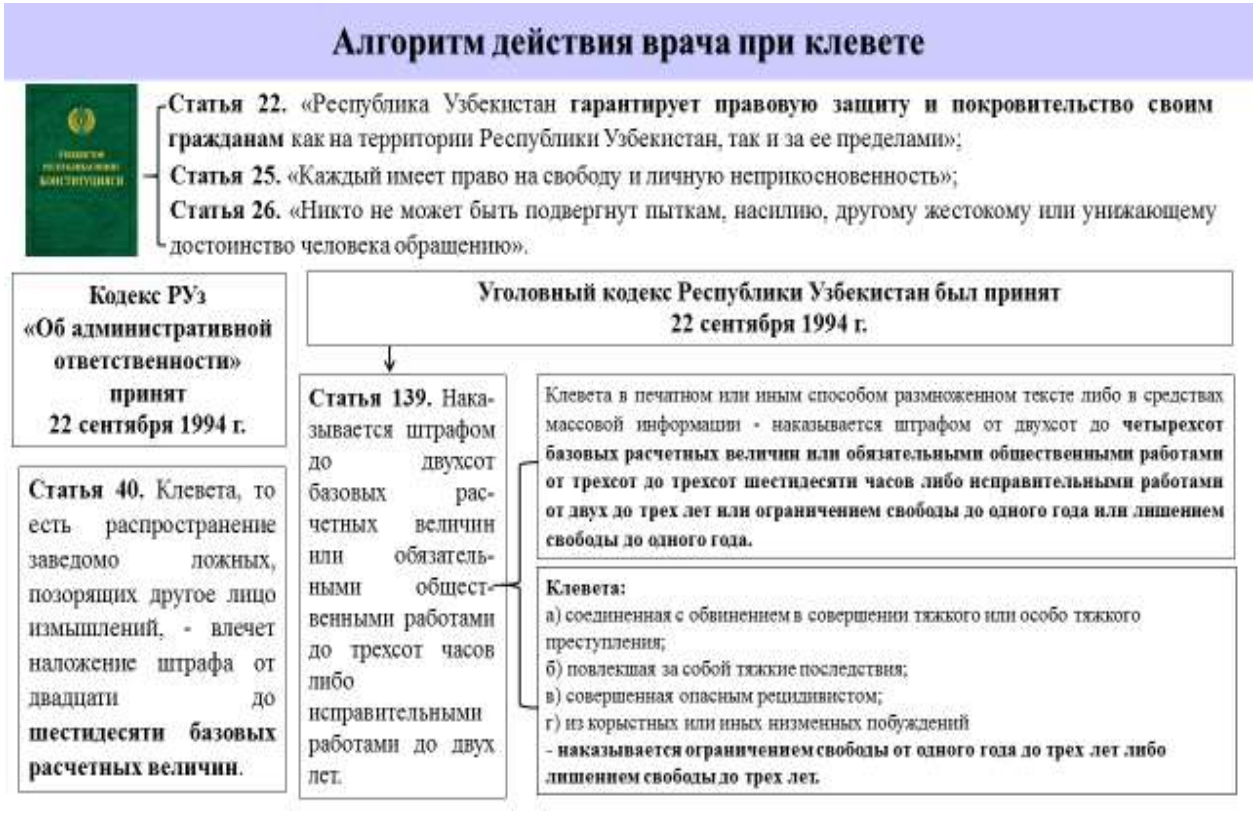

Figure 12. Doctor's actions during slander

Figure 13. Actions of doctors in case of insult

Analysis of the test results showed that bachelors and masters took 4-20 minutes to answer the tests. The lowest score among bachelors was 52.5%, the highest was 75%, and the lowest score among masters was 80%, the highest was 93.75%. The total number of participants and the results before and after the training are presented in Table 7.

Table 7.

Pre- and post-training test results

Bachelor's degree, 6th year (Group 1, research group)			**2nd year master's degree (Group 2, control group)**		
Before training	After training	%	Before training	After training	%
70.24	84.19	120	70.87	91.6	129

Conclusions on Chapter III

And so,In the event of any aggressive behavior (intimidation, insults, etc.) by the patient or his/her companions, in order not to be left alone with the aggressive individuals, it is necessary, first of all, to invite one of the colleagues as a witness and call law enforcement agencies. In order for the union's lawyers to further support this case, it is recommended to record all events on video, draw up a report on the incident indicating all witnesses, including other patients, and contact the relevant law enforcement agencies and the medical workers' union.

At the same time, citizens know that if they show aggression towards employees of the internal affairs bodies, the prosecutor's office or the court, they can end up behind bars. Doctors are not sufficiently protected by law. Therefore, it is necessary to study this problem in more depth and continue to develop regulatory documents aimed at increasing the safety of doctors in providing medical services.

According to the analysis, the overall mortality rate among men was higher than among women doctors, although in absolute terms the number of female doctors was higher than that of men, the highest mortality rate in the Republic of Uzbekistan in 2020 was in Surkhandarya - 0.9%, in Jizzakh - 0.9%, in regions where doctors were under 60 years of age. and older died, that is, 125 of the total deaths (51%), surgeons, oncologists by specialty - 27 (11%), therapists, neurologists - 14 (10%), general practitioners and statisticians, exercise doctors, transphysiologists, phthisiologists (9%).

In this regard, healthcare organizers need to take this into account when preparing a human resource pool that includes surgeons, oncologists, intensive care physicians, therapists, neurologists, primary care physicians, transphysiologists, and infectious disease specialists, and review the mechanisms and deadlines for specialization to prevent their shortage.

According to the results of the study using the Maslach method, the largest proportion of respondents has emotional exhaustion, which is manifested by a decrease in emotional tone, increased mental fatigue and increased affective lability, loss of interest and positive feelings towards others, a feeling of "saturation" from

work and dissatisfaction with life in general. Then, in second place, there were indicators of a decrease in professional competence, which reflect the level of satisfaction of the medical worker with himself as a person and a professional. The unsatisfactory value of this indicator reflects a tendency to negatively assess his qualifications and productivity and, as a result, a decrease in professional motivation, an increase in a negative attitude towards official duties, a tendency to relieve oneself of responsibility, isolation from others, detachment and non-participation, avoidance of primarily psychological, and then physical labor. The next highest indicator in the context of burnout syndrome was "depersonalization", which involves the formation of special, destructive relationships with people around him. After analyzing the questionnaire data, we received a response in which 33% (30) admitted that they meet such unpleasant people at work, and they unwittingly wish them harm. All respondents claim that they are very worried about their work. 75% (69) admitted that they are less satisfied with their profession than at the beginning of their career. 33% (30) complain that they are unlucky in their work. 50% (46) of respondents showed one or another stage of depression or anxiety; 42% (39) indicate personal detachment. 38% of respondents were in the resistance stage, 17% (16) in the tension stage, 33% (30) in the exhaustion stage, and 12% (11) did not show any signs of fatigue or stress.

Improving the skills of medical personnel, preparing them for pre- and post-graduate education, as well as developing and implementing training and work programs, will significantly increase the knowledge of medical personnel in legislation, including the Administrative and Criminal Codes.

CONCLUSION

Medical care includes a wide range of therapeutic, preventive and other activities, which must be carried out in conjunction with high requirements for the quality of the work performed. The most valuable thing in the hands of doctors is the life and health of citizens [9, 10]. The increased demands on their professional activities are fully justified, therefore, along with public condemnation and condemnation of shortcomings, errors and shortcomings, it is also appropriate to hold medical workers legally liable [2]. However, this is very difficult to implement, since the specifics of the responsibility of medical workers are determined by the specifics of professional medical activity, which is completely unpredictable and unpredictable not only for society, but also for the doctors themselves.

Despite the conscientious attitude of the doctor in the process of providing medical care, harm to the patient's health can be caused [11,13,21]. The reason for this may be the insufficient development of medical science, individual characteristics of the body that the doctor cannot take into account. The situation is also complicated by the inability to regulate by law the process of introducing new technologies, means and methods of treatment into the medical field, since it, unlike other means of the national economy, is constantly changing and being improved. Much, if everything in this process depends on the patient himself, he will lead a healthy lifestyle, avoid unnecessary risks, state his complaints as accurately and clearly as possible when consulting a doctor, and follow the doctor's recommendations, possibly throughout his life [20].

In organizing medical care, a doctor makes so many different and sometimes instantaneous decisions [16,19] that he can “professionally burn out” due to constant overload, injustice, and biased attitude.4]. It is no coincidence that, according to the results of surveys of doctors cited in scientific sources, most of them are tired and very tired and experience significant overload [19]. In addition, medical workers, including doctors, experience severe stress when communicating with inadequate patients or their relatives, which increases the risk of conflicts. Such conflicts only interfere with the work of doctors and exhaust them.

Statistical studies on the problem of violence against healthcare workers are being conducted all over the world. In the USA, Canada [21], Germany [22], Turkey [24,26], regular attacks on healthcare workers range from several hundred to thousands per year. According to the Ministry of Health of the Russian Federation, the number of attacks on healthcare workers in the performance of their duties is much higher - in 2016, 1226 cases of violence against them were recorded, approximately the same figure was committed in the previous two years [14,23].

In this regard, the first stage was the study of domestic and foreign literature. Today, there are serious shortcomings in the legislative and regulatory documents regulating the relationship between the patient and the doctor. Legal relations in the field of medicine are mainly regulated by departmental regulatory documents: orders and instructions issued for official use and not accessible to the public, which reduces the doctor's responsibility for the fulfillment of his professional duties.

At the same time, there are few regulations protecting the rights of doctors. Medical workers have formed the opinion that they are legally unprotected persons, since all existing regulations are aimed only at protecting the rights and interests of patients. On the other hand, as a result of an unfair, negligent, negligent attitude of a medical worker to his professional duties, the life and health of patients can be harmed, therefore, gaps and contradictions in the legislation in this area are especially dangerous.

Apparently, the old approach is preserved, according to which the medical profession itself is prestigious and the state does not require additional efforts to attract people to it. Indeed, the attitude towards the medical profession in society has changed significantly. Their salary level is one of the lowest among organized professional groups (Proshin VA, 2008), the possibility of earning through private practice is limited by demand (Barmina TV, 2009), and living conditions are very modest (Russian Healthcare: Motivation of Doctors and Public Openness). In the public mind, however, the image of a doctor is formed by negative media materials (Kuznetsov AV 2009) and reports of medical errors, violations and crimes (Mokhov AA, 2004). Patients perceive all the miscalculations and shortcomings made in the

reform of the healthcare system as the personal actions of the doctors with whom they are directly involved: queues in polyclinics, poor provision of inpatient care, the need to resort to paid services, etc. Because of this, the psychological burden on doctors has increased..

In modern conditions, medical workers can be considered an unprotected professional group for the following reasons:

• economic (salary is not proportional to labor costs);

• legal (social guarantees are not legally provided);

• professional (need for continuous professional development, high neuropsychic and physical stress, uninsured professional risks).

In addition, nLow levels of legal literacy are a risk factor for respecting the rights of medical workers.

Medical workers themselves do not act as independent social entities in protecting their rights for the following reasons:

• they have a limited understanding of the meaning of social security;

• the large number of altruists in the profession hinders active social action;

• the content of the professional role does not imply refusal to provide assistance even if the rights of a medical worker are violated.

Medical care includes a wide range of therapeutic, preventive and other measures, which must be carried out in conjunction with high requirements for the quality of the work performed. The most valuable thing in the hands of doctors is life and health. The requirements imposed on their professional activities have justified themselves, therefore, along with public condemnation and condemnation of shortcomings, mistakes and shortcomings, it is also appropriate to hold medical workers legally liable. But this is very difficult to do, since the specifics of the responsibility of medical workers are determined by the specifics of professional medical activity, which are completely unclear and unpredictable not only for society, but also for the doctors themselves. Despite the conscientious attitude of the doctor in the process of providing medical care, harm to the patient's health can occur.

The reason for this may be the insufficient development of medical science,

individual characteristics of the body that the doctor cannot take into account. The situation is also complicated by the inability to regulate by law the process of introducing new technologies, means and methods of treatment into the medical field, since it, like no other, is subject to constant changes and improvements. Much, if not everything in this process depends on the patient himself, he should lead a healthy lifestyle, avoid unnecessary risks, when consulting a doctor, state his complaints as clearly and accurately as possible, follow the doctor's recommendations, possibly throughout his life.

In the second stage, we conducted a surveyWe studied the legislation.and the Code of the Republic of Uzbekistan “On Administrative Responsibility” [7], the “Criminal Code” [8] of the Republic of Uzbekistan, as well as legal issues related to the appeals of doctors to higher organizations, a survey was conducted among doctors. The target group consisted of 1267 doctors working in the Republic of Karakalpakstan, Tashkent city and Samarkand region. The study was conducted from December 2018 to March 2019. The survey data were entered into the Microsoft Excel Pentium IV computer program. Of the target group of 1267 respondents, 493 doctors from the Republic of Karakalpakstan, 503 from Tashkent city and 271 from Samarkand region participated.

The majority of respondents in the survey were aged 41-50. The gender distribution of respondents was as follows: 424 (33%) were men and 843 (67%) were women. 583 (46%) of respondents had more than 20 years of work experience. The qualification category of doctors is not only professional, but also social. Doctors with a qualification category receive large monetary bonuses to their salaries. 536 (42%) of respondents had the highest category, with 145 (11%) in first place and 184 (15%) in second place, while 402 (32%) of those without a doctor category had the category. Respondents assessed their health as follows: good - 643 (43%), satisfactory - 542 (43%), bad - 51 (4%). To the question: How often do you visit doctors? I undergo a medical examination every year, 471 respondents (37%) answered, I go to the doctors every month, 48 respondents (4%), 2-3 times a year 260 (21%) and very rarely 486 respondents (38%) answered. Providing qualified medical care to doctors is also one

of the urgent tasks related to the protection of their health and the collection of social benefits. The opportunity for doctors to receive high-quality and qualified medical care free of charge at their workplace helps to reduce the number of sick leaves, the duration of days off work due to illness or injury, increase their productivity, and also shift responsibility to colleagues during their absence. In this regard, to the question: Do you have the opportunity to receive free medical care at your workplace? The respondents answered as follows. Yes, of course – 921 (73%) answered “no” – 154 (12%) and 192 (15%) respondents found it difficult to answer. Skillful time management and prioritization increase efficiency and work quality. To the question: How much of your working time do you spend filling out documents per day? 663 (52%) answered that they spend about half of their working time.

One of the questions we were interested in was the study of workload, that is, the performance of their functional tasks, and to the question: Is it difficult for you to perform your daily workload (functional tasks)? The respondents answered as follows: 632 (50%) said no, not difficult, 232 (18%) said it was a very heavy load, 352 (28%) said it was difficult to perform completely, and 51 (4%) said they could not answer.

We observed deaths among 245 doctors in the third stage of the outbreak. Most of them were observed in Bukhara region - 37 (0.8 percent), Khorezm region - 36 (0.8), and Surkhandarya region - 31 (0.9 percent).

Analysis by age of death showed that the highest rate was observed among doctors born before 1960 (60 years and older) with 125 (51%) cases, while the total number of deaths among doctors aged 40-59 was 114 (47%). Analysis of deaths by specialty of doctors showed that the highest rate was observed among surgeons, oncologists 27 (11%), therapists, nephrologists 24 (10%), general practitioners and statisticians, exercise therapy doctors, transphysiologists, phthisiologists 21 (9%).

On the fourth stage, data was collected.During the training between bachelor's (6th year) and master's (2nd year) students of the Tashkent Pediatric Medical Institute, held from September to November 2020, changes were made to the work program, and two topics were introduced for the first time: legislative acts regulating the

healthcare system, as well as the relationship between doctors and patients. The topic was based on articles of the Administrative and Criminal Codes of the Republic of Uzbekistan and algorithms developed on their basis. The training was held online using the platform at the Department of Health, Organization and Management of Healthcare.

The learning process was conducted through a discussion of the topic on algorithms. Analysis of the test results showed that bachelors and masters spent 4-20 minutes answering the test questions. The lowest score among bachelors was 52.5%, the highest was 75%, and the lowest score among masters was 80%, the highest score was 93.75%.

We have developed the following types of algorithms:

1. Algorithm for capturing the doctor's actions on video recording, as well as his voice on audio recording;

2. An algorithm of action for a doctor in combating the spread of false information about medical workers and their insults on the Internet;

3. Algorithm of actions of medical personnel in interaction with the media;

4. Algorithm of a doctor's actions when brought to criminal responsibility;

5. Algorithm of the doctor's actions in the conditions of pre-investigation examination

CONCLUSIONS

1. Taking into account the above, in order to radically change the situation, a fundamental law is needed - the Law "On Medical Activity", which comprehensively regulates issues related to the activities of medical workers, determines the possibility of creativity, in particular, the legality, possibility, grounds and conditions of medical experimentation as an absolute necessity, and comprehensively regulates the conditions under which it may be justified. This regulatory document protects the doctor from unfounded claims of patients, and at the same time protects the patient from illegal actions of a medical worker. This law should also be determinedThe patient's obligations are consistent with the goals of protecting the rights of medical professionals.

2. PIn the event of any aggressive behavior (intimidation, insults, etc.) by the patient or his/her companions, in order not to be left alone with aggressive people, you should first of all call one of your colleagues as a witness and contact law enforcement agencies. It is recommended to videotape all events, draw up a report on the incident, indicating all witnesses, including other patients, and contact the relevant law enforcement agencies and the medical workers' union so that the union lawyers can further support this case.

3. According to the analysis, the highest mortality rate in the Republic of Uzbekistan in 2020 was in Surkhandarya by number of doctors - 0.9%, in Jizzakh regions - 0.9%, by age of doctors - 0.9%, by age of doctors - mainly doctors aged 60 and over, that is, the total mortality rate was 12% (mainly deaths) surgeons, oncologists - 27 (11%), therapists, neurologists - 14 (10%), general practitioners and statisticians, exercise therapy doctors, transphysiologists, phthisiologists - 21 (9%).

4. Improving the skills of medical personnel, preparing them for pre- and post-graduate education, as well as developing and implementing training and work programs, will significantly increase the knowledge of medical personnel in legislation, including the Administrative and Criminal Codes.

PRACTICAL RECOMMENDATIONS

1. Development and implementation of regulatory documents that strengthen the medical and social protection of doctors;

2. Purchase and stockpile the necessary amount of personal protective equipment in case of possible outbreaks of infectious and parasitic diseases;

3. Creating favorable conditions for doctors to rest and recover;

4. Significantly strengthen the material and non-material conditions of incentives to maintain the existing potential of doctors;

5. Improving curricula and courses, including developing intensive courses to specialize the shortage of physician workforce;

6. Educating students of higher education institutions on the legal status of doctors and the protection of their rights.

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Text
professional "feeling" questionnaire

Instructions: Below is a list of statements that describe feelings and experiences that you may have related to your work.

Please read each statement and rate how well it matches your personal experiences.

If you never experience them, mark a "0". If such experiences occur, rate how often they occur: "1" - very rarely; "2" - rarely; "3" - sometimes; "4" - often; "5" - very often; "6" - always.

Full name _____

Workplace _____

Specialty: doctor/nurse (underline as appropriate)

Work experience: up to 5 years of work experience; 5-9 years; 10-14 years; 15-19 years; more than 20 years (select the correct one)

Statement	Never	Very rarely	Rarely	Sometimes	Often	Very often	Every day
1. I feel full of emotions.	0	1	2	3	4	5	6
2. By the end of the workday, I feel like a squeezed lemon.	0	1	2	3	4	5	6
3. When I wake up in the morning, I feel tired and have to go to work.	0	1	2	3	4	5	6
4. I have a good understanding of what my patients are feeling and use this to make treatment more successful.	0	1	2	3	4	5	6
5. I communicate with my patients (sick people) only formally, without unnecessary emotions, and I strive to minimize the time spent communicating with them.	0	1	2	3	4	5	6
6. I feel energetic and emotionally uplifted.	0	1	2	3	4	5	6
7. I know how to find the right solution in conflict situations with patients and their relatives.	0	1	2	3	4	5	6
8. I feel depressed and apathetic.	0	1	2	3	4	5	6
9. I can positively influence the well-being and mood of patients.	0	1	2	3	4	5	6
10. Lately, I have become more rude (indifferent) towards sick people.	0	1	2	3	4	5	6
11. As a rule, the people around me demand too much from me. They tire me out more than they make me happy.	0	1	2	3	4	5	6
12. I have many plans for the future,	0	1	2	3	4	5	6

and I believe they will come true.							
13. I experience more disappointments in life.	0	1	2	3	4	5	6
14. I feel apathy and loss of interest in many things that used to make me happy.	0	1	2	3	4	5	6
15. Sometimes I don't care what happens to some of my patients.	0	1	2	3	4	5	6
16. I want to be alone and take a break from everything and everyone.	0	1	2	3	4	5	6
17. I can easily create an atmosphere of goodwill and optimism in my relationships with colleagues and with my patients.	0	1	2	3	4	5	6
18. I communicate easily with patients and their loved ones, regardless of their social status and character.	0	1	2	3	4	5	6
19. I manage to get a lot done in a day.	0	1	2	3	4	5	6
20. I feel at my limit.	0	1	2	3	4	5	6
21. I still have a lot to achieve in my life.	0	1	2	3	4	5	6
22. Patients are usually ungrateful people.	0	1	2	3	4	5	6

«_____»_____ 2025

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(signature)