СПИСЪК С РЕЗЮМЕТА НА ОТПЕЧАТАНИТЕ В ПЪЛЕН ТЕКСТ НАУЧНИ ТРУДОВЕ

на гл. ас. Атанас Красимиров Анов, дф

във връзка с участие в конкурс за „доцент" по Медицинска етика в област на висше образование 7. Здравеопазване и спорт, професионално направление 7.4. Обществено здраве в Катедра „Управление на здравните грижи, медицинска етика и информационни технологии" към Факултет „Обществено здраве" при Медицински Университет – Плевен. Конкурсът е обявен в ДВ бр. 38 от дата 24.04.2026 г.

B4-№1 Anov A., Yankulovska S, Vekov T. *5-year experience in ethical analysis of public health cases in Medical University Pleven.* European Journal of Public Health, 2016, 26(1): ckw175.023; https://doi.org/10.1093/eurpub/ckw175.023 ISSN: 1101-1262; Web of Science.

Background

Training in case analysis is vital part in bioethical education. It develops moral sensitivity and helps medical students to distinguish diseases' different social impact both on the individual patient and the public.

The aim of this report is to present and analyse the results of 5-year application of original methodology for ethical analysis of public health cases among students in Medical University of Pleven.

Methods

In the period 2010-2015 a 4-step model of case analysis (dilemma definition, data clarification, ethical discussion, and decision) was applied by 562 students. Assessment was performed through originally developed tool.

Results

In total 418 Bulgarian students and 144 international students were covered by the educational programme for the referred period. The method for case analysis was applied to cases concerning general Public Health Ethics problems, resource allocation issues and research ethics (161 case analyses altogether). Other bioethical problems were also included. Highest achievements were registered in research ethics cases: 49 students successfully analysed their cases in this field. Students who analysed general Public Health Ethics cases (4.1%) and Resource allocation cases (15.8%) showed very good results in mastering and applying the method to these topics. Female students proved to have higher results in case analysis than male students. The percentage of students in English training program who showed sufficient results is higher compared to Bulgarian students (31.9% to 4.3% accordingly). However, the percentage of international students with very good results is over two times lower compared to Bulgarians (51% to 21.6%).

Conclusions

Case analysis skills are important for students in view of the decisions concerning public health they would come across in their future practice. Experience in case analysis contributes to professional confidence and change of perspective when facing public health ethical challenges.

Key messages:

- Training of future Public Health specialists and physicians demands complex theoretical and practical skills for which the method for ethical case analysis is conducive

- Training in case analysis not only enhances moral sensitivity of students towards Public Health but it also helps to identify common mistakes and address them in education

B4-№2 Anov, A. *Performatives and meta-constatives.* Pfilosofiya, 2018, 27(2): 172-181; ISSN: 0861-6302; Web of Science.

Philosophy of Language
Философия на езика

ПЕРФОРМАТИВИ И МЕТАКОНСТАТИВИ

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Резюме. Изследването на речевите актове е интересен подход при изследването на езика. Публикацията възприема разбирането на Джон Л. Остин за речевите актове и цели да представи както идеята му за перформативи, така и да въведе едно ново понятие – „метаконстатив". За осъществяване на поставената цел първо ще бъде скициран контекстът на аналитичната философия, чрез който ще може да се експлицира философията на всекидневния език, речевите актове и по-конкретно перформативите. Във втората част на изследването ще бъдат представени метаконстативите. Последните са казвания, чрез които показваме как трябва да са нещата в света. Във втората част ще бъде обърнато внимание на императивните изречения, чрез които изграждаме метаконстативи. Също така ще се направи връзка между метаконстативите и перформативите. Изследването завършва с посочване на разликите между метаконстативите и императивите.

Keywords: philosophy of ordinary language; speech acts; performatives; meta-constatives; imperatives

B4-№3 Веков Т, **Анов А.** *Анализ разход/ефективност на имунотерапиите за лечение на пациенти с рекурентен/метастатичен еквамозноклетъчен карцином на главата и шията с експресия на PD-L1*. Медицински преглед, 2018, 54(5): 54-58; ISSN: 1312-2193; Web of Science (CABI).

АНАЛИЗ РАЗХОД/ЕФЕКТИВНОСТ НА ИМУНОТЕРАПИИТЕ ЗА ЛЕЧЕНИЕ НА ПАЦИЕНТИ С РЕКУРЕНТЕН/МЕТАСТАТИЧЕН СКВАМОЗНОКЛЕТЪЧЕН КАРЦИНОМ НА ГЛАВАТА И ШИЯТА С ЕКСПРЕСИЯ НА PD-L1

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COST-EFFECTIVENESS ANALYSIS OF IMMUNOTHERAPIES FOR TREATMENT OF PATIENTS WITH RECURRENT/METASTATIC SQUAMOUS-CELL CARCINOMA OF HEAD AND NECK WITH PD-L1 EXPRESSION

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Резюме:

Съвременната стратегия за имунотерапия на метастатичен сквамозноклетъчен карцином на главата и шията с PD-L1 експресия (recurrent/metastatic squamous cell carcinoma of the head and neck – r/m SCCHN, PD-L1) се основава на PD-1 рецепторните блокери (PD-1rb). През 2018 г. в България от групата на PD-1rb, показани за лечение на r/m SCCHN, PD-L1, са регистрирани два лекарствени продукта – nivolumab (NIV) и pembrolizumab (PEM). За оценяване на тяхната сравнителна терапевтична ефикасност и безопасност и разходна ефективност е извършен анализ от типа разход/ефективност с моделиране на данни за бъдещи здравни ползи и разходи чрез модел на Марков. В резултат: PEM демонстрира статистически значимо терапевтично превъзходство в сравнение с NIV, особено в групата пациенти с r/m SCCHN, PD-L1 > 50%. Въпреки това PEM не е разходно ефективна здравна технология в сравнение с NIV, поради твърде високата си цена. Настоящата оценка се потвърждава от резултатите от оценките на същите технологии, проведени в САЩ и Канада.

Ключови думи: карцином на глава и шия, имунотерапия, nivolumab, анализ разход/ефективност, модел на Марков

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B4-№4 Saleva, M., Draganova, M., Alexandrova-Yankulovska, S., **Anov, A.**, Seizov, A. *Legal norms and requirements for competencies for research activities of nurses and midwives in Bulgaria.* General Medicine, 2023, 25(3): 28-34; ISSN: 1311-1817; Web of Science (CABI); Scopus.

НОРМАТИВНИ ИЗИСКВАНИЯ ЗА КОМПЕТЕНЦИИ ЗА НАУЧНОИЗСЛЕДОВАТЕЛСКА ДЕЙНОСТ НА МЕДИЦИНСКИ СЕСТРИ И АКУШЕРКИ В БЪЛГАРИЯ

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LEGAL NORMS AND REQUIREMENTS FOR COMPETENCIES FOR RESEARCH ACTIVITIES OF NURSES AND MIDWIVES IN BULGARIA

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Резюме. *Международният опит в развитието на научноизследователската дейност на медицинските сестри и акушерките е най-добре изразен в създаването на организационни структури, разработването на официални документи, свързани с обучението за тази дейност, провеждането на научни проучвания в областта на здравните грижи. Развитието на изследователски капацитет и практиката, базирана на доказателства и иновации, са сред глобалните стратегически цели на СЗО за двете професии. Целта на настоящото проучване е да се анализират нормативните изисквания в България, които регламентират компетенции за научноизследователска дейност на медицински сестри и акушерки и чрез които се гарантира предоставяне на висококачествени и научнообосновани здравни грижи за обществото.* ***Материал и методи:*** *Извършен е контент-анализ с въпросник на нормативни и официални документи, които са свързани с обучението и практикуването на двете професии.* ***Резултати и обсъждане:*** *Във всички документи за дейността на завършили сестри и акушерки са регламентирани конкретни дейности, свързани с провеждане на научни проучвания. Дефинирани са и областите на изследване. Открива се несъответствие с учебните планове по двете специалности, където не е включена задължителна дисциплина за тези компетенции. Акредитиращият орган на обучението също има заложени критерии за участие на студентите в научни проекти, което изисква и съответни знания и умения.* ***Заключение:*** *Нормативното регламентиране на научната дейност в здравните грижи е в съответствие с международните и европейските документи, но са необходими още законодателни промени по отношение на обучението за тази дейност. Осъзнаването на факта, че съвременните здравни грижи трябва да бъдат научнообосновани и че подобряването им става чрез научни проучвания, е отговорност на медицинските сестри и акушерките към обществото за гарантиране на високо качество на предоставяните грижи.*

Ключови думи: научноизследователска дейност, медицински сестри, акушерки, нормативни документи, компетенции

Abstract. *The international experience in the development of the research activity of nurses and midwives is best expressed in the creation of organizational structures and the development of official documents related to the training for this activity and the conduct of scientific research in health care. The development of research capacity and evidence-based practice and innovation are one of the WHO global strategic goals for both professions. The purpose of the study was to analyze the regulatory norms and requirements in Bulgaria, regulating competencies for scientific research of nurses and midwives, and through which the provision of high-quality and science-based health care for the community is guaranteed.* ***Material and methods:*** *A content analysis was carried out with a questionnaire on normative and official documents that*

B4-№5 Anov A., Statev K., Stateva A., Seizov A., Aleksandrova-Yankulovska S. *Can ChatGPT follow an algorithm for ethical decision-making in public health?* European Journal of Public Health, 2023, 33(2): ckad160.1284 ISSN: 1101-1262; Web of Science.

Abstract citation ID: ckad160.1284

Can ChatGPT follow an algorithm for ethical decision-making in public health?

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Background:
With the rapid development of AI, especially chat bots based on Large Language Models like OpenAI ChatGPT and Google Bard, the question of the day is can AI replace (partially or entirely) experts in certain fields - for example in Medical Ethics. The aim of this work is to test the application of ChatGPT to public health ethics (PHE) cases.

Methods:
ChatGPT was given the task to analyse Ebola quarantine case in Sierra Leone by applying methodology for ethical analysis of its own choice and by applying a 4-step model for ethical analysis developed in Medical University - Pleven. The tests were done with simple and detailed tasks. No additional plugins to ChatGPT were included.

Results:
Given a simple task ChatGPT applied 4-step model to the case - Facts, Stakeholders, Ethical principles (Autonomy, Non-maleficence, Beneficence, Justice), Potential consequences. A brief argumentation was provided for each point. ChatGPT identified key ethical concepts for the case (limiting autonomy and freedom, limiting access to resources). When asked to analyse the case with the principles of PHE as defined in The Cambridge Textbook of Bioethics, ChatGPT still used Beauchamp and Childress principles of bioethics. When introduced to PHE principles ChatGPT identified limiting access to resources, creating social and economic hardship for those affected by quarantine as key issues. ChatGPT managed to apply the 4-step model for ethical analysis developed in Medical University - Pleven to some degree. It produced detailed discussion but didn't use any ethical standards, patient's rights or public health policies that could help with decision-making. Individual autonomy was disregarded by ChatGPT in the most detailed analysis.

Conclusions:
ChatGPT has basic knowledge of methodologies for ethical case analysis. With proper guidance and detailed instructions, it could follow complex methodologies and produce a decision.

Key messages:
- AI will continue to develop and its inclusion in medicine and public health practice and teaching is inevitable.
- Public health professionals should always be critical of AI decisions and double check the information that was provided by AI.

B4-№6 Anov A, Aleksandrova-Yankulovska S, Stateva A, Seizov A, Statev K. *On the application of AI in ethical decision-making in research ethics and ethics education.* European Journal of Public Health, 2023, 33(2): ckad160.293 doi: 10.1093/eurpub/ckad160.293 ISSN: 1101-1262; Web of Science.

5.F. Pitch presentations: AI, gaming and social media

Abstract citation ID: ckad160.293
On the application of AI in ethical decision-making in research ethics and ethics education

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Background:
ChatGPT is tested everyday by millions of users with different use cases. Exploring the gap between theoretical and practical ethical problems and how it is affected by the ongoing development of ChatGPT is one of these cases. The aim of this report is to present the results of testing ChatGPT in ethical decision-making in research ethics and its applicability in ethics education.
Methodology:
The tests were conducted between February and April 2023 with 3 updates of ChatGPT in this period. GPTZero AI detector was used to test whether the AI generated text can be detected as not written by human. For ethical decision-making a 4-step model developed in Medical University - Pleven was applied to the Tuskegee experiment case.
Results:
Two tests were conducted, in February and in April. In both cases ChatGPT was given a simple task to analyse the Tuskegee experiment by applying a methodology for case analysis. In February it used a 6-step method and in April it used a 4-step approach. In both cases ChatGPT managed to identify ethical problems regarding informed consent, human rights, harms. With more detailed instructions ChatGPT managed to follow them to some degree. It identified the issue of vulnerability and the relevance of Nuremberg code and Declaration of Helsinki but it couldn't interpret them without additional plugin. Given a simple instruction ChatGPT produced a content that was detected by GPTZero as written by AI. By instructing ChatGPT for creating content with high degree of burstiness and perplexity and more detailed instructions about the methodology it produced a content of which two-thirds were detected as written by AI.
Conclusions:
Given the task ChatGPT can identify ethical issues at basic level. Even with more detailed instructions it can't go into detailed ethical reasoning. It wouldn't be sufficient for professional ethical decision-making. It could help in ethics education but with certain limitations.
Key messages:
- ChatGPT is still not able to go into detailed ethical reasoning and researchers should be careful if they plan to use it in their scientific work.
- Educators should always check whether the content of their students' work is developed by AI and have ethical guidelines for using AI in education.

B4-№7 Yankulovska, S., **A. Anov,** L. Veskov, A. Mihailova, D. Bakova, A. Grigorova, M. Mirchev, M. Saleva. *Bulgarian bioethicists on patients' responsibility as a basis for prioritization in healthcare*. European Journal of Public Health, 2023, 33(2): ckad160.12; ISSN: 1101-1262; Web of Science.

JOURNAL ARTICLE

Bulgarian bioethicists on patients' responsibility as a basis for prioritisation in healthcare

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European Journal of Public Health, Volume 33, Issue Supplement_2, October 2023, ckad160.1283, https://doi.org/10.1093/eurpub/ckad160.1283
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Abstract

Background

Patients' responsibility as a criterion for setting priorities in healthcare has been widely discussed in the academic literature recently while the empirical knowledge is still limited.

Methods

We investigated perceptions of bioethicists within the Bulgarian Association of Bioethics and Clinical ethics (BABCE) on the relevance of patient's responsibility for priority setting in Bulgarian healthcare context through focus group interview. Discussions were recorded and transcribed verbatim. Conceptually driven thematic analysis was used.

Results

The findings suggest that members of BABCE supported the concept of patients' responsibility but were reluctant to the application of the life style contract as a basis for prioritization in health care. The life style contract was seen as not corresponding to Bulgarian cultural particularities. The existing similar mechanisms in the field of social assistance in our country had proved to be ineffective. The main precondition for introduction of patients' responsibility was the building of supportive environment on the side of the society and the government. The concept of prospective responsibility was seen as more acceptable than the retrospective responsibility. The participants distinguished other dimensions of personal responsibility such as intentional damages of healthcare facilities, misuse of resources, violence towards health professionals that were considered as deleterious to the healthcare system as the life style induced diseases.

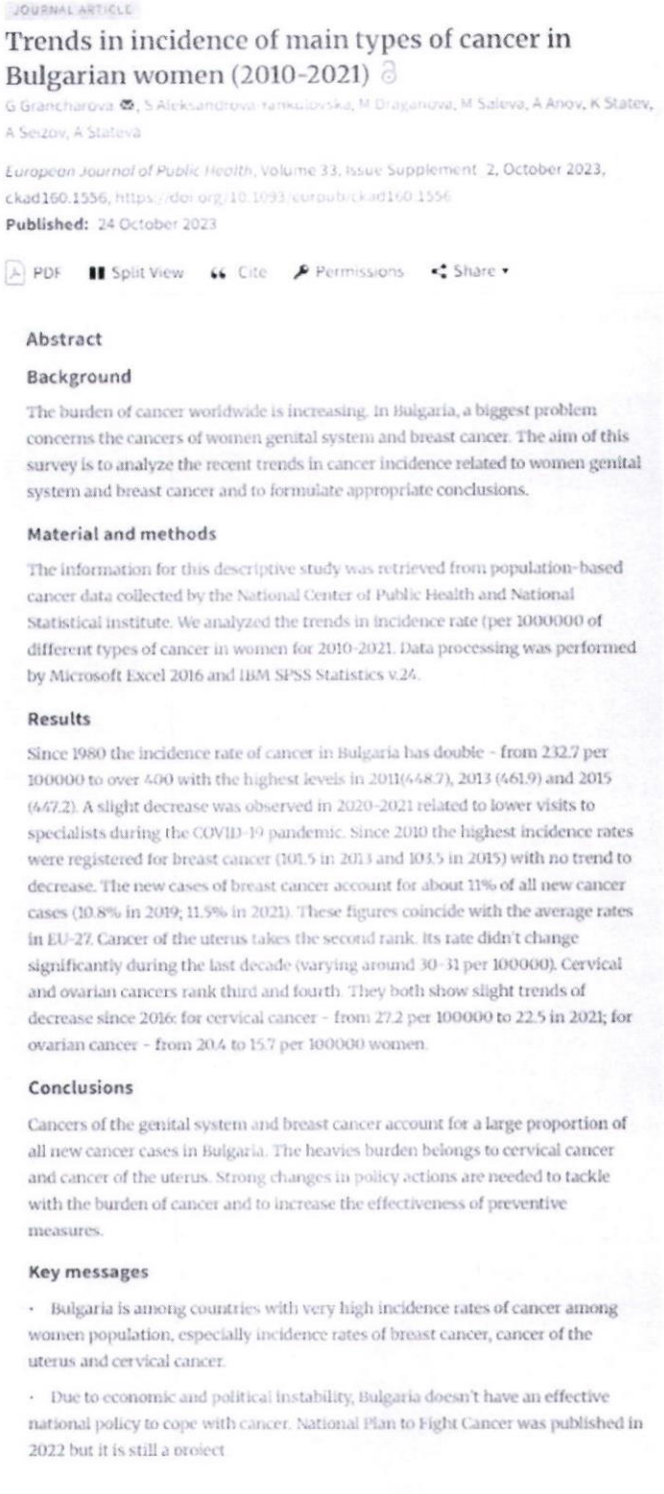
Conclusions

The acceptance of patients' responsibility as a criterion for prioritization in health care in Bulgaria needs to be studied further among wider professional community and the general public. A field study in the real national conditions would contribute to the development of specific tools to deal with resource allocation issues in our context.

Key messages

- Prioritisation in healthcare is inevitable and patients' responsibility could be an acceptable criterion under certain conditions.
- National particularities should be studied to find the most appropriate tools to deal with resource allocation issues.

B4-№8 Grancharova, G., S. Aleksandrova-Yankulovska, M. Draganova, M. Saleva, **A. Anov**, K. Statev, A. Seizov, A. Stateva. *Trends in incidence of main types of cancer in Bulgarian women (2010-2021)*. European Journal of Public Health, 2023, 33(2): ckad160.15; ISSN: 1101-1262; Web of Science.



JOURNAL ARTICLE

Trends in incidence of main types of cancer in Bulgarian women (2010-2021)

G Grancharova, S Aleksandrova-Yankulovska, M Draganova, M Saleva, A Anov, K Statev, A Seizov, A Stateva

European Journal of Public Health, Volume 33, Issue Supplement_2, October 2023, ckad160.1556, https://doi.org/10.1093/eurpub/ckad160.1556
Published: 24 October 2023

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Abstract

Background

The burden of cancer worldwide is increasing. In Bulgaria, a biggest problem concerns the cancers of women genital system and breast cancer. The aim of this survey is to analyze the recent trends in cancer incidence related to women genital system and breast cancer and to formulate appropriate conclusions.

Material and methods

The information for this descriptive study was retrieved from population-based cancer data collected by the National Center of Public Health and National Statistical institute. We analyzed the trends in incidence rate (per 1000000 of different types of cancer in women for 2010-2021. Data processing was performed by Microsoft Excel 2016 and IBM SPSS Statistics v.24.

Results

Since 1980 the incidence rate of cancer in Bulgaria has double - from 232.7 per 100000 to over 400 with the highest levels in 2011(448.7), 2013 (461.9) and 2015 (447.2). A slight decrease was observed in 2020-2021 related to lower visits to specialists during the COVID-19 pandemic. Since 2010 the highest incidence rates were registered for breast cancer (101.5 in 2013 and 103.5 in 2015) with no trend to decrease. The new cases of breast cancer account for about 11% of all new cancer cases (10.8% in 2019; 11.5% in 2021). These figures coincide with the average rates in EU-27. Cancer of the uterus takes the second rank. Its rate didn't change significantly during the last decade (varying around 30-31 per 100000). Cervical and ovarian cancers rank third and fourth. They both show slight trends of decrease since 2016: for cervical cancer - from 27.2 per 100000 to 22.5 in 2021; for ovarian cancer - from 20.4 to 15.7 per 100000 women.

Conclusions

Cancers of the genital system and breast cancer account for a large proportion of all new cancer cases in Bulgaria. The heavies burden belongs to cervical cancer and cancer of the uterus. Strong changes in policy actions are needed to tackle with the burden of cancer and to increase the effectiveness of preventive measures.

Key messages

- Bulgaria is among countries with very high incidence rates of cancer among women population, especially incidence rates of breast cancer, cancer of the uterus and cervical cancer.
- Due to economic and political instability, Bulgaria doesn't have an effective national policy to cope with cancer. National Plan to Fight Cancer was published in 2022 but it is still a project

B4-№9 Tsanova D., Vitkova T., **Anov A.**, Bankova E. *Environmental noise and cardiovascular diseases in Bulgaria*. Journal of IMAB, 2024, Oct-Dec, 30(4): 5799-5805; ISSN: 1312-773X; Web of Science.

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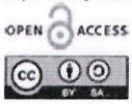

https://doi.org/10.5272/jimab.2024304.5799
Journal of IMAB. 2024 Oct-Dec;30(4)

Review article

ENVIRONMENTAL NOISE AND CARDIOVASCULAR DISEASES IN BULGARIA

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ABSTRACT

Purpose: Noise has emerged as a leading environmental nuisance. Cardiovascular diseases rank first among the causes of death on a global scale and one of the possible effects of noise impact on the human organism.

The study aims to analyze the level of noise pollution in Bulgaria and to measure its association with cardiovascular diseases.

Methods: Data provided by the National Statistical Institute, Eurostat and other databases were used to analyze the noise pollution in Bulgaria. The 28 regions in Bulgaria were compared according to the proportion of surveyed points above permissible limits and the death rates due to cardiovascular diseases, /2022/. Data were statistically processed with SPSS v.26.

Results: A positive fact is the absence of high values of noise levels in the range of 78-82 dB(A) and over 82 dB(A) and the decrease in the share of surveyed points with noise levels in this range during the analyzed period- from 27.3% in 2006 to 18.56% in 2022.

The study found that almost all districts with the highest share of surveyed points above permissible limits have higher levels of death rate due to CVD. There is a positive moderate correlation between the share of surveyed points above permissible limits and the Death rate due to CVD - coefficient of Pearson is 0.423 (p=0.025).

Conclusion: Cardiovascular diseases have a multifactorial genesis, but the reduction of noise in urban areas would help prevent these diseases.

Keywords: Noise, pollution, cardiovascular, inequalities, public health.

INTRODUCTION

Social determinants of health are a set of socially controlled factors that affect individual and public health. Factors in the physical environment, such as air pollution and noise, are among the social determinants of health that greatly impact population health [1].

Sources of environmental noise [2]:

- transport - road traffic, rail traffic, air traffic;
- construction and industry;
- community and social sources - neighbours, radio, television, bars and restaurants, portable music players, fireworks, toys, rock concerts.

Environmental noise is a significant environmental risk [3]. Noise is an unpleasant, discordant sound. At very high levels, noise can cause permanent changes in a person's psyche [4]. But, even at lower levels, it can cause stress and disorders of the nervous system [5]. Road traffic noise is ranked second in the World Health Organisation /WHO/ categorization of environmental factors harmful to human health. Only air pollution is listed as more harmful.

Noise affects health in different ways [6, 7]. Prolonged noise-related stress can deplete a person's physical reserves, disrupt the regulatory capacity of organ functions, and thus limit their effectiveness [8, 9]. Noise is an underestimated threat that can cause several short- and long-term health problems, such as sleep disturbance, cardiovascular effects, poorer work and school performance, hearing impairment, etc. [10].

The degree of risk of damage to human health under the influence of the "noise" factor in the environment is difficult to determine [11]. Usually, this factor does not act in isolation but participates in an extremely complex combination with other health risk factors [12]. For example, people exposed to road noise are also exposed to air pollution arising from road traffic. It is not yet clear whether the impact of noise on ischaemic heart disease is

B4-№10 Saleva, M., M. Draganova, E. Mineva-Dimitrova, **A. Anov**. *Development of research activity among nurses and midwives in Bulgaria – Delphi survey*. Journal of IMAB, 2025, Jul-Sep;31(3): 6394-6399; ISSN:1312-773Xм Web of Science.

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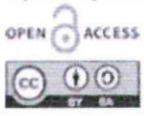

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Journal of IMAB. 2025 Jul-Sep;31(3)

Original article

DEVELOPMENT OF RESEARCH ACTIVITY AMONG NURSES AND MIDWIVES IN BULGARIA – DELPHI SURVEY

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ABSTRACT

Conducting research in nursing and midwifery is a relatively new area in Bulgaria. There is no national strategy for research in health care. Conducting scientific research is still a serious challenge for nurses and midwives.

The purpose of the study is to propose directions for the development of research activity in health care in Bulgaria by experts with concrete measures.

Material and Methods: A Delphi survey was conducted in two stages among authorities at a national level with contributions to the development of health care.

Results: There was a consensus about the definition and scope of "research in health care" and about the need for a national strategy. All of the experts expressed agreement on the presented measures and the necessary development actions. They have common ideas and a vision for the future development in this field.

Discussion: According to the international development of healthcare research, five main directions have been adopted. Some of the necessary measures are investing in education for research, integrating research into practice, enforcing collaborations between educators and practitioners, and funding. Bulgaria's health care research activity should be encouraged and stimulated with appropriate measures and adequate activities.

Conclusions: The findings of this study have significant implications for universities, educators, leaders of the professional organization and other stakeholders in the field of health care. The proposed measures are a base for developing a national strategy for research and for applying evidence-based practice in the future.

Keywords: research, nurses, midwives, development,

INTRODUCTION

The first nurse researcher is Florence Nightingale with her work during the Crimean War (1850), but for a long time no one followed her example. The development of nursing research in Europe was observed in the late 20th century. A significant moment was the creation of a working group of European nurse researchers (Workgroup of European Nurse Researchers - WENR) [1, 2]. The group started active work on the development of nursing research in European countries by organizing conferences and meetings in different countries. WENR has been active for 25 years, during which time it has organized 39 events published more than 60 articles. In 1972, a report from the Committee on Nursing in the UK was published, which recommended that nursing should become a 'research-based' profession, and this was a turning point historically in the development of nursing research.

Within the framework of the Sixth European Research Framework Program for the period 2002-2006, the European Commission envisages the implementation of a project: "Specific Support Action to establish a European Platform for Nursing Research". The project took place in 2005 and aims to take a "snapshot" of the state of nursing research in healthcare in Europe with a focus on public funding and policy [2]. Some of the results of the 2005 review, followed by a progress report in 2007 of the status of research in health care in the European countries were: difference in the definition of the term research in the field of health care; lack of reliable comparative data in Europe on relatively clear issues such as the absolute number of nurses and number of nurses; strategies and priorities for scientific research in health care exist only in some countries; in most countries there is a lack of opportunities for career and development in research activity.

Г8-№1 Alexandrova–Yankulovska S. **Anov A.** *Four pillars of ethics in medicine*. In book: A Current Perspective On Health Sciences; Ed.: Aysegul Yildrim Kaptanoglu Trakya university, 2014, pp. 230-241; ISBN: 978-606-8552-05-7

A Current Perspective On Health Sciences

FOUR PILLARS OF ETHICS IN MEDICINE

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ABSTRACT
Till the middle of XXth century medical ethics was concerned primarily with norms of professional behavior and therapeutic relationships. The concept of bioethics emerged in 70s in USA and a decade later in Europe. The aim of this report is to review the developments that led to the transformation of medical ethics into bioethics. **Discussion:** First and most important pillar of bioethics is the introduction of the notion of informed consent. Second pillar is related to drawing new borderlines on issues of beginning and end of life. Hot debates took place: about moral status of the embryo, definition of death and what constitutes "good death". Third pillar encompasses two new areas of ethics: medicine in service of humans (transplantation ethics) and humans in service of medicine (research ethics). Fourth pillar places person in service of society developing the area of public health ethics. **Conclusion:** Newly developed field of bioethics was welcomed with controversy. Its approaches were too philosophical for medicine and too medical for philosophy. Bioethical decisions have been contra productive in most of the cases. Despite all obstacles bioethics gained recognition as academic discipline and has managed to make its first steps in clinical consultation services.

Key words: bioethics, informed consent, medical ethics, research ethics, transplantation ethics

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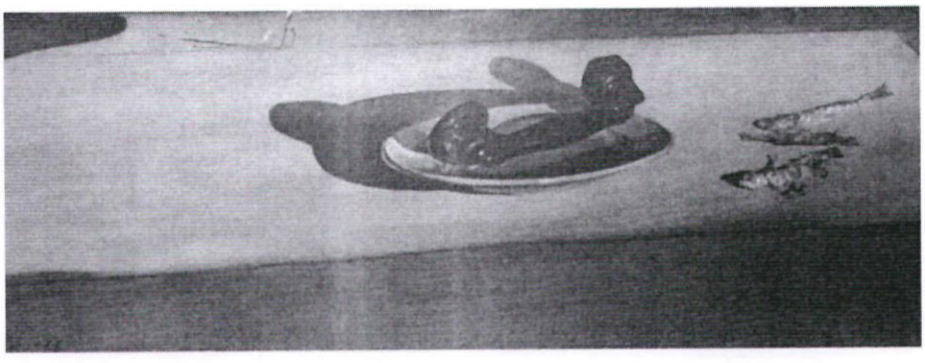
Г8-№2 Анов Ат, Александрова-Янкуловска С. *Върху правото на пациента да не знае*. Предизвикай правото, 2016, ISSN: 1314-7854; http://challengingthelaw.com/medicinsko-pravo/pravoto-na-pacienta-da-ne-znae/



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Въведение

Световната Медицинска Асоциация е независима организация, която е създадена, за да гарантира независимостта на лекарите, за подсигуряване на най-високите стандарти на етично поведение и лекарска грижа. Нейната цел е да служи на човечеството чрез постигане на най-високите международни стандарти в медицинското образование, медицинска наука, медицинска етика и здравеопазването. За осъществяването на тази цел Световната Медицинска Асоциация създава редица декларации, резолюция и становища[1]. Те служат за насока на лекарите по целия свят, но също така те служат за насока при изграждането на националното законодателство на страните по света. Чрез своите декларации, резолюции и становища организацията обхваща широк кръг от теми. Например: Международен Кодекс по Медицинска етика[2]; права на пациента; семейно планиране; биомедицински изследвания с участието на човешки същества и други.

Международният статут на документите на Световната Медицинска Асоциация не ги превръща в закони. Именно поради това съществуват разлики между националните кодекси и законодателство при сравнение с международните документи на организацията. Например в Декларацията от Лисабон за правата на пациента[3] се посочва под правото на информация, че по настояване на пациента, последният може да не бъде информиран за състоянието му. В България Законът за здравето[4] е изграден по този модел. В него се посочва:

Чл. 92. (1) Лекуващият лекар е длъжен да информира пациента относно:

1. здравословното му състояние и необходимостта от лечение;

Г8-№3 Анов А. *Информирано съгласие - исторически и философски щрихи на една революция.* Асклепий, 2017, 13(32): 160-163; ISSN: 1310-0637

ИНФОРМИРАНО СЪГЛАСИЕ – ИСТОРИЧЕСКИ И ФИЛОСОФСКИ ЩРИХИ НА ЕДНА РЕВОЛЮЦИЯ.

Атанас Анов[1] (Плевен)

INFORMED CONSENT – HISTORICAL AND PHILOSOPHICAL OUTLINE OF A REVOLUTION

Atanas Anov[1] (Pleven)

Abstract. Informed consent succeeds in revolutionizing medical practice by putting an end to the paternalistic „doctor knows best" and placed the patient in the role of an active participant in decision-making on the therapeutic process.

The purpose of this report is to illustrate through historical and philosophical reflection on literature how informed consent revolutionizes medical practice.

The paternalistic attitude towards the patient began in the Antiquity and continued until the second half of the 20th century. History of informed consent is dominated by Martin Pernik's thesis – informed consent has always been present in medical practice; and Jay Kats – the idea of informed consent is a twentieth century creation.

In history of medicine we can find evidence about telling the truth to the patient, which is an important part of the idea of informed consent. Telling the truth has not been accepted by medical practice since the time of Hippocrates. In the Middle Ages, paternalism towards the patient and authoritarianism towards the physician was enhanced by theology. The Enlightenment manages to soften the paternalism and introduce the modern idea of educating the public for the purpose of understanding the physician. It is in the Enlightenment times that the basic elements of the modern idea of informed consent appeared. The concept of „social contract" and „autonomy" allow not only to have informed consent in practice today but also to discuss the ethical dimensions of the idea as: protection, autonomy, prevention of abuse, trust, self-ownership. These ideas will form the informed consent as process.

Informed consent will remain one of those ideas without which we cannot do today, but it will continue to cause problems for professionals.

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Г8-№4 Anov A. *How do autonomy, dignity and justice look like in aging context?*
International Journal of Bioethics and Health Policy, 2017, (2): 4-11; ISSN: 2501-8019

International Journal of Bioethics and Health Policy

How do Autonomy, Dignity and Justice Look Like in Aging Context?

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Published

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Abstract

The aim of this paper is to describe the problems of autonomy, dignity and justice that medical professionals experience with elderly patients. *Method*: Both literature review and philosophical reflection, ethical case analysis have been used. There is a gap between the theory and practice with the application of the principle of respect for autonomy. This is possible because in bioethics the principle is based only on I. Kant's second formulation of the categorical imperative. So in practice a patient is understood as being autonomous or non-autonomous. He can make responsible decision for himself or he cannot make such decisions. It is like there is nothing in the middle. Contrary to the theoretical framework patients with dementia show us that there is actually something in the middle. The change that occurs in the decision-making capacity requires revising our understanding about autonomy as well as our concepts of dignity. Does the patient with dementia lose his dignity with the development of the disease? Justice is often related to resource allocation issues in medical practice. One of the most difficult questions here is whether limiting health care for elderly patients is consistent with the current understanding of justice? Do we owe something to elderly patients? People change through time so their values change as well. Despite being older than other patients, elderly patients need more complex moral care. Their values may not change through time and medical professionals should be prepared to understand them and explain the values in life.

Keywords: *autonomy, dignity, justice, elderly patients, values*

Г8-№5 Анов А. *Случаят Серджио Канаверо – неосъществен експеримент.* Етичен поглед. Социална медицина, 2017, 25(4): 38-40; ISSN: 1310-1757

СЛУЧАЯТ СЕРДЖИО КАНАВЕРО – НЕОСЪЩЕСТВЕН ЕКСПЕРИМЕНТ. ЕТИЧЕН ПОГЛЕД

Ат. Анов

THE CASE OF CANAVERO – UNREALIZED EXPERIMENT. ETHICAL VIEW

At. Anov

Резюме. *Случаят на д-р Серджио Канаверо и идеята му за трансплантация на глава беше очакван експеримент през 2017 г. Той беше централна тема за обсъждане в рамките на Етиката на общественото здраве, благодарение на редица публични изявления, относно амбицията на италианския хирург за осъществяване на трансплантацията. Цел на доклада е анализиране на казуса на д-р Канаверо и акцентиране на ролята на Етиката на общественото здраве за защита на населението. Прогресът на медицината се основава върху експерименти с хора, но общественото здраве трябва да действа като регулатор за подобни експерименти. Развитието на медицината трябва да бъде съчетано с основните етични принципи. Колкото и любопитен да е експериментът на д-р Канаверо от научна гледна точка, а провеждането му би довело до научен прогрес, но също така ще доведе до морален регрес към времена от историята на медицината, в които научното познание не се е ръководело от морални принципи.*

Summary. *The case of Sergio Canavero m.d. and his idea for head transplant was expected experiment in 2017. He became central topic for discussion in Public health ethics due to a number of public statements about the ambition of the Italian surgeon to transplant a human head. The aim of the report is to analyze the case of Dr. Canavero m. d. and to emphasize on the role of public health ethics in protecting the population. The progress of medicine is based on experiments with human beings, but public health must act as a regulator for such experiments. Development of medicine should be combined with fundamental ethical principles. No matter how curious Dr. Canavero's experiment would be from a scientific point of view, conducting it would lead to scientific progress but also it would lead to moral regress to times in the history of medicine in which scientific knowledge was not guided by moral principles .*

Key words: Public health ethics, experiments, transplantation, protection

Г8-№6 Anov A., Alexandrova–Yankulovska, S. *Who has the right to justify euthanasia.* Folia Palliatrica, 2018, Том 2, стр. 19-23; ISSN: 2603-3224

Who has the right to justify euthanasia?

Anov, At[1], Aleksandrova-Yankulovska, S[2]
1. Assist. prof. Atanas Anov, PhD: Medical University – Pleven. email: atanas.anov@gmail.com
2. Prof. Dr. Silviya Aleksandrova-Yankulovska, MD, PhD, DSc, MAS: Medical University – Pleven:

Abstract

On June 17th 2016 Canada adopted a law that created regulatory framework for medical assistance in dying. In the middle of September 2016 in Belgium was performed the first child euthanasia. With these events 2016 has ended with ongoing classical debate concerning euthanasia and physician-assisted suicide.

At the beginning of 2017 the world started talking about euthanasia once again but this time the debate took an unexpected turn. In January 2017 a citizen's initiative in Finland submitted 50,000 signatures in the Finnish Parliament (Eduskunta) placing the debate in political field. There were politicians who opposed these ideas. Finnish doctors who are concerned with palliative treatment state that better training in palliative care would decrease all requests for active euthanasia and would improve palliative care services.

All of this raises the question "Who has the right to justify euthanasia – physicians, politicians, society or patients?" It seems that the debate has left the field of bioethics and has entered the field of public health ethics.

The aim of this report is to reflect on euthanasia as a public health problem.

Now that more and more countries around the word are starting to talk about euthanasia laws and the fact that citizens demand such legislations, euthanasia is becoming more or less a public health problem. Let's look at euthanasia through the prism of the principles of public health ethics.

The harm principles could be viewed from two perspectives. On one side, can we deprive a person from their life "in behalf of others", i.e. to relief societal or relatives' burden of terminal care? Or the harm to the individual would take the form of not allowing him/her to have euthanasia? Proportionality – euthanasia is beneficial for terminally ill patients because it would stop their suffering. Least infringement – palliative care is seen as the least confiding measure requiring better palliative care training and services. Transparency – every government should argument why there is a euthanasia law no matter if the law allows or prohibits euthanasia. Physicians and public health experts should participate equally in creating or rejecting euthanasia legislation. The physicians are aware of the consequences from euthanasia legislation from medical perspective and public health professionals are aware of the social impact of such legislation. Reciprocity does not give us any guidance. It leaves us with the question who should be compensated and how. Necessity would not justify any law as long as there is effective palliative care.

In Germany, every year the Bundestag (Germany's Parliament) commemorates victims of the Holocaust. This year for the first time the focus was on "the forgotten victims" of Nazi's euthanasia program. The relevant lesson from history teaches us why we should be careful with euthanasia legislation and politics.

Keywords: *justice, euthanasia, public health ethics, legislation, palliative care.*

Г8-№7 Анов А, Цанова Д, Веков Т. *Икономическа оценка на разходната ефективност на съвременните антибактериални терапии за лечение на усложнени вътреболнични инфекции*. Детски и инфекциозни болести, 2018, (2): 21-26; ISSN: 1313-762X

ИКОНОМИЧЕСКА ОЦЕНКА НА РАЗХОДНАТА ЕФЕКТИВНОСТ НА СЪВРЕМЕННИТЕ АНТИБАКТЕРИАЛНИ ТЕРАПИИ ЗА ЛЕЧЕНИЕ НА УСЛОЖНЕНИ ВЪТРЕБОЛНИЧНИ ИНФЕКЦИИ

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ECONOMIC ASSESSMENT OF COST-EFFECTIVENESS OF ADVANCED ANTIBACTERIAL THERAPIES FOR TREATMENT OF COMPLICATED NOSOCOMIAL INFECTIONS

A. Anov, D. Tsanova and T. Vekov

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Резюме. В резултат на увеличаващите се възможности за терапевтичен избор за лечение на вътреболнични инфекции е необходимо да бъде оценена както сравнителната терапевтична ефикасност и безопасност на различните алтернативи, така и тяхната разходна ефективност. За целта е приложимо извършването на анализ от типа разход/ефективност (cost-effectiveness analysis – CEA). Целта на представеното изследване е моделиране на покални данни за разходи и здравни ползи на антибиотичните терапии за усложнени вътреболнични: интраабдоминални инфекции (ИАИ), инфекции на пикочните пътища (ИПП) и вътреболнична пневмония (ВБП). Входящите данни в модела са резултатите за ефикасност и безопасност, получени в четири рандомизирани многоцентрови клинични изпитвания – D4280C00001, D4281C00001, D4280C00004, D4280C00006. Проведен е анализ разход/ефективност и е изчислено инкременталното съотношение на допълнителни разходи и допълнителни здравни ползи (incremental cost-effectiveness ratio – ICER) на алтернативните антибиотични терапии за лечение на усложнени вътреболнични ИАИ, ИПП, ВПБ. Пълният икономически анализ от типа разход/ефективност изисква сравнителен анализ както на разходите, така и на терапевтичните ползи за пациентите, които са изразени в QALY. Следователно общоприетият методологичен подход е резултатите от анализа разход/ефективност (CEA) да бъдат представени като инкрементално съотношение (ICER) на допълнителни разходи (Δcosts) и допълнителни здравни ползи (ΔQALY) на алтернативните антибиотични терапии за лечение на усложнени нозономиални инфекции. В резултат от проведения анализ и моделирането на данните се наложи изводът, че ceftazidime/avibactam (CEFAV) не е разходно ефективна първа линия терапия в сравнение с антибиотичната терапия, базирана на карбапенеми (meropenem, doripenem) за лечение на пациенти с усложнени нозокомиални инфекции. Стойността на ICER варира в интервал от 60 200 лв./QALY до 96 600 лв./QALY и значително надвишава общоприетия праг за разходна ефективност от трикратно увеличиния БВП на човек от населението. CEFAV обаче е безалтернативна втора линия антибиотична терапия при пациенти с усложнени вътреболнични инфекции, които имат незадоволителни клиничен отговор към терапия с карбапенеми, поради резистентност, нежелани събития или други причини.

Ключови думи: вътреболнични инфекции/усложнени, антибиотично лечение/карбапенеми, нови алтернативи/комбинирани антибиотични терапии с бета-лактимазни инхибитори, разходна ефиктивност

Г8-№8 Веков Т, Цанова Д, **Анов А**. Анализ разход/ефективност на SGLT2 инхибиторите за лечение на захарен диабет тип 2 в България. Медицински мениджмънт и здравна политика, 2018, 49(4): 3-12; ISSN: 1312-0336

ОРИГИНАЛНИ СТАТИИ
ORIGINAL ARTICLES

АНАЛИЗ РАЗХОД/ЕФЕКТИВНОСТ НА SGLT2 ИНХИБИТОРИТЕ ЗА ЛЕЧЕНИЕ НА ЗАХАРЕН ДИАБЕТ ТИП 2 В БЪЛГАРИЯ

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Резюме. Целта на изследването е моделиране на локални данни за разходи и здравни ползи на инхибиторите на натриево-глюкозния котранспортер 2 (dapagliflozin, canagliflozin, empagliflozin, ertugliflozin), предназначени за лечение на захарен диабет тип 2 и реализиране на косвено сравнение, базирано на мрежов метаанализ. Анализът разход/ефективност на тези алтернативни терапии стига до извода, че те допринасят за сходни ползи за пациентите в рамките на доживотния времеви хоризонт. В този случай икономическият анализ разход/ефективност може да бъде опростен до анализ минимизиране на разходите, при който се сравнява само стойността на разходите за алтернативните технологии. Dapagliflozin е с най-нисък разход за годишен курс, следователно той е разходно ефективна терапия в сравнение с canagliflozin, ertugliflozin и empagliflozin.

Ключови думи: *захарен диабет, инхибитори на натриево-глюкозния котранспортер 2, анализ разход/ефективност, анализ минимизиране на разходите*

Г8-№9 Анов А. *Правото на пациента „да не знае" и правото на информация: последствия и отговорност.* Предизвикай правото, 2019, ISSN: 1314-7854; https://www.challengingthelaw.com/biopravo/pravoto-na-pacienta-da-ne-znae-2

(доклад, представен на Петата национална годишна конференция по биоетика и биоправо на тема: „Моделиране на живота: биоетични и биоправни хоризонти на съвременната медицина и технологии", организирана от Фондация за развитие на правосъдието и Професионален сайт „Предизвикай правото!")

I. Въведение

Правото на пациента „да не знае" не е експлицитно посочено като основно право на пациентите, а е посочено като възможност. Въпреки това идеята е разпозната и призната в редица документи и заема важно място в биоетичните и правни дискусии заедно с правото на пациента на информация.

На конференцията през 2015 г. с проф. Янкуловска представихме доклад на тема *„Върху правото на пациента „да не знае"*[1]. В този доклад посочихме моменти от международни документи и националното законодателство, засягащи възможността пациентът да не получи информация по свое желание. Пациентът има право да откаже да бъде информиран за:

1. здравословното му състояние и необходимостта от лечение;

2. заболяването, по повод на което е потърсил здравна помощ, и неговата прогноза;

3. планираните профилактични, диагностични, лечебни и рехабилитационни дейности, както и рисковете, свързани с тях;

Изключение са случаите, когато здравословното му състояние застрашава здравето на други лица.

Обсъдихме следните възражения срещу тази идея:

1. Първото възражение е насочено към осъществимостта на самото право: за да реши пациентът, че не иска да разбере определена информация, то първо пациентът трябва да е информиран, че има потенциален риск за неговото здраве.

2. Философската традиция от Античността насам ни показва, че знанието само по себе си е добро и правото да не знаеш е противоречие спрямо идеята за право. Това право е „против философията на правата на човека и етиката".

3. Срещу автономността на пациента. Ако приемем „правото да не знаеш" за етично оправдано, то това би било завръшане на патернализма в медицинската практика. Оправдаването на

Г8-№10 Анов А, Александрова-Янкуловска С. *Какво имаме в кутията за етически инструменти за справяне с моралните проблеми във време на криза?* Етически изследвания, 2020, 5(1): 124-140; ISSN: 2534-8434

КАКВО ИМАМЕ В КУТИЯТА ЗА ЕТИЧЕСКИ ИНСТРУМЕНТИ ЗА СПРАВЯНЕ С МОРАЛНИТЕ ПРОБЛЕМИ ВЪВ ВРЕМЕ НА КРИЗА?

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WHAT ETHICAL INSTRUMENTS DO WE HAVE IN THE ETHICAL TOOLBOXTO DEAL WITH MORAL PROBLEMS IN TIMES OF CRISIS?

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Abstract
This article aims to explicate the point of the discrepancy of bioethics and public health ethics. First, we present bioethics' and public health ethics' paradigms. Second, the paper analyzes the problems of confidentiality, restriction of human rights and individual autonomy, and the ethical challenges in the development of preventive and curative medicines for the control of infectious diseases. Applying the principles of public health ethics to the current COVID-19 pandemic provides argumentation of restrictive measures for control of infection spread. Among them the principle of transparency is paid special attention to stress on the importance of the scientific validity of information and the channels of its distribution.

Key words: bioethics, principlism, public health ethics, human rights, autonomy, principle of transparency.

1. Въведение

Етиката на общественото здраве е динамично поле на научно изследване, а във време на криза нейното теоретично и емпирично познание се поставя на изпитание.

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