MORALS AND PHILOSOPHY OF MEDICINE AND EDUCATION

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ABSTRACT

The analysis and synthesis of moral norms and philosophy for the participants of medical education was carried out. The place of morals in teaching medical ethics and its main features, such as the sufficiency of attention to individual concepts of morals at the stage of formation of the doctor, its low assimilation together with practical skills of the student from the teacher was revealed. The model of mutual influence "teacher-student-patient" was considered in detail. Found that students need support for their learning, teachers need intensive development and enhancement of professional activities in order to emulate it. Considered students' understandings of what professionalism includes in contact with the patient from a moral point of view, lead to learning in small groups of early courses under the guidance of experienced, modern and active teacher-doctors, changing participants from, established for each case, intervals, and in a more confident, conscious, honed understanding of moral norms.

Keywords: Morality, Medical Education, Bioethics, Ethics, Philosophy, Mutualism.

1. Introduction

Health and, interrelated with it, human life is the highest value of its being, puts unyielding and extremely high demands on the employees of the medical industry. The self-improvement of medical activity becomes the main direction in strengthening the foundations of medical education. During more than a century of our society's historical development there have been many measures that have influenced human dignity, respect, and proper professional training. However, some of them have not justified their implementation and have become forgotten, some have not been properly developed for various reasons, and others, on the contrary, have intensified the rapid improvement of certain areas of the industry. Moral philosophy or ethics has been the beginning in professional philosophy for the last hundred years, but now moral philosophers find themselves at the center of the medical field.

Medical ethics examines the characteristics of medical morality, playing a particularly important role in shaping the principles on which the moral code of medical professionals is based. To be a qualified physician means not only having excellent knowledge of theoretical knowledge and practical skills, but also a proper outlook, the basis of which should be humanism, high culture, ability to communicate, and a sense of pride in participation in the medical industry (Rambu, Fedchyshyn, & Permiakova, 2019).

The teaching of ethical theory and its relevance in the form of lectures began back in the 1970s and 1980s (Beauchamp, & Childress, 2019). The course was designed for scientists, physicians, nurses, public policy experts, and others.

The first introductions of bioethics as an academic discipline took place in the 1990s before Muaygil (2020). However, the growth of interest was very slow and incomprehensible due to the growth of medical research and the empirical base focused on medical practice and the absence of academic departments and an overwhelming number of self-educated teachers, only some of whom had formal education. Gradually, seminars and conferences related to bioethical issues grew, as did postgraduate research and education, indicating the growing interest indicated by Muaygil (2020).

It should be noted that the study of these academic disciplines plays an important role in the humanities education of the modern doctor, as they fulfill a threefold purpose: to describe, explain and teach morals and ethical behavior.

In the conditions of modern society, which is characterized not only by technological and socio-political successes, there are other trends - the growth and aggravation of problems directly or indirectly related to the decline in the level of morality of society (Dudikova, 2019). The ethical challenges posed are not new, but the emphasis on gaining knowledge and technical competence seems to have diminished expressiveness and attention in curricula (Reimagining Medical Education in the Age of AI, 2019).

2. Literature review

Ronco (2004) raises the issue of changing and improving the moral principles of members of the medical profession with the development of medical education, lifesaving, improved equipment and pharmacology, etc. A professional is one who has formally made a commitment and suffered a moral responsibility so strong that he is free from ordinary laws and answers only to the internal laws of the profession (Ronco, 2004). So, it can be said that medicine was founded with an implicit professional responsibility, and its morality was based on principles of benevolence and impropriety according to the Hippocratic Oath. It was, until recently, the only basic document that established internal norms. However, the author is confident that we need not abandon the idea that medicine is a profession, an activity of corresponding moral responsibility and devoted only to the best interests of the patient. This is a lesson learned from ancient times, when medicine had a strong internal morality (Rambu, Fedchyshyn, & Permiakova, 2019).

Jones (2020) analyzes patient decision making according to reasons and principles as a basis for medical ethics, but does not support them. Because he considers them too effective in demonstrating universal morality if any activity from everyday life is a moral principle. One aspect that is positive is the inherent openness and continual development of this area of medical ethics (Jones, 2020).

Hain (2020) examines the moral theories underlying medicine. The author believes that medical ethics guides one set of people (physicians) in their relationships with another set of people (patients and colleagues), and presents a number of theories that physicians fail to grasp during their training. According to Hain (2020) there are three elements to a moral decision: the intention to act, the action itself, and the consequences of the action. One way to classify moral theories, there are those that define moral value only in the intention behind the decision and those that define it only in the result of the action. A third theory, virtue ethics, considers the character of the person making the decision to be an important moral issue.

In their work, authors have consistently referred to the concept of morality to apply it to professional practice, in order to assess the strengths and weaknesses of morality management and study aimed at evaluating the effectiveness of teaching medical ethics (De la Garza et al., 2016).

Reimagining Medical Education in the Age of AI (2019) examines another, little-known side of morality: students' mental health. It has been observed to be deteriorating under the influence of information overload, anxiety about not knowing enough, but also pressure from society-patients. The available medical knowledge exceeds the organizational capacity of the human mind, but medical education remains focused on obtaining and applying information, using a combination of the approaches of ancient and modern philosophers. The author proposes redesigning curricula for medical education to focus on knowledge management (rather than information acquisition), improved communication, and empathy for the emotional state.

The authors of Antecedents and Consequences of Medical Students' Moral Decision Making during Professionalism Dilemmas (2017) suggest ways in which medical educators can support students' understanding of ethical standards and facilitate their habituation, apply professionalism, and model appropriate behavior. The need to form suggestions for how medical educators, working at the student, faculty, and organizational levels, can reduce or prevent students' decline in professionalism in the face of ethical challenges is repeatedly emphasized (Antecedents and Consequences of Medical Students' Moral Decision Making

during Professionalism Dilemmas, 2017), thereby reducing their moral experiences in line with contemporary life norms to shape the next generation of medical educators.

Another approach to this is medical philosophy, in MacLeod et al., (2020) shown through the concept of science, its conceptual framing and basic logic, and its ability to generate meaningful and useful knowledge. To this end, concepts such as ontology (what exists and how), gnoseology (the knowledge we use or generate), and axiology (the value of things) are important if some assumptions of topics in medical education are introduced. In an attempt to meet the challenge, MacLeod et al, (2020) published a list of recommendations for the general education professions. A summary of key concepts is provided, summarizing the discussion of the benefits and challenges of research (MacLeod et al., 2020).

3. Purpose and objectives of the study

Today, bioethics is not taught as a stand-alone or separate course, but as part of an integrated curriculum. Moral theories and related applications are oriented vertically and horizontally along with related medical topics (Ngan, & Sim, 2020). Topics that are more commonly presented in the early years include the principles of bioethics, the history of medicine, origins and philosophy in ethics, and medical humanities. These topics are thought to require an early introduction to help lay the foundation for bioethics education (Ngan, & Sim, 2020). Some of the sections of ethics are adjusted as they are taught, and others are gradually added to the various disciplines.

However, insufficient attention is paid to the individual concepts of morality at the stage of becoming a doctor, that is, its assimilation along with practical skills by the student from the instructor.

The purpose of this article is to investigate the mutual influence of the moral values of participants in medical education through the prism of philosophical categories.

The objectives of this article are:

- the analysis of the problem of the teacher-student-patient relationship;
- the definition of the moral standards of each participant of the model in general;

- the search for common and distinctive values;
- identifying the mutual influence of moral norms;
- formation of the results of the study.

4. Methodology

4.1 Analysis of the State of the Teacher-Student-Patient Relationship Problem

In today's world, a new approach to teaching such a discipline as ethics, which focuses on helping students respond promptly to the complexities of patients, needs attention. Ethics in medical education is sometimes seen as a deviation from the basic study of medical knowledge. Modern bioethics follows with a moral philosophy, is applied in research and medical institutions, and the field is steadily growing in medical programs around the world in an attempt to create physicians capable of navigating complex patient circumstances. However, given that most medical students gravitate toward practical science with its clear and verifiable answers, the theoretical and humanities roots of bioethics diminish its importance according to students (Ngan, & Sim, 2020).

4.2 Research methods

The study of mutual influence of moral values of participants of medical education through the prism of philosophical categories was carried out applying the model of influence "teacher - student - patient" (Dornan et al., 2011). Given today's living conditions and near-term perspective, each participant can take any position regardless of age, gender, status, interests, and skills. This broadens the horizons of research and allows a deeper penetration into the problem of their mutual influence, but, at the same time, complicates the further establishment of clear norms of mutual understanding arising from historically established principles and principles of professional education.

The discipline of bioethics is largely defined by academic science, through which the faculty member expresses his or her professional obligations, forms collegial relationships and carries out his or her practice. As a normative work that seeks to conduct a rigorous

discussion about human behavior and moral actions, bioethical science is an important companion to any public or professional discussion about scientific and technological advances. One of the challenges of bioethics is how the field applies its theoretical knowledge to real-world ethical dilemmas (Muaygil, 2020).

Accepted philosophical principles shape who we are, how we see the world, and how we explore it. Multidisciplinary collaboration requires everyone to stop and reflect on what they could learn if they accepted other paradigmatic principles and approaches as valid and important, accepted the challenge of making sense of knowledge, methods, and values in new and unfamiliar ways, and seized opportunities to find common ground as a valuable source of intellectual stimulation and collegiality (Miller, 2019). This is where the interrelationship between the participants in the teacher-student-patient model comes into play. Therefore, the study was conducted according to an algorithm:

a. defining the moral standards of each participant in the model in general;
b. the search for common and distinctive values;
c. identification of the mutual influence of moral norms;
d. formation of the results of the study.

5. Results

5.1 Identifying the moral standards of each participant in the model in general

In ordinary life, one is free to choose with whom to associate, whereas health professionals should not be left out regarding the character or value of others; or that it is permitted to share confidential information in ordinary life, complete confidentiality is provided for health professionals, except in exceptional circumstances. The need for health professionals to learn the details of patients' lives, would be morally unacceptable in other settings (Jones, 2020). The norms are invoked primarily in reflection and justification in new situations (e.g., involving new technology), in uncertain or ambiguous circumstances, and in outright moral conflicts (Jones, 2020).

The moral standards of each participant in the model are defined on the basis of ethical principles, internal and aspirational beliefs.

Educator. It is known to be a person respected, experienced, confident, with a steady character, but a sensitive soul; it is a conduit between today's youth and professional activities. However, medical educators are entrusted with a difficult but indispensable noble mission for the development of humanity. Typically, a physician is defined as a professional with specialized knowledge and skills gained through rigorous education, training, and experience, but the amount of medical knowledge available exceeds the organizational capacity of the human mind (Wartman, & Combs, 2018). The physician must have psychological skills because the patient's inability to follow certain moral ideals makes it impossible to treat effectively, then the patient is physically and mentally deficient, and only a physician who knows what is best for the patient can help.

Student. Free, ambitious, a modern person, open to everything new. In turn, it is the medical student who has high requirements regarding moral principles, namely, humane attitude to people; respect for the rights, honor and dignity of the individual; decency; honesty truthfulness; responsibility and fidelity to commitments made; adherence to principle.

Important principles of professional training of future doctors are the application of personality-oriented model of the educational process, in particular the creative combination of the pedagogical team of the future medical worker with the teacher on their own initiative, independence and activity; cooperation, partnership between them; constant self-improvement; formation of a person with an active life position (Humenna, & Nakhaieva, 2020).

Patient. Any person with health complaints, a history of illness, which is usually based on a difficult fate of varying degrees of complexity and duration. After all, even passing a routine physical examination with good intentions, by virtue of their emotionality, everyone creates pressure on the doctor. Therefore, justice and social equality, trust in qualifications and professionalism, respect for the physician's

personality, honesty, responsibility, individuality, vulnerability.

5.2 Searching for Common and Distinctive Values

Medical ethics includes a set of norms of behavior and morality, creates the basis for the sense of duty and honor, the moral usefulness of the doctor. First of all, it should be noted that in morality as a holistic structural formation the following three main elements are distinguished: moral consciousness, moral activity and moral relations (Humenna, & Nakhaieva, 2020).

In the process of pedagogical interaction personal growth, spiritual and creative enrichment of both parties takes place (Chornomydz, 2020). Productive teacher-student communication occurs only if the pedagogical process is organized on democratic principles, positive and respectful mutual attitude.

Everyone can be a bearer of the same norm. Above all, it provides an opportunity to empathize. It helps to experience other people's situations, to recognize similar situations without noticing the moral demands made on others (Ten Have, & Gordijn, 2019).

The personal and emotional component of professional and ethical culture (Humenna, & Nakhaieva, 2020) of teachers and students appears in the sense of duty, willingness to work honestly and conscientiously, strong moral beliefs, openness, kindness, attention to people, modesty, unity of word and deed willingness to sacrifice their own interests for publicity, optimism, high culture of discussion, cultural outlook, erudition.

Many people do not adhere to the ideal moral standards of universal morality in their daily lives, the four principles of which can be problematically blurred, leading to inconsistency, disagreement, and ultimately conflict (Jones, 2020). Morality, of course, emerges and exists only in the context of certain human relationships. This can be not only the relationship between people, but also a person's relationship to nature, culture, and its values (Humenna, & Nakhaieva, 2020).

In order to learn about the expectations of patients and students alike, it is important that physicians know and exemplify the core values of medicine, especially those of compassion, competence, and autonomy. These values, together with respect for basic human rights, serve as the foundation of medical ethics.

First, the general principles, rules, or norms that apply to human behavior or actions-- telling untruth is wrong, telling the truth is right; considering harmless human life is wrong, protecting human life is right; treating other people equally (without regard to their race, sex, age, etc.) is right; treating other people unequally, on the basis of their race, sex, etc., is wrong. This is what distinguishes moral judgments from expressions of taste or personal preference.

The medical student must not only know and observe the ethical principles of professional activity, but also have a positive attitude towards the chosen profession, is the basis of the personal and emotional component of the professional and ethical culture of future doctors (Humenna, & Nakhaieva, 2020).

Several moral principles provide significant commonalities, concerning judgments in the biomedical sciences, medicine, and health care, and these principles cannot be convincingly categorized in a hierarchical order (Beauchamp, & Childress, 2019). Medical students' understanding of moral behavior differs from other people and patients. This is in part because moral judgments often relate to decisions about behavior that may involve some harm to another (Antecedents and Consequences of Medical Students' Moral Decision Making during Professionalism Dilemmas, 2017), and different individuals have different perspectives on moral trade-offs. Individuals, shaped by their own experiences, and the major norms they embody, set boundaries for what they are and how they should act.

Second, the moral imagination identifies possibilities for action. It encourages imagining how actions can help or hurt, anticipating the possible consequences of actions, and predicting possibilities for the future (Ten Have, & Gordijn, 2019).

Young medical students often neglect the importance of developing a moral conscience for future careers during "skills" training in the early university years (Ngan, &Sim, 2020).

Interestingly, practicing physicians noted the importance of bioethics when they acknowledged their identity as early years teachers as opposed to students.

Collaboration implies attention to the personality of a colleague, a desire to personally help him in solving professional problems and, if necessary, to point out his mistakes and condemn his immoral or, even more so, criminal actions without hiding them (Humenna, & Nakhaieva, 2020).

5.3 Identifying the mutual influence of moral norms

The identification of the reciprocal influence of moral norms is guided by the philosophical foundations of medicine. This is despite the fact that it is characteristic of the medical profession to think in a way that is more or less conceptual thinking of connections and phenomena. After all, the awareness of general connections is nothing less than the mental comprehension of the deepest essence of man, which is so necessary for all medics. Philosophical categories guide students' mental activity for constructive, logical thinking, worldview of objects, phenomena, processes, should be part of students' daily practical assimilation in the process of education. Then it will be the image and lifestyle of future medics, worthy of imitation by their future students. Usually, most patients do not have such skills, but their fear for their own life prompts them to address and form trust in doctors, and already in this case the medic, his attitude, will be an example to follow, because every word, behavior, attitude will be heard and evaluated by the patient. That will lead to a reflection in the attitude of other people. The patient-physician relationship, a unique relationship that facilitates the sharing of scientific knowledge and the exercise of care within a framework of ethics and trust.

Despite the fact that medical student's study in a hierarchical structure that justifies their involvement in a possible inconsistency of professionalism, they often want to resist such involvement. When resistance arises, it can manifest itself in direct and indirect verbal and bodily actions. Resistance also contributes to students experiencing more positive emotional responses. Students' moral decision-making and further action can be influenced by external factors at the organizational level, and this is also the basis for creating conditions for physician training.

Having identified some of the ways that moral decision-making is approached, the emotional impact of standards of professionalism on medical students whose actions conflict with their personal morals and are reflected in the patient experience is examined.

Non-compliance with patient morals include threats to public health, require restraint through involuntary isolation or quarantine, and threats to innocent individuals that can be mitigated or eliminated with warnings that violate patient confidentiality (Beauchamp, & Childress, 2019; Frischhut, & Werner-Felmayer, 2020). Misunderstanding and misdirected criticism between instructor and student results in disregard or disparagement of the physician's dignity and directly affects the patient's perception of the physician.

Moral rules and principles are abstract ideas, not facts, and these ideas require quick analysis and application to specific situations (Antecedents and Consequences of Medical Students' Moral Decision Making during Professionalism Dilemmas, 2017). Each situation will be opportunities to illuminate one side or the other of any moral value. Thus, faced with morally questionable situations, such as being asked to participate in noncompliance with patient consent during training events, in the workplace, then further actions of medical students (compliance or resistance) vary (Antecedents and Consequences of Medical Students' Moral Decision Making during Professionalism Dilemmas, 2017).

In medical ethics, the correct action is the one who will most effectively increase the amount of happiness. Moreover, the same increase in happiness can hypothetically be brought about by making one person very happy or by making many people only slightly happy. Happiness means different things to different people, and its relation to things that can be measured (e.g., health, wealth, intelligence, mobility) (Hain, 2020). Thus, medical practice requires both high performance and meeting expectations about health outcomes, demands

that can negatively impact students' mental health (Reimagining Medical Education in the Age of AI, 2019).

On the one hand, there is the first-person experience of making choices, of exploring one's own reasons, of acting against one's own desires. On the other hand, there is overwhelming evidence that the natural world operates according to physical law, how human mental processes (good or bad) depend on brain states that themselves depend on simple chemical reactions (Schwartz, 2019).

If students' actions (or inactions) conflict with their moral values, often because of organizational constraints or hierarchies of power, they may experience moral distress, burnout, or a desire to leave the profession. If moral transgressions are rationalized as a common good, the number of moral experiences may decrease (Antecedents and Consequences of Medical Students' Moral Decision Making during Professionalism Dilemmas, 2017).

However, their recent research for health care workers found the following deviations from the highest levels of moral experiences: Perceptions that workplaces have poor ethical climates (among health care workers who are not physicians) (Antecedents and Consequences of Medical Students' Moral Decision Making during Professionalism Dilemmas , 2017) poor relationships with health care staff; low job satisfaction; poor quality of care (among nurses) intention to leave work; lack of employment at work; burnout; and in acute care, working 30 hours a week, lack of time for patients (Antecedents and Consequences of Medical Students 'Moral Decision Making during Professionalism Dilemmas, 2017) and harsh unprincipled orders from management. The best way to deal with these types of anxiety in an academic setting is to directly address basic philosophical issues (Schwartz, 2019). Including ways to conceptualize knowledge, the relationship between knowledge and the known, and the values underlying these ideas and practices (MacLeod et al., 2020). However, the stimulus of professional confidence and the pleasure of collaborative collaboration may

well compensate for any loss of effectiveness (Miller, 2019).

6. Discussion

In the medical system, the practice of treating the physician as a certain mechanism to be corrected by techniques, instruments, and medications, based on the views of Kant (Frischhut, & Werner-Felmayer, 2020), is quite widespread. However, the constant and rapid shift in the consciousness of society, especially the new generation, seeks a compassionate attitude, an individualized approach. This leads to constant changes in medical education, including the introduction of special practical courses to enable medical students to manage themselves, not to be selfish, and to build patient trust in the physician. The profession is directly related to human life as the highest good, sometimes requiring vigorous and brutal intervention. And students need to learn how to control their emotions, their actions, even their thoughts,

A further consequence is that there can be no conflict between moral principles, and one cannot face a real moral dilemma where two conflicting moral principles have no way of deciding between them. Concretization and balancing processes link broad principles and rules to specific moral judgments necessary in practical ethics (Beauchamp, & Childress, 2019; Frischhut, & Werner-Felmayer, 2020).

In turn, teachers, who set the example of behavior to students, both consciously and unconsciously, by virtue of their profession, where mutual commitment comes first, need to use every opportunity to bring young people together through students and not to close in on themselves, because even the patient needs to be nurtured.

It is very important to develop the already well-known combination of teaching with professional, and student teaching with practical, because each participant must feel needed, find his place, for which and important mentioned features. Training and educational work should be carried out to create a new, unprecedented in the history of human society young generation of highly cultured, comprehensively developed, boundlessly committed and ready to defend the interests of their patients, having the norms that determine

the motivation of their own reasonable behavior, directly affecting the subconscious of others.

A morally correct action is one that an educated, wise person would take. Such a person would have good intentions, shaped by mined knowledge of the possible consequences, and act on those intentions in a way that rationally leads to the best possible outcome in the particular circumstances (Hain, 2020). As patients become increasingly aware of medical information, physicians must be able to assess the appropriateness of their decisions. The key point is that biases of both physicians and patients should be viewed as an important part of medical cases that must be skillfully managed to achieve optimal diagnosis and treatment, something that is not currently taught in medical education (Reimagining Medical Education in the Age of AI, 2019).

Because most practitioners use the latest technology to shape decisions, they must be highly skilled in explaining treatment options to their patients. Therefore, merely expanding current curricula to address this deficiency will not be sufficient (Reimagining Medical Education in the Age of AI, 2019). Reflection mechanisms should be developed during medical education. Sharing thoughts and emotions will not only help medical professionals articulate their own subjective experiences, but also make them more attentive to patients' experiences (Ten Have, & Gordijn, 2019).

Curriculum planning for the effectiveness of medical moral education is an important part of fulfilling this pedagogical responsibility (De la Garza et al., 2016). On this basis, the development and implementation of individual disciplines with moral standards, a series of interactive seminars focused on the patient and practical exercises for medical students of all courses (can be as electives). This will lead to support for significant self-recognition, which will include increased lifelong learning and provision of skills and confidence in further responsibilities relating to health professionals later in life, and a spirit of teamwork and participation in intellectually stimulating and professionally rewarding collaborative

development (Miller, 2019). This does not deny that there are universal moral principles, but rather that practices,

The inappropriate view of bioethics education between medical students and experienced physician educators' points to the need for a formal toolbox orientation (Ngan, & Sim, 2020) of bioethics education in the early years of medical education among students. This is to ensure that students not only grow professionally into good physicians, but also gain a holistic experience in the medical field (Ngan, & Sim, 2020).

In conflict situations, students must be trained in specification and limited balancing to determine the correct course of action in these situations and never to use appeals to age, gender, or status. This requires specific training in effective communication as well as a thorough understanding of the basics of patient decision-making, particularly how patients' understanding of medical information is affected by inherent values and biases (Reimagining Medical Education in the Age of AI, 2019).

Students' attitudes toward patients associated with unwarranted unethical events do not decrease throughout their education, but remain stable. However, forms the habituation to them, already in professional activity will lead to a reduction in the risks of personal mental problems and professional decision-making on patients. Each strand of educational interaction links specific ethical principles to individual cases, giving the opportunity to identify complex moral problems through a systematic method of identification and analysis. But no one strand takes precedence over another; all must work together toward the higher goal of a better human life (Muaygil, 2020).

The barriers to such curricular change are substantial and include longstanding teaching practices, university policies and procedures (Reimagining Medical Education in the Age of AI, 2019), and a history of incremental reforms that cannot take place within the current regulatory structure. However, its gradual change and the introduction of new directions aimed at respecting on the one hand and teaching on the other the moral values of the individual.

The most important lessons in training are that from the first year, medical students must visit patients in their homes, interact with them, and understand how illness affects the patient's life. Encountering the subjective world of patients' lives is the first step to thinking about what is the basic fact of health care delivery (Ten Have, & Gordijn, 2019). Another factor to awareness is the study of philosophy by medical students, applying paradigms (MacLeod et al., 2020), methodologies, techniques, and principles to practice. Philosophical axioms and assumptions will help shape a particular approach to perceiving and analyzing various situations and behavioral norms, using specific techniques and processes for examining and treating patients. In addition, collaborative work poses challenges to behavioral style and can look aesthetically pleasing (Miller, 2019), compared to self-improvement. Additionally, training modules are designed to increase ethical sensitivity and develop critical thinking skills while encouraging sustained communication and interpersonal skills (Ngan, & Sim, 2020).

7. Conclusions

New socio-economic realities have caused significant changes in the functioning of higher education institutions, focusing them on the training of a new generation of specialists, which should be distinguished by creativity, initiative, competitiveness and mobility for the sake of meeting personal, educational and professional needs. The opportunity to conceptualize the objective links between the elements, components, stages of the process of training future teachers of medical universities actualize the outlined problem at the present stage (Klishch, 2021).

Students need support for their learning, faculty need intensive development and professional development to emulate it. Medical students need to understand their moral responsibilities, be aware of codes of professionalism, and different ways of addressing ethical issues. Indeed, considering students' understandings of what professionalism involves in dealing with the patient from a moral perspective should be taught in small early course groups led by experienced, current, and active physician educators, changing participants at prescribed intervals. Personal experience will then be effectively shared and pressing issues discussed. Research also demonstrates a more confident, informed, honed understanding of the professionalism of moral standards, as compared to those who learn behind lecture material and standard curricula. The successful combination and coordinated action of all participants in the educational process in accordance with the "teacher-student-patient" model will benefit the awareness of their own importance, confirm the correctness of their choice of profession, move to a new level of interaction with patients and improve the quality of life of society as a whole.

Conflict of Interests

The author reports no conflict of interests.

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