

satisfactory condition. Subjective perception of treatment success without doubt impacts the patient's motivation to adhere to the dentist's advice and prescriptions. In this connection we wondered what the notion of high-quality treatment meant to a patient. The answer "pain relief" was given by 33% of the patients. Motivation to see a dentist also explains the patient's expectations: 29.3% of the answers were "inexpensive treatment", 20,2% - "esthetical appearance of teeth", 17,5% - "fast treatment". If it were supposed to be a prolonged treatment with a number of visits, the probability of refusal of seeing the dentist for acute pain relief increases in such patients. Of all respondents only 23,4% of them go through all stages of treatment, associating it's progress with strict adherence to prescriptions; 47.1% of the patients try to keep to the prescribed period of treatment. Choosing this type of answer the respondents confessed that they don't accomplish treatment. The rest 29.5% choose the tactics of occasional visits to the dentist, mainly to get rid of acute pain.

**Conclusions.** Compliant behavior of patients depends on motivation to maintain their oral cavity in optimal condition. Adequate attitude to one's health and sufficient patient's competence concerning prevention of dental diseases determines their responsibility for adherence to treatment.

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## THE EXPERT OPINION ON AN ISSUE AND WAYS OF DEVELOPMENT OF THE DENTAL IMPLANT TREATMENT IN NATIONAL DENTISTRY (ON MATERIALS OF A FOCUS GROUP)<sup>1</sup>

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*A focus group (26.11.2015) was conducted to find out an opinion of experts on an issue of the dental implant treatment in national dentistry, the attitude of professionals and patients to this treatment method. The focus group was conducted in the Department of ethical, legal and sociological examination in medicine of the Volgograd Medical Scientific Centre. Data about the positive experts' attitude towards the implementation of personalised medicine in the dental practice, their solicitude by participation of incompetent specialists, fundamental importance of patient's compliance and establishment of confidential patient-doctor relations have been obtained.*

**Keywords:** *personalized medicine, implant dentistry, dentistry, physician's ethics, innovation.*

## ЭКСПЕРТНОЕ МНЕНИЕ О СОСТОЯНИИ И ПУТЯХ РАЗВИТИЯ ИМПЛАНТОЛОГИЧЕСКОГО НАПРАВЛЕНИЯ В ОТЕЧЕСТВЕННОЙ СТОМАТОЛОГИИ (ПО МАТЕРИАЛАМ ФОКУС-ГРУППЫ)<sup>2</sup>

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*С целью выяснения мнения экспертов относительно состояния имплантологической помощи пациентам отечественной стоматологической практики, отношения к ней профессионалов и пациентов была проведена фокус-группа (26.11.2015). Фокус-группа проводилась на базе Отдела этической, правовой и социологической экспертизы в*

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медицине Волгоградского Медицинского Научного Центра. Были получены данные о положительном отношении экспертов к внедрению достижений персонализированной медицины в стоматологическую практику, об их обеспокоенности проникновением в сферу стоматологии малокомпетентных специалистов, о принципиальном значении комплаентности пациента и установления его доверительных отношений с врачом.

**Ключевые слова:** персонализированная медицина, дентальная имплантология, стоматология, этика врача, инновации.

The following questions were supposed to be discussed in the focus group scenario:

- Does the implant treatment have advantages over other methods from the point of view of dental professionals?
- Does the implant treatment have advantages over other methods from the point of view of patients?
- What is an innovative potential of the implant treatment methods in dentistry?
- What is a level of personalization in the modern implant treatment methods?
- What is the ratio of price and quality in the modern implant treatment from the point of view of doctors and patients?
- What hinders the development of the implant treatment at the present time in our country and in a particular region?
- What are development prospects of this treatment method from the point of view of professionals and dental implant consumers?

Participation in the focus group was voluntary. Representation of experts from different social groups was observed: dentists, patients with negative or positive experience of the implant treatment (with or without complications), patients with indications for the implant treatment, but without a final decision on a treatment method, independent experts (a lawyer, a bioethic and a sociologist). Distributing material – information booklets «ICON technology», «SDR filling material», «Implant dentistry».

Group structure:

- 1.M. – a moderator, the Head of the Department of ethical, legal and sociological expertise in medicine of the Volgograd Medical Scientific Centre, Doctor in law, professor.
- 2.P. – a dentist, DDS, professor.
- 3.I. – a dentist, PhD, associate professor.
- 4.S. – a patient with negative experience of the implant treatment.
- 5.E. – a patient with indications for the implant treatment.
- 6.L. – an oral surgeon of a state dental clinic.
- 7.S. – an oral surgeon, a prosthodontist of a private dental clinic.
- 8.K. – an oral surgeon, a prosthodontist of a private dental clinic.

9.D. – a prosthodontist of a state dental clinic, PhD, associate professor.

10.G. – a patient with positive experience of the implant treatment.

11.C. – the executive secretary of the Regional Research Ethical Committee, PhD, associate professor.

12.T. – S.Sc.D., professor.

Some examples of the discussion are given below.

*M.: Dear participants of the focus group! We have assembled today to discuss a very important problem – a problem of application of advanced scientific achievements in real dental practice. In fact dentists are always more active introducing the latest scientific and technological achievements in medical practice than other medical specialists. For example, take the case of the xenografts, which include the dental implants. In many branches of medicine they are only tested developing materials and manipulations, but implant dentistry goes back more than decades and became a usual practice. Sometimes a patient says: “Now dentures and dental implants are so wonderful. Therefore I wish all my teeth to be extracted, and dental implants will be placed”. Have you met such patients?*

*L.: I have met such patients. But the problem is not only that a person loses teeth and he or she needs for dentures. Implant dentistry has passed a long way of its development. Everything has changed – from indications for the implant treatment, implant design to patients’ interest in these implants. If the initial structure, so-called “Brånemark fixture”, is intended only for implant-supported complete dentures, implants are now widely used to replace single missing frontal teeth. Even though implant dentistry is so good and has such evident advantages, implant placement does not solve all dental problems – just other problems appear. Periimplantitis (an inflammatory process in the soft tissues and bone around an osseointegrated implant) is presently considered to be a real disease of the 21<sup>st</sup> century. These problems appear because of the increased number of patients with implants. The main modern trend in implant dentistry is associated with increased aesthetic requirements of patients. They wish not only replacement of a missing tooth with a tooth-like structure, but with a structure with full imitation of the appearance, function and sensation of a natural tooth. It is imitation of both “the white aesthetics” (the appearance of dental hard tissues) and “the pink aesthetics” (marginal gingiva and gingival papillae).*

*M.: That is patients’ requirements considerably complicate practice for dentists?*

*L.: Yes, it is possible to say so. And at first sight it may seem that the situation is easily solved, but finally we get the result, which a patient had neither expected nor wanted.*

*M.: Can you show to a patient a computer-simulated expected result of the treatment?*

*L.: There are simpler ways – the so-called wax-up with demonstration in the oral cavity. At this stage, you can specify all the details and patient's wishes.*

*M.: Why patients choose dental implant treatment? Because they want beautiful teeth? Or because they want to replace their lost teeth – “as it was before”? Or because of dental implant treatment advertising?*

*K.: It is necessary to consider each situation separately from the point of view of a patient. Currently it is impossible to allocate any isolated groups – 4 or 5 out of implant dentistry. From the point of view of a doctor, there are some options – patients with posterior teeth loss, patients with frontal teeth loss (as noted by German specialists – the treatment purpose is to restore “a social smile”), patients with full teeth loss (restoration of function and fixation of dentures are of higher-priority), social rehabilitation of specific populations and patients with replacement of single tooth loss. And if the implant treatment is possible as a prosthetic method and rehabilitation of a certain patient, but not «to put a screw into a jaw», then it is carried out. Plenty of such groups could be formed. There are a lot of various classifications which we all love to create. But it is impossible to “adjust” a patient to some group.*

*M: Do you think that it is possible to apply the methods of personalized medicine in implant dentistry? To clarify – this is a new direction, which mostly develops in pharmacology, oncology, obstetrics and gynecology. Patient genotype is studied, and the most effective drugs and methods of the treatment of a certain patient are selected. And ineffective options are rejected. In the Volgograd State Medical University the problems of personalized medicine are studied by Rector V.I. Petrov, Academician of the Russian Academy of Medical Sciences. Only drugs have been considered so far. For this method appropriate targets must be present in an organism – specifically relevant sensory receptors and chemical processes. Some drug is effective for a patient while another is not. Can this be applied in implant dentistry?*

*K.: Not exactly so. A dental implant structure is known to everyone – it is made of titanium. Issues of osseointegration are described in special literature and are well developed. At the moment we can influence neither the dental implant structure nor osseointegration processes. Another very serious question arises, which concerns existing biotechnologies. It is no secret that implant dentistry cannot be prescribed to everyone until we get appropriate bone graft into which we can “plant” an implant – in simple words – place “a screw”. We have to use serious methods of bone reconstruction. It may be allograft bone, that is cadaveric bone; it may be xenograft bone – animal bone or substitutes (I will explain in simple terms); it may be bone from patient's own body – autologous bone. Of course, it would be good for today if bioengineers and biotechnologists achieved such a result with the help of, for example, some substrate, autosubstrate, or pluripotent cells and obtained autologous bone in sufficient quantity. So it would not need to be harvested from a patient's oral cavity and no additional difficulties concerning various outcomes would arise.*

*M.: As far as I understand, the implant treatment is widely used in dentistry; there is just no other option, is there?*

*D.: Nowadays patients are active Internet users. Earlier I had to explain to patients that there was a method of implant treatment and I practiced implant dentistry. Now patients come and ask which implant systems we can offer. A patient should always have a choice. It is necessary to give substantiated and reliable information on advantages of one system and disadvantages of another. But I think that my colleagues will agree with me that success of any treatment is based on trust between a patient and a doctor. So if a patient trusts a doctor then a doctor should master these innovative methods to maintain his or her status. Because if patients ask questions like, “Are you familiar with this or that method?” which they are informed about and know about its results, but you cannot tell them about it affirmatively and with reference to your own experience, then a certain amount of distrust will appear.*

As a result of a focus group, the following **conclusions** have been drawn:

1. The main risk of the implant treatment in dentistry is employment of low skilled dentists who are motivated mainly by a financial factor and whose level of training in implant dentistry is inadequate [1].

2. Substantial risks in the field of implant dentistry are posed by insufficient use of achievements of personalized medicine and dentists' poor awareness of its capabilities. A higher level of personalization in the implant treatment will reduce the number of complications [2, 3].

3. Correlation of medical and social possibilities of innovative methods application in dentistry and particularly in development of implant dentistry shows that the major obstacle is not scientific difficulties or doctors' operational capabilities, but financial and personal factors which impact may be overcome only at national level [4].

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## THE ROUNDTABLE DISCUSSION: ETHICAL PROBLEMS OF CHILDREN'S VACCINATION AGAINST INFLUENZA

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*There was conducted the Round table discussion of the ethical problems children's vaccination against vaccination in the context of a large industrial city at the premises of the journal "Bioethics" with the participation of the editorial office of the journal "Sociology of city". Experts were introducing diverse opinions on the subject. Media community representatives were speaking with a single voice in favor of vaccination, parents were not so much sure about it. The article contains the overall results of the discussion.*

**Key words:** roundtable discussion, vaccination, preventive measures, influenza, pediatrician, parent

## КРУГЛЫЙ СТОЛ: ЭТИЧЕСКИЕ ПРОБЛЕМЫ ВАКЦИНАЦИИ ДЕТЕЙ ПРОТИВ ГРИППА

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*В редакции журнала «Биоэтика» совместно с редакцией журнала «Социология города» в рамках Круглого стола состоялась дискуссия этических проблем иммунопрофилактики детей против гриппа в условиях крупного промышленного города. Эксперты представляли противоположные позиции в этом вопросе. Представители медицинского сообщества единодушно высказались в пользу вакцинации, родители детей заняли не столь определенную позицию. Итоги обсуждения подведены в данной публикации.*

**Ключевые слова:** круглый стол, вакцинация, профилактика, грипп, педиатр, родитель

In order to study the opinion of experts and population about the necessity of measures to prevent respiratory diseases and vaccination against influenza the roundtable discussion featuring medical practitioners, sociologists and children's parents was conducted at the premises of the Department of Ethical, Law and Sociological Expertise of the Volgograd Medical Science Center on 24<sup>th</sup> December, 2015.

The participants were provided with the handouts featuring 1) the results of a questionnaire survey conducted among parents who were hospitalized with their children to the Budgetary Public Health Facility – Volgograd Regional Clinical Children's Infectious Diseases Hospital; 2) the statistics of the respiratory diseases rates in Volgograd Region for the latest five years.

The participants were:

1. The Moderator, doctor of philosophy, doctor of legal Sciences, Professor, the Head of the ethical, legal and sociological examination in medicine of Volgograd Medical Research Center.
2. The Doctor of medical Sciences, Professor.
3. The Moderator's assistant, teaching assistant at the Chair of children's infectious diseases of Volgograd State Medical University, infectious disease specialist.
4. The head of the respiratory department of the infectious diseases hospital.
5. The Candidate of Medical Science, teaching assistant at the Chair of children's infectious diseases, infectious diseases hospital-based physician.
6. The head of the pediatric department of the child care clinic.
7. The teaching assistant at the Chair of children's infectious diseases.