

**THE SOCIOLOGICAL  
INTERPRETATION OF THE  
EGROTOGENESIS IN THE CHILDREN'S  
INFECTIOUS DISEASES CLINIC**

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*In the article the concept which is rather seldom used in the Russian medical science, – the egrotogenesis, – is investigated from sociology of medicine positions. It is established by the author that in the clinic of the children's infectious diseases this phenomenon has a wide circulation. The existence of the egrotogenesis can negatively influence the interaction of the medical personnel with relatives of children patients that lowers the efficiency of the carried-out therapy. Measures for the prevention of this phenomenon in the conditions of the children's infectious hospital are proposed.*

**Keywords:** *the egrotogenesis, children's infectious diseases, the sociology of medicine.*

**СОЦИОЛОГИЧЕСКАЯ  
ИНТЕРПРЕТАЦИЯ ФЕНОМЕНА  
ЭГРОТОГЕНИИ В КЛИНИКЕ ДЕТСКИХ  
ИНФЕКЦИОННЫХ БОЛЕЗНЕЙ**

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*В статье исследуется относительно редко используемое в российской медицинской науке понятие – эгротогения – с позиций социологии медицины. Автором установлено, что в клинике детских инфекционных болезней данный феномен имеет широкое распространение. Наличие эгротогении может негативно влиять на интеракцию медицинского персонала с родственниками детей-пациентов, что понижает эффективность проводимой терапии. Предложены меры по профилактике данного явления в условиях детского инфекционного стационара.*

**Ключевые слова:** *эгротогения, детские инфекционные заболевания, социология медицины.*

**Introduction.** A child with infectious pathology, receiving therapy in a profile hospital, is in constant contact with the parents (at joint stay), sick children and their parents – the neighbors in the ward, and also with the medical personnel. An exception are the children with high-contagious infections hospitalized in the boxed unit. In the research conducted by the author it is shown that the success of therapy in many respects depends on the efficiency in the doctor-parent-child communications [2]. However, the phenomenon is known that many parents hospitalized on care of the child after the communication with the neighbors in the ward began to be negative to the

appointments of the doctor, thus reducing the efficiency of the therapy which is carried out to the child. This psychogenic phenomenon named the egrotogenesis (from Latin – aegrotus – the patient, Greek – genes – generating, causing) was introduced by the Soviet psychiatrist and the psychotherapist S. Libikh in 1968 designating the negative psychological impact of patients on each other at their long communication, especially if they have uneasiness, a tendency to hypochondria, and also an increased suggestibility [3].

In pediatric hospitals communication happens between relatives of children patients. Considering a wide dissemination of the paramedical information on the Internet being not always correct, parents often exchange it, undermining the confidence to the doctor, thereby reducing the efficiency of the interaction with the doctor, and respectively, levelling the importance of the carried-out therapy.

Taking the above mentioned into consideration, there is an objective need for a detailed research of the egrotogenesis in children's infectious diseases clinic.

**Aim** is to study implications of the egrotogenesis among the hospitalized relatives of children patients for the purpose of the prevention of this phenomenon and its impact on the medical process.

**Material and methods.** The research was conducted during the preepidemic period (September-November), 2016, based on respiratory and intestinal units (I-IV, VI) in GBUZ VODKIB. In this study, methods of sociology of medicine, – questioning and simple interview, – were used [1]. The interviews were used for the purpose of clarifying some positions after the carried-out questioning. In total 118 hospitalized relatives (mainly parents) were surveyed and 82 respondents were interviewed. Only the relatives of the children receiving therapy in 2-seater and more capacious wards were exposed to questioning with the subsequent interview.

Taking into account the demands accepted in sociology to questioning, the first part of questions had a neutral character, then more ones difficult were offered and, at last, questions of the social and demographic block finished the questionnaire. There were no points which are characterized by organic plurality, compound questions and questions with double denial, the quantity of questions with the number of alternative answers more than five and others were minimized. The original questionnaire, which

included 10 questions, was made and used. The survey was conducted in each unit within one working day to exclude repeated including of the same respondents in the poll.

The analysis of the passport part of the questionnaire showed that among the respondents the mothers having one child in the family, estimating their financial position as good, 18-39 years old, working permanently prevailed.

**Results and discussion.** The conducted research shows the existence of the egrotogenesis among the parents hospitalized on care of the children. So, in spite of the fact that almost all the parents would like to be treated in a single ward (98,3%) and that neighbors in the ward sometimes cause inconvenience (86,4%), most of the respondents are not against the communication with the neighbors in the ward (80,5%). When being interviewed many parents explained that during the long hospitalization there is a need for the communication with the relative of the child hospitalized in the same ward because it is simpler to exercise their control over the children, to carry out hygienic procedures.

Answering the question whether they gave recommendations to their neighbors in the ward concerning the condition of the children's health of their neighbors, the vast majority of the respondents answered in the affirmative (66,1%). Thus the source of their knowledge was the Internet in 67,8%, acquaintances and their own experience – 15,3%, the media – 12,7% and only 4,2% of the respondents specified that they used the knowledge from medical staff. It means that 95,8% of the respondents, without having any medical preparation and education, can give the councils and instructions potentially hazardous to the health of the children.

Approximately the same number of the adults (60,2%) accepted the councils of their neighbors concerning the health of their own child and about half of the respondents (50,8%) are ready to use the given recommendations. This fact also worries us as about a third of the parents can potentially ignore the prescriptions of the doctor in favor of the councils given by the non-specialists in the field of medicine.

The vast majority of the relatives (76,3%) admitted that they discussed the actions of the medical staff with the neighbors in the ward. Among this group of the respondents the greatest negativism characterizes the actions of the junior medical staff (47,5%), the work of the

middle ranking medical personnel and the doctors is estimated slightly more positively (30,5% and 22% respectively). It is possible to draw the conclusion that at least every sixth parent can be negative to the attending physician of the child only because the neighbors in the ward criticized the prescriptions of the doctor.

Not less interesting were the answers to the question whether the parents were ready to break the hospital regime if their neighbors in the ward acted in that way. 19,5% of the respondents answered positively, another 9,3% found it difficult to answer. When interviewing this group of the respondents it turned out that the parents were quite ready to leave their children unguarded and to go out for smoking, or even to leave clinic independently if they do not like the stay conditions of the hospitalization. Thus, about a third of parents are ready to break rudely the hospital regime only for the reason that their neighbors in the ward act in the same way.

**Conclusions.** The conducted research shows convincingly that in children's infectious diseases clinic the egrotogenesis can be implemented with high probability that will certainly lower the interaction level in the doctor-parent-child communication that in turn will reduce the effectiveness of the carried-out therapy.

Undoubtedly, the organization of the medical service in the pediatric hospitals, including serious work on the promotion of the medical knowledge, the need for keeping the medical appointments are necessary to liquidate the probable negative consequences caused by an adverse effect of one parents on others. Reasonably there is a question "Who has to be engaged in preventing the egrotogenesis in pediatric hospitals?". Considering extremely high tension and intensity of the work of the doctors of children's infectiologists, it is hardly necessary to count on their fruitful work.

An active involvement of medical (clinical) psychologists for the participation in the medical process of pediatric infectious hospitals [2] can be a version of the solution of the matter. It will allow to increase the efficiency of the relations of relatives of children's patients with the medical personnel and to reduce tension and intensity of work of the doctors of children's infectiologists a little. In favor of this decision, there are at least 2 arguments. First, the position of the psychologist is provided in the staff list in large pediatric clinics. Secondly,

the essence of the egrotogenesis is in the psychological sphere.

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## NON-DEVELOPING PREGNANCY: A MEDICAL OR SOCIAL ISSUE?

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*The editorial Board of the journal "Bioethics" held a meeting of the Roundtable to ascertain the problem of non-developing pregnancy. The experts were representatives of various professional groups; half of them were medical workers. During the discussion it became clear that the emergence of non-developing pregnancy is equally dependent on the health and social reasons. . It is noted that the basis of prevention is to monitor and timely correction of the state of health of young girls. In addition, it was revealed discrepancy of opinions on the issue of building trust to doctors for patients. There was no agreement between the doctors of the outpatient and inpatient departments in matters of training schemes of the pregravid preparation after previous missed abortion. Roundtable participants told about what the risk factors are, in their opinion, determine developing pregnancy and how it can be combined methods of medical and social prevention.*

**Keywords:** non-developing pregnancy, obstetrician-gynecologist, a specialist in social work, risk factors, prevention.

## НЕРАЗВИВАЮЩАЯСЯ БЕРЕМЕННОСТЬ: МЕДИЦИНСКАЯ ИЛИ СОЦИАЛЬНАЯ ПРОБЛЕМА?

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*В редакции журнала «Биоэтика» состоялось заседание Круглого стола по проблемам неразвивающейся беременности. Экспертами являлись представители разных профессиональных групп, половина из них – медицинские работники. В ходе обсуждения выяснилось, что возникновение неразвивающейся беременности в равной степени зависит от медицинских и социальных причин. Отмечено, что основой профилактики является мониторинг и своевременная коррекция состояния здоровья молодых девочек. Кроме того, было выявлено несовпадение мнений в вопросе формирования доверия к врачам у пациенток. Не было достигнуто согласия и между врачами амбулаторного и стационарного звеньев в вопросах о схемах прегравидарной подготовки после предшествующей замершей беременности. Участники Круглого стола рассказали о том, какие факторы*