

from being forced into unwanted medical interventions, for example by refusing surgery that is more burdensome than beneficial to the patient. Patients must be informed of risks, benefits and alternatives before deciding whether to give informed consent to a proposed treatment.

Arguments against the practice of Patient autonomy include those of Paternalism, which state that the physician in charge of the patient has superior training, knowledge and insight not possessed by the patient and so has full authority to determine the course of treatment in the best interests of the patient. Hence, the physician's decision outweighs that of the patient.

Further, one can argue that certain individuals may not reserve the right to full autonomy. Such individuals are said to have limited/reduced autonomy, and include children, people who are incapacitated, those diagnosed with psychiatric conditions, etc who cannot make rational decisions regarding their health. In this case, care falls into the hands of the physician in charge of that patient who uses his/her knowledge and experience to treat the patient, or to a health care proxy who should consider the best interests of the patient.

The practice of bioethics is also largely influenced by the difference in the culture of medical practice in the East and the West, with the West giving more prominence to it than the East. This is thought to be due to the family-based thinking model still existing in Eastern countries.

Despite there being several arguments against the practice of Patient Autonomy, a physician must also keep in mind the fundamental rule of medical practice: "First do no harm".

UDC 615.89

MONIRA, ABDUL MONAYEM, students (Bangladesh),

KASYANOVA A.V. student (Republic of Belarus)

Scientific adviser **Kuntsevich Z.S.**, d.p.s., as.professor

Vitebsk State Order of Peoples' Friendship Medical University, Vitebsk,
Republic of Belarus

AYURVEDIC MEDICINAL PLANTS OF BANGLADESH

Plants and man are inseparable. Plants existed on the earth in the geological past from the early history of the earth. The use of plants to alleviate human suffering is as old as the evolution of human civilization itself. From the early stages of human civilization, plants, especially medicinal plants have played a pioneering role for the welfare of human beings. Bangladesh has very rich in Bio-diversity. It has more than 500 medicinal plants. An alarmingly populous, but size-wise a very small country is rather unique in having diversified genetic resources in a wide range of habitats. Increasing population pressure and multifarious anthropogenic activities on the natural ecosystems are posing severe and serious threats to once dense and rich genetically diversified plant communities of Bangladesh.

Chemical compounds in plants mediate their effect on the human body

through processes identical to those already well understood for the chemical compounds in conventional drugs; thus herbal medicines do not differ greatly from conventional drugs in terms of how they work. This enables herbal medicines to have beneficial pharmacological effects, but also gives them the same potential as conventional pharmaceutical drugs to cause harmful side effects. Moreover plant material comes with a variety of compounds which may have undesired effects, though these can be reduced by processing. The use of herbs to treat disease is almost universal among non-industrialized societies and is often more affordable than purchasing modern pharmaceuticals.

The main medicinal plants of Bangladesh are following: *Withania somnifera*, *Aloe vera*, *Andrographis paniculata*, *Asparagus racemosus*, *Plumbago zeylanica*, *Adhatoda zeylanica*, *Rauvolfia serpentine*, *Glycyrrhiza glabra*.

The growth of the pharmaceutical industry and the unceasing development of new and more effective synthetic and biological medicinal products has not diminished the importance of medicinal plants in many societies. On the contrary, population growth in the developing world and increasing interest in the industrialized nations have greatly expanded the demand for medicinal plants themselves and the products derived from them.

Regulations in countries for the assessment of the quality, safety and efficacy of medicinal plants, and the work of WHO in supporting the preparation of model guidelines in this field, have been helpful in strengthening recognition of their role in health care. It is hoped that assessment of these traditional remedies could become the basis for a future classification of herbal medicines, as well as for evaluative studies on their efficacy and safety, and their potential use in national health care systems in different parts of the world.

УДК 378.09/378.14

НАЗМУТДИНОВ Р.Р., студент (Казахстан), **АНОДЧЕНКО А.М.** студент (Республика Беларусь)

Научные руководители: **Базылев М.В.**, **Линьков В.В.**, канд. с.-х. наук, доценты

УО «Витебская ордена «Знак Почета» государственная академия ветеринарной медицины», г. Витебск, Республика Беларусь

СРАВНИТЕЛЬНЫЙ АНАЛИЗ СОЦИОКУЛЬТУРНЫХ ИННОВАЦИЙ В СОВРЕМЕННОЙ СТУДЕНЧЕСКОЙ СРЕДЕ ВУЗА

Формирование совершенно новой среды жизнеобитания современного социума показывает, что ключевыми факторами здесь выступают государственные и частные субстанции формирования точек роста конкурентоспособности, представляющие собой территории опережающего развития в виде взаимосвязи различных образовательных учреждений высшего образования и профильного