

ется брюшным воздухоносным мешком. Внутривегочная часть этого бронха не имеет хрящей, а в слизистой оболочке отсутствует мышечная пластинка. Бронх первого порядка внутри легких разветвляется на бронхи второго порядка (вторичные бронхи). Часть из них (эктобронхи) оставляют легкие и переходят в воздухоносные мешки, а другая часть (эндобронхи) – разветвляется на бронхи третьего порядка – парабронхи, которыми заканчиваются воздухоносные пути. Парабронхи анастомозируют между собой, объединяя все звенья бронхиальной системы, как единое целое. Каждый парабронх является центром шестигранной легочной долики. Его стенка образована слизистой и адвентициальной оболочками. Слизистая оболочка представлена кубическим, местами - плоским эпителием и собственной пластинкой с гладкими мышечными клетками. Стенка парабронха образует углубления (преддверия). От них отходят воздухоносные капилляры, которые заканчиваются слепо, или анастомозируют между собой как в пределах одной легочной долики, так и между соседними. Воздухоносные капилляры окружены кровеносными капиллярами. Через стенку обоих капилляров происходит газообмен между воздухом и кровью. Внешне легочные долики окружены прослойками рыхлой волокнистой соединительной ткани с многочисленными кровеносными сосудами.

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### **A PATIENT'S RIGHT TO AUTONOMY**

Patient autonomy refers to the right a patient has to make decisions about his/her medical care without a physician trying to influence the decision. It permits physicians to educate the patient but does not allow the physician to make the decision for the patient. Being one of the most heavily debated points in the history of western medicine and medical ethics, there are several arguments for and against the place of Patient Autonomy in clinical practice.

One of the main arguments for autonomy states that every individual has the right to make his/her own choices and to be assumed to have the capacity to do so unless proved otherwise. In being able to make our own decisions, we are controlling our own lives, we are expressing ourselves and are being given the chance to take charge of our own lives instead of having someone else choose for us. They argue that individuals have the right to make eccentric or unwise decisions, and that clinicians must respect the right to self-determination.

It is also argued that respect for patient autonomy protects patients

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".

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## **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