Experimental researches in conditions of clinic and practical activity of a doctor. Methodological problems.

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Summary. Processing from achievements medical and biologic, clinical-experimental researches in medicine, we count expedient: before to consider the basic direction of bioethics, precisely it is necessary to determine essence and specifity of medical experiment. It is important to accent attention that in medicine is possible to comprehend only that is practically advanced, reconstructed in experiment and it is approved in clinic. Experimental researches and experimental activity not necessarily genetically procedes medical business, and the last "is not necessarily built on" above experimental researches. Here it is excluded absolutely initial and absolutely secondary, and exists only essential synergetic communication.

Key words: clinical experimental researches, bioethics, medical worc, humane requirements pf medicine, medical tacticts, integral defective vital functions of human organism.

During the last decades the achievements in the branch of experimental therapy and surgery, experimental embryology as well as experimental psychoneurology, highly quickened process of change and reconstruction theoretical and practical knowledge in medicine, radically changed the conception of physicians-clinicians about the etiology and pathogeny of many diseases. (Ivashkin and others, 1999; Chazova, 2001; Kovalenko, 2003; Kazakov, Shlopov , 2009).

Nowadays is confirmed the known statement by I.P. Pavlov, that most

substantial success of modern medicine is just in what, that appeared opportunity to develop in all its spheres and main branches experimentally''. (Pavlov, 1951). However, methodological and theoretical problems of clinic-experimental researches have wide discussion in medical literature only in connection with main directions of bioethics, which are formed at present in the world, as well as because of ethical, deontological and legal points of genetic engineering, cloning, transplantology, reanimation, realization of implant heart`s idea, methods development of additional blood`s circulation, clinical approbations, testing of medical preparations and in the connection with the development of main directions of biomedical ethics.

Western countries pay a very high attention to biomedical ethics. Specialized centers and institutes, such as International bioethics institute in San Francisco, Bioethics center in Montreal etc., take up in those countries with bioethics. Some scientists- medical doctors, philosophers and clinicians have divergences in the point of that thing, if it is possible or necessarily, to suppose clinical experiment as the method for comprehension disease, its prevention and treatment. As the first argument against such comprehension is used the statement, that the experiment, as the method of the scientific medical notion, is possible only exclusively under the laboratorial conditions. The second argument is, the experiment is not as the method of the disease comprehension, because it doesn`t reflect the disease`s progression and its qualitative and quantitative characteristics, but it only reflects extrapolation and comparison of laboratorial and clinical data. The third argument is that the disposal of the experiment under the clinical conditions is limited by legal norms, as well as by human and ethic-deontological principles insomuch, that there is no sense to say about it as about the method of scientific empirical notion in medicine.

Nowadays, like in former time, the determination of essence and specification of medico-biological and clinic-experimental researches, their legal and moral limitations face the preconceived thoughts partly scientific, partly ethical and juridical character.

I.Mechnykov, who had explored the point of etiology, pathogeny of many infectious diseases, especially such as cholera, plague, peritoneal typhus, tuberculosis

and as it is known, in 1903 he had infected experimentally the anthropoids with syphilis, noted at that time, that conscience prompts, that any suffering, inflicted to other creature in favour of human being, is amoral, but at the same time the great lows, which manage infectious diseases and important means of fighting against them, would be never have found without vivisection or even in case of its limitation, he affirmed and proved. (Ivanyshkin, 1990).

Tyshchenko, 1994, Kulinichenko, 2001, Kundiyev , 2002, Rieznikov I, 2004 noted, that nowadays the substation of bioethics in medicine, as well as clinic-experimental researches also contain in themselves the attempt to combine by means of dialectical opinion the statements, which are incompatible in their essence; everywhere the arguments are directed by means of these distinctions, separations and warnings, so to say, to what, in order to hold with one hand what, that the other one loses.

That`s why we suppose, that in order to understand all the actual points of experimental medicine, bioethics and among them the ethical control of experimental researches under the clinical conditions, it is necessary to begin with the exploring the essence of clinical experiment and its specificity; with the solving the point: what possibilities has practicing physician for summing up the results of clinical experiments and strictly on what situations they can be spreaded?

First of all one must pay attention to that absolute fact, that physician-device-patient create such unitary system, in which the first two elements were included into process of the disease`s comprehension, definition of medical tactics, and into the experimental researches.

The system of the trinomial interaction is unified. Using devices and tools was carried out in the historical development of medicine on base of adequate transformation by technical means traditional and constant things. Due to this thing such system was formed, two elements of this system-physician and device- became as structural elements for medical science. These elements are included into the structure of scientific medical notion and get under the conditions of modern scientific-technological progress new qualitative characteristics, which manifest in clinic-

experimental researches, also in the process of disease identification and generation of medical tactics. Clinic-experimental researches, diagnostic search and medical tactics, which is localized on the adoption of well-timed decision, may not be divided even briefly at time.

They are at one time co-existed sides of medical scientific cognition. Medical notion in narrow comprehension of word, is in other words that notion, which is estimated as liable, true, scientific, is always formulated in judgements after experimental testing. The scientific notion doesn`t exist beyond the sphere of experimental researches. In order to be as scientific notion, any new results of diagnostic work, medicamentous or surgical treatment, must be enlisted as new information into the sphere of experimental researches and then they must be presented with the language of medical science.

In some cases the necessity itself to express fundamentally new informative content of obtained in clinic information about the changing of pathology`s structure, disease`s manifestation creates immediate requirement in additional clinic-experimental researches, including perfect researches in scientific- research laboratories. At the same time also theoretical medical notion can not critically estimate itself and affirm its authenticity. It can do only doctor`s practical activity, on which are based his professional experience and conviction.

M.I. Pyrohov, one of the first scientists- medical men and experts deeply comprehended, showed, proved and confirmed, that theoretical, experimental medicine is without or beyond clinic as absurd, but medical practice can not do any step in its turn without medical science, theoretical notion and experimental researches.

So in particular, M.I. Pyrohov noted: ‘’While Amyussa raised the question in Paris medical academy about the reason of death because of air passing in vein (in 1837), I have already carried out almost 70 experiments concerning animals (dogs and calves)”(Pyrohov 1941) .

Prevision and obtaining new clinical data, their adaptation and testing by experimental researches is the most important problem, which faces any historical development stage of medical science. The solving this problem is impossible without

next development of medical theory as well as without transformation of its primary conceptional structure by means of insertion additional explanatory schemes,

Individual theoretical notion and special models. Not all the provided and obtained clinical data and means of their adaptation to experimental researches gratify the universal criterion of science in medicine and are successful. Withal, scientists-medical-men sometimes deliberately break this criterion by means of different thinkable conceptual constructions, even encluding ad-hoc hypothesis. Hereby, medical clinical science, among it - diagnostic of diseases are created and developed together with scientist medical-men and physicians-clinicians, moreover with those, who have the most perfect medical skill.

I.Davydovsyky noted ``Just these physicians are overfilled with creative enthusiasm, courage and risk. They don`t run away from difficulties, in other words-from painful for diagnose cases, but bravely go toward them.

For these the most responsible representatives of medicine, the main goal is to rescue the patient, and this aim warrants all means, even such means are complicate and dangerous, but the only possible experiment.``(Grando, 1982). Medicine has no ready truth, precise and absolutely perfect methods for right and well-timed decisions. The common thing for all kinds of medical activity is the aspiration for creative search, for invention of new, unknown thing. In such case medicine is combined with the art of creation. Medical notions and experience are only preceding condition for scientific and practical activity of physician-clinician. The main task of medical creative search is to perceive the interperlocation of common and special, typical and atypical, specific and nonspecific thing, etc. Only constructively disposed medical activity is able to combine in thinking the unity of antipodes, in other words, to perceive because of external background of disease, its manifestation the integral background structurally-funktional and adaptationally-compensatorial transformations, etiology, pathogenesis. It is impossible to master the art of informative doctor`s activity with its known details by means of textbooks . This art is obtained only directly in clinic in consequence daily detailed, universal and competent examination, research of patient, as well as due to communication with patients, physicians- co-workers, scientists-consultants. It is the

first thing. The second thing is, scientists-medical men and physicians-clinicians, who together create and develop medical science may not be mechanically separated from the increase`s process of knowledge in medicine, and may not be changed into technical means, computer technic. At last the third thing is, private human motivation of scientific search in medicine guarantees internal feelings and internal belief in medical science, in its worth, as well as in passionate concernment of scientist-medical man, physician-clinician in search of objective truth and their private responsibility before it.

It is difficult to agree, that diagnostic, as a special form of doctor`s activity and very important section of clinical medicine, ``… unlike the scientific notion, is not connected with the invention of new, unknown for science facts, lows. The aim of diagnostic is not the invention of new things, not the construction of scientific notions, but their disposal.`` (Tarasov and others, 1989). Thus, the known in clinic statement, that the main task of practicing doctor is first of all the correspondent readiness and ability to use the gained professional experience and medical notions for well-timed diagnose and taking the right decision, is absolutized and artificially isolated from scientific medical perception, but doctor`s business itself reforms exclusively into the practice, handicraft. Thus, only in scientific- research laboratories are invented new facts, constructed new notions and theories, are developed the methods for researches and examinations of patients, are created classifications, are tested new medical means. And in clinic the practicing physician only uses them in finished, completed shape, nothing testing and adding here; as if his informative and practical activity moves exclusively within known notion, and ``diagnose as usual, brings nothing new into existing system of scientific notions, doesn`t change it``. (Stempursykyy and others, 1986). Physician-clinician, who was taught to classify the symptoms, according to diseases can and must go up above the daily practical activity and is missioned to obey it for professional experience and reflexion, in order to pass together with scientists-medical-men, experimenters to science inventions.

Actually, such and similar antithesis of doctor`s business, especially-diagnostics against scientific medical notion causes the statement of quite primitive

methodological fundament in clinical medicine, which verges on so called medical attendant`s deed and doesn`t allow to explore objectively the informative activity of practicing physicians and the results of scientific researches in clinic are considered in high case in the context of laboratorial observations and experiments. In such antithesis falls out of the field of view the problem of aim and task of scientific researches in the system of modern intellectual distribution of labour in clinic, analysis of place and role of doctor`s business in medical scientific notion. One of the most gnoseological, theoretical points remains unsolved: if can exist in medicine the experimental activity beyond scientific-research laboratories and clinic, and what place it has in so-called alternative medicine and if must be the results of scientific medical researches

Formulated without references the informative activity of practicing physicians or contrary such references are necessary base for disposal them in clinic. If not to take into consideration the practical activity of physicians, the practice itself stops playing an essential role in scientific notion, and medicine gains exclusive status of laboratorial science. But such its status is very doubtful. On our opinion, the invention of known as basic determination of essentiality of medical diagnostics is irrelative and groundless not only for scientific notion in medicine, but also for informative doctor`s activity. Two characteristics of diagnostics is emergence of new notions and recognitions are aspects of comprehension of diseases` essentiality, specific of its course of individual patient, and they are in principle –iteration- scientific notion in clinical medicine. One must not forget, that every ill patient is for practicing physician first of all as object for scientific research.

Figurative speaking, every patient is researched by modern medical science and practice and in such way, as it has been mastered by clinician. If without permission to tear the real objective connection, which exists in medicine between theoretical such as experimental systems of notion and between the forms of professional, objective – practical doctor`s activity, it is impossible to attain and to prove the judgements, concerning the process of rising and progression of definite pathology, it is also impossible to form an opinion about the disease of patient, its essence, specific and course. Whatever sufficient was professional experience of proficient physician-

clinician, is this experience on principle incomplete and doesn`t permit its completion.

Every ill person, who is examined and explored even by experienced clinician, knows more, than he, about itself, its suffering and disease. Any clinical situation is not identical in all its cases. It is sooner as a lively collision, scientific medical and practical problem and the practicing physician must solve it in proper time and right. The unity between the medical science and diagnostics is stuffed up on a deep importantly - significative level and comes into being in each point of cognitive space, resulted by all its informative and objective-practical activity of scientists-medical-men and physicians-clinicians.

It can be not mentioned about the sphere`s partition of theoretical and exclusively practical activity between the science and diagnostics. If theoretical medicine in some way nevertheless limits and specifies itself and accepts, that after some boundary begins its another function, as well as its objectively-worth meaning, it can only mean, that doctor`s business and first of all –diagnostics of diseases is the main means of its concretization and development. Of course one must not understand this statement so, as if fundamental theoretical and clinical researches don`t have their specific.

We don`t reduce the sovereignty and importance of fundamental theoretical notions, but only accentuate, that it is impossible in medicine to search for any branch or direction, where it would be impossible to set and to solve strictly scientific problems. Yes, it is important to separate one notion from another knowledge, which differs after its genus and origin, and carefully watch, that it wouldn`t be mechanically identified with that knowledge, which is used in practice. The thing, which is done by physician-laboratorian in the laboratory, as well as by pathophysiologist and pathomorphologist theoreticaly, speculatively and the thing, what must be done by practicing physician in clinic- these shapes of activity, materially differ from each other. But it doesn`t mean in any case, that theoretical, clinic-experimental activity must be opposed the practicing activity of physician. However because of such contraposition appears the incorrect image about the development`s process of scientific notion in medicine, and the representatives of different directions always

dispute because of importance of their own inventions, which they aspire to realize in each branch of medicine. All the history of medicine`s development shows, that the worth of the science just consists in a special reliability, developed on its basis practical decisions. This reliability is caused not only by cumulation of scientific notion, but also with its ability to keep and deliver real notion and continuous adaptation of this knowledge into practice by means of professional doctor`s activity of practicing physicians-clinicians.

Clinical medicine is not only a special form of doctor`s activity, but also as the main means and reason for functioning, development of theoretical, experimental medical science. The experimental medical science doesn`t exist and develop by itself, and practical activity of physician may not be fulfilled and valuable beyond scientific medical notion.

Hypothetic models of knowledge, diagrams and classifications, theoretical medical constructs are as result of experimental work and at the same time as development, control of those definite conceptual constructions, which can appear at first in clinical medicine. Practical medicine is not a simple continuation of experimental science. It unfolds a special activity, due to which one can obtain medical precision and the results of clinic-experimental researches. It would be unreasonably and incauntiously to ignore the development of medical knowledge within clinic. When practicing activity of physicians is separated and isolated from scientific medicine, then the idea of scientist in the activity of practicing physicians itself loses any sense.

Between the physician`s business and theoretical experimental medicine exists essential feedback. The primary and the secondary is absolutely excluded of it. Experimental medicine formulates the tasks, bases new statements and facts. The practical activity of physicians is summed to test them in clinic. At the same time new clinical data are controlled and affirmed by experimental medicine. The physician`s practice is a source, basic of scientific medical notion and its motive force. Just the physician`s practice grands for scientific medical notion necessary material, based on facts for generalizations and theoretical conversion.

It is the first. The second, physician`s practice is an aim, goal of scientific

medical notion. Scientific medical notion has got a practical sense only in such case, when its results are incarnated into the doctor`s business.

And at last the third, the doctor`s business services as a criterion for truth of notion. Only that knowledge of experimental medicine, which went through the detergent fire of doctor`s practice can pretend for objectivity, trustworthiness, truth. ``Repeating the words by I.P. Pavlov, about what, that medicine will become as science,``going only through the fire of the experiment``, one must not forget and what, that experiment in its turn will contribute to the progress of medicin `s theory only after that, when it perhaps goes through more hotter fire of clinic, when it is interested in the notion of human`s pathology.`` (Krayevskyy and others 1977).

Can in such case the practicing physician in clinic be alienated from achievement of experimental medicine at that time, when that or another patient is examined and explored by all the medical science and practice in that way, as they are assimilated by definite clinician; and must he be limited one time and forever with obtained doctor`s handicraft?

Perhaps, now. If clinician is deprived of proximate contact with achievement of modern experimental medicine, without constant feedback, clinician can not improve the doctor`s business and will be deprived of the possibility for testing, concretization of experimental notion, it means, that he will make scanty himself as clinician. Informative- practical activity of clinician itself differs little from the experimental researches at least because, that the physician always has deed with personality of patient, brightly expressed individual reaction to process of disease, with unique, unrepeatable in all details conditions, circumstances, identification and working out the decision and finally clinician must actively interfere into immanent process of disease`s progression. Existing till today imagination about so called human prohibition of experiment in clinic shows its incapability, groundlessness, if somebody orients itself on real history of the development of clinical practice and on those truly vast tasks, which mankind has before medicine (Ivashkevych, 1995;Kundiyev, 2002\). Humanism in medicine means the choice of decision with deed`s notion not only under normal conditions of disease`s identification; humanism doesn`t show itself also in full

volum and in the choice known medical means, known operative interferences, which cause the favourable end of disease, what is market at once on positive emotional condition of practicing physician, patient, his relatives and intimates. In clinic real humanism is concerning first of all to physician business, which is burdened by situation of professional risk, by critical or terminal condition of patient. The well-timed exact and right diagnose of disease here-it is the aim, goal itself. All the persons always seek to it for the sake of aim itself, but don`t for the sake of pure scientific interest, profit, or professional contentment. In such and similar cases even process of bringing up of hypothesis ground the preceding diagnose, the practical doctor`s activity, effective treatment after its essence is as singular experiment. Just the recognition of objective criterion-doctor`s practice - is incompatible with deprecation of experiment in clinic. If we affirm, that objectivity of our knowledge consists in its practical testing, then just with this thing we indicate on the necessity from the doctor`s side active, purposeful, directly practical action on the process on disease`s progression by means of different therapeutic and surgical means, among them not completely approved in clinic. If we suppose, that experiment under the clinical conditions is absolutely incompatible with human principle of medicine, then on what basis do we go to conclusion about effectivity of new medicamentous means, operative interference? From the beginning of forming medical science by means of diseases` recognition of their treatment, medical means technic of operative interferences were connected the most intimate with experiment, practice. The first use of insulin, the first operation of lungs resection, the first insertion of poliomyelitis vaccine, the first probings, contrasting investigations of heart and arterial vessels, the first operations on the heart and the first transplantations of the heart, kidneys and liver- all they had quite similar character: the first testing on a human. A new operation, and innovation into clinical practice were and will be as experiment and it must not be afraid before this word. The measures, being used nowadays by physician, prescribed medicaments, surgical operations, medical procedures were also as innovation, which was carried out on the ill human. From the testing to the final result there is no other way, except the experiment on the separate patients, who automatically will be as the first ones. Only

after having cured the first patients, the physician asserts the acceptability of the method, diagram for other people. Hereby the clinical experiment is evoked to the life by practice`s problems and suits the most human inquiries of doctor`s business. At present, as in former time, only medico-biological and clinic -experimental researches answer the inquiries of practical medicine. (Babushkina, 2009; Kazakov, 2003; Kovalenko, 2003). As for example, only due to clinic-experimental researches during the last years is discovered and showed the role of antagonists of calcium, especially of amlodipine, in the treatment of arterial hypertension. (Chazova, 2001). By clinic-experimental researches is showed and proved, that amlodipine and first of all samlodipine (Babushkina, 2009) exhorts and lessens the hypertrophy and broadening of left heart`s department, doesn`t influence practically upon the activity of sympathetic neural and renin- angiotensin`s systems, prevents remodelling of left heart`s department, resists the breaking the structure of systematic arteries, it inhibits the rising DNA and proteins in lissosphincter cells vessels, diminishes thickness of middle cover and corelation of media thickness to the lumen of coronary, renal, mesenterial, crural arteries; there is also a positive action of amlodipine on function of endothelium,; amlodipine raises the expression of interleikin -6 by means of direct activation of suitable gene- promoter in the lissos cells of human, influences controlling upon the apoptosis process, raising the expression of mPHK NO-synthesis, reduction of``oxidant stress``, hinders the migration of monocyties into subendothelial sheet in aorta; on the background of treatment of this medicine is also detected the reduction of initial increased aggregation of platelets, etc. Nowadays clinic-experimental researches changed radically the conception about the pathogeny of viral myocarditis (Kovalenko, 2003), but one of the known of Scientific achievements on border XX and XXI centuries in the branch of molecular biology and medical science become the invention of infectious agents of new type, denoted as prions.

This invention signifies as a new era of biology`s and medicine, so far as on principle new type of diseases is investigated, which differs with the nature of its creature and development ‘’(Kazakov, 2003).Could the physician - clinician obtain and have in his theoretic practical arsenal all these and similar scientific data without clinic-

experimental researches? The clinical experiment, as the main development`s method of scientific notion, is also rised exclusively because of necessities of practicing physician, who ``pretends to cognize the lows of healthy and ill organism in such way, in order not only to provide the phenomena, as well as in order to have the possibility to manage them and to change them in known boundaries``. (Claude Bernard, 1865). At present it can be realized in definite measure, because clinic-experimental researches are directed to notion of deep essence of pathology, etiology, pathogeny, structurally-functional and compensatory changes during different diseases. Only those experiments have for medicine substantial importance, which cause the establishing of qualitative definiteness of pathological processes and clarification of their essence, and those researches, which are connected with determination of quantitative sides of studying phenomena, processes, in other words cause the finding of numeral meanings of dimensions, parameters of their mutability, determination of depence between the dimensions etc. So due to preceding experimental researches the radioisotope nephritic angiography gives nowadays in clinic qualitative and quantitative characteristic the blood supply of each kidney. One can also use for this aim nephritic rheography. The information about measures, disposition and form of patient`s kidneys one can get by means of ultrasonic scanning, computer tomography. Medical experiment is after its essence one of practice`s forms. It is an active, objective activity, which is carried out by means of special instruments, devices and apparatus and which allows to science-explorer : to isolate the researched side of process from the influence of internal and external factors, to explore it in a pure shape; to control and to take into consideration the conditions, which influence upon the process` current; to observe systematically above the variation of researched side of pathology in the result of its repeated reproduction; to combine synthetic different conditions for the aim of obtaining reliable data. I.P. Pavlov has written: ``Observation sees many phenomena, which exist nearby and are connected between each other sometimes substantially, sometimes indirectly, spuriously, sometimes- casually. The intellect must guess the real character of connection among the great amount of suppositions. As if the experiment takes phenomena into its hands and activates sometimes one, sometimes other thing and in

such way in synthetic, simplified combinations determines true connection between the phenomena.

In other words, the observation collects what, that the nature proposes to it, the experiment takes from the nature what, that it wants. This victorious experiment spreads before our eyes its force on pathology and on therapy.``(I. Pavlov, 1951). In majority cases the experimental researches in medicine have got the character of modelling, in which those or other mechanisms, links or pathology`s fragments are reproduced. For every practicing physician is known even till today the model of electrolytely-steroidic cardiopathy. (Selye Hans, 1950), when thrombosis of coronary vessels and necrosis of myocardium of rats and monkeys were provoked by special diet, which included too great amount of cholesterin, or into the animals with experimental lipoid of coronary vessels were inserted vasoconstrictors and coagulants. The carrying out the medical experiment provides the realization or availability suitable conditions, without connection with such conditions is the experimented side of pathological process not revealed. In the scientific-experimental laboratory these conditions are created by explorer by means of necessary experimental preparations.

Such preparations in clinic are called preparatory- technical arrangements. It is practically impossible to create them in perfect shape. Under the laboratorial conditions for research of substance handling through the microvascular wall in normal and pathological state are used the methods of electron microscopy. The combining of biomicroscopy with electron microscopy is very promising. By means of all experimental preparations one can the most total characterize the specialities of microcirculation. In clinical practice the research of microcirculation is carried out very often by means of biomicroscopy of vessels, bulboconjuctive, microvessels of eye`s fundus and ungual lodge. In such way are describered pathological transformations of microvessels during the hypertonia, diabetic angiopathy, ischemic disease of heart etc.

The perfect experiments in scientific- research laboratories are as model, standard for practicing physician, because he must constantly face in clinic during the research development`s process of disease, the complex of structural-functional transformations, in which the quantity of parameters, what cause the influence upon

the essence of disease is more greater, than it was determined under the conditions in the laboratory. Just in this thing consist the fundamental complications. While under ideal laboratorial conditions of structural-functional transformations are strictly controlled, their parameters correspond to the results of calculations, at that time the exact basing in the clinic combines with indetermination and technical difficulties. For practicing physician is often impossible to overcome those logical-semantic problems, which are connected with the interpretations of extremely difficult transformations in cells, tissues and systems of human organism, which aren`t linear in their majority, which pass irrecoverably in known boundaries. The difficulties also consist in what, that under the conditions of clinic, that physician can not after the model of natural-scientific experiment by means of notion`s preparations distinguish that or another component of tissue`s or organ`s morphology ,without disturbing its completeness, fix under difficult synthetic conditions, in other words, under the conditions, which are come under the control, calculation and dimension. The passage to experimental methods during one`s life time explorations, are connected with what, that even the most exact biochemical, cytochemical or immuno-biological researches stipulate that or another ruining of living substrate`s completeness, its connections and functional dependences with the systems of different arrangement. The whole thing is destroyed, abolished, the compound part of this whole thing is components , which are researched by clinician. Even quite exact results of experimental researches give a rough picture about separate fragments of tissue`s reaction, part`s injuring, separate links of pathological and compensatory transformations. In connection with this, it is correct to pay attention to the fact, that complication of human organism, different levels of its completeness, huge number of feedback`s contours, close informative and energy interdepence between different structural-funktional herniations are incompatible with attempts to lead complete approarch to some elementar (to immunology, biochemistry of enzymatic systems, molecular pathology, molecular-genetics etc) and then to grant to it the character of universality. Harmed by disease the vital activity of human organism, is a single whole thing, its separate forms and links can be considered as independend in some determined boundary: part`s, tissue`s, cellular, subcellular,

molecular etc. After its methodological essence the role`s absoluzation of gene engineering or biochemistry of enzymatic systems in the notion of disease is as converted mechanism. It is impossible to forget in clinic, that the complete level is the most difficult and hard for research. Hear is necessary just direct private of explorer with object, the observation by means of devices is too little. (Selye Hans, 1972). That`s why in spite of huge success of experimental medicine the clinician and scientist-medical man, explorer must preserve the orientation for integral approach to the exploration of ill human organism, the complete damaged vital activity of human organism must examine by means of X-rays in the researches and constantly be preserved, be in the conception of explorer-experimenter and as necessary premise and as scientific guideline, which detects, specifies the knowledge and doesn`t cause the mechanicalism in medicine.

Conclusions and perspectives of next researches .

1. One can cognize in medicine only what, that is transformed, reconstructed in the experiment and tested in clinic, where the diagnostic search, generation of right and well-timed medical practice are inseparable from experimental researches. Neither the principle of perfect distinct between clinic-experimental and practical doctor`s activity, nor the principle of their absolute identification and equivalency don`t give true conceptions about the doctor`s business. The truth is in their dialectical combinations. One must superpose here the contraries.

2. The conduct of experiment doesn`t belong to the direct task for the activity of practicing physician. He only takes part in the compatible clinic-experimental researches, the results of which are comprehend and generalized in the context of other programs and aims. But the obtained by clinician during daily researches and treatment of patients the empiric material, without being as the result of clinical experiment anyhow is connected with point`s conducting, which evoked the carrying out the additional experimental researches, among them under the conditions of scientific-experimental laboratories.

The experimental researches and experimental activity not by all means genetic precede the doctor`s business, and the doctor`s business is not by all means ``rised`` above the experimental researches. If during daily examination and treatment of patients the physician doesn`t carry out the experiment, his activity in this case has always after its essence a searching experimental character. And at that time scientist-experimenter doesn`t stop being as physician-clinician, even because, that all the results of his researches are directed into the clinic for the optimization of doctor`s business. Among the most important worth of medicine a special place has an intention or direction to interunderstanding, interrespect between scientists-medical men, consultants-specialists and practicing doctors, etc. Medicine can exist only as consistent, common, medical, practical and scientific activity. The itself essence of doctor`s business specifies the creative cooperation of scientific –medical men, physicians-clinicians, organizer of health service, which are combined by common direction of common search by common comprehension of the aim and sense of their work and have common field of applicative coordinative coherent efforts. The final and the superior aim of medicine is of course clinic. That`s why all other branches of theoretical, fundamental applied notion of medicine obey this superior aim and are only the means for aim reaching. In the connection with this advantage of clinical medicine before all the rest of scientific medical activity the patient always understands under the name of physician mainly clinician, who combines in one person all the branches of medicine. Who can better present etiology, pathogeny, structural-functional, adaptativ-compensatory transformations of ill human organism, than pathomorphologiist and pathophysiologist? But none of patients asks them for medical aid. Very difficult, changeable and multifarious topos of injured vital activity of human organism under the unfavourable conditions of external and internal surroundings can be adequately presented not l by linearly formed, formally-logical constructions, but by polysemantic comprehensions, in other words, by significative toposes, which are as totality of different meanings, which characterize the complete injured human organism as a complicated, open, dynamic system, different organic parts of which can be in the state of adaptation, disadaptation, readaptation, destruction, reconstruction,

compensation or decompensation etc. Variety and movement of internal connections of that or other pathology of human organism, variety of its manifestation creates, determines and stipulates uniqueness and singularity of disease`s process of definite patient, its multimeasurable, polypotent, multicasual character. The mentioned factors stipulate primary theoretic-methodological principle of disease`s comprehension: process of disease`s progression may not be programmed once and for ever; transformation`s dynamics in one human organism can not be as compulsory methodological analysis` principle for analogical transformations in other human organism; uniqueness and singularity of informationally-energy reconstruction of systems and subsystems of injured organism is not only main factors for pathology, but it also includes different unexpected transformations into disease`s course; in the comprehension`s process of disease`s essence, in its course`s specific of definite patient is recognized the multifarious sense`s interpretation for symptom-complexes and syndromes ; the analysis of structural-functional transformations and disease `s symptoms provides the insertion into the notion`s content of the physician-clinician's subjective activity and his subjective influence upon the ill patient; the progression and the disease`s course is considered as organic interaction of opposed adaptational , compensatore and strictly pathological processes; possible directions of reverse and irreverse transformations of these processes are considered in the spectrum of adaptation of integral injured human organism to unfavourable conditions of its existence. And final, in the conditions of modern scientific- technical progress it is worth to underline, that experimental researches may not be as end aim itself in clinic and may not substitute the examination of ill patient. The disease never asks the practicing doctor for help, but the patient asks, that`s why disease`s diagnose is not pathomorphological and not pathophysiological concept, but clinical one. The clinical experiment must be considerat ed not only from the side, that it is a method of scientific medical comprehension. In most cases it is a suitable method of behavior, activity of physician-clinician suitable form of his professional orientation. Depending on what, how the practicing doctor treats to the essence`s comprehension of clinical experiment, its specificity, significance and limitations in the clinic, such is the

scientific-searching activity of clinician, such is he himself as a doctor. What, who is indeed, corresponds with that, what busies he himself with, as well as with that, how he works, to what he orients himself in his doctors business. Methodological problems of ethical control of experimental researches demand special explorations and studying.

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