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LEGAL ASPECTS AND MEDICAL AND SOCIAL ASPECTS COSMETIC CARE

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ABOUT ARTICLE

**Key words:** Legal Aspects, Social Aspects, Medical Aspects, population, physical defects, climatic conditions.

**Abstract:** The modern socio-economic development of society indicates the need to modernize the systems of cosmetic care for the population.

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INTRODUCTION

The trend of population aging is observed in all countries, and in 18 of the 20 countries of the world the proportion of the elderly and geriatric population is the highest, and forecasts until the end of the first quarter of the XXI century, in which the European part of the world occupies the first place, predict a significant increase in the population in the age group over 60 years, most of which will be women. In this regard, maintaining people's health and improving their quality of life is one of the key tasks: according to the WHO definition, health is "a state of complete physical, mental and social well-being, as well as the absence of diseases or physical defects." Thus, the general health of the population is determined by a number of factors. Firstly, the lifestyle (nutrition, working conditions, material and living conditions, social factors, etc.) is 45-50%, the external environment and climatic conditions are 17-20%, genetic factors are 18-20%, the development of medicine is 8-10%. Habitat is objective and has no relation to human life (for example, the natural and social environment); lifestyle is subjective and represents a person's own life (for example, social, physical and intellectual activity, leisure, spirituality) and satisfaction with the environment and lifestyle. Improving the appearance has a positive effect on a person's social status and quality of life. The attractiveness of appearance and the preservation of youth are important signs of success and prosperity of modern people. In this regard,

there is a need for more active application of scientific knowledge and technological achievements to combat the signs of aging and provide high-quality medical care in the field of "cosmetology". The provision of medical care in the field of "cosmetology" includes the diagnosis and correction of congenital and acquired disorders of the integumentary tissues of the human body and the provision of information to the public on hygienic recommendations for the prevention of diseases, premature aging and degenerative wear of the skin and its auxiliary tissues, subcutaneous fat and muscle organs. Medical care in the cosmetology profile is provided by cosmetologists. Secondary health workers can provide medical services and procedures prescribed by cosmetologists. In our opinion, it is imperative to regulate the procedures that can be performed by an average medical professional in order to reduce the risk of possible complications for patients seeking aesthetic care. When providing medical care in the "cosmetic" profile, cosmetologists and nursing staff must keep medical records (primary, accounting and reporting). The basic principles of maintaining a medical record are a description of the patient's condition, therapeutic and diagnostic procedures, treatment results and other necessary information. Patients or their legal representatives should receive information about their health status, including information about the results of tests, the presence or absence of the disease, diagnosis and prognosis, methods, cost and conditions of treatment, expected risks, possible options for medical intervention, their consequences and treatment results. It should also indicate possible complications and adverse effects of medical interventions and negative changes in the patient's health in the interests of the doctor and the patient. When filling out a medical record, it is very important to follow the chronology of events. Doctors need to understand and comply with the legal aspects of their activities and the importance of maintaining medical records. The growing demand for cosmetic medicine has led to the opening of new centers of cosmetic medicine, an increase in the level of specialization of doctors and regulation of cosmetologists, as well as the need to study the functioning of institutions providing assistance in the field of "cosmetic medicine" and assess the quality of their activities. Despite numerous developments in the field of quality management in healthcare, this issue remains relevant today; Dr. A. Donabedian identified three main areas of quality assurance of medical care: improving the structure, processes and results. The relationship between structure, processes, and results has been called the "Donabedian triad". In other words, based on this triad, improving the quality of healthcare requires: the creation of an appropriate legislative and regulatory framework regulating mechanisms that guarantee the quality of medical care; bringing structures and resources (human, financial, material and information) in line with the regulatory framework; creating appropriate standards, more effective monitoring of the introduction of medical technologies. Even if the first two elements of medical care in the "cosmetic medicine" profile are currently more or less respected, the

situation is worse with standards. Moreover, in the absence of standards for providing adequate care, it is very difficult to control results and quality. Medical standards are regulatory documents that define the requirements for providing medical care to patients with a certain disease, a certain syndrome, or a certain clinical situation. Each standard begins with the definition of the patient's model (disease and its complications), medical institution (hospitals, polyclinics), diagnosis and treatment, and services. The main task of medical standards is to provide an individual approach to patients, taking into account age, concomitant diseases, medications taken, etc. Standards should be convenient and easy to understand, and describe the optimal actions of a doctor for prevention, treatment and rehabilitation. Unfortunately, to date, there are no uniform standards of treatment for the "aesthetics" profile. Therefore, there are certain difficulties in assessing the appropriateness and quality of cosmetic care. To date, there are no reliable statistical data characterizing the social status of patients who receive cosmetic care. The lack of such data prevents the creation of a concept for the development of cosmetology in Russia. The formation of a unified information space would allow remote exchange of medical information about patients, research results in various clinics, statistical reports and medical documentation, simplify written work and develop indicators for medical institutions providing aesthetic medicine services. Currently, in order to achieve the safety of treatment, clinical and economic efficiency and management of local health resources, clinical ways of managing patients from diagnosis to recovery are being proposed. The creation of a clinical pathway (outpatient clinic - polyclinic - patient clinic) in the context of secondary prevention has shown its effectiveness and efficiency. According to many authors, the clinical pathway is a plan for providing optimal time and sequence of medical care for a specific disease, created by medical professionals in order to optimize clinic resources and achieve quality of medical care. The principles of the clinical path are the direction of the health organization, the technical path and the performers. Clinical pathways can combine groups of pathological units with the closest etiological, pathomorphological and clinical signs, diagnostic and therapeutic techniques based on the calculation and analysis of results, deviation management, clinical effectiveness and economic efficiency. Clinical pathways are treatment regimens for specific pathologies in a particular medical institution or region that allow you to assess the quality of medical care and the role of the attending physician. Studies of clinical pathways in aesthetic medicine have not yet been conducted.

## **CONCLUSION**

Thus, for the further development of aesthetic medicine, it is necessary to inform and organize healthcare not only in terms of infrastructure, staff and patients, but also for decades to come.

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