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**INITIATION OF AN ORTHOPEDIC DENTIST INTO A DEONTOLOGICAL RELATIONSHIP
DURING DENTAL PROSTHETICS*****Jalolov Sharifjon****Samarkand State Medical University Samarkand, Uzbekistan****Chaqqonov Faxriddin Xusanovich****Samarkand State Medical University Samarkand, Uzbekistan***ABOUT ARTICLE**

Key words: deontology, orthopedic dentistry, aesthetic, cosmetic appearance, oral cavity, prosthetics, adaptation (adaptation) process, autonomy, professional practice.

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Abstract: Based on the study conducted, this article will prove that concepts about bioethics and bioethics are related in dental practice. It is also indicated the position of deontology in the direction of orthopedic dentistry. Difficulties in the adaptation period of patients to the prosthesis imposed by an orthopedist stomatolg are mentioned. Among these, the deontological relationship between the orthopedic dentist and the patient is explained.

INTRODUCTION

the bioethical attitude towards the human body is the specificity of medicine, including dentistry. As a dental bioethical object, the patient's oral cavity is the area of the human body in which the main organs are located. In the study of this object, it is necessary to adhere to the three most important principles in bioethics.

1. Oral state, not harming the normal function of the body, improving posture ;
- 2.responsible approach to the dental object;
- 3.not forgetting that health is above all that is common.

The oral cavity is the main part of the human body and performs many functions. In relation to him, it is mandatory to be in bioethical responsibility by the doctor dentist. The health of the whole organism

is significantly dependent on the ability of a person as a person to become a full-fledged prisoner of society, the health of the oral cavity. Each doctor dentist is obliged to be attentive to the tissues of the oral cavity of the patient, to take the necessary preventive measures to ensure the integrity of the tissues. The dentist is obliged to adhere to such important principles as creating technological, medical and maximum comfort when choosing a treatment method. A dentist is not only a professional social worker, but also a moral person. The moral relationship between the doctor and the patient is a necessary aspect of medical activity. This kind of relationship between the dentist and the patient must be linked through mutual respect and trust based on the principles of professional medical ethics. While the content of medical deontology is focused on the wishes of the doctor, the content of the principles of Bioethics is aimed at protecting the patient. Bioethics is defined as the doctrine of the social, legal, ethical consequences of new biomedical technology. In 2002, the United States and British Association of Physicians published an article in the British Journal Lancet proposing the adoption of a new code of medical ethics. A system of health care for doctors and patients was created taking into account the principles of social justice. According to this, it was advanced that the amount and quality of medical care should not depend solely on the patient's solvency. In the practice of an orthopedic dentist, bioethical indicators are diverse. They include:

- doctor and patient attitude;
- interaction in the professional group of orthopedic dentists;
- relationship of orthopedic stomatology with other medical specialist groups;
- ownership and benefit relations in orthopedic dental practice;
- attitude to new scientific achievements and criteria for their use in orthopedic practice;
- relationship in the price range of drugs used in orthopedic dental practice;
- aesthetic standards of orthopedic dental care;
- moral condition of the patient in relation to health and doctor's recommendations;

Purpose of study: to improve the quality of professional activity in orthopedic dentistry, taking into account moral and deontological principles, and to ensure an easy and convenient adaptation of the patient to the prostheses placed.

MATERIALS AND METHODS

the bioethical basis of Dentistry is a system of values recognized in the developed profession. They are as follows:

1. Equality between life and health;

2. Correct and painless operation of stomatolg into the oral cavity;
3. Patient autonomy;
4. Professional practice;
5. Achieving aesthetic and cosmetic gòzality of patients;
6. Convenient price-navo;
7. Other external factors (David.T.O, 1988).

Results of study: the period of adaptation of patients to the inserted prosthesis includes 3 periods:

1. The period before the practice of an orthopedic dentist and going to eliminate dental hard tissue defects. Includes the attendance of patients to the clinic and the implementation of the treatment plan (2 weeks or more).
2. The stage of obtaining a mold from the patient and preparing a prosthesis (from 1 to 2 weeks).
3. The stage of adjusting the prosthesis to the patient and restoring the defect. This stage is one of the longest lasting stages, lasting from 6 months to 1 year. So, in order for the dental row defect in patients to recover, the dentist requires deontological hardship and patience, along with strong knowledge and practice from an orthopedist. Therefore, the relationship of psychological and deontological mutual trust and respect between the doctor and the patient should be strong. Only then will each inserted prosthesis be able to perform its function to the maximum. The satisfaction of a specialist doctor and a treated patient from this determines the basis of deontology in dentistry.

CONCLUSIONS

during the study, we studied deontology in relation to orthopedic dentistry. Because currently, the number of patients with dental row defects is increasing, which increases the demand for an orthopedic dentist. So orthopedist is obliged to take into account the inducvidual characteristics of the patient, while having good qualifications and experience. It is necessary to selectively put a prosthesis on the structure that eliminates defects in patients and achieve aesthetic, cosmetic beauty through it. The specialist should politely explain to the patient the stages of adaptation to the prosthesis put by the dentist correctly, that is, take a psychemotional approach to the issue. All this reflects dental deontology. Every specialist working in a dental laboratory with a permanent personal space should plan the work during the day in such a way that it reduces the queue for collective spaces in specialized rooms to avoid conflicts of interest. The better the microclimate in the dental laboratory, the more meaningful, interesting the labor activity can be, which can improve the quality of orthopedic treatment.

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