

HISTORICAL FOUNDATIONS OF THE DEVELOPMENT OF DEONTOLOGY IN THE PROFESSION OF SPEECH THERAPY

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Annotatsiya: Logoped deontologiyasi - bu logopedik faoliyatda axloqiy me'yorlarga rioya qilish tizimi. U logopedga: bemorga hurmat bilan munosabatda bo'lishni; sir saqlash (nutq nuqsonlari, tashxis haqida ma'lumot bermaslikni); so'zida va ishida halol bo'lishni; bemorga zarar yetkazmaslik tamoyilini o'rgatadi. Deontologiya logopedni: bemor (bola yoki kattalar), ota-onalar, hamkasblar bilan muloyim, xushmuomala, empatik muloqot qilishga; har bir bolaning hissiyotini inobatga olishga; ishonchli, ijobiy psixologik muhit yaratishga o'rgatadi.

Аннотация: Деонтология логопеда — это система соблюдения этических норм в логопедической деятельности. Она обучает логопеда: уважительно относиться к пациенту; соблюдать конфиденциальность (не разглашать информацию о речевых нарушениях и диагнозе); быть честным в словах и действиях; не причинять вреда пациенту. Деонтология учит логопеда вести вежливое, корректное, эмпатичное общение с пациентом (ребёнком или взрослым), родителями и коллегами; учитывать эмоции каждого ребёнка; создавать надёжную и позитивную психологическую атмосферу.

The term “Deontology” was first introduced by the English utilitarian philosopher Isaac Bentham in his book *Deontology; or, the Science of Morality* (1834). This work remains particularly relevant and valuable today because Bentham not only defined deontology as a formal science but also outlined its fundamental principles, categorical framework, objectives, and tenets.

The word “deontology” derives from two Greek terms: the first, translated into Russian, means “duty” or “what is necessary,” and the second means “knowledge,” or knowing what is right and proper. Thus, deontology analyzes and discusses the moral aspects of professional activity that are not governed by state legislation. As a science, it represents knowledge about what ought to be done within a specific professional practice.

The core principle of deontology is the principle of utility. Utility here refers to the quality of an object that tends to prevent harm, suffering, evil, or misfortune and, conversely, to promote benefit, advantage, pleasure, goodness, or happiness. If this principle applies to society as a whole, it contributes to the happiness of that society; if it applies to an individual, it promotes that individual's well-being [87].

Although the term “deontology” emerged only in the early 19th century, the study of deontological issues dates back to ancient times.

Democritus studied the relationship between humans and morality, describing humans as natural beings whose highest criterion for actions was utility. He advised, “Avoid any pleasure that is useless” [45]. Aristotle studied moral issues to help people create and improve a better society. Aristotle's ethics is a practical science of virtue, goodness, and human happiness, aimed at adapting a person to a life worthy of happiness. Its focus is not merely theoretical knowledge but knowledge about action. According to Aristotle, ethics is especially useful as it guides life experience, self-control, and the conscious direction of actions [45].



Seneca developed a unique code of conduct that “must be firmly held by a person striving for moral perfection, never abandoned, but mastered and integrated as if part of one’s very being” [110]. The principles he established remain relevant today.

In Russia, the development of morality has historically been based on recognizing the intrinsic value of life, sanctifying it as a primary ethical principle, and appreciating a spiritually rich life as interpreted in various philosophical traditions. These ideas formed the foundation for the moral positions of Russian philosophers—from V.S. Solovyov’s cosmic ethics to the philosophical anthropology of N.G. Chernyshevsky and N.A. Berdyaev, and S.N. Bulgakov’s Christian socialism [75].

Throughout history, ethics has evolved from describing the difference between good and evil and offering practical advice to becoming a complex, multilayered system of humanitarian knowledge. As a science, ethics combines theoretical studies of the role of morality in culture with the development of practical behavioral recommendations for different areas of society.

Ethics is divided into theoretical and applied branches. Theoretical ethics studies the moral system in general. It examines the essence, uniqueness, and functions of morality, its connection with other aspects of human life, the individual elements of moral consciousness and behavior (justice, duty, responsibility, conscience, dignity, etc.), and the origin and historical development of morality.

Applied ethics studies how morality functions in specific areas of life. Its emergence reflects the fact that moral life in certain social domains acquires particular density and intensity, which occurs for various reasons.

The nature of moral relationships can deteriorate significantly depending on changes in the subjects and objects involved. Therefore, special ethical constraints are necessary in relationships between doctors and patients, and between healthy and sick individuals. Bioethics developed on this basis. The term “bioethics” was introduced in 1969 by W.R. Potter [79].

Bioethics is only beginning to develop in Russia. It aims to humanize medical practice and enhance the moral self-awareness of the medical community. This scientific field contributes to the formation of new ethical rules and helps doctors and biologists understand the moral conflicts and dilemmas they encounter in their work.

In Russia, the development of bioethics involves understanding general traditions in ethical thought, analyzing their philosophical foundations, and exploring the new humanistic perspectives they offer in life.

Biomedical ethics has become a concern for society as a whole. Ethical decisions are no longer made solely by doctors, patients, or their families. They have become subjects of court proceedings, public discussion, collective decision-making, and even legislative action. In some countries, commissions on medical ethics and specialists in medical ethics are involved in legal proceedings, and ethics committees are being established in hospitals. As a result, the moral standards of broad segments of society extend beyond merely helping patients to ensuring fair distribution of healthcare services.

The requirements and norms of biomedical ethics are based on the interests of the patient and the promotion of healthcare. This principle, when applied to relationships between people, society, and nature, embodies universality, comprehensiveness, and intrinsic human value. The individual and collective merge into a single coherent whole.

Deontology was the first widely applied field of knowledge in medicine. The general principles of medical ethics were formulated 24 centuries ago by Hippocrates (460–377 BCE) in his Oath [42]. A physician must fulfill professional duties rigorously and conscientiously, respect and honor their teachers, manage patient care in the patient’s best interest, and do no harm. A physician must never administer fatal drugs to patients. The physician’s own lifestyle is also subject to ethical requirements, including adherence to high moral standards, responsibility for words and actions, and maintaining cleanliness and integrity in daily life.



Interaction of the Speech Therapist Profession with Other Participants in Ethical Practice. The literature on the speech therapy profession repeatedly emphasizes the need for a comprehensive approach to diagnosing and correcting speech disorders. This involves interaction between various specialists—speech therapists, medical professionals of different specialties, teachers, and others. E.M. Mastjukova notes: “All personnel working with a child must adhere to professional ethical standards. Each child’s diagnosis and prognosis is a matter of professional confidentiality among specialists” [85]. In addressing speech disorders, the speech therapist acts as a leading agent across education, teaching, correction, compensation, adaptation, and rehabilitation [80].

Particular attention is given to the comprehensive medical, psychological, and pedagogical evaluation of individuals with speech impairments. There are several observations regarding the interaction potential between speech therapists and other specialists. For example, Shokhor-Trotskaya emphasizes that a speech therapist working with a patient with aphasia should clarify with the doctor the nature of a cerebrovascular accident or the specific characteristics of a traumatic brain injury. She also stresses that the speech therapist must maintain effective communication with the patient’s physician. E.M. Mastjukova asserts that “any child with delayed speech requires consultation with a child neuropsychiatrist” [85].

“Successful correction of speech disorders largely depends on the coordinated efforts of all specialists” [29], and “the capabilities and proper joint work of special education teachers, speech therapists, physicians, psychologists, and parents” [85] are crucial. Communication with a person with a speech disorder (e.g., aphasia) is described as the result of combining the specialist’s scientific knowledge with their ability to establish contact—a “communication art” [139]. Interaction between the speech therapist and children, adolescents, or adults with speech impairments is of primary importance for the success of subsequent corrective interventions.

Considering the individual characteristics of the child—both positive and negative—is recognized as an essential principle for all specialists in correctional work. Emotional reactions that must be considered during initial contact with a child include fear, anger, and pleasure [48]. The distinctiveness of children’s emotional responses is seen in their brevity, intensity, and sometimes mismatched reaction to stimuli. Before interacting with the child, the specialist must set aside personal concerns, understand the emotions of the child and their parents, and focus on empathy, compassion, and creating a “face of authority with benevolence” [49]. The child must feel attention, love, and protection.

In summary, a necessary condition for success in the speech therapy profession is creating favorable conditions for overcoming speech disorders: emotional connection between the therapist and the child; organizing engaging activities that stimulate the child’s cognitive activity and match leading tasks; and combining work techniques that help prevent fatigue [46,55,85]. Intervention for a child with a speech disorder is closely linked to normalizing social interactions with others.

Depending on various factors—such as the type of speech disorder, the child’s psychophysiological characteristics, and the corrective technologies applied—the speech therapist selects and applies different methods of correction. For example, when correcting stuttering using a specific sequence of speech forms, it is recommended to “tactically limit” excessive (or inappropriate) speech activity at certain stages of independent speech development, and children should not be forced to repeat words or phrases spoken with stuttering [56].

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