that could represent a complementary therapeutic strategy to prevent intestinal inflammation in the E. coli-colonized CD patient subgroup. Ongoing research continues to im-

prove the pharmacokinetic properties of mannosides, and hopefully, clinical trials will be performed in CD patients in the near future.

THE PATIENT-PHYSICIAN RELATIONSHIP: IT'S HOW MEDICINE SHOULD BE

Vassyl A. Lonchyna

MacLean Center for Clinical Medical Ethics, The University of Chicago, Chicago, IL, USA, vassyl@aol.com

Key words: patient-physician relationship, Medical ethics, healing

The patient-physician relationship underpins the essence of what transpires between patient and physician. It has evolved over the centuries from a totally paternalistic one to one of autonomy in the last half of the 20th century and finally to one of shared decision making in the 21st century. Medical ethics requires that both patient and physician share the knowledge available about the patient's illness, treatment and prognosis and then allow decisions for future care to be determined by mutual consideration and respect by both parties.

Clinical medical ethics in the US has been evolving and approaches to multiple patient care problems have taken on great significance as we as physicians comprehend the need for incorporating the elements of ethics into daily medical practice. These elements include: beneficence to the patient, avoidance of maleficence, respect for the autonomy of the parent and fairness and justice. The incorporation of these ethical principles begins with the physician himself manifesting traits of empathy and compassion.

The American Medical Association published in 1847 the "Code of Medical Ethics". It was the first national code of ethics written for its members. In 2017 the AMA has updated and expanded the information needed for all members of the medical profession to follow in their relationship with patients and society. This code of ethics is universal and should be followed by all practitioners of the healing arts.

THE LEVEL OF TUMOUR NECROSIS FACTOR ALPHA IN ACUTE CHOLECYSTITIS, ACUTE APPENDICITIS AND ABDOMINAL TUBERCULOSIS DEPENDING ON THE TYPE OF ADAPTATION REACTION

V.Akimova, L.Lapovets, N.Lutsiv, N.Lapovets

Danylo Halytsky Lviv National Medical University, Lviv, Ukraine. viorikakimova@amail.com

Key words: stress, orientation reaction, TNFa, inflammation

It was investigated by Garcavi L. (1987) that stress reaction (SR) is a breakdown of adaptation reactions witch is accompanied by lymphopenia (in blood there are less than 20% of lymphocytes). Another type of nonspecific adaptation reaction is orientation reaction (OR), which has antistressour potential. The OR is

characterized by lymphocyte window in blood of 21-27%. Otherwise, tumour necrosis factor alpha (TNFa) is one of the most important immune mediators of inflammation.

To investigate the peculiarities of TNFa blood level depending on the type of adaptation re-