

PHILOSOPHICAL ASPECTS OF DEVELOPING THE PROFESSIONAL-ETHICAL CULTURE OF DOCTORS IN THE METAMODERN ERA

Yuliia Yevtushenko

Department of Microbiology, Virology, Immunology, Medical Physics, and Medical Informatics, Faculty of Medicine and Pharmacy
State Establishment “Lugansk State Medical University”
vul. 16 Lypnia, 36, 33028, Rivne, Ukraine
E-mail address: julia.evtysenko@ukr.net
ORCID: <https://orcid.org/0000-0002-7315-3337>

ABSTRACT

Aim. The article aims to study the influence of metamodern philosophy on the development of doctors’ professional-ethical culture through innovative pedagogical strategies.

Methods. Conceptual and comparative analysis of scholarship on medical ethics, philosophy of medicine and medical education; systematisation and modelling; axiological and competence-based approaches; hermeneutic interpretation of sources; and a narrative review of recent studies.

Result. The study shows that metamodernism’s oscillation between idealism and pragmatism enables a pedagogical model for developing doctors’ professional-ethical culture. The model combines traditional ethics with adaptive strategies to modern challenges and proves effective through simulations, role-playing, and interdisciplinary approaches.

Conclusion. Metamodernist philosophy plays a key role in shaping doctors’ professional-ethical culture by integrating oscillation, pragmatism, and multiple perspectives into pedagogy. Such approaches foster ethical competence through simulations, role-play, and interdisciplinary methods that develop critical thinking and flexibility. The model’s strengths (integrative, adaptable, reflective) outweigh the challenges of assessment and resistance to tradition, while future research will refine its use in medical education.

Research restrictions. The study is theoretical; conclusions are derived from secondary sources and conceptual modelling without empirical testing. Applicability

across institutions and cultural settings may vary; further validation via pilot implementations and statistical evaluation is required.

Cognitive value. The synthesis of metamodernist philosophy with medical pedagogy opens new ways to develop doctors' ethical consciousness amid contemporary challenges. It deepens understanding of how cultural change shapes professional competencies and offers guidance for adapting training to current realities.

Keywords: metamodernism, professional-ethical culture, medical education, philosophy of education, medical ethics, pedagogical strategies

INTRODUCTION

Modern medical practice increasingly faces ethical challenges driven by technological progress and sociocultural transformations. Traditional models of medical education, which focus on delivering standardised protocols and rigid hierarchies of knowledge, prove less effective in situations marked by uncertainty and complexity. In such contexts, doctors often must choose between relying on automated systems, such as artificial intelligence, and trusting their clinical judgement. The rapid development of artificial intelligence, telemedicine, and biotechnologies reshapes professional ethics in medicine. It raises questions about the limits of dependence on technological solutions, weakens the emotional connection between patients and healthcare providers during remote interactions, and challenges the universality of ethical principles in a multicultural world where notions of care and autonomy vary (Horobeiko & Dinets, 2022).

This divergence between traditional methods of training doctors and the demands of modern medical practice is becoming increasingly evident. The traditional medical education model's focus on fixed standards does not adequately prepare medical professionals to resolve morally ambiguous situations, such as determining the appropriateness of continuing therapy or allocating resources in crisis conditions (Abbasi et al., 2017; Mashayekhi et al., 2021). In this context, metamodernism emerges as a philosophical paradigm that offers a framework for overcoming these challenges through oscillation – a dynamic balance between idealism and pragmatism, sincerity and reflection – in contrast to the modernist belief in absolute truths or postmodernist relativism (Hubernator, 2023). For medical education, this creates a foundation for developing approaches that prepare doctors for the responsible fulfilment of professional duties in contexts of uncertainty and multiple ethical perspectives.

Thus, the relevance of this research lies in the necessity to study the influence of metamodernist philosophy on the formation of professional-ethical culture among doctors and on developing innovative pedagogical strategies that meet the contemporary requirements of medical practice. The transition to such a paradigm is crucial for training specialists who can effectively combine the humanistic essence of the profession with adaptability to the ethical and technological transformations that are occurring.

THEORETICAL FOUNDATIONS: METAMODERNISM AS A PHILOSOPHICAL PARADIGM

Metamodernism is a philosophical paradigm that emerged in the early 21st century to understand contemporary society (Petrova, 2020). According to Timotheus Vermeulen and Robin van den Akker, it defines a movement that oscillates between sincerity and irony, idealism and pragmatism, reflecting a reality where meaning and its elusiveness coexist (Vermeulen & van den Akker, 2010). In the context of medical education, the principles of metamodernism provide a novel approach to developing the professional-ethical culture of future doctors, tailored to the complexity of modern practice (Saeed Mehraban & Khoshkab, 2024).

The central feature of metamodernism is oscillation – the ability to balance between opposites (Shabanova, 2019). A doctor can sincerely strive to save a patient but pragmatically choose palliative care due to the incurability of the disease, balancing humanism with fundamental limitations such as resource constraints in crises. The pragmatism of metamodernism focuses on practical solutions without illusions about absolute truth: a doctor uses artificial intelligence for diagnosis but maintains empathy, recognising the limitations of algorithms. The multiplicity of perspectives allows for considering different viewpoints – from cultural perceptions of death to ethical questions of gene therapy – and teaches students to respect patient autonomy even when it contradicts medical recommendations.

Therefore, metamodernism, with its oscillation, pragmatism, and diversity of views, creates a foundation for a model that prepares doctors to resolve ethical dilemmas in uncertain situations while preserving the human dimension of the profession. To understand its role in forming the professional-ethical culture of doctors, it is appropriate to compare metamodernism with modernism and postmodernism (see Table 1), highlighting its uniqueness as a basis for ethical and pedagogical medical models.

Table 1
A Comparison of Modernism, Postmodernism, and Metamodernism

Aspect	Modernism	Postmodernism	Metamodernism
Worldview	Faith in progress, rationality, and universal truths	Relativism, scepticism	The oscillation between sincerity and irony
Approach to knowledge	Objectivity, standardisation	Subjectivity, fragmentation	Structure with flexibility
Ethics	Explicit norms (e.g., the Hippocratic Oath)	Ambiguity, contextuality	Commitment to principles with pragmatic awareness
Pedagogy	Knowledge transmission, fixed standards	Diversity without clear direction	The balance between structure and reflection
Example in medicine	Medicine as a tool to overcome disease	Health as a social construct	Progress with recognition of limitations

Source. Synthesised from Vermeulen & van den Akker (2010), Shabanova (2019), Rahnama & Zabandan (2023), and own research.

Unlike modernism, which viewed medicine as a science of overcoming diseases through fixed protocols, and postmodernism, which questioned the very idea of health, metamodernism offers a flexible approach that moves between belief in progress and its critical reflection. In the ethical domain, this allows a doctor to sincerely adhere to the principle of “not harm” while adapting it to current realities – when artificial intelligence suggests a diagnosis, but the patient needs compassion. Metamodernism combines structure with reflection in pedagogy: simulating resource allocation during an epidemic teaches fairness but requires consideration of cultural or technological contexts (Rahnama & Zabandan, 2023; Shtaltovna, 2024). In this way, metamodernism does not simply avoid the dogmas or chaos of previous epochs but creates a preparation model where medical traditions harmonise with contemporary challenges.

Metamodernism opens a new perspective on the medical profession, reflecting its ambivalence in the modern world. It combines the idealistic aspiration to save lives with recognising limits, such as choosing palliative care when resources are exhausted. This duality acquires importance in the context of technological and globalisation challenges: artificial intelligence accelerates diagnosis. However, it threatens dehumanisation (if a doctor relies solely on algorithms, ignoring patient emotions), while cultural differences (blood transfusion refusal due to religious beliefs) complicate universal norms. Metamodernism suggests not seeking a single truth, as in modernism, nor rejecting principles, as in postmodernism, but rather accepting the ideal of respect for life while adapting it to various contexts. This philosophy envisions a medical professional who acts sincerely but without illusion, weighing ideals and reality through reflection.

Hence, the pedagogical value of metamodernism emerges: simulations, in which students decide whether to trust artificial intelligence or intuition, or role-playing games with cultural dilemmas, teach them to balance humanism and pragmatism.

THE PROFESSIONAL-ETHICAL CULTURE OF A DOCTOR: CONCEPTUAL FOUNDATIONS

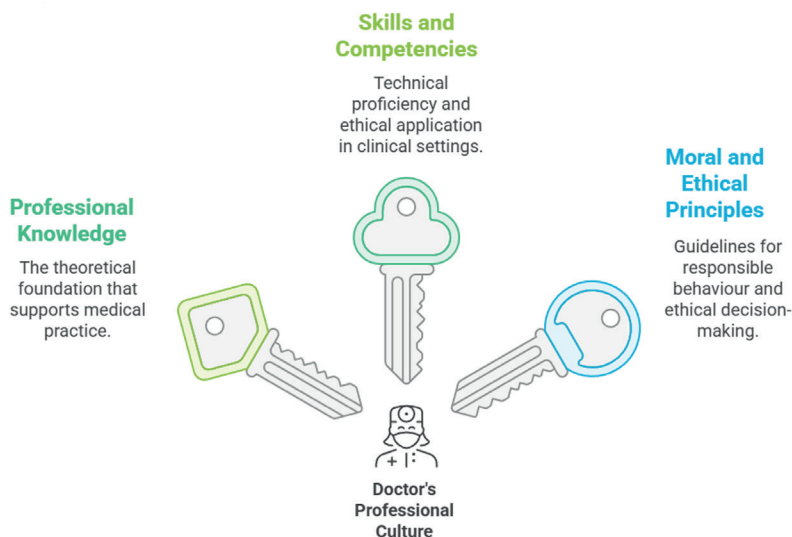
The professional-ethical culture of a doctor is an integrated system of knowledge, skills, and moral principles that ensures effective and responsible fulfilment of professional duties while considering the patient’s interests (Popova, 2019; Korolova, 2014). We define it as a comprehensive framework that combines professional knowledge, practical skills, and ethical values necessary for working amidst contemporary challenges, from technological progress to sociocultural transformations. For instance, a doctor informing a patient of an incurable diagnosis balances the medical treatment protocols and empathy, reflecting the metamodernist oscillation between idealism and pragmatism.

This culture relies on three key components that form its structure and ensure the integrity of professional activity (see Figure 1). Professional knowledge encompasses

medical theory and bioethics, skills include technical and communication abilities, and moral principles are based on respect for autonomy, justice, and beneficence. These elements constitute the core values of the profession, which adapt to modernity. When a patient refuses surgery on religious grounds, the physician, while upholding the universally recognised ethical principle of respect for autonomy, applies metamodern flexibility and, together with the patient, seeks culturally acceptable alternative treatment options.

Figure 1

Structural Components of a Doctor's Professional and Ethical Culture



Source. Own research.

The formation of a professional-ethical culture has deep historical traditions that form the basis for its modern evolution. Ethics, originating from the Hippocratic Oath and based on the principles of “do no harm” and “act for the patient’s benefit,” evolved into modernist codes that ensured trust in the profession during scientific progress (Dudikova, 2018; Isaeva, 2024; Kolisnyk-Gumenyuk, 2011). In the 20th century, Beauchamp and Childress further developed these ideas by introducing the principles of respect for patient autonomy, fair allocation of resources, and informed consent (Beauchamp & Childress, 2001). These concepts responded to the growth of human rights and the need for partnership between doctors and patients.

Modern challenges complicate traditional ethical norms, requiring their reconsideration. Technological progress, particularly in the areas of artificial intelligence in diagnostics and telemedicine, increases the accuracy and speed of medical decisions but also threatens dehumanisation. Remote consultations can reduce emotional

closeness between doctors and patients. At the same time, Artificial Intelligence (AI) algorithms can simplify the patient's condition to numerical indicators, as occurred in the USA when a false cancer diagnosis was based on inaccurate machine predictions (Napolitano, 2023). Bioethical dilemmas, like euthanasia or ventilator allocation during the pandemic, place medical professionals before a choice between autonomy and the principle "do not harm". Globalisation and multiculturalism complicate the ethical approaches of doctors to health. In Japan, disconnecting a ventilator is perceived as disrespect to the family, while in the USA, it respects the patient's wishes (Buletsy, 2021; Nakazawa et al., 2019). Social networks and the tendency of modern patients to self-diagnose using online sources are changing the doctor's role, weakening their authority and prompting them to seek new forms of interaction with society, particularly through open dialogue with patients and adapting to their informational expectations. The philosophy of metamodernism encompasses these complexities through oscillation, allowing doctors to fluctuate between a sincere aspiration for medical progress and a pragmatic recognition of its limits, thereby preserving humanity in patient interactions.

Thus, the professional-ethical culture of doctors is a dynamic system that continuously evolves under the influence of technological progress, globalisation processes, and social changes. This requires doctors to possess a fundamental knowledge of bioethics, flexibility of thought, and the ability to reflect on their decisions. In this context, metamodernism, with its principle of oscillation between opposites and a pragmatic approach to resolving ethical and clinical challenges, becomes a valuable philosophical foundation for preparing medical professionals to work in conditions of ethical and technological uncertainty. It enables doctors to genuinely adhere to humanistic ideals while making informed and practical decisions in complex clinical situations. This ability to balance idealism and realism, which metamodernism encourages, emphasises the urgent need for pedagogical reconsideration of doctor training, considering today's philosophical and practical challenges.

METAMODERNISM IN PEDAGOGY: NEW HORIZONS FOR MEDICAL EDUCATION

The metamodernist oscillation between sincerity and irony opens new perspectives for medical pedagogy (Afanasiev, 2024). This philosophical approach not only deepens the understanding of moral dilemmas but also prepares future doctors to work in an environment where the ideals of humanism face practical limitations, such as technological uncertainty or bureaucratic obstacles. In the educational process, oscillation is realised through methods that engage students in sincere emotional interactions with patients, while also presenting an ironic view of the absurdity of some aspects of the medical system. This duality contributes to the development of critical thinking

in future physicians, fosters ethical resilience, and enhances the ability to adapt to complex clinical situations, thereby laying the foundation for a professional ethical culture.

One example of this approach is the simulation of an ethical dilemma related to bureaucratic barriers. Consider a situation: two patients in critical condition compete for a single place in intensive care, but the decision depends on completing forms and obtaining administrative permission. Students analyse who should receive preference – a young father or an elderly person with a chronic illness – focusing on the moral choice. Their sincere involvement manifests in analysing human destinies, while the tutor adds irony by calling bureaucracy a “paper dragon” that must be defeated. This humorous tone helps distance oneself from emotional pressure, allowing students to critically evaluate the ethical aspects and the systemic flaws that complicate medical practice. As a result, they learn to maintain humanistic motivation even when confronted with absurd realities.

Another example. Students are presented with a case where artificial intelligence recommends aggressive chemotherapy for a 70-year-old patient due to a high likelihood of cancer. However, the patient opts for palliative care, fearing side effects. The tutor adds irony by portraying artificial intelligence as a “digital prophet” whose predictions are flawless only on paper. Students engage in sincere discussions about respect for patient autonomy and the limits of trust in technology. At the same time, the ironic element emphasises the absurdity of blind dependence on machines when the human context becomes secondary. This approach teaches students to balance the scientific validity of diagnostic predictions and individual patient needs, developing the ability to make balanced decisions in a technologically complex environment.

A third example addresses a multicultural conflict. The family of a Muslim patient insists on continuing resuscitation, guided by their belief in a miracle, even though the patient has a medically confirmed hopeless condition. Students empathise with the family’s grief, striving to understand their religious stance. To ease tension and focus the discussion on the clash between cultural values and medical appropriateness, the tutor notes with irony that hope is a “drug not stocked in pharmacies.” This case nurtures future doctors’ capacity for empathetic engagement with cultural differences and the professional composure needed in ethically challenging situations.

The metamodernist approach to medical education involves integrating innovative methods and techniques. Virtual reality simulations are used to develop practical skills. Artificial intelligence models provide personalised learning. Importantly, these modern approaches complement traditional forms of education, including lectures, clinical case discussions, and mentorship. This synthesis reflects a key feature of metamodernism – an oscillation between respect for fundamental knowledge of anatomy, physiology and ethical principles established through classical methods and pragmatic use of modern technologies to prepare for real clinical scenarios. The lecturer emphasises that, although technologies significantly expand diagnostic and treatment capabilities, critical thinking, empathy and interpersonal communication skills – purely human qualities

– remain essential for effective medical practice in the 21st century. This dynamic combination of a deep understanding of medical fundamentals with the skilled application of technological advancements represents the manifestation of metamodernist oscillation in medical education.

Simultaneously, seeking to overcome dehumanisation and account for cultural diversity, the metamodernist approach in medical education places significant importance on developing the emotional intelligence of future doctors. This is particularly reflected in role-playing exercises, where students simulate difficult conversations with the family of a terminally ill patient. The son insists on continuing therapy, guided by emotional attachment and possibly cultural beliefs, whilst the daughter, recognising the hopelessness of the situation, requests disconnection of life support. In this scenario, students must demonstrate authentic compassion while pragmatically explaining the limitations of medical intervention, for instance, explaining that resuscitation would only prolong suffering without improving the prognosis. The lecturer, employing metamodernist irony, compares the emotional intensity of the family dispute to the futility of “voting on the weather”. This technique helps students oscillate between empathetic engagement and necessary emotional distance whilst maintaining a sensitive understanding of different viewpoints. Such an approach fosters the development of practical communication skills, deep empathy, and emotional resilience, which are critically important for future doctors in real-life situations where emotional composure and the ability to make balanced decisions are just as important as clinical competence.

Pragmatism in education is cultivated through cases that model real conditions. For instance, in a scenario involving the distribution of 50 vaccine doses among 100 patients, students select priorities based on survival statistics and principles of fairness. In a telemedicine case, they counsel a virtual patient who refuses surgery due to religious beliefs, offering alternative treatment options. Examining the problem from multiple perspectives helps students find practical solutions when no ideal options exist.

Thus, metamodernist pedagogy, integrating traditional ward rounds with Virtual Reality (VR) simulations, emotional intelligence development, and pragmatic thinking, creates a holistic system for training medical professionals to navigate ethical and technological uncertainty effectively. By embodying an oscillation between idealism and reality, this approach shapes an ethical culture that preserves medicine’s humanistic core while adapting to technological progress, cultural diversity, and the professional challenges of the modern world with confidence and sensitivity.

MODEL FOR SHAPING THE PROFESSIONAL-ETHICAL CULTURE OF DOCTORS IN THE METAMODERN ERA

The philosophical foundation of the model for shaping the professional-ethical culture of a doctor is based on a metamodernist approach, which integrates oscillation as the core

of the pedagogical process in medical education (Vermeulen & van den Akker, 2010). In training doctors, this approach combines a sincere commitment to humanistic ideals with a pragmatic awareness of limitations. For instance, a doctor genuinely strives to save a terminally ill patient but opts for palliative care, recognising the futility of intensive therapy. This philosophical framework lays the groundwork for nurturing ethically mature professionals who balance high moral principles with the complexities of clinical realities.

Metamodernism offers a dynamic perspective, distinct from modernism's universal standards and postmodernism's deconstructive ambiguity. It preserves core ethical principles, such as those of the Hippocratic Oath, but reinterprets them in light of modern challenges. In pedagogy, this manifests as an approach where ethics becomes a continuous reflection on multiple perspectives, from humanistic ideals to practical constraints, rather than a static set of rules. This process forms a flexible ethical consciousness in students, a hallmark of the metamodernist model. The methodological basis integrates general scientific methods (analysis and synthesis of ethical scenarios) with specialised pedagogical strategies that embody metamodernist principles.

Pedagogical strategies of the model combine traditional and innovative methods to prepare doctors for contemporary challenges:

- Bedside apprenticeship (traditional). Students follow an experienced physician during ward rounds, observing clinical reasoning and patient communication in real time. Reflection sessions afterwards link observed behaviour to ethical principles;
- Case-based discussions (traditional). Small groups analyse a real malpractice lawsuit to identify errors in consent, autonomy, and beneficence. The exercise trains critical thinking and ethical argumentation;
- Virtual reality simulations (innovative). A simulation of a mass casualty incident requires students to allocate limited resources to a young mother, an elderly man, and a teenager. This exercise sharpens technical skills and immerses students in the ethical dilemma of fairness and survival. It illustrates the metamodern oscillation between idealistic care and pragmatic choice. Subsequent reflection helps students process the impact of emotions on decision-making and fosters critical thinking;
- Interdisciplinary collaboration (innovative). Engaging psychologists (to understand the emotions of relatives in palliative care), anthropologists (to analyse cultural traditions around death), and sociologists (to identify social barriers in telemedicine) cultivates contextual thinking and broadens students' ethical horizons;
- Integration of ethical discussions with simulations (innovative). Discussion of the principles of charity and autonomy in real-time during simulations. Ironic view of technological limitations (e.g., algorithm overconfidence). These activities nurture empathy and balanced ethical judgment.

These strategies (VR simulations, interdisciplinary collaboration, and interactive ethical discussions) purposefully embody metamodernist principles of oscillation, pragmatism, and multiple perspectives. They shape the ethical culture of future doctors and enable their adaptation to modern realities.

The proposed model for forming a professional-ethical culture in the metamodern era targets specific outcomes that reflect its theoretical novelty and practical value in medical education:

- Cultivating ethically mature professionals capable of operating under uncertainty. By oscillating between idealism and pragmatism, graduates learn to make complex decisions, such as ventilator allocation, while upholding fairness and empathy.
- Enhancing critical thinking and reflection. Analysing ethical cases, such as conflicts between AI algorithms and patient autonomy, teaches students to respect autonomy and critically evaluate the limits of technology.
- Adaptability to change. Graduates will be prepared to integrate new technologies, such as AI, in diagnostics, taking into account patients' cultural features.

The model's implementation prospects include pilot testing in medical universities with VR and AI technologies (integrating ethical dilemma modules into bioethics courses and interdisciplinary seminars in clinical practice). Evaluating effectiveness will require empirical research (comparing graduates' ethical competence with traditional training groups). Long-term plans involve scaling the model internationally and adapting it to local contexts.

However, implementing the model faces challenges that require strategic solutions. These challenges and their overcoming are outlined in Table 2:

Table 2

Potential Challenges in Implementing the Model for Shaping the Professional-Ethical Culture of Doctors and Solutions

Challenge	Description	Solution
Resource constraints	The high costs of VR and AI (including equipment, software, and updates) limit access in less affluent regions.	Secure grant funding (e.g., Erasmus+, Horizon Europe) for procurement and maintenance.
Resistance from traditionalists	Conservative educators may view irony and reflection as frivolous for medical education.	Establish interfaculty working groups and introduce them gradually through pilot courses.
Cultural differences	Paternalistic traditions may reject emphasis on autonomy and reflection.	Adapt the model to local contexts, e.g., focusing on family-oriented approaches.

Source. Compiled by the author based on Mashayekhi et al. (2021); Horobeiko & Dinets (2022); Kolisnyk-Gumenyuk (2011).

These challenges reflect the complexity of transitioning from theory to practice, but the proposed solutions offer a realistic way forward. Potential ways to overcome these challenges include securing grant funding, establishing inter-faculty working groups, implementing the model through pilot courses, and tailoring it to local contexts.

Further research plays a key role in improving the model. These studies focus on the quantitative assessment of graduates’ ethical maturity (e.g., using Kohlberg’s scale), the qualitative analysis of teachers’ perceptions of meta-modernist methods, and the model’s impact on students’ motivation and emotional resilience (through interviews and focus groups). Comparative studies of the model’s effectiveness in various cultural contexts are also crucial for evaluating its universality and adaptability.

DISCUSSION: ADVANTAGES AND CHALLENGES
OF THE METAMODERNIST APPROACH

The metamodernist approach to forming a doctor’s professional-ethical culture, grounded in oscillation, pragmatism, and multiple perspectives, opens new horizons in medical education while presenting serious challenges. Its adaptability to a rapidly changing world, where technologies and sociocultural realities play a key role, is a clear advantage. However, qualitatively assessing the complex cognitive and emotional processes it stimulates becomes a significant task. Table 3 systematises the key aspects of this dual potential, and the subsequent analysis reveals their depth.

Table 3
Advantages and Challenges of the Metamodernist Approach in Medical Education

Aspect	Advantages	Challenges
Adaptability	Flexibility to embrace change (e.g., AI with empathy in diagnostics)	Difficulty in assessing qualitative outcomes (e.g., depth of reflection)
Ethical preparation	Develops consciousness through cases (e.g., palliative care)	Resistance from traditionalists to irony in ethics
Critical thinking	Reflection via irony (e.g., bureaucratic simulations)	Risk of disorientation from inherent uncertainty
Emotional intelligence	Empathy in role-playing (e.g., terminal cases)	Need for instructor training
Practical relevance	Prepares for crisis decisions (e.g., ventilator allocation)	Dependence on VR/AI infrastructure

Source. Author’s elaboration.

The adaptability of metamodernist pedagogy is evident in its ability to integrate the latest technologies, such as artificial intelligence, without compromising the humanistic core of medicine (Nachev, 2024). Ethical training that encourages the examination of clinical cases from different perspectives fosters a deep ethical consciousness in future doctors, enabling them to engage in balanced reflection on the principles of autonomy and beneficence. The application of irony in teaching stimulates critical

thinking, helping students recognise the paradoxes of reality without demotivation. Role-playing games designed to develop emotional intelligence in complex situations prepare students for effective and sensitive communication. Finally, the emphasis on pragmatism through crisis analysis develops the ability of future medical professionals to make informed decisions in uncertain situations.

However, the implementation of the metamodernist approach faces significant challenges. The qualitative assessment of outcomes, such as depth of reflection or level of empathy, requires the development of new, more complex instruments that differ from traditional standardised tests. The resistance of more conservative tutors, who may perceive irony as a non-serious element of medical education, can be a significant obstacle. The uncertainty inherent in metamodernism can cause students to feel disoriented if the learning process lacks adequate support and clear guidelines. Preparing teachers to use interdisciplinary methods and integrate the latest technologies requires significant time and financial resources. Additionally, the reliance on VR and artificial intelligence may limit the model's accessibility for institutions with insufficiently developed infrastructure.

Overcoming these challenges requires a comprehensive approach. Developing reflective portfolios and qualitative assessment criteria can provide a deeper understanding of learning outcomes. Conducting informational seminars and workshops promotes engagement and understanding of the new approach's benefits through lectures and presentations. The gradual implementation of the model through pilot projects enables the identification and resolution of potential problems at an early stage. Attracting grant funding can help address the issue of providing the necessary technological infrastructure. The successful combination of the metamodernist approach's advantages with effective management of its challenges opens new opportunities for forming the professional-ethical culture of future doctors.

PROSPECTS FOR DEVELOPING THE MODEL OF PROFESSIONAL ETHICS FOR DOCTORS

The metamodernist approach opens new horizons for a doctor's professional ethics, responding to unprecedented technological and profound sociocultural changes. In this context, the medical ethics of doctors evolve towards flexible, context-dependent models. Instead of universal rules, ethical principles adapt to specific realities, as observed in approaches to respecting patient autonomy in complex, multicultural clinical cases, where traditional ethical frameworks may prove insufficient.

Interdisciplinarity becomes the key foundation of this new ethics. The integration of knowledge from psychology (to understand emotional aspects of decision-making by patients and their families), anthropology (to consider cultural and religious beliefs in health and illness matters), and sociology (to analyse social inequalities)

ity in access to innovative medical technologies) enables more effective solutions to pressing issues of dehumanisation in medicine. It ensures fairness in the distribution of medical benefits.

Incorporating innovative pedagogical methods into curricula is critically important. Including AI-driven simulations (to model complex clinical scenarios with ethical dilemmas) and interdisciplinary modules (involving collaboration between medical students and other disciplines) fosters a deep ethical understanding. Future research plays a pivotal role in developing and implementing this new ethics. Key research directions include:

- Empirical testing of the metamodernist model's effectiveness. Conducting experimental studies with control and experimental student groups to evaluate the impact of new pedagogical methods on ethical competence and behaviour in real clinical settings;
- Analysis of the model's scalability and adaptability across regional contexts. Exploring the feasibility of implementing the metamodernist approach in diverse medical education systems, considering local cultural, economic, and technological factors;
- Intercultural study of irony as a pedagogical tool in ethical education. Analysing how students from different cultural backgrounds perceive and interpret teachers' irony in discussing complex ethical dilemmas and determining such an approach's potential benefits and risks.

CONCLUSION

The study reveals the influence of metamodern philosophy on the model for shaping the professional-ethical culture of doctors through innovative pedagogical strategies, confirming its theoretical and practical significance. It demonstrates that the metamodernist principle of oscillation enables the development of a pedagogical model that integrates traditional ethical principles (humanism, responsibility) with adaptive strategies for modern technological and sociocultural challenges. The proposed model, grounded in simulations, role-playing, and interdisciplinary approaches, shows potential in preparing doctors for ethical and technological dilemmas, fostering flexibility, critical thinking, and ethical consciousness. It meets the demands of an era where technology and multiculturalism require a balance between sincere dedication to the profession and reflective adaptability.

Analysing the model's advantages and challenges highlights its transformational potential, which requires empirical validation. Prospects for further research include testing the model in real educational settings through experimental groups, evaluating its scalability across different regions, and examining the cultural perception of metamodernist methods. This will ensure its improvement and implementation in the training of future medical professionals.

REFERENCES

- Abbasi, W. G., Shakir, S., Azhaar, M., Arif, P., Shariff, N., & Syed, H. (2017). Effect of medical education on the moral competence of medical students. *Proceedings of the 4th International Conference on Arts and Humanities*, 4, 127–140. TIIKM Publishing. <https://doi.org/10.17501/icoah.2017.4113>
- Afanasiev, O. I. (2024). Nevyznachenist yak pryntsyyp metamorndernu [Uncertainty as a principle of metamodernity]. In V. V. Bilichenko, I. Yu. Epifanova, O. V. Petrov, Y. Yu. Burennikov, V. S. Ratnikov, & A. I. Teklyuk (Eds.), *Znannia. Osvita. Osvichenist. Nemynuchist nevyznachenosti: Zbirnyk materialiv VII mizhnarodnoi naukovo-praktychnoi konferentsii* [Knowledge. Education. Education. The inevitability of uncertainty: Proceedings of the VII International Scientific and Practical Conference] (pp. 149–152). VNTU. https://pdf.lib.vntu.edu.ua/books/2025/materialy_confer_osvita_10_2024.pdf
- Beauchamp, T. L., & Childress, J. F. (2001). *The principles of biomedical ethics* (5th ed.). Oxford University Press.
- Buletsy, S. B. (2021). *Pravovi pytannia evtanazii: Ukraina ta svitovyi dosvid* [Legal issues of euthanasia: Ukraine and world experience]. RIK-U. <https://www.uzhnu.edu.ua/en/infocentre/get/79987>
- Dudikova, L. V. (2018). *Formuvannia profesiino-etychnoi kompetentnosti maibutnikh likariv u medychnykh universytetakh: Teoriia i praktyka* [Formation of professional and ethical competence of future doctors in medical universities: Theory and practice]. TOV TVORY.
- Horobeiko, M. B., & Dinets, A. V. (2022). Medychna osvita v Ukraini: systemni problemy i mozhyly shliakhy yikh vyryshennia [Medical education in Ukraine: Systemic problems and possible solutions]. *Ukrainskyi Medychnyi Chasopys – Ukrainian Medical Journal*, 5(151), 10–12. <https://doi.org/10.32471/umj.1680-3051.151.234381>
- Hubernator, O. (2023). Metamodernizm yak nova paradyhma suchasnykh kulturnykh praktyk [Metamodernism as a new paradigm of contemporary cultural practices]. *Visnyk Natsionalnoi Akademii Kerivnykh Kadrov Kultury i Mystetstv – Herald of the National Academy of Managerial Staff of Culture and Arts*, 1, 109–114. <https://doi.org/10.32461/2226-3209.1.2023.277643>
- Isaeva, O., & Shiner, G. (2024). Rol profesiynykh yakostei u stanovlenni maibutnoho likari [The role of professional qualities in the formation of the future doctor]. *Molod i Rynok – Youth and the Market*, 11(231), 19–22. <https://doi.org/10.24919/2308-4634.2024.316377>
- Kolisnyk-Gumenyuk, Y. (2011). Kontseptualni osnovy formuvannia profesiino-etychnoi kultury maibutnikh medykyv [Conceptual bases of formation of professional and ethical culture of future doctors]. *Pedagogika i Psykholohiia Profesiinoi Osvity – Pedagogy and Psychology of Vocational Education*, 5, 23–32.
- Korolova, T. (2014). Model formuvannia profesiino-etychnoi kultury maibutnoho likaria u protsesi humanitarnoi pidhotovky [Model of formation of professional and ethical culture of future doctor in the process of humanitarian training]. *Naukovyi Visnyk Uzhhorodskoho Natsionalnoho Universytetu – Scientific Bulletin of Uzhhorod National University*, (30), 66–69. <https://dspace.uzhnu.edu.ua/jspui/handle/lib/256>
- Mashayekhi, J., Mafinejad, M. K., Changiz, T., Moosapour, H. S., Nedjat, S., & Larijani, B. (2021). Exploring medical ethics' implementation challenges: A qualitative study. *Journal of Education and Health Promotion*, 10(1), Article 66. https://doi.org/10.4103/jehp.jehp_766_20
- Nachev, M. (2024). Teoretichni osnovy metamodernu: Filosofski kontseptsii [Theoretical foundations of the metamodern: Philosophical concept]. In *Pivdennoukrainski naukovy studii* [South Ukrainian scientific studies]: *Proceedings of the all-Ukrainian scientific and practical conference of students and young scientists* (pp. 183–185). State Institution “South Ukrainian National Pedagogical University named after K. D. Ushynsky”. <http://dspace.pdpu.edu.ua/jspui/bitstream/123456789/21206/1/Nachev%20Theoretical%20foundations%20of%20metamodernism.pdf>
- Nakazawa, E., Yamamoto, K., Ozeki-Hayashi, R., & Akabayashi, A. (2019). Why can't Japanese people decide? – Withdrawal of ventilatory support in end-of-life scenarios and their indecisiveness. *Asian Bioeth Rev*, 11, 343–347. <https://doi.org/10.1007/s41649-019-00107-0>

- Napolitano, E. (2023). *United Health uses faulty AI to deny elderly patients medically necessary coverage, lawsuit claims*. CBS News. <https://www.cbsnews.com/news/unitedhealth-lawsuit-ai-deny-claims-medicare-advantage-health-insurance-denials/>
- Petrova, I. V. (2020). Metamodernizm yak kulturolohichna kontseptsiiia [Metamodernism as a cultural concept]. *Pytannia Kulturolohii – Issues in Cultural Studies*, (36), 14–23. <https://doi.org/10.31866/2410-1311.36.2020.221039>
- Popova, N. O. (2019). Profesiino-etychna kultura yak umova formuvannia profesiinoi pozytsii maibutnykh medychnykh pratsivnykiv [Professional and ethical culture as a condition for the formation of the professional position of future medical workers]. *Innovatsiina Pedahohika – Innovative Pedagogy*, 9(2), 105–108. http://www.innovpedagogy.od.ua/archives/2019/9/part_2/24.pdf
- Rahnama, A., & Zabandan, M. (2023). A comparative study of educational implications in three modern, postmodern and metamodern approaches. *Iranian Journal of Comparative Education*, 6(1), 2327–2349. <https://doi.org/10.22034/ijce.2023.381750.1467>
- Saeed Mehraban, R., & Khoshkab, S. H. (2025). Identifying the main components of metamodern education. *Journal of Philosophical Investigations*, 18(49), 311–332. <https://doi.org/10.22034/jpiut.2024.63457.3864>
- Shabanova, Y. O. (2019). Ostsylitsiia yak vymir filosofii metamodelnu [Oscillation as a measure of metamodern philosophy]. *Epistemological Studies in Philosophy, Social and Political Sciences*, 2(2), 13–22. <https://doi.org/10.15421/341920>
- Shtaltovna, Y. (2024). Rewriting the future: How metamodern education can redefine society and leadership. *GILE Journal of Skills Development*, 4(2), 112–121. <https://doi.org/10.52398/gjds.2024.v4.i2.pp112-121>
- Vermeulen, T., & van den Akker, R. (2010). Notes on metamodernism. *Journal of Aesthetics & Culture*, 2(1), Article 5677. <https://doi.org/10.3402/jac.v2i0.5677>