Aim of the study. Highlighting bioethical benchmarks that would lead to an improvement of therapy and to increasing patient's adherence to treatment.

Materials and methods. Clinical observation of patient under palliative care. Indirect questioning of patients. Interviewing and counseling of medical stuff.

Results. 73% of patients who participated in the study have responded positively to a treatment based on individual's emotional requirements comparative to 42% of patients that was treated in a standard way.

Conclusions. Applying bioethical landmarks in palliative care services are very important for setting principles that must be followed by physician and also for customization of medical approach.

Key words: bioethics, palliative care, medicine, counseling

392. COUNSELING TECHNIQUES APPLIED IN DOCTOR-PATIENT RELATIONSHIP

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Introduction. Medical education is steadily facing the issue of modernizing the training process of the health system, aiming to train qualified and dynamic specialists, able to communicate effectively, think creatively and freely. When applying counseling techniques in relationship with patients, a future physician shall: be mindful of these various techniques; be empathic; communicate effectively; be able to control their emotions and show assertive behavior.

Aim of the study. Determine the level of training of future physicians for the application of counseling techniques in relationship with patients.

Materials and methods. The sample research consists of 50 subjects - future doctors graduate students, 6th year, specialty General Medicine. To achieve the research's purpose, four tools were used in the experiment: Questionnaire to determine the knowledge level of patient counseling techniques; Questionnaire to assess doctor-patient communication skills; Questionnaire "Are you an assertive person?"; Questionnaire for self-evaluation and level of emotional intelligence.

1. **Results.** The results describe the abilities of doctor-patient communication (empathic, assertive, comprehensive communication, active listening, emotional intelligence etc.). Thus, comprehensive communication skills were identified in 12% of the questioned students; 46% high level and 42% medium level; 50% of students scored an average level of assertiveness; 50% of students gained scores that reveal a high level of assertiveness; No results showed a low level of assertiveness; 44% of prospective doctors have achieved a "high" level of developed emotional intelligence and 54% have a "good" level of same skill; The "average" level was recorded for only one student, which represents 2%.

Conclusions. Basic counseling skills that a physician must hold include: consideration, empathic understanding, active listening, summarizing and verifying; non-critical acceptance; paraphrase, reflection, using various types of questions with a minimal promptitude, ability to provide feedback, using alternatives to questions; challenge, confrontation, work with defensive persons; solve problems.

Key words: dialogue, communication, doctor-patient relationship, counseling, techniques