

social and economic balance in the Republic of Moldova generates negative trends in birth rates. Abortion is one of the main methods of birth rate, the ratio of first upon the second is 0.9: 1.

Aim of the study. Abortion is a powerful psychotrauma factor, which may end for the woman involved-with neurosis.

Materials and methods. For the purpose of this study have been analysed 30 sources of literature. The theme was studied from both, the statistical and the theoretical perspectives. The theoretical perspective aimed at analyzing, synthesizing and generalizing information from the literature on the concept of "abortion", the medical-social issues, the level of anxiety depending on the method used. The statistical outlook included the analysis of the data collection process about abortion worldwide and national; analyzing the relationship between the legalized and criminal abortions, the medical-social aspects, but also the frequency of the information collection and its actuality.

Results. In a study of 89 young women, divided into two groups, the first (22 patients) made up of women who demanded medical abortion with prescriptions, the second group (67 patients) was constituted by the women who requested a surgical discontinuation of the pregnancy, analyzing it, it was found that in the first lot the level of anxiety was lower than in the second lot (52.55% had an average anxiety, 37% had high anxiety, and only 10.45 - low anxiety). In the group of women requiring medical abortion, 41.91% of them had average anxiety and 39.91- low anxiety and only 18.18% high anxiety. According to another WHO analysis in 2000, around 50 million abortions occurred worldwide, of which 30 million were legalized and 20 million were not legal. About 7% of them were made in Europe. According to statistical data, in the world, there are 38 abortions per 1,000 women aged 15-40 years old. Annually, global birth rates are 140 million, about one pregnancy out of four ends with abortion, including miscarriages.

Conclusions. Abortion, regardless of the method performed, is a powerful psychotrauma factor, which may end for the woman involved-with neurosis. With the help of the psychodiagnostic analysis, from the medical and social point of view, it was proved that the medical abortion has a less negative aspect than the surgical one. In our days, the abortion os more frequently in the young women.

Keywords: abortion, medical-social issues

223. THE ARGUMENTATION OF THE NEW CONCEPT OF REFORMING THE MEDICAL EXPERTISE OF VITALITY SERVICE

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Introduction. The estimated current number of disabled people in the Republic of Moldova is about 184 500 people, and represents about 5,2% of the whole population, including 12 900 children aged between 0-17 years old, that is considered 1,9% of the total number of children in the country.

Aim of the study. The aim of this study was to analyze different aspects of the existing medical expertise of vitality service and develop a new concept of the reforming service of work capacity based on the socio-professional and educational integration of people with disabilities.

Materials and methods. The data analysis was cross-sectional. This method has been applied according to the qualitative representativeness, which got veridical information of the existing phenomena in the field of the application of disability degree assessment methods, before and after the reform, based on the most valid evidence. The representative sample consisted of 383 people with disabilities.

Results. After having analyzed the existing medical expertise of vitality service we managed to: develop a new methodology of determining the disability; point out the advantages and disadvantages of the medical expertise of vitality service; set out the bio-psycho-social sample of work incapacity (adults); develop the strategic concept of modernization and efficacy of the medical expertise of vitality service in the Republic of Moldova.

Conclusions. These results will allow us to improve the medical, social and professional rehabilitation services provided to the disabled people for enrolling them in the working field and active social life.

Key words: medical expertise of vitality, disability, work capacity, functional deficiencies, rehabilitation, psychological and pedagogical services

224. OCCUPATIONAL DISEASE RISK FACTORS DETERMINATION IN PRIMARY CARE PHYSICIANS

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Introduction. Millions of people around the world work in unsafe conditions, due to which the number of people affected by the occupational diseases is constantly increasing. Annually about 1,1 million people become victims of the occupational diseases and work accidents, while another 60 million cases are being newly recorded.

Aim of the study. Assessing medical staff from the primary care institutions in the rural areas and developing a set of measures that would ensure a safe working environment for the workforce.

Materials and methods. For setting out the objectives, a comprehensive study was carried out which included: the study of morbidity and the socio-economic and psychological factors of the medical staff. The study group included 387 physicians from the primary health care institutions.

Results. This study helped us reveal what were the main risk factors that the medical workforce was put at, the incidence of each being as follows: tiredness - 36,2%; depression - 32 %; stress - 29,4%; irritability - 15,2%; anxiety - 11,4%. These results helped us establish a new set of measures that would ensure a safer working environment for the staff of the primary care health institutions from Orhei and Hîncești.

Conclusions. This study allowed us to elaborate a new set of measures that will reduce the aforementioned occupational risk factors incidence and will consequently serve as occupational disease prophylaxis in the medical staff from the primary health care institutions.

Key words: health, medical staff, primary care institutions

225. EMIGRATION OF MEDICAL GRADUATES FROM THE REPUBLIC OF MOLDOVA: CAUSES, RISKS AND SOLUTIONS

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Introduction. The shortage of doctors threatens healthcare systems all around the world. The insufficiency of doctors in developed countries like the USA, Canada and the UK and the gradient of working conditions, salary and quality of life between the developing and developed countries represent the driving force for the international migration of medical doctors. This