

**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

process worsens the already existing shortage of doctors in many developing countries. It is the case of the Republic Moldova. We studied the attitudes of students and graduates from Nicolae Testemițanu State University of Medicine and Pharmacy (SMPPhU) to emigration.

**Aim of the study.** To evaluate the attitudes of medical students and graduates toward the perspective of starting the medical career at home or to emigrate.

**Materials and methods.** A retrospective study was conducted. We analyzed data from the Computing Center of SUMPh on the results of admission to the residency during 2012-2017. We also surveyed the students of SUMPh from years I, III and VI.

**Results.** The rate of those who continued their studies in the Republic of Moldova is decreasing. In 2017, only 2 out of 3 SUMPh graduates chose to continue their studies in the home country, in comparison with 2016, when only 1 in 5 graduates did not continue the studies home. The rate of medical students who want to emigrate is highest among the 6th year (75%) compared to 1st year students, where only 68% want to emigrate. The main cited reasons for leaving are a higher wages better work conditions, better life conditions and the possibility of professional development.

**Conclusions.** In order to avoid a future doctors' crisis in the Republic of Moldova specific measures must be implemented to keep the medical graduates working within their home country. The students ask for a guaranteed well-paid job and adequate equipment of the work place.

**Key words:** emigration, residents, students

## 226. THE MEDICAL AND SOCIAL ASPECTS OF COLORECTAL CANCER

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**Introduction.** Colon cancer is a major health problem due to its consequences on social, economic, ecological and geographical aspects. Last decades it becomes one of the main cause of premature mortality, increased morbidity and disability.

**Aim of the study.** To evaluate the particularities of colorectal cancer and of the medical and social aspects of this phenomenon.

**Materials and methods.** We performed a retrospective study on a group of patients with colorectal neoplasia, who were investigated and treated in the oncological proctology department of the Institute of Oncology between January and December 2016. The study included primarily diagnosed cases before or after surgical intervention. Data on the main risk factors, demography and tumor location have been collected from medical records.

**Results.** The main medical and social aspects of 645 subjects included in the study were analyzed. Analysis by gender revealed the predominance of males, 356 (55.2%) versus female, 289 (44.8%). The proportion of patient diagnosed with cancer is increasing with age: up to 49 years-59 (9.1%) patients; 50-59 years-152 (23.5%) patients; 60-69 years-283 (44%) patients; over 70- 151 (23.4%) patients. Most of the patients originate from urban area, 330 versus 315 from rural one. The main location of the tumor is colon - 386 (59.8%), followed by rectum - 216 (33.5%) and recto sigmoid junction - 43 (6.7%) of cases. Colon / rectal cancer ratio = 1.8 / 1. Prevalence of the risk factors among the patients was: by BMI: 240 (37.2%) were overweight, and 109 (16.9%) were obese; by tobacco consumption status: 192 (29.8%) were smokers and 453 (70.2%) were non-smokers; by alcohol consumption: 106 (16.4%) never consumed alcohol and 498 (6.3%) were consuming alcohol occasionally - 498 (77.3%), daily- 41 (6.3%). Nine out of 10 patients - 591 (91.63%) had no a family history of colorectal cancer, 24 (3.72%) – had relatives of degree I, and 30 (4.65%) had relatives of degree II-III affected by cancer.