

### **355. THE CONCEPT OF BENEVOLENT INJUSTICE IN THE NEWBORN CARE**

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**Introduction.** Neonatal medicine aims to reduce the mortality of infants. In the neonatal intensive care unit (NICU), babies receive high-quality healthcare that in many cases saves lives. Even compared with only a decade ago, fewer and fewer infants are dying. There is a little-recognized cohort of NICU patients whose outcomes are the result of a “benevolent injustice” in their healthcare course. Many of these infants are saved by technology; however, they are left both medically fragile and medically dependent and many of them are required to live in a medical facility. Many of these babies never get to go home with their parents. This emerging cohort of patients may evolve from the difficult ability to prognosticate outcomes for neonates, overtreatment, and acquiescing to parental demands for continued aggressive care.

**Aim of the study.** Examination of the concept of benevolent injustice in the context of NICU patients.

**Materials and methods.** Review of the scientific literature and integration of available qualitative empirical data.

**Results.** There are 3 recurrent themes that emerge in the literature as to how this cohort of NICU patients evolves: poor prognostication, overtreatment, and acquiescing to parental demands for continued aggressive care. Neonatologists and parents are attempting to benevolently make decisions in neonates’ best interests, which, unfortunately, can be quite difficult when predicting the potential outcomes. Whether by poor prognostication or by over treating neonates to acquiesce to parental demands, these actions carry with them the potential consequence of violating the neonate’s rights to a range of opportunities. Neonates should have the right or opportunity to interact and to be in relationship with their parents, and these are opportunities that should be protected rather than violated by health-care. If their conditions are life-limiting or death is near, they should be allowed to die with dignity in a loving and symptom-free manner. Many neonates are left neurologically impaired and developmentally delayed where it may never be possible to interact in a meaningful way.

**Conclusions.** The reality of the NICU is that the same technology that is used to save a neonate’s life may also be the cause of severe comorbidities and life-altering, adverse side effects.

**Key words:** benevolent, injustice, neonates, prognostication.

### **356. BIOETHICAL ASPECTS OF CHILDREN'S VACCINATION IN MOLDOVA**

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**Introduction.** Vaccination is a current topic of bioethical approach. Despite some notable successes achieved by mass immunization, vaccination remains an intensely discussed topic, for various reasons, predominantly in the media.

**Aim of the study.** To identify the essential moments of the vaccination process of children in Moldova and to highlight the importance of the doctor-parent relationship.

**Materials and methods.** There were used scientific reference publications, clinical protocols, various mass-media reports on vaccination, as well as other sources available on internet. There were studied results of a questionnaire applied on a lot of 40 respondents (parents) from rural and urban areas with the age between 21-45 years.

**Results.** The research conducted on 40 parents (mothers and fathers) illustrates the following positions regarding vaccination: 30% complain about weak information correlations in the doctor-patient-parent relationships; 70% recognize the application of vaccination of children in the context of their vulnerability; 85% identify certain fears of somatic integrity regarding the effect of applying organized immunization; and more than 55% have no fear accepting collective integration with an unvaccinated child. The main characteristic trait attributed to the child is the vulnerability, children being the first ones included in the risk group. The principle of vulnerability highlights the fragility and harmlessness of the growing organism in the event of a possible virotic or microbial infection. It emphasizes the problem of violation of fundamental rights and freedoms of both the child and adults: vaccination becomes mandatory in its form, being imposed as a requirement to admit the child in different institutions (like schools and kindergartens).

**Conclusions.** (1) Vaccination is a particular subject of current medical-bioethical analysis. (2) The basic issues of the bioethical analysis of the vaccination refer to therapeutic integrity, the vulnerability of the children, the doctor-parent relations, freedom, and the responsibility. (3) The intransigence towards vaccination is mainly due to the deficiencies of medical management. (4) The bioethical approach of the vaccination problems contains an important potential to optimize the immunization process through immunization.

**Key words:** bioethics, immunization, vulnerability, integrity, doctor-parent relationship.

### 357. SPECIFIC OF THE INFORMED CONSENT IN THE REPUBLIC OF MOLDOVA

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**Introduction.** The informed consent represents an essential act in the accomplishment of the medical practice by which the patient participates in the medication. The bioethical, legal and medical doctrine regarding the informed consent reveals some key requirements regarding its content, but there are also some particularities that designate the cultural and professional nuances of ethical, legal and, last but not least, practical aspects that should be known both by physicians and patients for their correct application.

**Aim of the study.** The research aims to elucidate some particularities of the informed consent in the national environment, based on the bioethical, legal and medical aspects.

**Materials and methods.** At the completion of the study it was necessary to study materials from various books, journal articles and publications in volumes on bioethics, medicine and law, and statistical data obtained from official sources. The paper was structured and