

rendered by the analysis method, the comparative method, the statistical and hermeneutical method.

Results. The ethical ground of the informed consent is achieved by respecting the dignity of the patient as a human being, presenting the patient's right to conscious self-determination and ensuring his safety in the doctor-patient relationship crystallized in the diagnosis and treatment phase. Procedurally, the informed consent comprises three essential components: informing the patient; patient awareness of the information received; assuming and expressing free and benevolent consent to medical tactics. Some sociological data reflect a positive attitude (72.6%) towards the regulation and the way of implementing in the medical practice the informed consent, which represents an opportunity to consolidate the patients' rights at the national level. At the same time, there are blank areas that need improvement (56.4%). It is important for the medical workers to raise awareness and make every effort to achieve this social goal.

Conclusions. Some positions that reflect the specificity of the informed consent in the Moldovan environment area are fixed on the idea that: 1. The informed consent balances the moral and legal protection of the health care provider (physician, hospital, medical center, etc.) and the patient's rights; 2. Some practical medical aspects that frequently induce informed consent are required to be optimized; 3. The importance of informed consent is emphasized in potential cases of malpractice.

Key words: informed consent, bioethics, Republic of Moldova, patients' rights, malpractice.

358. THE PRINCIPLE OF AUTONOMY AND ITS PARTICULARITIES IN THE LOCAL COMMUNITY

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Introduction. Bioethical literature describes the patient's autonomy as his capacity and authority to decide freely in accordance with a self-chosen plan while realizing the impact of its own actions and without being influenced in his decisions. These traits of autonomy become premises for analysis and debate for many contexts in medical community. Also, this subject includes current interpretations, as a great number of patients still tolerate paternalistic approaches, either out of indifference or health culture.

Aim of the study. The purpose of the study consist in highlight from a theoretical point of view some bioethical particularities which express the context of implementation of the autonomy principle in the local community.

Materials and methods. For this study it was necessary to select materials from various books, articles and collections on bioethics, medicine and law, statistical data obtained from official sources. The work was structured and rendered by the method of analysis, comparative method, statistical and hermeneutic method.

Results. Recent statistical reports on the health system indicate that only 71% of patients undergoing surgery have confirmed that they have signed the informed consent form. At the same time, the majority of respondents confirmed that they were sufficiently informed about planned medical interventions and risks, the percentage of which was higher in republican hospitals (79.1%) than in district hospitals (70.4%). Similarly, 25.5% of respondents announced that they had been insufficiently informed or they had not been informed at all.

These data confirm a lack of communication between healthcare professionals and patients. More than 1/4 of patients neglect the right to the principle of autonomy by not signing the informed consent form. These data reflect certain differences between what we call a bioethics requirement and the legal framework in the realization of the medical profession and the social realities. Lack of informed consent also suggests certain deficiencies about the patient's health culture. It can also be observed that the absence of the patient's autonomy is also determined by the patient's position towards his life and health.

Conclusions. Some criteria that could promote the principle of autonomy consist in: 1) the development of health education within children's and youth communities; 2) the extension of health education in urban and rural communities; 3) supporting campaigns to promote health rights.

Key words: bioethics, autonomy principle, awareness.

359. MEDICAL AND BIOETHICAL DILEMMA IN CASE OF MEDICAL ERROR

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Introduction. In Republic of Moldova, the medical error is encountered more often than we think. This isn't known because every day, people are forced to keep silent about some irregularities, and this may affect both, the patient and the medical staff. Annually, the number of cases of medical errors that had been reported is unrealistically low. Even the law does not come to the aid of people affected by malpractice, error or mistake, as all these terms are covered by the term of medical error.

Aim of the study. Detecting the actual prevalence of medical errors and the level of protection available to patients.

Materials and methods. This descriptive-analytical study was conducted on 20 medical workers. Data was collected using a valid and reliable questionnaire, consisting of two parts: demographic information and questions about the level of protection perceived by medical workers and their role in solving medical errors that they witnessed.

Results. From the analysis of the questionnaires we found that 69% of the medical workers surveyed witnessed at least one case of medical error. As a result of this error, no action was taken in 71% of cases and 23% of cases ended in a harsh reprimand. This may be a consequence of the fact that in more than half of the cases, even patients or their relatives did not notice that a violation had occurred to them, and if they did, most of them overlooked it. Even in the context of the legislation, there was not much data, with 55% saying that the state is not taking sufficient measures to prevent or cases of medical errors.

Conclusions. 1. The number of medical errors exceeds expectations. 2. The population does not have sufficient medical education to detect some medical violations. 3. Preventing and combating the majority of medical violations is legally impossible. 4. Although medical workers would like to combat medical errors or mistakes, it is not only up to them, the change must occur at a social and political level.

Key words: medical error, bioethics, patient protection, moral dilemma.