

### 3. EUTHANASIA AND ASSISTED SUICIDE: CLINICAL AND BIOETHICAL ANALYSIS

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**Introduction:** Lately the bioethico-medical investigations raises the question about the legality and justice of euthanasia and assisted suicide. Although euthanasia raises medical, biological, juridical and other aspects it is useful to mention that it is mainly a bioethical dilemma. It is impossible to clarify the problem of euthanasia partly, it must be seen as a common problem, which can be solved only by profound bioethical analysis. Only this type of analysis can help to resolve the problem complexly, from all spots of view, showing that euthanasia is a problem of society, having deep social reasons and complications.

**Purpose and Objectives:** To clarify the problem of euthanasia and assisted suicide from medical, bioethical, philosophical and social points of view. For it is essential to show the moral aspects of euthanasia in comparison to assisted suicide in socio-medical practice, look through the arguments of "for" and "against" the legalization of euthanasia in our country.

**Materials and methods:** Published Scientific works and sociological questionnaires were used to clarify the question. In the process of investigation: analysis, synthesis, deduction and induction sociological, theoretical and others methods of investigation were used. Three sociological questionnaires were used; among the citizens of Chisinau, students, doctors. For each group different questions and answers were made.

**Results:** Basing on investigations made, was found a modality reflecting true feelings of the population of Moldova towards Euthanasia and Assisted suicide. Most of the respondents answered positively on «Are you for euthanasia?» (51 %). «Do you consider necessary for legalizing euthanasia?» (67%). «Can euthanasia be seen as free will of terminate patient?» (76 %), but on answering the question "Would you like that euthanasia would have been used towards your relatives almost?"(97%) answered negatively. Their answers were conducted by pity towards the terminally ill patient, but when the problem bothered them privately not everyone answered positively. Doctors were more straight by answering no 57% on legalizing euthanasia and 98% on using euthanasia for them. Students answered less dramatically, 23% could have assisted a suicide and every 5<sup>th</sup> could be a spectator during the process.

**Conclusion:** Trying to resolve the problem of euthanasia and assisted suicide we stand on the margin of two different sides. It is impossible to make a conclusion about legalizing euthanasia, it is crucial to develop a juridical procedure of euthanasia, because a big role stands on the opinion of society.

**Keywords:** bioethics, euthanasia, assisted suicide, sociological investigation, justice

### 4. OCCUPATIONAL HIV INFECTION IN HEALTH CARE WORKERS: WHAT TO TAKE INTO ACCOUNT?

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**Introduction:** Through the nature of their profession, the workers of the medical system, doctors and nurses, are assuming the exposure to pathogen factors. The primary prevention is the main objective and all the efforts are supposed to be directed in this way. Though, to err is human and sometimes accidents happen. What is to be done in this situation?

**Purpose and objectives:** The aim of this paper is to present the ethical aspects of the occupational acquired HIV infection in health care workers, starting from a real case.

In the Intensive Care Unit, while inserting a peripheral venous catheter, a doctor accidentally causes an injury to his finger with the contaminated needle. The patient was known as HIV infected and under appropriate treatment. The blood tests proved that until that moment the doctor was

healthy. According to the protocol, new blood tests were performed after 6 months, demonstrating the presence of antibodies against the Human Immunodeficiency Virus type 1.

**Discussion:** In this situation, there are some ethical issues regarding the doctor and his patients as well, because this relationship represents the fundament of the medical act.

The HIV positive status of the doctor heightens several aspects to reflect upon. Should this person be allowed to keep working in the medical system? Then, may changing the specialty be required, particularly in the case of the surgical departments? In what measure will this doctor be supported by the administrative structures?

But there are also things to see and understand from the patient's viewpoint. Would he accept being treated by this doctor, if he knew his status? Because indeed, the patient has the right to choose the person that will consult and treat him. However, the main controversy is that the decision will not be so much influenced by the real risk of transmission, which appears to be quite low in the scientific literature (under 0,3%), but primarily by the patient's lack of knowledge and the phobia that persists around this disease.

**Conclusion:** Occupational accidents in the medical system are a reality. Beside the human sufferance, the HIV infected health care worker will also fear the social and professional repercussions. Moreover, it would not be equitant for the patient to be exposed to the risk of infection, even if that is considerably low. Obviously, everyone's priority is the prevention, but if it happens, which could be the most ethical solution and the best for everyone?

**Keywords:** HIV infection, occupational exposure, health care workers, risk of transmission

## 5. THE ETHICAL CONDITIONALITY OF THE DIALECTIC INTERRELATION OF THE HEALTH, ILLNESS AND PATOLOGY

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**Introduction:** The norm — is a level of functioning of an organism which is peculiar and is typical to the majority of people, the norm is the unification of various forms of activity of the organism therefore one of them is admitting satisfactory and the others are beyond the admissible. Thus, in the concept of the norm can be included evaluative, prescriptive components: a person should be or not be otherwise. Anything, which does not correspond to the ideal, is declared abnormal, pathology or disease. The problem of norm/pathology is connected with the problem of a choice of standard group — people, whose activity serves as the standard according to these, we can measure the level of functioning of an organism and the personality. Depending of the occurrence (for example, psychiatrists or psychologists) can include in standard group everything what is a normal one and can establish various borders of norm.

**Purposes and Objectives:** 1) Pathology, health and illness, as in theoretical and ethical definition. 2) Role of the relations into the doctor and patient, in effective definition of transitional states from health to pathology and back. Common goal – is to detect the necessity of definition of the ethical components in process of correlation of the health, illness and the pathology. On this basis, we should achieve the following problems: to define a role between the doctor and the patient, in effective identifications of transitional conditions in human organism from health to pathology; also to prove an illness, pathology and health in theoretical and ethical definition.

**Materials and methods:** Using of the published scientific works (the monographs, articles and reports), ethical codes; statistical materials and various discussions in the Internet sphere. Also were used the material analysis, historical, medical and statistical approach, statistical comparisons etc.

**Results:** The illness isn't mere chance, on the one hand, and fatal inevitability — with another. The illness is the natural phenomenon in existence live, but it doesn't mean necessary and obligatory manifestation in the life of every individual organism. The object of examination of the pathologist is a