

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

pathological process which is different from norm, and the subject - the most general regularities of its origin, course and outcome. The pathological process — is a biological process, a special form of state of living systems. The task of the pathologist is to analyze deeply and comprehensively the various parties, aspects and levels of pathological process. The theoretical pathology is based on a number of the philosophical, dialectical materialist processes on which the theory of pathological process is based. On the social level of functioning of the human organism- the norm and pathology acts as states of health and disease. Illness in this case is not any frustration, but only one which needs to change, in requiring of treatment which is not the norm but the pathology one.

Conclusion: Nowadays in medicine modern doctor must use effectively ethical principles of norms and values in therapeutic process of treatment of the patient. Defining value has such approach in consideration of the most difficult correlation of health, an illness and pathology.

Keywords: ethics, health, illness, pathology, medical process

6. THE CONDITION OF DOUBT IN PHARMACEUTICAL PRACTICE: BIOETHICAL ASPECTS Federiuc Victoria

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Introduction: Veracity is one of the principles of biomedical ethics that set truth telling as a rule in medical professionals' relations with patients. However, in daily pharmacy practice, the principle of veracity is violated in different ways: by the act of lying, omission or by deliberative cloaking of information in jargon or language that fails to convey information in a way that can be understood by the recipient or that intentionally misleads the patient. Sometimes, the pharmacist faces a problem of what the patient should be told, because he (the pharmacist) is not yet sure what the facts are, situation which in health care is referred to as the "condition of doubt". This problem also relates to the ethics of relations between health care professionals. Often, in daily practice, pharmacists when filling in doctor's prescriptions might disagree about the assigned medication and based on their legitimate right to "correct" doctor's "potential" mistakes, might suggest a safer alternative for the patient. This leads to conflicts between pharmacists and doctors in patient's treatment.

Purpose and objectives: Analysis of moral dilemmas related to the "condition of doubt" in pharmacy practice on behalf of bioethical principle of veracity and ethics of the relation between medical professionals.

Materials and methods: The research was based on the analysis of relevant scientific literature (articles, conference and symposium papers), case studies and ethical (bioethical) codes of medical professionals through the application of analytical, bioethical, comparative, medical-historical methods.

Results: The traditional Hippocratic medical code of ethics does not require that medical professionals deal honestly with patients and accept lies when they produce more good than harm for the patient, while the modern ethical codes, following the principle of veracity, consider truthfulness as part of the essential characteristics of the pharmacist. Veracity focuses on the inherent moral element, such as the patient's right to be told the truth. Before disclosing information, the pharmacist should have the sense of exactly what he should tell the patient. The confusion referred to as the condition of doubt may be in regards to a diagnosis about which the pharmacist has only a preliminary suspicion (in case of innovative therapies where the effects of therapy are not very clear) or the pharmacist has only a limited understanding of the patient's condition (compared with the doctor's knowledge). The professional codes foresee that if the medical professional does not possess enough knowledge or experience in order to guarantee adequate care, he or she shall consult other professionals or guide the patient towards further advice from another medical staff. However, in practice this rule is not always respected neither by pharmacist nor doctors. Facing the condition of doubt alone, the pharmacist either lives with the uncertainty, or risks being dishonest leading to the quality of the pharmaceutical care being affected.

Conclusion: moral dilemmas of condition of doubt can be resolved considering the reasonable person standard (the pharmacist should say what the reasonable patient would want to