schiderile EI chiar dacă implementăm sârguincios Procesul de la Bologna. Această contradicție face ca instituțiile universitare cu toate că sunt parte a comunității și consumă bunurile ei, nu înzestrează tinerii cu cunoștințe reale despre om și mediul propriu în care locuiesc și unde urmează să-și pună în valoare capacitățile lor adâncesc discrepanțele. Discrepanțe care cumulate cu crizele din care așa și nu s-a ieșit formează la cei tineri motive serioase de a se realiza pe sine în afara societății. Diminuarea componentei umaniste din ambianța criteriilor de pregătire a profesioniștilor surpă și calitatea curriculei universitare, deoarece în mare disciplinele enunțate au fost eliminate și la nivelul pregătirii preuniversitare. Și nu în ultimul rând că, actuala piață de desfacere cere capacitate sistemică atât de la profesioniști, cât și de la produsul finit al instituției, inclusiv celei universitare.

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TWO CONCEPTS OF PUBLIC HEALTH CARE

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ДВЕ КОНЦЕПЦИИ ОБЩЕСТВЕННОГО ЗДОРОВЬЯ

Introduction. Approach to public health care raises question of feasibility to provide medical care to all members of society. Challenges to consider are financial burden and logistic complexity ad to the medical education convolution. Furthermore, technological innovations elevate the scope of confront. Moreover, growth of elderly population increases all issues into

obscurity. These enquire several questions to consider. How to finance so much growing aged populace from the limited economically viable income producers? How to provide logistic to deliver health care to so many people with limited mobility? How to warrant medical education overcoming challenging intellectual and financial demands for the scholars while confronting easier and financially very competitive other professional offers? How to deliver innovative avant-guard, that is breakthrough and leading, medical technologies on demand to each and every patient as the cost is skyrocketing? The threatening issues may compromise viability of whole public health care system that set the question what qualitative concept to the public health care should be considered attainable?

Analysis of motivation. Before resolving all the challenges into the viable efficient solution the whole matter of the public health care should be assessed over conceptual level. Within all concepts of health care there are two that qualitatively describe approach to public health. The first concept is the public health care as a privilege that is considered available at premium to the financially capable societal. The second concept is the public health care as a universal public good provided by the society to all its members. Which of the notion is more desirable? To what extend are these concept resolvable and viable?

Looking back to the history of health care we can confirm predominance of the public health care as a privilege from dawn of civilization till the end of XIX for some leading nations and well into late XX for the most countries, while even to XXI centuries for few countries, among which is USA. Availability of professional medical care at its technological best for the time was irregular privilege of the few of the better off. Even upper social classes were dependant on the actual financial possibility at hand rather than secured by the societal status provision. While a privilege, medical care long thought as a desirable social good great to be attainable for at least the proper members of society. However, for the centuries access to the medical doctor and professional medical care was dismal affair for majority of population. There was charity medical care available occasionally on behave of almost heroic physicians who provided medical service for the pure people. These good willing medical doctors deserve tribute. Though that was non-systematic and sporadic thus was not affecting whole picture of the public health. Epidemics, high infant mortality, short life expectancy

and systematic health deprivation were typical and while more so for the non privileged classes it reached upper privileged societal of the nature of infected water, air and food disease contamination. There was no way for the privileged to isolate themselves from the systematic unhealthy general public. Here is a ground for the demand of universal public health care system that shield society from epidemics, elevates life expectancy to genetically determined limit, strengthen productive capacity of work forces and terminate gruesome saga of maternity of constant losses of newborn life. Health care became recognised as a strategic weapon of human capital and precondition for competitive successful nation: "In this 70th anniversary year, WHO is calling on world leaders to live up to the pledges they made when they agreed on the Sustainable Development Goals in 2015, and commit to concrete steps to advance #HealthForAll. This means ensuring that everyone, everywhere can access essential quality health services without facing financial hardship" (Universal Health Coverage (UHC) and World Health Day, 2018).

Civilizational success of any nation indeed depends on public health care (Health, 2018). Abolition of universally attainable comprehensive and obligatory for whole population systematic medical care fetches degradation of public health challenging prospective of national survival. Abolition of universal free health care can be observed in East Europe, Caucasus, and Central Asia. Freely available and obligatory enforced universal populous vaccination has been a good standard in past though become a financial privilege while dependant on cultural advancement or personal prejudice choice. Public health in these regions defined not by modern scientific knowledge and innovative health care technologies but rather depend on least common denominator of uneducated ignorant philistines. This set public care a hostage of the least capable and most destructive sociopaths would it be a man or a woman or a mother of unfortunate child. Here we observe lack of national appreciation of universal health care and return to health care system as a privilege with long term negative consequences for national and personal human capital. Unreasonable expectation to isolate itself and own family from endemic resurrection of many infectious diseases strike back everyone and whole society. Ignorant expectations of "national elite" to stay above the pure and the unfortunate collide with relentless infections which is so disrespectful to upper classes and social boundaries.

This was learned hard by the previous centuries generations who recognised the danger to ruling classes from pure public health condition that breakthrough the social barriers and overwhelmed even monarch families' shields. The monarchs' children got infectious diseases and lost their life despite all privileges, best systematic family access to personal medical care, best sanitary and prophylactics. They were much better off but still suffering systematic losses from diseases spread within common people. The gruesome list of monarchs and their family's' members died from contagious diseases is so long that here we display only few victims from different époque and nations to assert this notion: Ramses V of Egypt died in 1145 BC of smallpox (Koplow, 2003); Peter II of Russia died in 1730 of smallpox (President, 2015; Соловьёв, 1999); Louis XV of France died in 1774 of smallpox (Michel Antoine, 1989, p. 986). Learning attained.

It is important to highlight role of the leading medical professionals who pointed scientific and social attention to the essence of public health care to each individual. It is impossible overestimate leading role of medics and biologists for developing scientific proof and social awareness over individual reliance on public health. Louis Pasteur (Vallery-Radot, 1919, p.332), Ilya Mechnikov (Ilya Mechnikov, 2015) to name the few privileged leaders to gain scientific and social award appreciation. With successful convincing of the scientific society and general public about existence of infectious diseases bacteria elitist believe that pure public health is a problem of those beyond their property fence crashed to oblivion. That reasonable universal health trepidation had come to avail public health care.

Human compassion to those at disadvantage, to the pure in need, to the mothers at the funeral of their newly born infant, to the unfortunate neighbours and the colleagues contracted contagious disease comprise significant and sustain motivation of spiritual leaders of society for many generations. Human capacity to feel for the other people pain and suffering equip human beings with strong force to help, to search for better social and medical care, to better organize society in needs. This commiseration has being expressed in music and literature, poetry and art, charity and religious practices, moving people to transform their society, to gain social attention, to organize systemic and institutes health and palliative care.

Combined force of the trepidation and compassion strengthen individual, family, commons and elite attitude transformation in favour to

recognize public health care as essential universal social necessity whilst privilege is not. As publicly expressed by His Holiness Pope Francis and World Health Organization Director-General: "Health is a right and not a privilege" (HH Pope Francis, 2018).

Analysis of possibilities. General social recognition of the public health care as essential universal social good placed and continue consign a questions of financial, social, logistic and education possibility to provide professional medical care in effective and attainable manner (Universal health coverage, 2018).

Fiscal burden of health care system is a significant challenge on any national economy. To achieve pecuniary attainability the economy should reach sufficient productivity level to generate ample surplus for the public goods expenditure. Among public goods there are universal school education and public health care system. Such sufficient economic productivity had been achieved by leading economies at the end of the XIX and beginning of XX centuries. Even long before economic viability societal and government efforts to organize systematic and gradually universal health care system had taken place. For example, zemskaia medical system in Russian Empire from 1864 gradually developed from regionally self governed to regional and central governance support towards establishment of General Directorate of Public Health, carrying the rights of the ministry in 1916. Already since 1880 free medical care services became available at regional medical facilities. During 1860th and more since 1890 central government had provided subsidies for regional medical facilities and services systematically increasing financial support. Also continues efforts have been conducted for various methods of vaccination from smallpox in England, Germany, France, Russian Empire etc. Thus, by 1800 approximately 2 million inoculations were administered in the Russian Empire, including Catherine the Great, her sun Pavel, her great suns Alexander and Konstantin (Massie, 2011, pp387-388).

By the end of XIX century public demand and elite awareness reached point of public attitude and social policy transformation. First, it affected Russian Empire and the Soviet Union. After the Second World War majority of European nations had implemented universal health care. Most civilized nations reached professional and social agreement on decisive necessity of medical care as the universal public good. In XXI century we can

undeniably admit that all scientific, social and economic preconditions for the implementation of the concept of health care as a universal public good are met. Now political organizing efforts should emerge upon public awareness over mutual interdependency of elite, the commons, families and individuals who rely on the public health care universal sustained performance. The nature of infectious diseases tells that only one ill individual may compromise well being of so many when life threatens very many people from various social strata and life style. Lessons attained and remembered.

Conclusion. Sustained national and individual development is only attainable with implementation of universal free health care that is now admitted on the most respectful international level. "Global support for universal health coverage is gathering momentum, with the unanimous adoption of a resolution in the United Nations General Assembly that emphasizes health as an essential element of international development" (Health, 2018). And then it is asserted that "Health is an important cross-cutting policy issue in the international agenda, as it is a precondition and an outcome and indicator of all three dimensions of sustainable development. The resolution calls on Member States to adopt a multisectoral approach and to work on the social, environmental and economic determinants of health to reduce inequities and enable sustainable development" (Health, 2018).

While so "At least half of the world's population still do not have full coverage of essential health services. About 100 million people are still being pushed into "extreme poverty" (living on 1.90 USD or less a day) because they have to pay for health care. Over 800 million people (almost 12% of the world's population) spent at least 10% of their household budgets to pay for health care. All UN Member States have agreed to try to achieve universal health coverage (UHC) by 2030, as part of the Sustainable Development Goals." (Universal health coverage. Key facts, 2018.).

Also World Health Organization provide own vision on the concept of universal health care: "Universal health coverage means that everyone has access to quality health services that they need without risking financial hardship from paying for them. This requires a strong, efficient, well-run health system; access to essential medicines and technologies; and sufficient, motivated health workers. The challenge for most countries is how to expand health services to meet growing needs with limited resources" (World health report, 2013).

These thorough citation provided to demonstrate international recognition of the concept of public health care as the universal health care public good, as "a right and not a privilege" (HH Pope Francis, 2018). This affirms significant international and national efforts to implement universally attainable public health care for all human being that definitely invites East European nations to set the goal and join international efforts to provide universal health coverage for everyone. Therefore, public health care ought to be the universal public good for the nation consider itself civilized.

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CUNOȘTINȚE ȘI OPINII DESPRE IMPORTANȚA BIOETICII ÎN SISTEMUL SOCIOMEDICAL AUTOHTON: STUDIU EMPIRIC

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KNOWLEDGE AND OPINIONS ABOUT THE IMPORTANCE OF BIOETHICS IN THE MOLDOVAN HEALTH SYSTEM: EMPIRICAL STUDY

This article is based on the results of an empirical study conducted by the Department of Philosophy and Bioethics of SUMPh „Nicolae Testemițanu”, with in the project „Promotion and practical implementation of the medical bioethics in the Republic of Moldova”. This study reflects health workers know ledge and opinions about bioethics in the local public health system.

Progresul științifico-tehnologic a favorizat accelerarea dezvoltării medicinei începând cu a doua jumătate a secolului XX. Medicina a reușit, pe de o parte, să acumuleze experiențe de succes în tratarea multor boli, în „gestionarea”și îmbunătățirea vieții umane, iar pe de altă parte, știința și practica medicală, fascinate de cercetarea și progresul lor, într-o oarecare măsură și-au pierdut latura umană, morală și scopul nobil de ajuta și diminua suferința. Aceasta se reflectă prin apariția problemelor și a dilemelor morale care au vizat căutarea unei orientări în lumea valorilor umane nu numai pentru cercetători, biologi sau medici, ci pentru toată societatea. Într-o astfel de situație istorică apare bioetica, domeniu interdisciplinar capabil să unească valorile etice prin dialogul dintre științe și să evite sau cel puțin să diminueze confruntarea dintre tehnologiile contemporane din domeniul biologiei, medicinei și cercetării, precum și din filosofie și etică.

Pe parcursul dezvoltării bioetica a fost interpretată în mai multe accepțiuni de către mai mulți autori: Fritz Jar (1927), Van Rensselaer Potter (1970), Andre Hellegers,T.L. Beachampși J. F. Childress (1977).În acest context ev-