



#### 4. BIOETHICAL ASPECTS OF THE REHABILITATION OF PATIENTS WITH TYPE 2 DIABETES IN CONDITIONS OF ANTI-PANDEMIC RESTRICTIONS.

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**Introduction.** Rehabilitation is essential for many health conditions such as acute stroke, cardiac events and endocrine diseases and others. It is estimated that due to the SARS COV-2 pandemic, an estimated range of 1.3–2.2 million people in Europe had to interrupt their rehabilitation treatments. Shortly after the start of the pandemic, there were reports of an increase in new-onset diabetes presentations. Having diabetes was a risk factor for worse COVID-19, but also having COVID-19 was a risk factor for newly diagnosed diabetes and hyperglycemic emergencies. An essential support in rehabilitation in covid is that of bioethics.

**Aim of study.** Evaluation of the specificity of rehabilitation in patients with type 2 diabetes during the period of anti-pandemic restrictions through the lens of bioethical benchmarks.

**Methods and materials.** Data from the scientific literature were studied, identified from the databases PubMed, Cochrane, Scopus, international clinical protocols, about 50 sources.

**Results.** According to studies, it has been shown that during the COVID-19 pandemic, rehabilitation services and outpatient visits were affected, practically suspended, general healthcare services were reduced, face-to-face consultations were restricted, virtual consultations were switched to and some aspects of the consultation such as blood tests were omitted. A study of 25 million patients in the UK reported a significant reduction in type 2 diabetes diagnoses during the pandemic period. A recent report from the National Health Services (NHS), UK, World Health Organization (WHO) outlined the ethical obligations of healthcare providers during the pandemic in three distinct categories: moral, professional, legal. Guiding principles were emphasized to guide the conduct of ethics during the Covid-19 period: social and clinical value, favorable risk-benefit ratio, independent review, informed consent and respect for patients. Rehabilitation should be performed in a self-supervised manner via telemedicine. The most valuable bioethical benchmarks were the principles of information, autonomy, therapeutic integrity, vulnerabilities and the doctor-patient relationship. In some cases, it may be wiser to delay admission to rehabilitation until patients are no longer at risk of spreading COVID-19 to uninfected people, but poor blood glucose control is associated with serious complications, including mortality, and improving the control of risk factors is a priority.

**Conclusion.** Anti-pandemic restrictions have imposed new conditions on the rehabilitation act. The pandemic has highlighted the importance of guidance according to bioethical principles.

**Keywords.** Bioethics, rehabilitation, COVID-19, pandemic, anti-pandemic restrictions