



**THE SPECIFICITY OF THE SURGICAL ACT:
VULNERABLE PATIENT VERSUS VULNERABLE SURGEON**

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The surgical act involves an asymmetrical relationship, where vulnerability is typically assigned to the patient. However, surgeons also face ethical, legal and psychological pressures. This double dimension has major implications for the quality of decisions and the doctor-patient relationship. Evaluating the specificity of the surgical act through the prism of the concomitant vulnerability of the patient and the surgeon, with an emphasis on the bioethical consequences of this interaction. A narrative synthesis of open access literature was conducted using databases such as: PubMed, BioMed Central, DOAJ and CyberLeninka. Articles published between 2014-2024, in both English and Romanian, were analyzed. Key concepts identified include burnout, medical error, moral distress and operational stress were identified. The most studies identify the surgeon as being exposed to acute decision-making stress, institutional pressure and moral vulnerability in the face of unfavorable outcomes. Surgical interventions on patients with vulnerable status (minors, individuals with disabilities, terminally ill patients and patients with various infections) highlight ethical dilemmas. Lack of psychological support, fear of litigation and professional burnout increase the risk of medical errors and affect professional autonomy. These elements outline a bioethical framework in which the surgeon becomes, in turn, part of the medical act fragility. Vulnerability is not an exclusive attribute of the patient, but also affects the surgeon, who faces ethical pressure, emotional strain, and institutional expectations. Acknowledging this reality may enhance decision-making, strengthen the therapeutic alliance, and reduce burnout risk.

**SCHIZOPHRENIA IN THE CHEMICAL MIRROR:
TRIGGERING FACTOR OR MERE COINCIDENCE?**

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Schizophrenia affects up to 0.7% of the global population. Recent research highlights a correlation between psychoactive substance use and the onset of psychotic symptoms, especially in genetically predisposed individuals, suggesting a potential triggering role of these chemical compounds. To analyze the impact of psychoactive substance use on the onset of schizophrenia and determine whether this reflects a causal relationship or a mere coincidence in predisposed individuals. Four studies were analyzed: 7,606 patients with substance-induced psychosis in Sweden, 115 in Morocco, 150 in Nigeria, and 42,412 methamphetamine users in California. The substances investigated included cannabis, alcohol, and methamphetamine. Data were collected from articles published in PubMed and Scopus. In Sweden, 11% of patients with substance-induced psychosis developed schizophrenia; 18% were cannabis users and 4.7% alcohol users. In California, methamphetamine users had a 9.4-fold higher risk of developing schizophrenia than the general population. In Morocco, 37% of schizophrenia patients consumed alcohol and 15% other psychoactive substances. In Nigeria, 63% had a history of substance use, with men more frequently affected. In all studies, substance use preceded the onset of psychosis, suggesting a potential triggering role. Psychoactive substance use may act as a triggering or catalytic factor in schizophrenia. Early intervention and prevention of substance use may reduce the risk of early onset and improve clinical outcomes, particularly in genetically predisposed individuals.