

Conclusions. 1) The legal regulations do not attribute the absolute value to religious liberty from this point of view; 2) If a life threat is imminent the medical intervention is not a crime even without patient's or his legal representative's consent; 3) It remains an ethical dilemma in approaching the legal perception of religious beliefs.

Keywords: bioethics, religious confession, blood transfusion, freedom of choose.

353. CONFIGURING THE ESSENTIAL TOPICS OF VULNERABILITY IN CHILDREN WITH TYPE 1 DIABETES

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Introduction. Children with type 1 diabetes represent a specific vulnerable contingent. Minors themselves are part of the vulnerable population at its core. The level of vulnerability increases with the addition of chronic conditions with a major degrading effect on the body. This situation is a subject of ethical approach that can contribute to the reasonable maintenance of the quality of life of children with type 1 diabetes.

Aim of the study. Highlighting the basic aspects of vulnerability of the youth contingent with type 1 diabetes for ethical approach.

Materials and methods. A contingent of 38 children of both sexes with type 1 diabetes, aged 7-15, and undergoing rehabilitation in the "Sergheevka" Sanatorium in Odessa region, Ukraine, was studied from July to August 2019. During the year 2019 also five minors were observed, within the University Clinic of the *Nicolae Testemitanu* State University of Medicine and Pharmacy of the Republic of Moldova. Literature from the field of ethics, bioethics, and medical management was used. The methods applied: phenomenological, bioethical, sociological, structuralist methods.

Results. The manifestation of vulnerability in children with type 1 diabetes highlights a number of medical, managerial and behavioral problems. In the quota of children with type 1 diabetes, there is an increased degree of vulnerability, which negatively influences the quality of their life. Among the factors that influence this state of affairs are: 1) deficiencies of practical skills in children to manifest a drug behavior and a proper diet; 2) informational deficiencies about the disease they have and the right way of life to be followed; 3) psychological problems - a large part (43%) periodically manifests moderate depressive states, and about 20% are indifferent to the pathology and their consequences in the future. Of major importance is the proper maintenance of the doctor-patient relations, the trust in the doctor, the observance of the common actions meant to ensure the adequate therapeutic integrity. Medical success, increasing and maintaining optimal quality of life of children with type 1 diabetes, depends largely on the application of bioethical principles.

Conclusions. 1. In the quota of children with type 1 diabetes, there is a marked interdependence between the state of vulnerability and the quality of life. 2. Effective actions are needed to reduce the vulnerability and improve the quality of life. 3. The application of bioethical principles is an effective criterion for therapeutic optimization and vulnerability reduction.

Key words: vulnerability, bioethics, quality of life, type 1 diabetes, children.