

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

know before consenting) and the principle of autonomy (the patient must be told what he or she needs to know to make an informed choice, even if the information is doubtful) and developing a more advanced pharmacist-doctor working relationship system.

Keywords: bioethics, pharmacy, veracity, condition of doubt

7. BIOETHIZATION OPPORTUNITY OF THE MEDICAL STUDENTS IN THE PRECLINICAL YEARS OF STUDY

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Introduction: The evolution of medical knowledge is situated between two apparently opposite tendencies: the exacerbation of realism and undoubtable needs, and, on the other hand, accentuated extension of the humanistic and philanthropic concepts. Placing this two antagonistically orientations in an equation, gave birth to a discipline that is meant to equilibrate the transformation of the human destiny under the pressure of science. Bioethics can be defined as an ethic and multidisciplinary demarches, that makes the humanist and moral values of a person compatible with the science development, according personal actions with this ethical-moral values. In this context we may affirm that bioethics are the cross point of the moral norms with the technical-scientific progress. The bioethization of medical students, involves values and norms which perpetuates humanism without distorting the basic purpose of medicine.

Purpose and objectives: Highlighting the importance of the bioethization process among medical students in the preclinical years of study, in order to form the moral conscience of the future doctor.

Materials and methods: There were used various specialized materials (publications, courses, analytical programs, etc.). It was given priority to sociological analysis of practical situations involving concepts of morality, as well to analytical, bioethical, and medical methods.

Results: During his academic and scientific training, medical student often find himself in contradictory situations that need a complex approach through the prism of moral values and through the perspective of medical sciences. The bioethical demarche, starts from the basic idea that not everything that is medical possible is also moral. Different from the unilateral approach of traditional ethical systems that are up to an idealized approach of the human being, bioethics studies the person in his social-cultural and natural relations. In this context we may affirm the fact, that surviving becomes a key concept of the present, invoking evolution demarches, but which are equilibrated by moral values and norms. Therefore we can say that life, humanity and survival are some categories that complement each other, mutual explaining their essence, leading the activities of the future doctors, to further progress in accordance with the imperatives of bioethics.

Conclusion: The wellbeing, life, and health of the patient is the primary concern of a doctor, not only because it is his professional duty, but also because, in such a way, a doctor reconfirms his professional choice, the purpose of training and developing himself, the main reason of his continuous improvement process, reconfirming each time his value, not only as a doctor but as a human being too. From the bioethics perspective, the need for science implies a need for morality and, conversely, from need of morality, should result more scientific advancements. The higher technologization of medical exercise, the greater is the need for morality in its practice. The higher health risks are, the greater is the need of medical care based on humanity and need to increase quality of care. The easiest ways of assimilating bioethical knowledge by medical students are in the preclinical years of study, fact that was proved abundantly in our research.

Keywords: bioethics, bioethization, morality, medicine, medical education, medical students