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Table of content

Editorial	1
<i>Beatrice Ioan</i>	
Cognitive and Mood Enhancement: Bioethical Aspects	3
<i>Laura Palazzani</i>	
The Refugee Crisis and Christian Hope	13
<i>Mircea Gelu Buta</i>	
The Ten Commandments for 21st-Century Leaders.....	23
<i>Thomas D. Zweifel</i>	
Medical Education from Mass-Media.....	35
<i>Cătălin J. Iov, Tatiana Iov, Marius Neagu, Beatrice Ioan</i>	
On Ethical Practices of Pharmaceutical Industry Stakeholders in Romania under the Pressure of Latest Legislation	45
<i>Laszlo-Zoltan Sztankovszky, Magdalena Iorga, Vasile Astărăstoae</i>	
The Analysis of Sexual Behavior and the Risk of Infection with B and C Hepatitis Virus on the Detention Population in the North of Moldavia - An Ethical Approach.....	57
<i>Agnes Iacinta Bacușcă, Elena Popa, Maria Gabriela Traian, Alberto Emanuel Bacușcă, Adorata Elena Coman</i>	
Psychological and Ethical Aspects Related to Dialysis	71
<i>Magdalena Iorga</i>	
From Abuse to Protection. A Journey on the Path of Research Ethics Regulation - the Nuremberg Code and the Helsinki Declaration.....	81
<i>Beatrice Ioan</i>	

The Analysis of Sexual Behavior and the Risk of Infection with B and C Hepatitis Virus on the Detention Population in the North of Moldavia - An Ethical Approach

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Abstract: 533 subjects were taken under observation in three prisons in the area of Moldavia, between October 2010 and October 2012. The epidemiological screening was mainly made on 479 cases (89,9%) in detention at the Iasi Prison and 49 subjects (4,5%) from Tg. Ocna Prison. Another 30 women were taken under study (5,6%) from the women's Penitentiary in Bacau. According to the presence of the infection with the B/C hepatic virus the group was divided into 2 groups: VHB/C Group - 108 subjects to which B/C hepatic virus was tested positive and Witness Group - 425 subjects to which the B/C hepatic virus was tested negative. The fact that B Hepatitis is sexually transmissible is also proved by the association, in proportion of 13%, to lues. Of

all sexual habits, prostitution and use of sexual objects and devices are significant risk factors for sexually- transmitted diseases. The examination in prison comprises of many ethical aspects which mainly result from deprivation of rights but also from the agglomeration of this population in a restricted area with poor hygiene conditions, correlated with low education level.

Keywords: sexual behavior, sexually-transmitted diseases, VHB/C.

What is known about this topic?

The life environment of prison system is recognized as being one with specific medical needs. The

aggressive behavior, lack of hygiene education, the high risk of infection with sexually transmitted diseases and the poor state of detention conditions in some prisons are all factors which hinder the maintenance and protection of the health of those in this environment. Prisons could become pools of viruses such as BHV, HIV, CHV, thus increasing the disease transmission around the whole community, once the convicts are released.

What this paper adds

- The epidemiology of BHV, CHV in a localized imprisoned community, regional area characteristics.
- Emphasized special tools of viral infections.
- Specific ethical aspects which have to be considered.

Introduction

The life environment of prison system is recognized as being one with specific medical needs (1,2). The aggressive behavior, lack of hygienic education, the high risk of infection with sexually transmitted diseases and the poor state of detention conditions in some prisons are all factors which hinder the maintenance and protection of the health of those in this environment (2). Thus, prisons could become genuine pest holes for VHB HIV HVC, thus increasing the

disease transmission around the whole community, once the convicts are released (3). The effects of the intra-prison transmission are not limited to the imprisoned inmates, the risk of transmission is extended to the general community also, to which the former prisoner returns (4). The infecting can also happen in the prison system, "the exit of sexually transmissible diseases through the boundaries of prisons" is due to the fact that the convict population is no longer isolated, as a great number of people deprived of freedom have the right to conjugal visits with contamination risk and risk of infection of the partner with sexually-transmitted diseases. In 2012 there were 322 (out of which 15 visits of 48 hours on the occasion of prison marriages and 307 visits with a two-hour duration) (4,5). The profile of the people infected with VHC and HVB or of people with other forms of chronic hepatitis from the prison-based population, the transmission ways of this infection and the evolution of the hepatic disease in the special situation the population is facing, all impose particular aspects to the examination within the prison walls. The identification of the risk factors associated with the transmission of the hepatic infection within the prison environment and the evolution of the disease in the context of a special quality of life

which is extremely troublesome in the case of this segment of the population, all ask for a strong and honest relationship from the ethical viewpoint between the doctor and the convict patient.

The current study aims at analyzing the particular aspects of sexuality with people deprived of freedom and their importance in the transmission of viral hepatitis on the prison grounds.

Material and method

Obtaining informed consent

Every patient was informed about the importance of the study and agreed to participate. The consent model was presented to the Ethics Commission, which approved both the working protocol and the ethical aspects of the study.

The confidentiality and consent in the Medical Office of the Prison

Generally speaking the deontological norms establish a minimum of specific moral values concerning a profession. To the degree in which methodological norms have a special significance and breaking these rules endangers values which should be defended by the human rights, they are sanctioned by the State and become law norms. There is, of course, a deontology of the lawyer, of the journalist, but also of the police officer, etc. There are

several actions/ inactions regulated by the Criminal Code regarding the unrightfully unravel of data by the person entrusted with it or who, by virtue of his/her profession or position was offered this information, and breaking these provisions is punished with detention from 3 months to 2 years or fined. The International Code of Medical Ethics is inspired by the Geneva Declaration and explicitly includes the duties of the Doctor towards the Patient.

Identification of risk factors

The identification of risk factors was made by applying a questionnaire to each convict enrolled in our study, in order to identify the risk factors. The questions from the questionnaire are simple, written in an accessible language for people with lower education level and aim at obtaining information connected to the lifestyle, exposure to toxic substances, contact with ill people and some personal data. At the same time tests were driven for B, C hepatitis virus, for HIV and lues, and a selection of study groups was made.

Study group

The research was made in the doctors' offices from the Prisons in Northern Moldavia and it included patients - people deprived of their freedom, newly-admitted to the prison but also the already-existing ones with detention of over 5 years,

who come under the group's selection criteria: age over 18; decision-making abilities; newly-admitted or transferred prisoners; freely-expressed consent. Exclusion criteria: age under 18; lack of the decision making ability; pregnancy.

The study group consisted of 533 imprisoned subjects from three prisons in Moldova. The epidemiological screening was mainly made on cases of 479 people (89,9%) detained in the Iasi Prison and 49 subjects (4,5%) from Tg. Ocna Prison. 30 women (5,6%) were also taken under study from the Bacau Penitentiary. Through sampling methods it is demonstrated that, if compared to the imprisoned population in Romania (n=31.720), with a sampling error possibility of $\pm 4,2\%$, the study group is statistically representative. Depending on the presence of the infection with B/C hepatic virus, the study group was divided into 2 subgroups: VHB/C Group - 108 subjects where the subjects were found positive with B/C hepatic virus as a result of testing and the Witness Group - 425 subjects found negative for B/C hepatic virus as a result of the test.

The study was carried out between October 2010 and October 2012.

Statistical Methods

An observational epidemiological enquiry was performed, based on

analytical enquiries of case-control type which bring under scrutiny the relationship between the risk factors and the occurrence of disease with the studied population. The analytical technique which confirms/infirmes the hypothesis is the quota ratio. The advantages of this type of study are: it is easy to conduct, cost-effective, can be performed on easily-accessible and easily-observable communities and is reproducible.

The data was uploaded and processed with the statistical functions of the SPSS 13.0 IT program. Techniques used in the univariate analysis were: ANOVA test, t-Student, χ^2 test, Pearson correlation coefficient, (R²) determination coefficient, (RR) relative risk. Bivariate analysis was used, together with the multivariate.

Results

The social and epidemiological characteristics of the detained population with chronic hepatic infections were compared to the witness population (Table 1).

There were no significant differences between the study groups depending on the *marital status* (p=0.683), as relationships are predominant (32.4% vs. 39.1%). The coverage of single, divorced or widowed subjects reaches a value of 46.3% of the VHB/C lot and 43.5 in

the witness lot, an insignificant difference (Fig. 1, Table 1).

Table 1. Epidemiologic characteristics on study groups

Profile	VHB/C Group (n=108)		Witness Group (n=425)		Significance		RR	IC95%
	n	%	n	%	χ^2	P		
Demographic characteristics								
Male	99	91,7	404	95,1	1,28	0,258	1,69	0,80÷3,58
Age under 35i	61	56,5	267	62,8	1,21	0,272	0,90	0,75÷1,08
Rural Area	71	65,7	234	55,1	4,01	0,045	2,19	1,02÷3,49
Institutionalized	15	13,9	49	11,5	0,26	0,612	1,20	0,20÷2,06
Married/in relationship	58	53,7	240	56,5	0,17	0,683	0,95	0,78÷1,15
Low Education Level	93	86,1	347	81,6	0,90	0,342	1,05	0,97÷1,15
Jobless	46	42,6	165	38,8	0,37	0,545	1,10	0,85÷1,41
Blood Risk Profession	3	2,8	27	6,4	1,45	0,228	0,44	0,14÷1,41
Toxic Environment	15	13,9	36	8,5	2,33	0,127	1,64	0,93÷2,88
Detention								
Over 5 years	44	40,7	24	5,6	92,16	0,001	7,21	4,60÷11,32
Over 2 previous entries AP	90	83,3	200	47,1	44,23	0,001	1,77	1,55÷2,02
Over 15 people in the room	53	49,1	62	14,6	58,51	0,001	3,36	2,49÷4,54
Personal History								
Vaccine Antecedents	-	-	17	4,0	3,26	0,035	-	-
VHB/C Infections	28	25,9	14	3,3	57,69	0,001	7,87	4,29÷14,42
Familial History								
Contact VHB/C	10	9,3	11	2,6	8,44	0,004	3,58	1,56÷8,20
Contact AgHBs	6	5,6	3	0,7	9,45	0,002	7,87	2,0÷30,96
Intra-family Contact	14	13,0	14	3,3	14,29	0,001	3,94	1,93÷8,00
Mother with VHB/C	8	7,4	9	2,1	6,18	0,013	3,50	1,38÷8,85
Sexuality								
Homosexual or Bisexual with homosexual relationships in in the criminal history	5	4,7	19	4,5	0,04	0,850	1,04	0,40÷2,71
Prostitution	43	43,4	132	32,7	4,05	0,044	1,33	1,02÷1,73
Multiple Partners	65	60,2	244	57,4	0,17	0,680	1,08	0,88÷1,25
Sexual devices/toys	25	23,1	49	11,5	8,78	0,003	2,01	1,30÷3,10
Age of the first sexual contact under 15	24	22,2	91	21,4	0,03	0,959	1,04	0,70÷1,54
Sexually-transmitted disease	24	22,2	66	15,5	1,32	0,251	1,34	0,87÷2,06

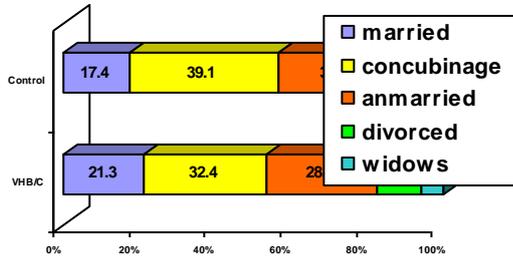


Fig. 1 Distribution of cases depending on the marital status

From the anamnesis of the patients it is to be highlighted that 95.3% of the patients with VHB/C and 95.3% of the subjects from the witness lot declared that they were *heterosexually-oriented*. Upon declaration, the coverage of the subjects with *homosexual or bisexual tendencies* was low (4.7% vs. 4.5%) (Tables 2, 3, Fig. 2)

Table 2. The distribution of lots according to the sexual orientation

Sexual Orientation	VHB/C Lot		Witness Lot	
	N	%	N	%
Heterosexual	102	95,3%	402	95,3%
Homosexual	1	0,9%	2	0,5%
Bi-sexual	2	1,9%	6	1,4%
sex oral	-	-	1	0,2%
Bisexual with homosexual relationships in the criminal history	2	1,9%	11	2,6%

Table 3. The structure of the lots depending on sexual relationships with multiple partners

Several Partners	VHB/C Lot		Witness Lot	
	N	%	n	%
Yes	65	60,2	244	57,4
No	43	39,8	181	42,6

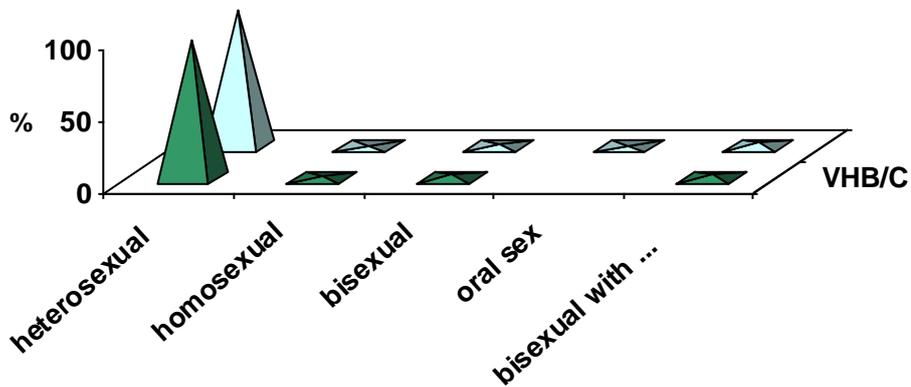


Fig.2. The structure of the lots according to the sexual orientation

Prostitution reaches a frequency of 43.4% in the VHB/C lot, for whom the relative risk of viral hepatitis is of 1.33 as compared to the witness lot (32.7%) (Fig. 3).

The multiple numbers of partners does not register significant

differences of distribution of frequencies on study lots (60.2% vs. 57.4%) ($p=0.680$). However, it is important that 311 of the 533 questioned individuals had relationships with several partners (Table 3, Fig. 4).

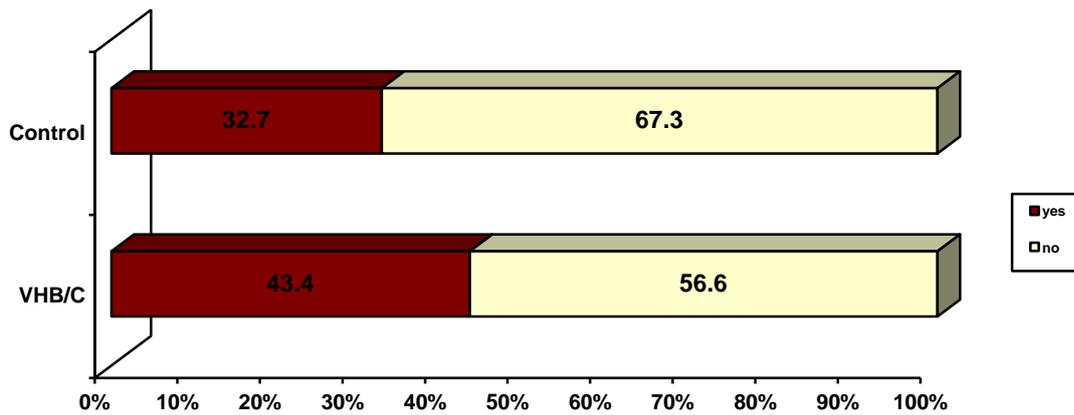


Fig. 3. Structure of the study lots depending on prostitution

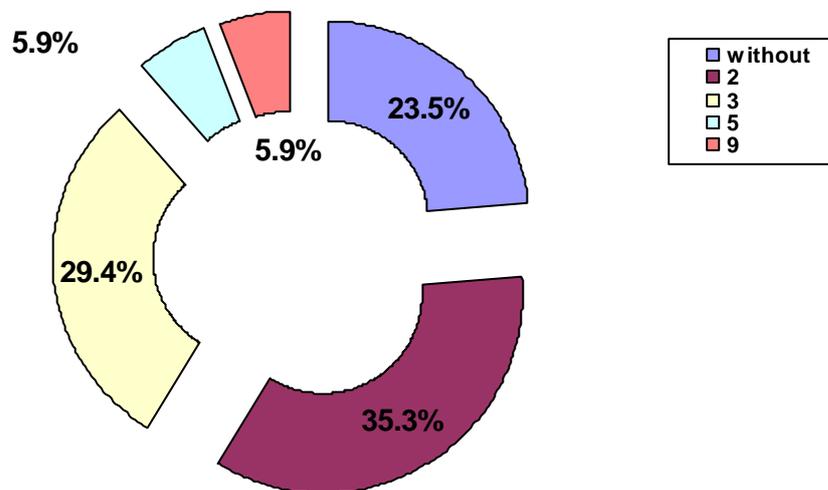


Fig.4. Distribution of subjects who practice prostitution, according to the number of imprisonments

It is observed that 62.8% of the subjects with several partners come from among the prisoners with criminal history and 37.2% from the newly-entered had the criterion of risk factor multiple partners (Fig. 5).

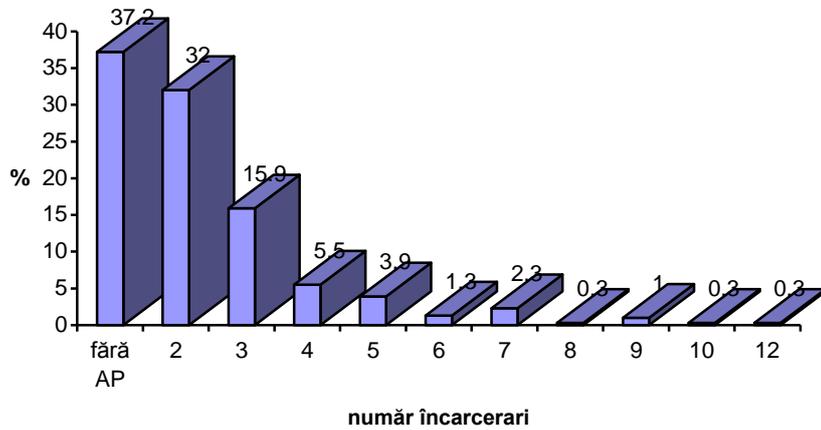


Figure 5. Distribution of subjects with multiple sexual partners with relation to the number of imprisonments

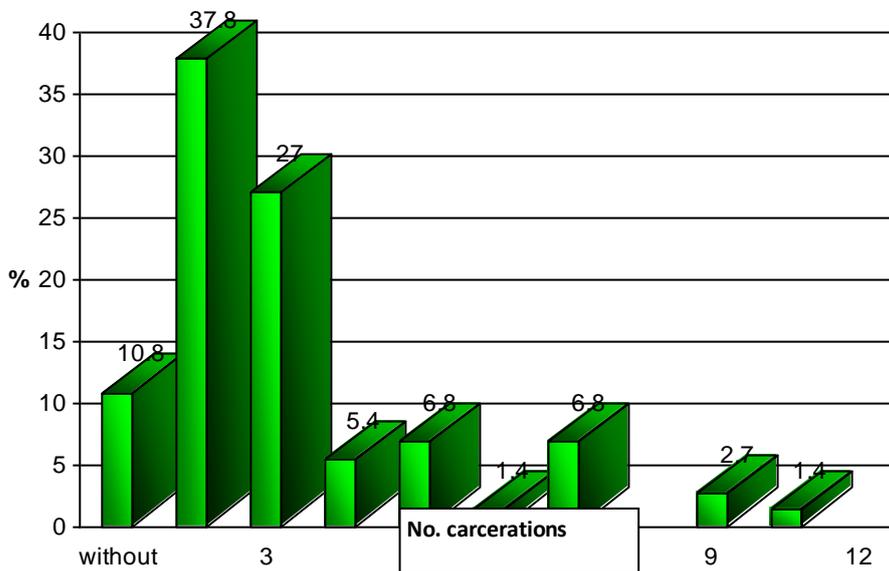


Fig.6. Distribution of subjects who use small balls/sexual devices according to the number of imprisonments

Small balls/objects introduced in the penis, sexual devices or toys were used by 23.1% of the subjects from the lot with hepatic viral infection, a frequency which is significantly higher when compared to the witness lot (11.5%) ($p=0.003$). The relative risk of viral infection, in case of using the devices, beads and sexual toys was of approximately 2 (Table 4).

Table 4. The structure of the lots according to the use of devices/small balls

Use of Devices	VHB/C Lot		Witness Lot	
	N	%	n	%
Da	25	23,1	49	11,5
Nu	83	86,9	376	88,5

It is significant to notice the great number of people deprived of their freedom to use these devices since their first imprisonment (37%) and subsequently this procedure is dissipated up to the 12th

imprisonment. It is to be highlighted that there are prisoners who, although imprisoned 10 times without using this distraction, try it on their 12th conviction (Fig. 6).

In both lots, *the average age of the first sexual contact* was between 15 and 18 ($p=0.959$) (Table 5).

Table 5. The Structure of the lots according to the age of the first sexual contact

The age of the first sexual contact	VHB/C Lot		Witness Lot	
	N	%	N	%
Without contact	1	0,9	3	0,7
< 15 years old	23	21,3	88	20,7
15-18 years old	59	54,6	240	56,5
> 18 years old	25	23,1	94	22,1

Sexually-transmitted diseases (STD) were more frequently encountered with the subjects from the VHB/C lot (22.2% vs. 15.5%) ($p=0.251$) (Fig. 7, 8).

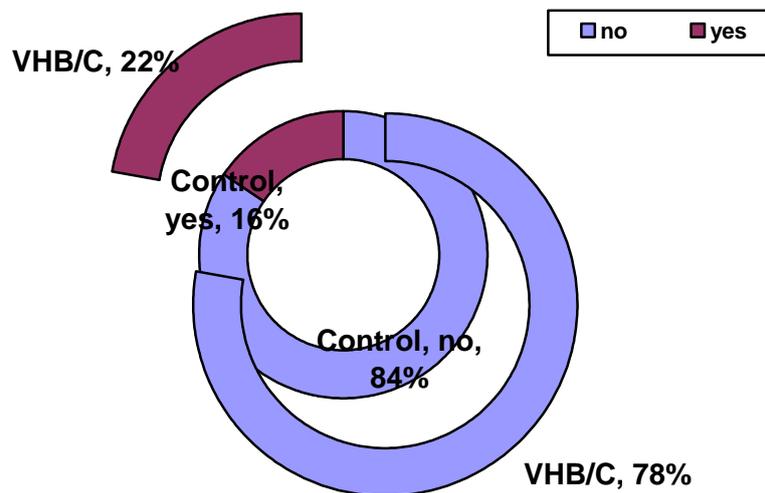


Fig.7. The Distribution of subjects according to the presence of sexually transmitted diseases

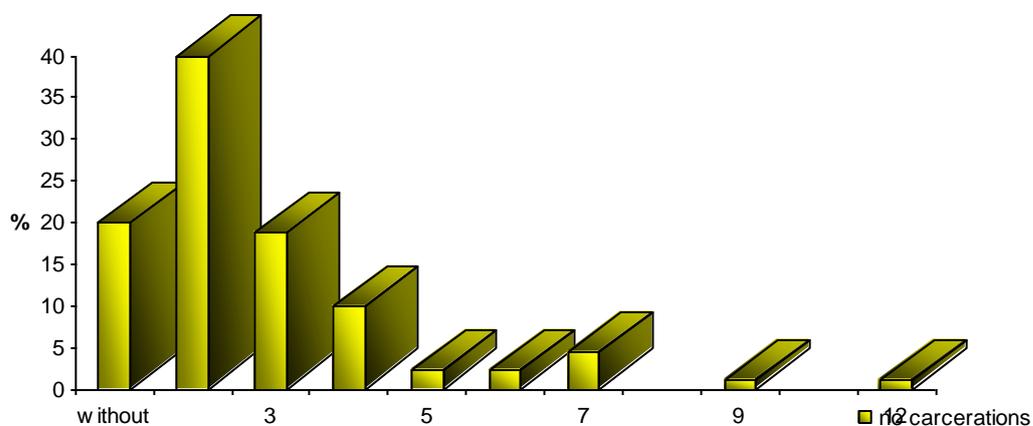


Fig.8. Distribution of the subjects with STD according to the number of imprisonments

VHB was tested for 94.4% of the subjects from the VHB/C lot and found positive with 54.6%. In the witness lot 39.5% of the subjects were tested, and the result of the test was negative ($p=0.001$). **VHC** was tested with 97.2% of the subjects from the VHB/C lot and with 41.6% of the witness lot. The positive result of the test for VHC was obtained only in 49.1% of the subjects from the VHB/C lot ($p=0.001$).

The **Lues** test with a positive result was significantly more frequently-met with the VHB/C lot as compared to the witness lot (13.9% vs. 4.2%; $p=0.001$), the quota ratio between the studies lots being of 3.65/1 (OR=3,65). **HIV** was tested on 9.3% of the patients from the VHB/C lot and on 9.25 of the subjects of the witness lot and there was no positive result with any of the tested subjects (Table 6, 7).

Table 6. The results of the viral tests

Signs and symptoms	VHB/C Lot (n=108)		Witness Lot (n=425)		Significance		OR	IC95%
	N	%	n	%	χ^2	P		
Positive results in viral tests								
VHB	59	54,6	-	-	120,9	0,001	-	-
VHC	53	49,1	-	-	106,7	0,001	-	-
Lues	15	13,9	18	4,2	12,21	0,001	3,65	1,71÷6,29
HIV	-	-	-	-	-	-	-	-
Hepatitis (t/a/t+a)	8	7,4	28	9,0	0,06	0,982	1,10	0,45÷2,63

Table 7. The Structure of the lots according to the viral testing

Testing	VHB/C Lot		Witness Lot	
	N	%	N	%
VHB				
Positive	59	54,6%	-	-
Negative	43	39,8%	168	39,5%
Not tested	6	5,6%	257	60,5%
VHC				
Positive	53	49,1%	-	-
Negative	52	48,1%	177	41,6%
Not tested	3	2,8%	248	58,4%
Lues				
Positive	15	13,9%	18	4,2%
Negative	85	78,7%	110	25,9%
Not tested	8	7,4%	297	69,9%
HIV				
Positive	-	-	-	-
Negative	10	9,3%	39	9,2%
Not tested	98	90,7%	386	90,8%

Discussions

The prison environment represents a higher risk for all the sexually transmitted diseases. The fact that 40% of the subjects having STD come from the lot of detainees serving their second time and 80% of those with STD have a criminal history highlights the increased risk of the penitentiary system towards any sexually transmissible disease.

Upon declaration, the homosexual drive registered decreased frequencies with both study lots (4.7% vs. 4.5%) ($p=0.850$); prostitution in the VHB/C infected lot determines a relative risk of 1.33. Medical examination in the penitentiary system raises many ethical issues

which mainly occur from the deprivation of rights but also from the agglomeration of the population in a restricted area and under meagre conditions of hygiene, along with a precarious education.

Several Romanian laws and deontological norms¹ and also international regulations², speak about the rights of the patient before the right of access to information of the citizen, which, in no civilized society, prevails over the auto-determination, privacy and medical secrecy rights (the sole exception is when the rights of other individuals are in danger). According to Paragraph 25 of the Criminal Law, any interference in the private family life of the patient is strictly forbidden, but for cases when the patient is a danger to himself or to the public health. Is it possible to respect the confidentiality towards the HVB/C, HIV etc., patient in the penitentiary environment in which the detention rooms house 26 to 38 people? Is there any possibility to protect the healthy patient from a possible contraction of a disease without divulging medical data of the sick patient, source of B/C virus of HIV? There are numerous court trials where the detainees report the medical staff for not having isolated the sick patient, thus exposing them to the disease (6- 8). Can the prison environment be considered an exception to paragraph

25 with respect to the public health danger? In developed countries the education regarding the transmission ways of the infection-contagious diseases is higher and the prison crowding allow for such confidentiality, but the study conducted in the Iasi Penitentiary shows that, among the prisoners, the information level is reduced. Patients are not aware that simple chores such as common use of the nail clippers can make another person sick; also, they are not aware that having sexual relationships and using sexual toys represent a danger for them (11,12). It is difficult to summon a sick patient from a room with 25-40 beds and keep his confidentiality. The peers realize that "something is wrong" with the patient when he needs to take regular calls to the medical staff for the administration of medication or to have tests of when he is prescribed a daily diet and is declared unable to work.

Conclusions

The viral infection with VHB or VHC is in close connection with the level of education, the sexual particularities and the social status, a fact which is proven by the fact that no detainee with graduate studies was reported to have any viral infection. The fact that B Hepatitis is a sexually transmitted disease is proven by the association, by 13%, with the

lues. Our study showed that of all sexual habits, prostitution and the use of sex and devices represent significant risk factors for STD.

The medical examination in the penitentiary system brings forth many ethical aspects which result from the deprivation of rights but also from the crowding of a population in a restricted space, under meagre conditions of hygiene and with a precarious education.

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Notes

1. Such as: The Romanian Criminal Code, article 196 - Divulging the professional secret, the Criminal Procedure Code article 1 - Hearing the person bound to keep the professional confidentiality , the Law of the Patient Rights (Law no. 46 of 21.01.2003, the Official Publication of Law part I no. 51, chapter 4), the Deontological Code of the Romanian College of Physicians, Section b, the Professional Secret, Law no. 306 of June 28th 2004 regarding the medical profession as well as the organization and functioning of the Medical College in Romania (Official Publication of Law, part I, no. 578 of June 30th 2004, section 1 and section 4), the Mass Media National Council Decision no. 40 of March 9 th 2004 regarding the insurance of correct information and of pluralism, paragraph 8, paragraph 9, the Mass Media National Council Decision no. 248 of July 1st 2004 regarding the protection of human dignity and of the right one's own reputation, paragraph 2, paragraph 3, paragraphs 16-18.
2. Such as the Geneva Declaration, the International Code of Medical Ethics