UNIVERSITY OF EUROPEAN STUDIES OF MOLDOVA DOCTORIAL SCHOOL OF LEGAL SCIENCES AND INTERNATIONAL RELATIONS

As a manuscript

C.Z.U. 342.721:343.6(043.2)=111

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INDIVIDUAL LIBERTY IN CIVIL LAW WITH REGARD TO INFORMED CONSENT IN THE CONTEXT OF ABORTION AND EUTHANASIA

SPECIALITY 553.01 – CIVIL LAW

Summary of the Doctor of Laws thesis

Chisinau, 2026

The thesis was developed within the Doctoral School of Legal Sciences and International Relations, University of European Studies of Moldova

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The defense will take place on **04.12.2026**, at **10.00** time, at the meeting of the Public Defense Commission within the Doctoral School "Legal Sciences and International Relations" of the University of European Studies of Moldova, address: Chisinau Municipality, 2/1 Ghenadie Iablocikin Street, room 200A.

The doctoral thesis and the abstract can be consulted at the National Library of the Republic of Moldova, at the Library of the University of European Studies of Moldova and on the website of the National Agency for Quality Assurance in Education and Research. (https://anacec.md/ro/technicalstaff/evaluations)

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CONCEPTUAL FRAMEWORK OF THE RESEARCH

The timeliness of the subject stems from the urgent need to harmonise the civil legislation of the Republic of Moldova with the standards applicable at European level (ECtHR) in the field of personal autonomy and the right to private life. Although the Republic of Moldova has taken steps to regulate patients' rights, there remains a legislative and doctrinal gap concerning the limits of informed consent in the case of euthanasia (which is not regulated) and abortion (which is regulated only fragmentarily from the perspective of civil law).

The importance of the topic is not limited to describing the applicable rules. The research seeks to provide a critical analysis of how individual freedom may be exercised without impairing public policy and without diminishing the legal protection of life. In the medical field, this issue becomes particularly acute: a patient's decision may concern bodily integrity, health, reproductive life, or medical conduct at the end of life. In such situations, the law cannot treat consent as a mere signature, nor may it assume that the protection of life automatically justifies disregarding the wishes of a person capable of making a decision.

The topic lies at the intersection of civil law, fundamental rights and bioethics. It entails examining the relationship between personal autonomy, the right to life, physical and mental integrity, human dignity, the physician's duty to provide information, and the limits imposed by public policy and good morals. The research is further motivated by the differences between the legal regimes governing abortion and euthanasia: the former is regulated by rules and procedures that permit termination of pregnancy under certain conditions; the latter is not expressly regulated in the Republic of Moldova in a manner that authorises the ending of life at the patient's request.

From a civil-law perspective, the essential issue is the legal characterisation of informed consent. If it is viewed only as an administrative-medical procedure or as a means of exempting the physician from liability, the fact that the patient's expression of will concerns the exercise of non-pecuniary personal rights is overlooked. The analysis must therefore start from the general theory of the legal act, its validity requirements, and the consequences of an expression of will affected by mistake, fraud, duress, or inadequate information.

The purpose of the research is to develop a theoretical and conceptual framework and a set of legislative proposals intended to ensure a legal balance between the protection of the right to life and the exercise of individual freedom through the mechanism of informed consent. The study seeks to determine the criteria for the validity of consent in the context of medical

procedures with a major impact on human integrity and existence, adapted to the legal realities of the Republic of Moldova.

The research objectives included defining the key concepts—individual freedom, informed consent, abortion, euthanasia and medically assisted suicide—in the context of the law of the Republic of Moldova and relevant doctrine from other legal systems; identifying and analysing the national legal framework, including the Constitution[1], the Civil Code[2], the Criminal Code[3], the Law on Health Protection No. 411/1995[4], Law No. 263/2005 on the Rights and Responsibilities of the Patient[5], Law No. 138/2012 on Reproductive Health, and medical deontological rules[6]; determining the limits of consent from the perspective of public policy and social morality; examining the compatibility of national legislation with the case-law of the European Court of Human Rights; and formulating de lege ferenda proposals to remedy the identified gaps.

The research hypothesis starts from the premise that the current informed-consent mechanism in the Republic of Moldova is insufficiently regulated from a civil-law perspective and is perceived more as a means of exempting the physician from liability than as an instrument through which the patient exercises freedom. It is assumed that the absence of clear criteria for the validity of consent in borderline situations (abortion and euthanasia) creates legal uncertainty that can be remedied only by recalibrating the relationship between individual autonomy and the limits imposed by public policy in private law.

The hypothesis raises the issue of the insufficient and fragmentary regulation of informed consent in the civil law of the Republic of Moldova. In its current form, the mechanism risks being reduced to formal documentation of the patient's agreement or to protecting the healthcare provider, instead of functioning as an effective instrument for exercising individual freedom. In borderline situations, the absence of sufficiently clear criteria concerning capacity, discernment,

[1] PARLIAMENT OF THE REPUBLIC OF MOLDOVA. Constitution of the Republic of Moldova. Adopted on 29 July 1994. In: Official Gazette of the Republic of Moldova, No. 1 of 12 August 1994.
[2] PARLIAMENT OF THE REPUBLIC OF MOLDOVA. Civil Code of the Republic of Moldova. Adopted by Law No. 1107 of 6 June 2002. In: Official Gazette of the Republic of Moldova, Nos. 82–86 of 22 June 2002, Art. 661. (Republished in: Official Gazette of the Republic of Moldova, Nos. 66–75 of 1 March 2019, Art. 132).
[3] PARLIAMENT OF THE REPUBLIC OF MOLDOVA. Criminal Code of the Republic of Moldova. Adopted by Law No. 985 of 18 April 2002. In: Official Gazette of the Republic of Moldova, Nos. 128–129 of 13 September 2002, Art. 1012. (Republished in: Official Gazette of the Republic of Moldova, Nos. 72–74 of 14 April 2009, Art. 195).
[4] PARLIAMENT OF THE REPUBLIC OF MOLDOVA. Law on Health Protection No. 411 of 28 March 1995. In: Official Gazette of the Republic of Moldova, No. 34 of 22 June 1995, Art. 373.
[5] PARLIAMENT OF THE REPUBLIC OF MOLDOVA. Law No. 263 of 27 October 2005 on the Rights and Responsibilities of the Patient. In: Official Gazette of the Republic of Moldova, Nos. 176–181 of 30 December 2005, Art. 867.
[6] MINISTRY OF HEALTH (Republic of Moldova). Code of Ethics for Medical and Pharmaceutical Professionals. Approved by Government Decision No. 192 of 24 March 2017. In: Official Gazette of the Republic of Moldova, Nos. 92–102 of 31 March 2017, Art. 268.

information and the legal limits of a person's will may generate uncertainty for both the patient and medical staff. The thesis argues that the answer is neither to eliminate autonomy nor to make it absolute, but to clarify legally the conditions under which it produces effects.

Research methodology and basis

The present scientific undertaking was developed using a complex methodological framework suited to the interdisciplinary nature of the topic, which lies at the intersection of civil law, bioethics and the protection of fundamental rights. Given the dual nature of individual freedom—as both a philosophical value and a civil subjective right—the methodological approach was directed towards a critical examination of how autonomy of will is influenced and limited by public-policy rules.

The logical method, through analysis and synthesis, formed the basis for clarifying and reconsidering the concepts of "informed consent" and "self-determination". Analysis made it possible to break down the essential elements of consent as a legal act, while synthesis facilitated its reconceptualisation in the context of medical interventions with a major impact, such as abortion and euthanasia, thereby moving beyond a strictly descriptive approach to legal rules.

The comparative method was used to identify and examine regulatory models in states with different legal traditions, such as Belgium, France and the Netherlands, in relation to the legislative framework of the Republic of Moldova. This approach was not limited to a simple presentation of foreign legislation; it sought to assess whether European standards could be adapted to the specific features of national civil law, while avoiding the formal and uncritical adoption of external regulatory solutions.

The systemic method made it possible to analyse the right to life and individual freedom as integral elements of a coherent legal system. In this regard, the interdependence between constitutional rules, the provisions of the Civil Code of the Republic of Moldova and relevant special legislation, including Law No. 263/2005, was highlighted, and contradictions and gaps capable of generating legal uncertainty were identified.

The formal-dogmatic method was applied to ensure a rigorous interpretation of statutory texts and the case-law of the European Court of Human Rights. Particular emphasis was placed on the concept of the state's margin of appreciation and on the evolution of the interpretation of Article 8 of the Convention, thereby ensuring terminological rigour and fidelity to the meaning of primary sources, an aspect previously criticised in specialist assessments.

The historical-legal method helped highlight the evolution of the concept of freedom, from the fundamental documents of the eighteenth century to contemporary bioethical approaches, providing a deeper perspective on the doctrinal foundations of personal autonomy.

The documentary basis comprises national legal sources, European and international instruments, civil-law, medical and bioethical doctrine, as well as the case-law of the European Court of Human Rights. The comparative analysis refers in particular to models developed in France, Belgium and Germany, while also taking into account solutions found in other European jurisdictions concerning termination of pregnancy and end-of-life decisions. At the national level, the focus is on the relationship between the modernised Civil Code and special legislation on health protection and patients' rights.

The methods are coordinated so as to avoid a purely descriptive approach. Logical and legal-formal analysis addresses the legal characterisation of consent and the application of general validity requirements; the systemic method identifies relationships and tensions between legal instruments; the comparative method permits a critical assessment of foreign mechanisms; the historical-legal method reconstructs the evolution of the idea of freedom and patient autonomy; and analysis of ECtHR case-law examines how the right to life, private life and the state's margin of appreciation are articulated in sensitive cases.

The scientific novelty and originality of the research results lie in the examination of informed consent from a predominantly civil-law perspective, as a legal act involving disposition over one's own body and integrated into the general theory of legal acts. Unlike traditional approaches centred on the medical or bioethical dimension, the thesis proposes a conceptual reconstruction of this mechanism as an instrument for exercising individual freedom. The originality of the approach is also demonstrated by the systemic analysis of the relationship between autonomy of will and its limits, particularly in sensitive areas such as abortion and euthanasia, and by correlating domestic rules with European standards.

The important scientific problem addressed by the research consists in clarifying the legal status of informed consent in the civil law of the Republic of Moldova and determining the limits within which it may produce legal effects in situations involving bodily integrity and a person's life. The research demonstrates that the current regulation is insufficient and fragmentary, and that the relationship between individual autonomy and the requirements of public policy must be recalibrated in order to ensure legal certainty and effective protection of patients' rights.

The theoretical significance of the thesis consists in developing a unified conception of informed consent within civil law by integrating it into the category of personality rights and non-pecuniary legal acts. The thesis contributes to a deeper understanding of the relationship between individual freedom and its legal limits, offering a conceptual framework that may also be applied to other institutions at the intersection of law and bioethics.

The practical value of the thesis is reflected in the usefulness of its conclusions and proposals for improving the regulatory framework and legal and medical practice. The research results may be used by the legislature when drafting clear rules on informed consent, by courts when interpreting the applicable provisions, and by medical practitioners when consolidating practice consistent with fundamental-rights requirements. The thesis also provides reference points for developing coherent public policies concerning patient protection and interventions involving the human body.

The specific contribution of the thesis consists in reconceptualising informed consent from a predominantly civil-law perspective, as a unilateral legal act involving disposition over personality rights. The analysis integrates it into the general theory of legal acts and applies the criteria of capacity, discernment, freedom and information, as well as the rules governing defects in consent. This perspective is used to examine situations in which a decision concerns the human body, reproductive health or medical interventions at the end of life.

The overall result of the thesis is to substantiate the need for a coherent framework that protects the patient's genuine autonomy while also providing safeguards for vulnerable persons, predictability for medical staff and respect for fundamental values.

CONTENTS OF THE THESIS

The first chapter, entitled *Theoretical Foundations of Individual Freedom and the Right to Self-Determination in the Civil Law of the Republic of Moldova*, lays the doctrinal foundations of the research and moves from the philosophical understanding of freedom to its legal dimension in private law. The analysis clarifies the distinction between inalienable fundamental rights and their expression as subjective personality rights. From this perspective, freedom concerns not only the ability of a person to avoid arbitrary restrictions but also forms the basis of autonomy of will: the individual's legal power to decide about their own existence and body.

The right to life and the right to physical and mental integrity are examined as fundamental values enshrined both in the constitutional order and in international human-rights instruments. The thesis presents doctrinal views on the scope of the right to life and retains the conception that this right concerns a person's life as a whole, not merely biological existence. The protection of life and integrity is a central reference point for analysing any medical intervention involving the human body.

At the same time, recognising life as a fundamental value does not exclude a person's right to consent to or refuse medical interventions. From the perspective of private law, autonomy manifests itself as a personality right and presupposes respect for individual will, dignity and bodily integrity. The research distinguishes this faculty from the idea of an unlimited right to dispose of life, emphasising that personal autonomy operates within a normative and axiological framework.

Accordingly, the chapter establishes the conceptual basis for treating informed consent as a legal instrument for exercising autonomy. The focus shifts from freedom in the general sense to the concrete conditions under which an expression of will produces legal effects in a medical relationship.

The historical foundations of freedom include references to documents and institutions that helped limit arbitrariness and recognise the person as a rights-holder, from Magna Carta Libertatum and the development of the *habeas corpus*[7] mechanism to modern declarations of rights and international instruments adopted in the twentieth century. This development provides a framework for explaining the transition from physical liberty to personal autonomy and the legal protection of decisions concerning bodily integrity.

The analysis of personal autonomy and civil rights highlights the role of autonomy of will in the architecture of private law. In the context of interventions involving the human body, a

[7] CRISTE, M. Instituții constituționale contemporane. Timișoara: Universitatea de Vest, 2010, p. 168.

person's will concerns essential non-pecuniary values, such as life, bodily integrity and dignity. Informed consent thus acquires the significance of a legal institution that goes beyond the level of a mere procedural formality.

The chapter examines the doctrine of informed consent and the evolution of interdisciplinary reflection, including elements of criminal law, theology and philosophy, as well as freedom in existentialist thought. This perspective shows that a medical act cannot be reduced to a technical operation: it involves a relationship between persons and requires respect for human dignity, the patient's will and the physician's professional responsibility. Bioethics provides civil law with an axiological basis for understanding autonomy and its limits.

The conclusions of Chapter I establish that individual freedom should be understood as a complex legal expression of a person's ability to decide about their own existence and body. Informed consent constitutes a genuine legal act; the validity of a medical intervention depends on the authenticity and quality of the will expressed. Defects in consent are also applicable in the medical field, and incomplete or defective information may entail legal consequences.

The interdisciplinary analysis justifies moving from a formal verification of consent to a substantive assessment of the will, including whether it is informed and whether the decision is genuinely free. At the same time, the European framework establishes the obligation of states to guarantee free and informed consent, while preserving a margin of appreciation in regulating sensitive matters. The thesis identifies a gap in national doctrine concerning the systematic treatment of the civil-law effects of consent in the context of abortion and euthanasia.

The interdisciplinary dimension is also illustrated by the evolution of medical ethics standards: the Nuremberg Code, developed after the Nuremberg trials; the Declaration of Helsinki on medical research involving human subjects; and the World Health Organization Declaration on the Promotion of Patients' Rights in Europe. These reference points helped consolidate the idea that a person's participation in decisions affecting them must be voluntary and informed, and that the medical relationship entails respect for dignity and individual will.

The second chapter (*Informed Consent as a Civil Legal Act*) treats informed consent as a legal act through which individual freedom is exercised and as a validity element of acts involving disposition over the human body. The patient's expression of will should not be viewed in isolation or exclusively as an administrative-medical procedure, but as a unilateral legal act through which the patient exercises personality rights. This characterisation entails the application of the Civil Code's general validity rules, subject to the particularities arising from the object of the decision: the human body and personal integrity.

Medical consent requires more than the formal expression of agreement. The will must be free, specific, informed and unambiguous. In the relationship between physician and patient, the duty to provide information plays an essential role because it enables the patient to understand the nature of the intervention, the relevant risks, the available alternatives and the consequences of accepting or refusing treatment. The signature on a form, considered on its own, does not prove that the person understood the information and made an informed decision.

The research analyses the validity requirements for consent in the medical context by reference to capacity, discernment and freedom of decision. Legal capacity does not exhaust the analysis: it is necessary to assess concretely the person's ability to understand the relevant information and the consequences of the available options in relation to the proposed intervention. In addition, essential mistake, fraudulent concealment and exploitation of a state of need may affect the formation of will.

In its conclusions to the chapter, the thesis argues that a medical intervention, even if technically performed correctly, remains legally fragile if it is not based on a qualified will formed through intelligible information and free from defects. Consent must not be reduced to a mere signature on a form; it must be assessed in light of the actual process of information and decision-making.

Consequently, examining consent requires separating formal agreement from the legal and medical process that precedes it. The central element is the genuine expression of will, formed after the necessary information has been provided and in the absence of pressure or a relevant mistake. Depending on the intervention, the assessment must take account of its nature, the risks presented, the alternatives and the effects of refusal, without turning the written form into an irrebuttable presumption that the patient understood the information.

Patient capacity, discernment and information

Analysis of the validity requirements begins with the need to distinguish general legal capacity from the concrete ability to understand a medical decision. The assessment must be related to the nature and complexity of the intervention, the information that must be understood and the person's ability to appreciate the consequences of the available options. The existence of a medical diagnosis, including a psychiatric diagnosis, cannot automatically replace an individual assessment of decision-making capacity.

The physician's duty to provide information is an indispensable prerequisite for the validity of consent. The information must be appropriate to the specific intervention, address significant risks and possible alternatives, and enable the patient to make a genuine decision. In the asymmetric relationship between the medical professional and the patient, the duty to inform

serves as a mechanism for preventing defects in consent. Omission or distortion of risks may affect the integrity of the will and give rise to legal-liability consequences.

The thesis also examines the future protection mandate and interprets it as an instrument through which a person can plan in advance the exercise of their autonomy for a situation in which they will no longer be able to participate effectively in decision-making. The mandate and advance medical directives have complementary but distinct purposes: the directive expresses medical preferences formulated in advance, whereas the mandate designates the authorised person and establishes the limits of representation or decision-making support.

The application of these instruments must be accompanied by safeguards that allow their applicability to the particular situation to be verified, their amendment or revocation, and the recognition of the patient's current will when the patient regains the capacity to decide. The research advocates harmonising special health legislation with the provisions of the Civil Code and avoiding a paternalistic approach that turns the patient into a passive participant in medical decision-making.

The thesis also addresses situations in which consent cannot be obtained in the usual way, such as emergencies in which the patient is unconscious and immediate measures are necessary to protect life or stabilise the patient's health. Special situations involving persons with severe mental disorders, risks to public health and the patient's right not to know certain information are also discussed. These exceptions do not eliminate the need for conditions and safeguards; rather, they confirm the importance of an individualised and proportionate assessment.

In the subsection entitled *Informed Consent in the Context of Abortion*, the thesis examines the interaction between a woman's bodily autonomy, the protection of life and the legal conditions for carrying out the procedure. The analysis includes doctrinal contributions, regulations of the Republic of Moldova, civil-law rules in other European jurisdictions and the conflict between the patient's autonomy and healthcare professionals' conscientious objection. The issue is approached as one of civil law and the protection of personal rights, without disregarding the relevance of special health regulations and criminal-law rules.

In the Republic of Moldova, the regulatory framework on reproductive health and voluntary termination of pregnancy establishes certain conditions and procedures for the provision of services. Nevertheless, from the perspective of civil law, clarification is still needed regarding the coordination of these rules with the principles of autonomy of will, capacity to act and informed consent. The research emphasises that the patient's decision cannot be assessed solely by reference to general rules on capacity; it requires a combined examination of the Civil Code, health-protection legislation and the special regulations governing reproductive health.

Particular attention is paid to minor patients and other vulnerable persons. In such cases, the involvement of a legal representative must be assessed in light of the patient's concrete ability to understand the information, the freedom of the decision and the best interests of the minor. The research identifies difficulties where the legal representative has a conflict of interest, refuses consent in a potentially abusive manner or cannot be contacted in time.

The thesis also examines conscientious objection by healthcare professionals, analysing the need to reconcile a professional's freedom of conscience with the patient's right to effective access to services permitted by law and to relevant information. The legal solution cannot be reduced to an abstract assertion of one of these rights; it requires clear, predictable procedural rules aimed at the effective protection of the individual.

In the law of the Republic of Moldova, the analysis reads the rules on reproductive health together with the provisions penalising the unlawful termination of pregnancy. The thesis examines Article 159 of the Criminal Code and the circumstances in which termination of pregnancy may entail criminal liability, including performance outside authorised institutions or offices, intervention by a person without the required medical qualifications, and exceeding the statutory time limit in the absence of the prescribed medical indications. At the same time, Law No. 138/2012 on Reproductive Health recognises the importance of information and access to safe reproductive-health services.

The empirical dimension is supplemented by the statistical data cited in the thesis[8]: according to the analysis for 2015–2020, the number of pregnancy terminations in the Republic of Moldova fell by approximately 40% compared with 2015, when 14,059 cases were reported. In 2020, the 20–34 age group accounted for 65.10% of cases, while persons aged 35 and over accounted for 28.82%. These data are used in the thesis to provide social context for the regulation and to illustrate the importance of information.

Comparative approach to abortion and protection of vulnerable persons

The comparative analysis of European regulations seeks to highlight differences in the time limits, conditions and safeguards applicable to voluntary termination of pregnancy. The thesis does not present foreign models as solutions that can be adopted automatically; rather, it examines them in light of the specific features of the civil law of the Republic of Moldova and the need to ensure genuine consent. The comparison makes it possible to identify protective mechanisms and issues concerning access to medical services, information, and conflicts between healthcare professionals' beliefs and patients' rights.

[8]Statistical Report No. 13 on pregnancy termination (up to 21 weeks of gestation), available at: https://cidsr.md/wp-content/uploads/2021/11/Raport-Statistic-nr.-13-privind-intreruperea-de-sarcina-2020.pdf

For minors, the research proposes that disagreement by a legal representative should not, in itself, become an absolute obstacle where there is a conflict of interest or a risk to the minor's rights and safety. It highlights the need for an individual assessment of maturity, ability to understand and freedom of decision, as well as an expedited and independent procedure that is sufficiently prompt not to compromise access to the medical service within the limits of the law.

Protection mechanisms must ensure that the minor is heard in a confidential setting suited to their age and level of understanding, has access to intelligible medical information and is protected from coercion. The assessment may involve medical and child-protection specialists; however, the authority competent to resolve the conflict and the conditions under which the representative's consent may be substituted must be expressly established by law. The aim is therefore not to eliminate the safeguards of legal representation, but to establish an effective remedy for cases in which existing mechanisms do not serve the minor's best interests.

This analysis forms part of the broader conclusion that the existence of legal procedures is not sufficient if they are not accessible, effective and compatible with the exercise of autonomy. Informed consent must be supported by appropriate information, an individual assessment of capacity and mechanisms that allow conflicts to be resolved promptly.

The comparative analysis identifies concrete differences between national regimes. In Italy, Law No. 194/1978 regulates the conditions and procedure for voluntary termination of pregnancy during the first 90 days, including the role of counselling services and information and, in the cases provided for, a seven-day interval before the procedure; Article 9 governs conscientious objection. In Poland, the framework is much more restrictive, and the Constitutional Tribunal's judgment of 22 October 2020 removed foetal abnormality as a separate legal ground. The comparison is used to identify procedural safeguards, not to recommend the automatic transposition of foreign solutions.

Informed consent in the context of euthanasia

Euthanasia raises particularly sensitive legal issues because the decision concerns the end of life and the relationship between personal autonomy, the right to life and the state's duty to protect vulnerable persons. The thesis examines doctrinal contributions and the implications of consent in matters of life and health through the lens of the Civil Code of the Republic of Moldova, as well as relevant European regulations. The analysis distinguishes between refusal or withdrawal of consent to treatment, withholding or discontinuing disproportionate treatment, palliative care, palliative sedation, euthanasia and assisted suicide.

Within the legal framework of the Republic of Moldova, the research finds no explicit regulation authorising euthanasia. Informed consent, even when expressed freely and

consciously, cannot by itself produce legal effects that justify ending a life outside the legal framework. The thesis treats this situation as an expression of the normative orientation towards protecting life and highlights the need for clearer legislative distinctions between legitimate medical conduct at the end of life and acts falling within the scope of criminal-law provisions.

An important part of the research concerns the implications of the Civil Code for treatment services, the duty to provide information, consent to intervention and the legal consequences of disregarding the patient's will. The instruments through which a person may express preferences in advance for a situation in which they will no longer be able to make a decision are also analysed. The author emphasises that advance directives and the future protection mandate must be integrated coherently into medical decision-making.

The chapter compares European models that have regulated certain forms of euthanasia or medical assistance in dying with the Moldovan framework. The comparison seeks to identify protection criteria and safeguards established in other jurisdictions, without presuming that legalising euthanasia is the solution proposed for the Republic of Moldova. The proposal concerning end-of-life decisions is expressly directed towards clear regulation of palliative care and legitimate medical decisions, not towards legalising euthanasia.

In relation to the end of life, the thesis insists that euthanasia and assisted suicide must not be confused with refusal of treatment, withdrawal of consent, withholding or discontinuing disproportionate treatment, or the provision of palliative care, including palliative sedation. These distinctions affect the legal characterisation of medical staff's conduct and their liability. In the law of the Republic of Moldova, Article 148 of the Criminal Code and the general regime for the protection of life require a careful distinction between prohibited conduct and legitimate medical decisions at the end of life.

The synthesis of Chapter II reveals a shift from a formal requirement of an administrative-medical nature towards recognition of informed consent as the core of autonomy of will in civil law. The patient's expression of will is analysed as a unilateral legal act involving disposition over personality rights, subject to the Civil Code's validity regime and to the particularities arising from the personal and non-pecuniary nature of the rights at issue.

The patient's will must be formed through access to comprehensive and intelligible information and must be free from defects. In the asymmetric relationship between the professional and the patient, the duty to inform acts as a mechanism for preventing mistake and fraudulent concealment and helps protect freedom of decision. The absence of valid consent may constitute an infringement of physical integrity and personality rights; however, the analysis of

civil liability must distinguish its constituent conditions and must not automatically infer that all elements of liability exist from a merely formal irregularity.

The chapter highlights the value of the future protection mandate as a mechanism through which previously formulated instructions can guide medical conduct in critical situations. For this institution to function effectively, special health legislation must be harmonised with the principles of the Civil Code, and the relationship between advance directives, the mandate, the legal representative and persons close to the patient must be clarified.

The central conclusion is that protecting individual autonomy requires a coherent regulatory framework in which the rules on providing information, expressing, documenting and revoking consent are sufficiently clear. This conclusion provides the basis for the subsequent analysis of the limits imposed by public policy and social morality, particularly in the sensitive contexts of abortion and euthanasia.

The conclusions of Chapter II further emphasise the relevance of the future protection mandate and advance medical directives to the continuity of a person's will. The effectiveness of these instruments depends on clearly identifying their content, the procedures for amendment or revocation, and their relationship with legal representation. Where the patient can no longer express their choice, instruments drawn up in advance may help guide the medical decision without authorising the limits imposed by law to be exceeded.

The third chapter, entitled *Limits of Individual Freedom: Public Policy and Social Morality in the Context of Abortion and Euthanasia*, examines the conflict between the right to life and the right to private life, as well as public policy and good morals as limits on individual autonomy in Moldovan private law. The research starts from the finding that individual freedom is not absolute and that its exercise must be considered in relation to the rights of others and the fundamental values protected by law. In matters of abortion and euthanasia, this issue is particularly acute because personal decisions intersect with the state's positive obligations to protect life.

Public policy and good morals are examined as instruments for balancing competing interests, rather than merely as external limits on autonomy. They make it possible to prevent consequences contrary to the protection of human dignity and social cohesion, but their application must remain compatible with the principles of legality and proportionality. Accordingly, recognising personal autonomy does not amount to unlimited freedom to request any intervention, while the protection of life does not remove the obligation to respect bodily integrity and the right to an informed decision.

The analysis of ECtHR case-law seeks to determine how the Convention balances Article 2, which protects the right to life, with Article 8, which protects private life and personal autonomy. The thesis emphasises that decisions concerning the body and existence may fall within the sphere of private life, but this does not automatically mean that an autonomous right to abortion or a general right to die has been established. Instead, the case-law attaches particular importance to procedural safeguards and the state's positive obligations.

This case-law framework provides criteria for examining the legislation of the Republic of Moldova: procedures must be accessible, foreseeable and effective, and mechanisms for information and decision-making must protect the person's will without removing the margin of appreciation afforded to states in sensitive matters.

The relationship between Articles 2 and 8 of the Convention is a constant reference point in the analysis: the former imposes obligations to protect life, while the latter encompasses respect for private life and personal autonomy. In sensitive matters, the Court does not resolve the conflict by unconditionally recognising an absolute freedom; it examines the regulatory framework, the state's margin of appreciation and the existence of procedural safeguards. It follows that the effectiveness of procedures is as important as the abstract formulation of a right.

ECtHR standards concerning abortion

In matters of abortion, the analysis of ECtHR case-law shows that the Convention does not establish an autonomous right to abortion, although decisions concerning bodily integrity and private life may fall within the scope of Article 8 protection. Consequently, the state's obligations are not exhausted by adopting rules that permit termination of pregnancy under certain conditions; the established procedures must be practically accessible and ensure effective examination of the individual situation.

The thesis highlights the role of the state's positive obligations when national legislation permits certain medical interventions. Actual access to relevant medical information, clear criteria, the availability of a functioning procedure and the timely resolution of disagreements are factors that affect a person's ability to make an autonomous decision. If these safeguards are absent or operate only formally, consent risks ceasing to represent an effective choice.

At the same time, European case-law reflects the existence of a margin of appreciation for states in areas where there is no uniform consensus. This margin does not remove the need to respect the rights guaranteed by the Convention, nor the obligation to ensure consistency between domestic law and its implementation. The thesis uses these reference points to assess the Republic of Moldova's regulations on reproductive health, voluntary termination of pregnancy and patients' consent.

The comparative analysis is particularly relevant to situations in which the rights of minor patients, medical vulnerability and conflict with a legal representative or healthcare professionals' conscientious objection intersect. The conclusion is not that a foreign model should be adopted mechanically, but that clear national rules and procedural safeguards are needed to make a decision permitted by law effective, while respecting protected interests and legal-certainty requirements.

The cases discussed in the thesis illustrate this approach. In Vo v. France[9], the Court avoided deciding in the abstract whether a foetus enjoys the right to life within the meaning of Article 2, given the absence of European consensus on its status, and highlighted the role of legal protection mechanisms. In Boso v. Italy[10], the balance between the interests of the pregnant woman and those relating to intrauterine life was examined. In Tysiąc v. Poland[11] and R.R. v. Poland[12], the analysis highlighted the importance of effective procedures, access to information and mechanisms allowing rights recognised by domestic law to be exercised in practice.

In A, B and C v. Ireland[13], the Court stated that Article 8 does not establish an autonomous right to abortion and that states enjoy a wide margin of appreciation. Nevertheless, the regulatory framework must be accompanied by effective mechanisms where the law permits termination of pregnancy in certain circumstances. Overall, the case-law examined does not establish a general right to abortion, but it requires that procedures, information and remedies do not make the exercise of rights recognised by domestic law illusory.

ECtHR standards concerning euthanasia and end-of-life decisions

As regards euthanasia and end-of-life decisions, the research finds that the ECtHR does not interpret Article 2 of the Convention as establishing a general right to die. At the same time, decisions concerning bodily integrity and the manner in which a person conducts their life may be linked to Article 8, meaning that respect for autonomy cannot be excluded from the analysis. The Court leaves states a significant margin of appreciation in regulating these matters, taking account of their sensitive nature and the need to prevent abuse.

The case-law analysis shows that the issue is not resolved merely by abstractly recognising or denying autonomy. What matters is whether safeguards exist concerning the person's

[9] VO v. France [GC], No. 53924/00, judgment of 8 July 2004. HUDOC: https://hudoc.echr.coe.int/eng?i=001-61887.
[10] BOSO v. Italy (dec.), No. 50490/99, decision of 5 September 2002. HUDOC: https://hudoc.echr.coe.int/eng?i=001-23338.
[11] TYSIĄC v. Poland, No. 5410/03, judgment of 20 March 2007. HUDOC: https://hudoc.echr.coe.int/eng?i=001-79812.
[12] R.R. v. Poland, No. 27617/04, judgment of 26 May 2011. HUDOC: https://hudoc.echr.coe.int/eng?i=001-104911.
[13] A, B AND C v. Ireland [GC], No. 25579/05, judgment of 16 December 2010. HUDOC: https://hudoc.echr.coe.int/?i=001-102332.

decision-making capacity, the free and informed nature of their will, the prevention of pressure, and procedures for verifying compliance with the conditions imposed by law. It is also necessary to distinguish a decision to refuse treatment, discontinuation of a disproportionate intervention and the provision of palliative care from conduct directly intended to cause death.

The conclusions of Chapter III establish that there are no absolute rights in matters of abortion and end-of-life decisions. The ECtHR establishes neither an autonomous right to abortion nor a general right to die, but it recognises the importance of individual autonomy within the sphere of private life. The protection afforded by the Convention is largely implemented through the state's positive obligations and the requirement for clear, accessible and effective procedures.

An important standard of informed consent arising from this case-law is that the patient's will must be genuine, free and informed, rather than merely recorded formally. The analysis confirms the need for legislation that defines permitted medical conduct, prevents arbitrariness and provides effective remedies, while maintaining a balance between personal autonomy and the protection of life.

The analysis of end-of-life decisions discusses, among others, Pretty v. the United Kingdom[14], Haas v. Switzerland[15], Koch v. Germany[16], Lambert and Others v. France[17], Mortier v. Belgium[18] and Karsai v. Hungary[19]. These cases reflect the distinction between protecting autonomy within the sphere of private life and the absence of an absolute right to die. The Court has consistently recognised the states' margin of appreciation and the legitimacy of establishing conditions to prevent abuse, attaching importance to procedural safeguards and assessment of the individual circumstances.

The final chapter (*Comparative Analysis and Reform Perspectives for the Legislation of the Republic of Moldova*) serves to synthesise the research and demonstrate its practical applicability. European regulatory models are assessed in relation to the legislative realities of the Republic of Moldova in order to identify good practices and the limits that must be

[14] PRETTY v. the United Kingdom, No. 2346/02, judgment of 29 April 2002. HUDOC: https://hudoc.echr.coe.int/eng?i=001-60448.
[15] HAAS v. Switzerland, No. 31322/07, judgment of 20 January 2011. HUDOC: https://hudoc.echr.coe.int/eng?i=001-102940.
[16] KOCH v. Germany, No. 497/09, judgment of 19 July 2012. HUDOC: https://hudoc.echr.coe.int/eng?i=001-112282.
[17] LAMBERT AND OTHERS v. France [GC], No. 46043/14, judgment of 5 June 2015. HUDOC: https://hudoc.echr.coe.int/eng?i=001-155352.
[18] MORTIER v. Belgium, No. 78017/17, judgment of 4 October 2022. HUDOC: https://hudoc.echr.coe.int/eng?i=001-219988.
[19] DÁNIEL KARSAI v. Hungary, No. 32312/23, judgment of 13 June 2024. HUDOC: https://hudoc.echr.coe.int/eng?i=001-234151.

considered when formulating reform proposals. The comparison does not seek to transplant foreign solutions automatically, but to select mechanisms that may contribute to the coherence of the national system and the effective protection of patients' rights.

The research shows that the modernisation of the Civil Code established important principles concerning the protection of natural persons, but their implementation in special medical legislation remains deficient. A contradiction can be observed between civil-law instruments that allow a person to arrange support and representation in advance, such as the future protection mandate, and special rules that do not sufficiently develop the effects of these instruments in medical relationships.

In the area of end-of-life care, the thesis identifies uncertainty in distinguishing refusal of treatment, discontinuation of disproportionate therapy, palliative care, palliative sedation and euthanasia. These forms of conduct have different purposes, conditions of application and legal consequences and must not automatically be treated as equivalent. In the area of abortion, the difficulties relate particularly to consent by minor patients and persons with mental disorders, substitution of consent, and protection of the person's interests in situations of conflict with the legal representative.

The chapter argues that regulatory gaps may affect legal certainty for both patients and medical staff. In the absence of clear rules on the concrete capacity to consent, documentation of information and application of advance directives, there is a risk of divergent interpretations. From this perspective, legislative intervention must be coherent, coordinate the Civil Code with special legislation and establish procedural safeguards proportionate to the seriousness of the decisions.

The comparison does not seek to establish a single European model applicable to all states, but to highlight instruments and safeguards relevant to national law. The models examined differ in terms of conditions of access to abortion, conscientious objection, forms of medical assistance at the end of life and the role of oversight procedures. In assessing them, the thesis considers both patient autonomy and the protection of vulnerable persons, as well as the need to prevent decisions made under pressure or without adequate discernment.

CONCLUSIONS AND PROPOSALS FOR IMPROVING THE LEGAL FRAMEWORK

The research sought to delineate and configure individual freedom in the context of exercising informed consent in sensitive areas such as abortion and euthanasia. The analysis did not merely present the applicable rules; it also sought to reassess conceptually autonomy of will in relation to the limits imposed by public policy, good morals and the protection of life. The central result is the substantiation of a unified conception of informed consent in civil law, under which it constitutes the legal expression through which a person exercises personality rights over their own body.

First, informed consent must be characterised as a civil legal act, subject to the general rules of validity and to the particularities determined by its object. The act concerns the human body, personal integrity and, at times, decisions with irreversible consequences. To be valid, consent must come from a person with the necessary capacity and discernment, be expressed freely and be based on sufficient and intelligible information. Signing a form does not, by itself, demonstrate that the will is authentic and informed.

Second, the healthcare professional's duty to provide information is an indispensable condition for the exercise of autonomy. The information must include the nature and purpose of the intervention, relevant risks, benefits, alternatives and the consequences of refusal. Omissions or distortions may affect the integrity of the will and call the validity of the act into question. Nevertheless, the liability analysis must distinguish between infringement of autonomy, injury to bodily integrity, non-performance of contractual obligations and compensable damage; liability is not automatic and does not arise independently of the statutory conditions.

Third, individual autonomy is not absolute, but neither should the protection of life be interpreted so as to eliminate, in every situation, the right of a capable person to refuse an intervention. Medical decisions must be assessed individually, taking into account discernment, information, the free nature of consent, the person's vulnerability, the legitimate purposes of the intervention and the existence of less intrusive alternatives. These reference points allow a concrete legal assessment and avoid solutions based on general presumptions.

Fourth, abortion and euthanasia must be analysed within distinct legal regimes. In the field of reproductive health, national legislation recognises rights and establishes conditions and procedures for termination of pregnancy. Effective access to services permitted by law, information, protection of confidentiality and clarification of consent by minors remain essential issues. In the field of euthanasia, the thesis finds no express regulation authorising it in the

Republic of Moldova and maintains that, under the legal framework analysed, the patient's will cannot produce effects that legitimise the ending of life.

Fifth, refusal of treatment, limitation of disproportionate interventions and palliative care must be distinguished from euthanasia. A special law on palliative care and patients' rights at the end of life could clarify legitimate medical decisions and reduce uncertainty for patients and professionals. The proposal does not seek to legalise euthanasia, but to regulate end-of-life situations predictably and define obligations to respect the patient's dignity.

Sixth, special medical legislation must be coordinated with the modernised Civil Code. The articles concerning the future protection mandate provide instruments for designating a mandatary to participate in decisions when a person can no longer express their will. For these instruments to be effective in practice, rules are needed on the recognition and application of advance directives, verification that documents remain current, resolution of uncertainties, and priority for the patient's current will when the patient regains decision-making capacity.

Seventh, the protection of vulnerable persons must be strengthened without automatically denying autonomy. For minors seeking termination of pregnancy, the thesis proposes a mechanism for substituting consent in situations where ordinary representation cannot be used in time or does not serve the minor's best interests. For patients with mental disorders, an individual assessment of decision-making capacity and a clear delineation of the representative's powers are necessary. A diagnosis or a state of vulnerability must not replace a concrete assessment of discernment.

Eighth, the establishment of a National Electronic Register of Consent and Protection Mandates could facilitate identification of legal instruments relevant to medical acts. The register must be accompanied by strict confidentiality rules, access limited to a legitimate medical purpose, logging of access, information security, updating and continuity procedures. Identifying the patient cannot justify unrestricted access to all of that patient's medical data.

Ninth, introducing the legal status of a trusted person would strengthen patient participation in their own decisions. A trusted person could facilitate dialogue with medical staff and help the patient understand information, without automatically acquiring the right to decide on behalf of a patient who has capacity. In situations of incapacity, the person's powers must be based on a mandate or a clear legal provision and must respect the patient's known preferences.

Tenth, documentation of consent must be sufficient, proportionate to the nature of the intervention and adapted to its risks. It must be clarified when written form is required and when documented oral consent may be accepted. Access to relevant medical documentation and recording the information provided help protect patients' rights and make legal relationships

more predictable. Procedures must not become excessively formalistic, but they must not reduce autonomy to a signature on a standard form either.

Overall, the thesis concludes that individual freedom in its legal dimension should be understood as autonomy exercised in accordance with the law and in relation to society's fundamental values. Informed consent is the central instrument through which autonomy is manifested in practice, but its effectiveness depends on the quality of the information, the person's capacity, the absence of defects and the existence of a coherent regulatory framework. The civil law of the Republic of Moldova is called upon to reduce regulatory fragmentation, harmonise medical legislation with the Civil Code and ensure a genuine balance between personal autonomy, dignity and the protection of life.

The reform proposals form a coherent whole rather than a list of isolated amendments. Harmonising the Civil Code with the Law on the Rights and Responsibilities of the Patient would clarify the legal instruments available to patients and how medical staff should respond to them. A specific framework for end-of-life decisions would distinguish lawful refusal of treatment and palliative care from conduct prohibited by criminal law. Mechanisms adapted for minors and persons with mental disorders would support autonomy while maintaining protective safeguards. The national electronic register and the legal status of a trusted person would facilitate giving effect to a person's previously expressed will, provided that confidentiality and data security are protected.

The thesis also emphasises the role of courts and healthcare professionals in interpreting the rules. Clear statutory wording cannot eliminate every difficult case, particularly when capacity is disputed, family members disagree or a medical emergency limits the time available for consultation. A coherent legal approach must therefore combine substantive rules with procedural safeguards, documentation, access to relevant records and the possibility of reviewing a decision when circumstances warrant it. These mechanisms help ensure that patient autonomy remains neither a purely theoretical guarantee nor a basis for disregarding the protection of life.

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ADNOTARE

GHEORGHIȚĂ Nelu „*Libertatea individuală în dreptul civil cu privire la consimțământul informat în contextul avortului și eutanasiei*”, teză de doctor în drept la specializarea 553.01- Drept civil, Chișinău, 2026

Structura tezei: introducere, capitole (patru), concluzii generale, bibliografie din 157 de titluri, anexe, 148 pagini text de bază.

Cuvinte-cheie: avort, dreptul la viață, embrion, eutanasie, făt, întreruperea ilegală a sarcinii, libertate, liber-arbitru, produs de concepție, sinucidere asistată medical, uciderea la cererea victimei.

Domeniul cercetării: 553.01, Drept civil.

Scopul și obiectivele cercetării: Scopul cercetării constă în elaborarea unui cadru teoretico-conceptual coerent și a unor propuneri de lege ferenda menite să asigure echilibrul dintre exercitarea libertății individuale prin consimțământul informat și necesitatea protejării dreptului la viață. În acest context, lucrarea urmărește determinarea criteriilor de validitate ale consimțământului informat în cadrul intervențiilor medicale cu impact major asupra integrității corporale și existenței persoanei, adaptate realităților juridice din Republica Moldova. Obiectivele cercetării au vizat: definirea conceptelor fundamentale (libertate individuală, consimțământ informat, avort, eutanasie) în context național și comparat; analiza cadrului normativ intern relevant (Constituția, Codul civil, legislația medicală); identificarea limitelor consimțământului informat din perspectiva ordinii publice și a moralei sociale; evaluarea compatibilității legislației Republicii Moldova cu jurisprudența Curții Europene a Drepturilor Omului; precum și formularea unor propuneri de perfecționare legislativă pentru înlăturarea lacunelor existente.

Noutatea și originalitatea științifică a rezultatelor cercetării rezidă în abordarea consimțământului informat dintr-o perspectivă preponderent civilistă, ca act juridic de dispoziție asupra propriului corp, integrat în teoria generală a actului juridic. Spre deosebire de abordările tradiționale, centrate pe dimensiunea medicală sau bioetică, lucrarea propune o reconstrucție conceptuală a acestui mecanism ca instrument de exercitare a libertății individuale. Originalitatea demersului este evidențiată și prin analiza sistemică a raportului dintre autonomia voinței și limitele acesteia, în special în materii sensibile precum avortul și eutanasia, precum și prin corelarea normelor interne cu standardele europene.

Problema științifică importantă soluționată prin cercetarea desfășurată constă în clarificarea statutului juridic al consimțământului informat în dreptul civil al Republicii Moldova și în determinarea limitelor în care acesta poate produce efecte juridice în situații ce implică integritatea corporală și viața persoanei. Cercetarea demonstrează că reglementarea actuală este insuficientă și fragmentară, fiind necesară recalibrarea raportului dintre autonomia individuală și exigențele ordinii publice pentru a asigura securitatea juridică și protecția efectivă a drepturilor pacientului.

Semnificația teoretică a lucrării constă în dezvoltarea unei concepții unitare asupra consimțământului informat în cadrul dreptului civil, prin integrarea acestuia în categoria drepturilor de personalitate și a actelor juridice nepatrimoniale. Lucrarea contribuie la aprofundarea raportului dintre libertatea individuală și limitele sale juridice, oferind un cadru conceptual aplicabil și altor instituții aflate la intersecția dintre drept și bioetică.

Valoarea aplicativă a lucrării se reflectă în utilitatea concluziilor și propunerilor formulate pentru perfecționarea cadrului normativ și a practicii juridice și medicale. Rezultatele cercetării pot fi valorificate de legiuitor în procesul de elaborare a unor reglementări clare privind consimțământul informat, de instanțele de judecată în interpretarea normelor aplicabile, precum și de practicienii din domeniul medical în consolidarea unei practici conforme cu exigențele drepturilor fundamentale. Totodată, lucrarea oferă repere pentru dezvoltarea unor politici publice coerente în domeniul protecției pacientului și al intervențiilor asupra corpului uman.

ANNOTATION

GHEORGHIȚĂ Nelu „*Individual freedom in civil law regarding informed consent in the context of abortion and euthanasia*", PhD thesis in law, Chisinau, 2026

Structure of the thesis: introduction, chapters (four), general conclusions, bibliography of 157 titles, annexes, 148 pages of basic text.

Keywords: abortion, right to life, embryo, euthanasia, fetus, illegal termination of pregnancy, freedom, free will, product of conception, medically assisted suicide, killing at the request of the victim.

Field of study: specialty 553.01 - Civil Law.

The purpose and objectives of the research: is to develop a coherent theoretical and conceptual framework, as well as a set of legislative proposals designed to ensure a proper legal balance between the protection of the right to life and the exercise of individual freedom through the mechanism of informed consent. In this context, the study seeks to determine the validity criteria of informed consent in medical procedures that significantly affect human integrity and existence. The research objectives include: defining key concepts such as individual freedom, informed consent, abortion, and euthanasia in both national and comparative contexts; analyzing the relevant domestic legal framework; identifying the limits of informed consent from the perspective of public order and social morality; assessing the compatibility of Moldovan legislation with the case-law of the European Court of Human Rights; and formulating proposals for improving the legal framework.

The novelty and scientific originality of the research results lie in the civil law-oriented approach to informed consent, conceptualized as a legal act of disposition over one's own body and integrated into the general theory of legal acts. Unlike traditional approaches limited to medical or bioethical perspectives, this study offers a systemic and doctrinal reinterpretation of informed consent as an instrument for exercising individual autonomy.

The important scientific problem solved by the research addressed consists in clarifying the legal status of informed consent within Moldovan civil law and determining the limits within which it can produce legal effects in matters involving bodily integrity and human life. The research demonstrates that the current regulation is insufficient and fragmented, requiring a recalibration of the relationship between individual autonomy and public order.

The theoretical significance of the work lies in the development of a unified doctrinal framework for informed consent within civil law, contributing to the broader understanding of personality rights and the limits of individual freedom.

The applicative value of the work is reflected in the applicability of the findings to legislative reform, judicial interpretation, and medical practice. The conclusions and proposals formulated may support lawmakers, legal practitioners, and medical professionals in ensuring a more coherent and rights-oriented application of informed consent, as well as in shaping public policies in the field of patient rights and medical interventions.

АННОТАЦИЯ

ГЕОРГИЦЭ Нелу «Свобода личности в гражданском праве в отношении информированного согласия в контексте абортов и эвтаназии»„ докторская диссертация по праву, Кишинев, 2026 г.

Структура диссертации: введение, главы (4), общие выводы, библиография из 157 наименований, приложения, 148 страницы основного текста.

Ключевые слова: аборт, право на жизнь, эмбрион, эвтаназия, плод, незаконное прерывание беременности, свобода, свободная воля, продукт зачатия, самоубийство с медицинской помощью, убийство по просьбе жертвы.

Область обучения: специальность 553.01 - Гражданское право.

Цель и задачи исследования: заключается в разработке целостной теоретической и концептуальной основы, а также ряда законодательных предложений, призванных обеспечить надлежащий правовой баланс между защитой права на жизнь и осуществлением индивидуальных свобод посредством механизма информированного согласия. В этом контексте целью исследования является определение критериев действительности информированного согласия при проведении медицинских процедур, которые существенно затрагивают физическую неприкосновенность и жизнь человека. Цели исследования включают: определение ключевых понятий, таких как свобода личности, информированное согласие, аборт и эвтаназия, как в национальном, так и в сравнительном контексте; анализ соответствующей внутренней правовой базы; выявление пределов информированного согласия с точки зрения общественного порядка и общественной морали; оценку соответствия молдавского законодательства судебной практике Европейского суда по правам человека; а также выработку предложений по совершенствованию правовой базы.

Новизна и научная оригинальность заключается в подходе к информированному согласию, ориентированном на гражданское право, которое рассматривается как правовой акт распоряжения собственным телом и вписывается в общую теорию правовых актов. В отличие от традиционных подходов, ограничивающихся медицинскими или биоэтическими перспективами, данное исследование предлагает системную и доктринальную переосмысление информированного согласия как инструмента реализации индивидуальной автономии.

Важная научная проблема, решенная Задача данного исследования заключается в уточнении правового статуса информированного согласия в рамках молдавского гражданского права и определении пределов, в которых оно может иметь юридические последствия в вопросах, касающихся физической неприкосновенности и жизни человека. Исследование показывает, что действующее законодательство является недостаточным и фрагментарным, что требует пересмотра соотношения между индивидуальной автономией и общественным порядком.

Теоретическая значимость работы обусловлена тем, заключается в разработке единой концептуальной основы для института информированного согласия в рамках гражданского права, что способствует более глубокому пониманию прав личности и пределов свободы личности.

Прикладная ценность работы заключается в том, находит отражение в применимости полученных результатов к реформе законодательства, судебному толкованию и медицинской практике. Сформулированные выводы и предложения могут помочь законодателям, юристам и медицинским работникам обеспечить более последовательное и ориентированное на права человека применение принципа информированного согласия, а также сформировать государственную политику в сфере прав пациентов и медицинских вмешательств.

GHEORGHIȚĂ NELU

INDIVIDUAL LIBERTY IN CIVIL LAW WITH REGARD TO INFORMED CONSENT IN THE CONTEXT OF ABORTION AND EUTHANASIA

SPECIALITY: 553.01. CIVIL LAW

Summary of the Doctor of Laws thesis

Approved for printing: _____ Offset paper 60x841/16

Offset paper. Offset printing. Circulation 25 ex

Printing sheets. 2.1. Order no. _____

Editorial-Printing Center

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Str. Gh. Iablockin nr. 5, Chișinău