MEDICAL CRIMES AND MALPRAXIS: ECONOMIC AND CRIMINOLOGICAL ASPECTS OF HARM ANALYSIS (USING THE EXAMPLE OF THE REPUBLIC OF MOLDOVA)

Constantin PISARENCO
FREE INTERNATIONAL UNIVERSITY OF MOLDOVA
constantin.pisarenco@gmail.com

Abstract:
This article examines the economic and criminological aspects of medical malpractice in the Republic of Moldova. It assesses the structure of damages and their consequences for the healthcare system. The aim is to identify patterns of damage and propose measures to improve compensation and liability effectiveness. Methods employed include comparative legal and case analysis, economic and statistical modelling, and content analysis of regulatory, judicial and media sources. Results: direct and indirect losses are categorised, and the impact of regulatory gaps and institutional weaknesses on case outcomes is demonstrated. The novelty lies in the integration of economic and criminological approaches and the introduction of an 'economic-criminological index of medical risk'.

Key words: *health economics; medical malpractice; malpractice; negligence; compensation; professional liability; Moldova.*

INTRODUCTION

In recent years, the Republic of Moldova has seen an increase in the number of patient complaints and legal actions related to medical malpractice. Official data show that in 2020 alone, the National Health Insurance Company received 509 complaints, more than a hundred of which concerned poor quality of treatment and medication provision.[1] Journalists note that only a few criminal cases have resulted in convictions, as many investigations are delayed or terminated due to the expiration of the statute of limitations.[2, 3] These trends are causing patient mistrust in the healthcare system and causing conflicts.

The problem is not limited to the legal realm. International studies show that unsafe medical care consumes over 12% of national healthcare expenditures, with cumulative indirect costs amounting to trillions of dollars.[4] The World Health Organization emphasizes that the cost of medical errors reduces global economic growth by 0.7% per year.[5] Thus, medical crimes and malpraxis are not only a legal issue but also a serious economic threat associated with direct costs of treating complications, loss of labor, and erosion of trust in state institutions.

For Moldova, the topic's relevance is heightened by the lack of a specific law on malpraxis. The system is based on the principle of culpable liability and requires proof of professional error in court. As researchers note, the lack of clear regulatory criteria, insurance coverage, and error monitoring mechanisms creates uncertainty and risks for both patients and healthcare professionals. Under these conditions, the need for a comprehensive analysis of the

---

[1] Stiri.md. (2021, 6 mai). *Câte plângeri au depus pacienţii din R. Moldova la CNAM în 2020.* Available at: https://stiri.md/article/social/cate-plangeri-au-depus-pacientii-din-r-moldova-la-cnam-in-2020/. Accessed on 03.11.2025.

[2] Anticoruptie.md. (2024, 8 august). *Justiţie cu suspendare: adevărul din spatele dosarelor de malpraxis.* Available at: https://anticoruptie.md/ro/investigatii/justitie/justitie-cu-suspendare-adevarul-din-spatele-dosarelor-de-malpraxis. Accessed on 03.11.2025.

[3] Ziarul de Gardă. (2022, 23 iulie). *Cazurile de malpraxis. Cum ne protejăm?* Available at: https://www.zdg.md/video/infoteca-drepturilor-cazurile-de-malpraxis-cum-ne-protejăm. Accessed on 03.11.2025.

[4] OECD. (2022). *The economics of patient safety: From analysis to action.* Paris: OECD Publishing. Available at: https://doi.org/10.1787/761f2da8-en. Accessed on 03.11.2025.

[5] World Health Organization. (2024). *Global patient safety report 2024.* Geneva: WHO. Available at: https://www.who.int/publications/i/item/9789240095458. Accessed on 03.11.2025.

economic and criminological aspects of medical crimes becomes clear.

In this paper practical significance: the necessity of measures such as compulsory professional liability insurance, standardisation of protocols, independent mediation and digitisation of accounting is demonstrated. A comparison with WHO and OECD data confirms the scale of economic losses and the need for comprehensive healthcare sector reform. Data from judicial practice illustrates the limitations of the fault-based liability model and the lack of standardised clinical protocols. An algorithm is proposed to operationalise the index and assess the vulnerabilities of institutions and regions.

This study is the first to combine criminological and economic approaches to assessing the damage caused by medical crimes and malpractice in Moldova. In the domestic literature, malpraxis has been examined primarily from a legal perspective, with the economic consequences and structure of harm remaining secondary. The study draws on a wide range of sources – from national law and international instruments to articles by the World Health Organization and the OECD, and case law. Its novelty lies in the development of a concept for economic-criminological analysis that allows for the identification of the relationship between types of damage, offender motives, and the effectiveness of legal regulation. The article proposes the construction of an "economic-criminological index of medical risk", which allows for the assessment of a set of factors that increase the likelihood of crime in a specific healthcare system.

The aim of the study is to identify patterns in the economic and criminological analysis of damage caused by medical malpractice in the Republic of Moldova, and to determine how to improve the effectiveness of compensation and liability mechanisms within the healthcare system.

Integrating economic and criminological approaches, the study shifts the focus from a legal interpretation of medical offences to an assessment of the economic consequences and structure of harm. The study proposes the concept of economic and criminological analysis, as well as a 'medical risk index' linking types of harm, offender motivation and regulatory effectiveness. Sources include national and international legal acts, as well as analytics from the World Health Organization (WHO) and the Organization for Economic Co-operation and Development (OECD), and judicial practice.

THEORETICAL AND LEGAL FOUNDATIONS OF MEDICAL MALPRAXIS

The term "malpraxis" (from the Latin malus, meaning "bad", and practicus, meaning "activity") is widely used to describe inadequate medical care. In Romanian law, malpraxis is defined as inappropriate behavior that does not meet professional standards, is based on negligence or ignorance, and causes harm to the patient.[6] The Moldovan legislation does not contain the term "malpraxis"; physician liability is regulated by provisions on crimes against life and health, tort law, and disciplinary legislation. The Law on the Rights and Obligations of the Patient (No. 263-XVI) defines the concepts of "medical error" and "medical confidentiality". "Medical error" is a professional error committed during a medical or pharmaceutical act, resulting in harm to the patient, which entails civil liability for medical personnel.[7] Thus, the law distinguishes between unintentional error, which entails civil liability, and negligent violation of medical care rules, which is classified as a crime.

Historically, the institution of medical liability was formed on the basis of civil law, which provides for compensation for harm caused by unlawful actions. The modern understanding of malpraxis is linked to the general trend of humanizing medicine and strengthening patients' rights.

---

[6] Bulcu, Adina Roxana. (2016, iulie 7). *Răspunderea pentru malpraxis în contextul noului Cod civil. Revista Universul Juridic.* Available at: https://revista.universuljuridic.ro/raspunderea-pentru-malpraxis-contextul-noului-cod-civil Accessed on 03.11.2025.

[7] *Legea privind drepturile şi responsabilităţile pacientului nr. 263-XVI din 27.10.2005.* Available at: https://www.legis.md/cautare/getResults?doc_id=107308&lang=ro. Accessed on 03.11.2025

In Moldova, the legal framework includes the Constitution, Law on Health Protection No. 411-XIII, Law on Patient Rights No. 263-XVI, Law on the Exercise of the Medical Profession No. 264-XVI, the Civil Code, the Criminal Code, the Contravention Code, and procedural codes. However, none of these regulations provides a comprehensive definition of malpraxis. Therefore, when analyzing the essence of the phenomenon, researchers turn to doctrinal sources, international recommendations, and judicial practice.

Distinguishing malpraxis from professional negligence is important for classifying the act. Professional negligence involves a gross violation of rules and regulations committed through carelessness and resulting in serious consequences. The article 213 of the Criminal Code of the Republic of Moldova ("Negligence in Violation of Rules and Methods of Providing Medical Care") establishes criminal liability for a physician or other healthcare professional for violating rules or methods of providing medical care that results in serious bodily harm or death to a patient.[8] The minimum threshold is serious bodily injury, which leaves out a significant portion of cases of substandard treatment that did not result in serious consequences. Thus, the concept of malpraxis is broader than the criminal law and includes both simple errors and criminal acts.

Classifying the forms of malpraxis is important for criminological analysis, allowing us to identify the most dangerous categories and their causal factors. Scientific literature distinguishes diagnostic, therapeutic, pharmaceutical, and organizational errors. A study of forensic medical examinations shows that the majority of defects relate to errors in diagnosis and treatment tactics. For example, a study by A. Pădure found that the incidence of defects ranged from 35% to 76%, with the majority of cases occurring in surgical specialties, especially surgery and obstetrics and – gynecology. The highest concentration of serious errors is recorded in intensive care units, operating rooms, and emergency departments.[9]

Diagnostic errors are associated with misinterpretation of the medical history, incomplete clinical examination, and underestimation of the severity of the condition. A study of the causes of these errors revealed that subjective factors – history assessment, clinical examination, and interpretation of paraclinical data – are the most common and outweigh objective factors, such as atypical disease progression.[10] Therapeutic errors include incorrect treatment selection, non-compliance with protocols, and incorrect dosages and technique. Pharmaceutical errors involve incorrect medication prescriptions, doses, and routes of administration, as well as violations of storage and dispensing regulations. Organizational errors include management deficiencies, overcrowded departments, equipment shortages, outdated technologies, staffing shortages, and poor communication within the team.

To develop preventive measures, it is important to determine the social profile of offenders and the motives for committing medical crimes. Research shows that offenses are primarily committed by highly qualified professionals working in overburdened conditions, experiencing stress and a lack of resources. In Moldova, the lack of a liability insurance system, a weak regulatory framework, and a low patient safety culture increase pressure on doctors. Motives for criminal acts can be twofold: economic (the desire to reduce costs, prescribe cheaper drugs), organizational (following administrative orders), psychological (fatigue, burnout), and corruption (rewarding patients for expedited treatment or prescribing specific drugs). Victims of medical crimes are often vulnerable , lack specialized knowledge, and are dependent on the qualifications of the doctor, which creates information asymmetries and increases the risk of abuse. Criminological analysis requires consideration of both the individual characteristics of the offender and systemic factors: lack of funding, staff shortages, bureaucratic barriers, and

---

[8] *Codul penal al Republicii Moldova nr. 985-XV din 18.04.2002.* Available at: https://www.legis.md/cautare/getResults?doc_id=121991&lang=ro. Accessed on 03.11.2025.

[9] Pădure, Andrei. (2013). *Riscurile de malpraxis medical în Republica Moldova. Sănătate Publică, Economie şi Management în Medicină*, nr. 1(46), pp. 16–20. Available at: https://ibn.idsi.md/ro/vizualizare_articol/22785#. Accessed on 03.11.2025.

[10] Ibidem.

inadequate quality control.

LEGAL FRAMEWORK FOR REGULATING MEDICAL LIABILITY IN MOLDOVA

The legal foundation of medical liability in Moldova is formed by several key acts. Law No. 411 of March 28th, 1995, on Health Protection establishes the general principles of health protection and guarantees the right to compensation for harm caused by violations of sanitary standards or illegal actions. The article 19 recognizes the patient's right to demand compensation from a medical institution in the event of non-compliance with treatment rules, the prescription of contraindicated medications, or the use of unlawful treatment methods resulting in death or permanent impairment of health. If illnesses or injuries are caused by violations of safety regulations (such as traffic rules), insurance authorities may recover the costs incurred from the culprits.[11]

The Law No. 263 of October 27, 2005 The Patient Rights and Responsibilities Act enshrines the fundamental principles of respect for dignity, the right to informed consent, and confidentiality. The document is focused on preserving the patient's life and health, respecting their cultural and religious values, and recognizing the patient as the primary participant in the decision-making process.[12] The law defines the concept of "medical error", provides for a system of guarantees, and establishes that patient rights legislation is based on the Constitution of the Republic of Moldova. (Constitution No. 1 of July 29th, 1994)[13] and Law No. 411 of March 28th, 1995 about health protection.[14]

The Law No. 264 of October 27th, 2005 about medical practice contain rules on licensing and admission to the profession, requirements for qualifications, the obligation of continuous training and compliance with the Code of Ethics of Medical Workers and Pharmacists (Government Resolution No. 192 of March 24th, 2017 on approval of the Code of Deontology (healthcare professional and pharmacist) requires health care professionals to act in good faith, maintain objective skepticism, and report their own or their colleagues' mistakes if they may affect the life and health of a patient.[15, 16]

The Criminal Code of the Republic of Moldova (Law No. 985 (April 18th, 2002) provides for liability for crimes against life and health. Article 213 establishes criminal liability for negligent violation of the rules and methods of providing medical care. A violation resulting in serious bodily harm is punishable by imprisonment for up to three years; if the patient dies, the punishment remains the same, but the court may deprive the offender of the right to hold certain positions for two to five years.[17] Critics note that the article is blanking in nature: it refers to other regulations, but the rules and methods themselves are often not codified, making it difficult to predict criminal liability.[18]

---

[11] *Legea privind ocrotirea sănătăţii nr. 411-XIII din 28.03.1995.* Available at: https://www.legis.md/cautare/getResults?doc_id=119465&lang=ro. Accessed on 03.11.2025.

[12] *Legea privind drepturile şi responsabilităţile pacientului nr. 263-XVI din 27.10.2005.* Available at: https://www.legis.md/cautare/getResults?doc_id=107308&lang=ro. Accessed on 03.11.2025

[13] *Constituţia Republicii Moldova nr. 1 din 29.07.1994.* Presidency of the Republic of Moldova. Available at: https://www.legis.md/cautare/getResults?doc_id=111918&lang=ro. Accessed on 03.11.2025.

[14] *Legea privind ocrotirea sănătăţii nr. 411-XIII din 28.03.1995.* Available at: https://www.legis.md/cautare/getResults?doc_id=119465&lang=ro. Accessed on 03.11.2025.

[15] ***,** *Hotărârea Guvernului nr. 192 din 24.03.2017 privind Codul deontologic al lucrătorului medical şi al farmacistului.* Available at: https://www.legis.md/cautare/getResults?doc_id=98572&lang=ro. Accessed on 03.11.2025.

[16] Council of Europe. (2019). *Ghidul integrităţii medicale din Republica Moldova.* Strasbourg: Consiliul Europei, 138 p. Available at: https://rm.coe.int/ghidul-integritatii-medicale-rom/16809838b4. Accessed on 03.11.2025.

[17] *Codul penal al Republicii Moldova nr. 985-XV din 18.04.2002.* Available at: https://www.legis.md/cautare/getResults?doc_id=121991&lang=ro. Accessed on 03.11.2025.

[18] Stati, Vitalie. (2019). *Încălcarea din neglijenţă a regulilor şi metodelor de acordare a asistenţei medicale, privită*

In addition to criminal liability, civil law norms of the Civil Code Republic of Moldova (Code No. 1107 of June 6th, 2002) regulate the institution of tort liability. Harm caused to health must be compensated in full; compensation includes treatment costs, lost earnings, additional expenses, and moral damages. Judicial practice is gradually developing criteria for assessing damages, focusing on international compensation standards. The Code of the Republic of Moldova on Contraventions (Code No. 218 of October 24th, 2008 on Contraventions) provides for administrative sanctions for violating sanitary norms and rules for the provision of medical care. Finally, Law No. 68 from April 14th, 2016 about forensic examination and status forensic expert regulates the activities of experts whose opinions play a key role in establishing a causal relationship between the actions of a physician and the resulting harm.

Moldova is a member European Convention on human rights (concluded in Rome on November 4th, 1950, amended and supplemented by Protocols Nos. 11 and 14, accompanied by the Additional Protocol and Protocols Nos. 4, 6, 7, 12 and 13). Article 2 of the Convention imposes a positive duty on the State to ensure a legislative and administrative framework that protects the lives of patients and to guarantee an effective judicial mechanism for establishing the cause of death and bringing those responsible to justice. The European Court of Human Rights has repeatedly considered cases of medical negligence. In the case of Scripnic v. Moldova, the Court found that insufficient compensation for non-pecuniary damage in cases of medical negligence violated Article 2 of the Convention.[19] Other decisions emphasize the need for a transparent investigation and procedural guarantees for the relatives of deceased patients.

In 2023, the World Health Organization and the Council of Europe presented a report on accountability systems and patient safety in Europe, which noted that a comprehensive compensation system should combine legal and insurance mechanisms, as well as a culture of transparency. The OECD, in its report "The Economics of Patient Safety" indicates that more than 12% of national healthcare spending is spent on addressing the consequences of unsafe care, with indirect losses reaching trillions of dollars.[20] These data confirm the need for economic measurement of harm and the development of effective compensation models.

Judicial practice in medical malpractice cases remains limited in Moldova. According to a journalistic investigation by Anticoruptie.md, in 2023–2024, only about ten final verdicts were issued in the country in cases of medical malpractice, with most of the sentences being suspended due to the expiration of the statute of limitations.[21] Court proceedings are protracted, and many cases are dismissed. The article cites the Stadnic-Corcodel case as an example: in 2021, a newborn died 11 hours after birth due to improper use of a vacuum extractor; a forensic examination established a direct causal link between the doctor's actions and the child's death.[22] Despite the severity of the consequences, such cases are isolated.

Another example is the verdict handed down in 2022 to a paramedic at a private medical facility. The paramedic misjudged the condition of a 67-year-old patient, failed to perform an electrocardiogram, gave general recommendations, and sent the patient home. A few hours later, the patient died of a myocardial infarction. The court found the paramedic guilty and sentenced

---

prin prisma Deciziei Curții Constituționale nr. 44/2018. Studia Universitatis Moldaviae, nr. 3(123), Seria „Științe sociale", p. 82–93. Available at: https://social.studiamsu.md/wp-content/uploads/2019/01/10.-p.82-93.pdf. Accessed on 03.11.2025.

[19] European Court of Human Rights (ECHR-KS). (2025, August 31). *Key Theme – Article 2: Medical negligence.* Strasbourg: ECHR Knowledge Sharing Platform. Available at: https://ks.echr.coe.int/documents/d/echr-ks/medical-negligence. Accessed on 03.11.2025.

[20] OECD. (2022). *The economics of patient safety: From analysis to action.* Paris: OECD Publishing. Available at: https://doi.org/10.1787/761f2da8-en. Accessed on 03.11.2025.

[21] Anticoruptie.md. (2024, 8 august). *Justiție cu suspendare: adevărul din spatele dosarelor de malpraxis.* Available at: https://anticoruptie.md/ro/investigatii/justitie/justitie-cu-suspendare-adevarul-din-spatele-dosarelor-de-malpraxis. Accessed on 03.11.2025.

[22] Ibidem.

him to two years' probation and a ban on practicing medicine for five years.[23] The case showed that forensic – examination played a decisive role in establishing the cause of death and evidence of guilt.

The number of civil lawsuits and complaints is also growing. The scope of liability is expanding due to the implementation of the mandatory health insurance system. In 2020, CNAM received 509 complaints, many concerning inaccurate diagnoses and treatments.[24] Law No. 263 of October 27th, 2005 on the rights and responsibilities of the patient provides for mediation and the right to compensation, but in practice, patients are forced to resort to court, as alternative settlement methods are virtually non-existent. Journalist Irina Papuk notes that the Ministry of Health proposed creating a mediation system within the College of Physicians, copying the Romanian model, but this model is ineffective and shifts costs onto patients. Experts propose using hybrid models (negotiations, neutral assessment) based on insurer participation, which will reduce the number of lawsuits and compensate for damages more quickly.[25]

ECONOMIC AND CRIMINOLOGICAL ANALYSIS OF DAMAGE

The damage caused by medical crimes is complex. It includes tangible and intangible components, direct and indirect losses, and individual and societal consequences. Tangible damages include the costs of treating complications, rehabilitation, medications, prosthetics, care, and lost earnings. Intangible damages include physical and mental suffering, loss of ability to work, reduced quality of life, and emotional distress for the patient and their loved ones. Indirect losses include lost profits (years of life lost, lost income), reduced productivity, and decreased trust in healthcare.

International research allows us to quantify the scale of the problem. An OECD report shows that over 12% of national healthcare expenditures, on average, are spent on addressing the consequences of unsafe medical care, with cumulative indirect costs reaching trillions of dollars.[26] The World Health Organization adds that medical errors slow global economic growth by 0.7% annually.[27] For comparison, the *Society of Actuaries* (USA) estimated the cost of medical errors in 2008 at $19.5 billion: $17 billion in direct medical costs, $1.4 billion in premature mortality losses, and $1.1 billion in lost productivity, with 2,500 excess deaths recorded.[28] These figures give an idea of the scale of harm that can occur when extrapolated to national health systems.

Under Moldovan conditions, harm assessment is hampered by a lack of statistics and methodology. According to the Center for Forensic Medicine, approximately 48% of defects are due to human error, 33% to organizational deficiencies, and 5.4% to delayed emergency assistance. The study also shows that patients are more likely to file complaints about ethical and

---

[23] Procuratura municipiului Chișinău. (2024, 26 decembrie). *Felcer din Chișinău, condamnat pentru malpraxis.* Available at: https://www.procuratura.md/stiri-si-mass-media/comunicate-de-presa/felcer-din-chisinau-condamnat-pentru-malpraxis-incalcarea. Accessed on 03.11.2025.

[24] Stiri.md. (2021, 6 mai). *Câte plângeri au depus pacienții din R. Moldova la CNAM în 2020.* Available at: https://stiri.md/article/social/cate-plangeri-au-depus-pacientii-din-r-moldova-la-cnam-in-2020/. Accessed on 03.11.2025.

[25] Papuc, I. (2014, 24 iulie). *Ce soluţii are Moldova pentru medicii şi pacienţii care nu trebuie să ajungă în instanţa de judecată.* Available at: https://www.sanatateinfo.md/News/Item/2748. Accessed on 03.11.2025.

[26] OECD. (2022). *The economics of patient safety: From analysis to action.* Paris: OECD Publishing. Available at: https://doi.org/10.1787/761f2da8-en. Accessed on 03.11.2025.

[27] World Health Organization. (2024). *Global patient safety report 2024.* Geneva: WHO. Available at: https://www.who.int/publications/i/item/9789240095458. Accessed on 03.11.2025.

[28] Shreve, Jon., Van den Bos, Jill., Gray, Travis., Halford, Michael., Rustagi, Karan., & Ziemkiewicz, Eva. (2010). *The economic measurement of medical errors.* Sponsored by the Society of Actuaries' Health Section. Prepared by Milliman, 75 p. Available at: http://www.soa.org/globalassets/assets/files/research/projects/research-econ-measurement.pdf. Accessed on 03.11.2025.

communication issues than about actual medical errors.[29] Thus, to fully understand the damage, it is necessary to consider not only the material costs but also the social context.

Assessing harms is an interdisciplinary task requiring the participation of economists, lawyers, medical experts, and statisticians. In civil law, compensation for damages is based on the principle of full compensation: actual expenses, lost profits, and moral damages are reimbursed. When calculating material damages, economic and – statistical methods are used, taking into account the cost of medical services, average wages, and discount factors. Direct costs are calculated based on bills for treatment, rehabilitation, and care; indirect costs are calculated based on lost years of working capacity. Non-material damages are assessed by experts, taking into account the severity of suffering and the duration of rehabilitation.

Forensic – medical examinations play a crucial role. Only an expert opinion can establish a causal link between a doctor's actions and the resulting harm. The Law on Forensic Examinations stipulates that the expert is obligated to assess the compliance of doctors' actions with existing standards and protocols. However, an analysis of Article 213 of the Criminal Code reveals that many rules and methods are not codified, which reduces the predictability of punishment and creates the risk of arbitrary decisions.[30] Therefore, Moldova needs standardized treatment protocols approved by the Ministry of Health and published for public review so that doctors know the requirements and experts can rely on the regulations.

Medical crimes have a systemic impact on the economy. At the healthcare budget level, expenses for compensation and treatment of complications reduce resources allocated for prevention and medical development. With limited funding, any additional burden leads to decreased access to services. At the insurance company level, claims payments increase, which can lead to higher premiums and a decrease in the financial sustainability of the system.

The societal consequences are less obvious but no less significant. A loss of trust in healthcare institutions reduces citizens' willingness to seek preventive care, which exacerbates chronic diseases and increases future costs. In Moldova, where a significant portion of the population works abroad, loss of work capacity due – to medical errors leads to direct losses in transfers and a decline in economic activity. The psychological factor – fear of medicine – contributes to the growth of the informal sector (home treatment, self-medication) and undermines the compulsory insurance system. Therefore, the prevention of crime and medical errors has socioeconomic significance that extends beyond individual cases.

EMPIRICAL RESEARCH (ON THE EXAMPLE OF THE REPUBLIC OF MOLDOVA)

There is little reliable official data on the number of medical crimes in Moldova. According to a study by Medical Malpraxis Risks in the Republic of Moldova (A. Pădure), the frequency of medical errors varies in different sources between 35% and 76%, with the majority of cases occurring in surgical specialties, and serious consequences most often occurring in intensive care units and during emergency operations.[31] A study by the Center for Forensic Medicine found that 48% of defects were due to human error, 33% to organizational factors (lack of equipment, overload, lack of standardized protocols), and 5.4% to delayed assistance.[32]

---

[29] Pădure, Andrei. (2014). *Deficiențele asistenței medicale cu profil chirurgical sub aspect medico-legal.* Chișinău: Editura Medicina, 236 p.

[30] Stati, Vitalie. (2019). *Încălcarea din neglijenţă a regulilor şi metodelor de acordare a asistenței medicale, privită prin prisma Deciziei Curţii Constituţionale nr. 44/2018. Studia Universitatis Moldaviae*, nr. 3(123), Seria „Științe sociale", p. 82–93. Available at: https://social.studiamsu.md/wp-content/uploads/2019/01/10.-p.82-93.pdf. Accessed on 03.11.2025.

[31] Pădure, Andrei. (2013). *Riscurile de malpraxis medical în Republica Moldova. Sănătate Publică, Economie şi Management în Medicină*, nr. 1(46), pp. 16–20. Available at: https://ibn.idsi.md/ro/vizualizare_articol/22785#. Accessed on 03.11.2025.

[32] Pădure, Andrei. (2014). *Deficiențele asistenței medicale cu profil chirurgical sub aspect medico-legal.* Chișinău:

Judicial statistics for the period 2015-2025 show a small number of criminal cases. Journalists note that in 2023-2024, approximately ten final decisions were made, most of them suspended sentences.[33] Courts often dismiss cases due to the expiration of the statute of limitations or reconciliation of the parties. This is due to the difficulty of proving guilt, the lengthy nature of expert examinations, and legislative shortcomings.

On the administrative level, the number of complaints is growing: in 2020, 509 complaints were received, of which 116 concerned the quality of medical services, provision of medications, and unjustified payments.[34] Thus, formal statistics do not reflect the actual frequency of violations. Many patients do not file complaints due to mistrust of the system, lack of information about their rights, and the complexity of the procedure.

To illustrate the specifics of Moldovan practice, let's look at several cases. The first is *Stadnic-Corcodel* (2021). The parents of a newborn filed a complaint against an obstetrician who used a vacuum extractor with excessive force during the birth. A forensic examination determined that the child suffered a severe head injury and died 11 hours after birth. The investigation lasted several years, but the case went to court, which is an exception. This case demonstrated that the current system does not allow for a rapid response to errors and the protection of patients' rights.[35]

The second case involves a paramedic at a private medical center. An elderly patient presented with chest pain. The paramedic failed to perform an electrocardiogram (EKG), gave general recommendations, and then dismissed the patient. A few hours later, the patient died of a heart attack. An examination showed a direct link between the insufficient examination and the patient's death. The court sentenced him to two years' probation and a five-year ban on practicing medicine.[36] The case highlights the importance of adhering to diagnostic standards even when using private services.

A comparison of these cases shows that successful prosecution requires: a) clear protocols outlining the rules for providing care; b) timely examinations; and c) transparency in the operations of medical institutions. Without these conditions, most violations remain outside the criminal purview.

The sociological component of the malpraxis study involves examining the perceptions of responsibility among healthcare workers, patients, and lawyers. A number of surveys were conducted in the republic, including a study by A. Pădure, where surgeons were surveyed. The results showed that many doctors are poorly aware of the law and patient rights, underestimate legal risks, and believe that errors are primarily due to objective factors.[37] Patients, on the other hand, often perceive medical errors as a consequence of negligence and demand compensation. A lack of transparency in informing patients about the risks of procedures exacerbates conflict.

Lawyers note that patients rarely use mediation or arbitration. The Ministry of Health's proposed mediation model under the College of Physicians has been criticized: it copies the Romanian model, fails to protect patients, requires payment for expert assessments, and

---

Editura Medicina, 236 p.

[33] Anticoruptie.md. (2024, 8 august). *Justiţie cu suspendare: adevărul din spatele dosarelor de malpraxis.* Available at: https://anticoruptie.md/ro/investigatii/justitie/justitie-cu-suspendare-adevarul-din-spatele-dosarelor-de-malpraxis. Accessed on 03.11.2025.

[34] Stiri.md. (2021, 6 mai). *Câte plângeri au depus pacienţii din R. Moldova la CNAM în 2020.* Available at: https://stiri.md/article/social/cate-plangeri-au-depus-pacientii-din-r-moldova-la-cnam-in-2020/. Accessed on 03.11.2025.

[35] Anticoruptie.md. (2024, 8 august). *Justiţie cu suspendare: adevărul din spatele dosarelor de malpraxis.* Available at: https://anticoruptie.md/ro/investigatii/justitie/justitie-cu-suspendare-adevarul-din-spatele-dosarelor-de-malpraxis. Accessed on 03.11.2025.

[36] Procuratura municipiului Chișinău. (2024, 26 decembrie). *Felcer din Chișinău, condamnat pentru malpraxis.* Available at: https://www.procuratura.md/stiri-si-mass-media/comunicate-de-presa/felcer-din-chisinau-condamnat-pentru-malpraxis-incalcarea. Accessed on 03.11.2025.

[37] Pădure, Andrei. (2013). *Riscurile de malpraxis medical în Republica Moldova. Sănătate Publică, Economie şi Management în Medicină*, nr. 1(46), pp. 16–20. Available at: https://ibn.idsi.md/ro/vizualizare_articol/22785#. Accessed on 03.11.2025.

contradicts the principles of independence. Experts propose a hybrid model of neutral assessment: an independent body analyzes the complaint, provides an expert opinion, and offers compensation financed by the insurance company. This model reduces the burden on the courts and expedites the compensation process.[38]

MECHANISMS FOR PREVENTING AND MINIMIZING DAMAGE

One effective harm reduction tool is a professional liability insurance system. Most European countries have mandatory insurance, which allows for compensation costs to be covered without bankrupting medical institutions. In Moldova, however, the law does not require doctors to have insurance. Analysts note that the introduction of a law on malpractice and mandatory insurance will fill the legal vacuum and clearly define the responsibilities of the parties.[39] Insurance provides financial protection for doctors and ensures prompt payments to patients. It is important that insurance premiums take into account the risk profile of their specialties and encourage the implementation of risk management programs.

Legislative improvements should include the adoption of a specific law on medical liability. The law should codify the concept of malpraxis, provide mandatory treatment standards, and investigative procedures. The blanking nature of Article 213 of the Criminal Code should be eliminated by developing a catalog of "rules and methods" for providing care. Liability gradations should be provided based on the severity of the consequences and the degree of culpability, and administrative and disciplinary measures should be introduced for minor violations. Amendments should also be made to the Civil Code: methods for calculating damages should be clarified and tables for assessing moral damages should be included.

At the same time, it is necessary to adopt bylaws regulating the activities of expert commissions, documentation standards, informed consent protocols, and the procedure for providing medical information. Wider application of international standards (Council of Europe directives, WHO recommendations) will improve the quality of regulation. Finally, an independent body (for example, within the National Agency for Assessment and Accreditation in Healthcare) should be established to review complaints, conduct a neutral assessment, and recommend compensation.[40]

Preventing medical crimes requires developing a safety culture. Education plays a key role: training and continuing education programs should include courses on medical law, ethics, patient communication, and risk management. A code of ethics requires healthcare professionals to exercise caution, exercise objective skepticism, and report their own and others' mistakes.[41] However, in practice, doctors often fear the consequences of admitting an error. To change the culture, educational campaigns focused on analyzing and preventing errors, rather than assigning blame, are needed.

Digitalization is another important element. Electronic medical records, electronic medication prescribing systems, and quality control protocols can reduce errors due to poor documentation or human error. The introduction of electronic systems will ensure transparency, timely information transfer, and monitoring of protocol compliance. The use of telemedicine and artificial intelligence to support clinical decisions also reduces the risk of diagnostic and therapeutic errors, but requires clear liability and data protection policies.

---

[38] Papuc, I. (2014, 24 iulie). *Ce soluţii are Moldova pentru medicii şi pacienţii care nu trebuie să ajungă în instanţa de judecată.* Available at: https://www.sanatateinfo.md/News/Item/2748. Accessed on 03.11.2025.

[39] Gugulan, Evghenia, & Cazacu, Florin. (2024). *Insurance for Medical Malpractice in the Republic of Moldova – Perspectives, Challenges, Solutions. European Journal of Law and Public Administration*, 11(2), 158–168. Available at: DOI: https://doi.org/10.18662/eljpa/11.2/239. Accessed on 03.11.2025.

[40] Papuc, I. (2014, 24 iulie). *Ce soluţii are Moldova pentru medicii şi pacienţii care nu trebuie să ajungă în instanţa de judecată.* Available at: https://www.sanatateinfo.md/News/Item/2748. Accessed on 03.11.2025.

[41] Council of Europe. (2019). *Ghidul integrităţii medicale din Republica Moldova.* Strasbourg: Consiliul Europei, 138 p. Available at: https://rm.coe.int/ghidul-integritatii-medicale-rom/16809838b4. Accessed on 03.11.2025.

CONCLUSION

An economic and criminological analysis of medical crimes and malpraxis in the Republic of Moldova revealed a complex interplay between legal, organizational, and economic factors. The lack of a specific law on malpraxis, the blanking nature of Article 213 of the Criminal Code, and the insufficient codification of medical standards create legal uncertainty. Judicial practice shows that only a few cases reach a verdict, and most complaints remain unanswered. The economic component is often ignored, despite international studies demonstrating colossal direct and indirect losses from unsafe medical care.[42] Moldova is seeing a rise in patient complaints and dissatisfaction, undermining trust in the healthcare system.

A systematic approach to assessing damages requires a combination of legal, economic, and ethical measures. On the one hand, it is necessary to adopt a special law on medical liability, implement mandatory insurance, and create an independent body for the neutral assessment of complaints. On the other hand, a culture of safety must be developed: improved education, the implementation of electronic systems and protocols, and the encouragement of open discussion of errors. Preventing medical crimes is impossible without the participation of the state, the professional community, and society.

Future research opportunities include developing an "economic – criminological index of medical risk" model that would allow for quantitative assessment of risk levels in specific institutions and regions, taking into account organizational, personnel, and economic indicators. Such an index could serve as a tool for distributing insurance rates, assessing the effectiveness of prevention programs, and strategic planning in healthcare.

REFERENCES

a. Books and articles

1. Betsy Lehman Center for Patient Safety. (2019). *The financial and human cost of medical error and how Massachusetts can lead the way on patient safety.* Boston: Betsy Lehman Center for Patient Safety, 40 p. Available at: https://www.betsylehmancenterma.gov/assets/uploads/Cost-of-Medical-Error-Report-2019.pdf. Accessed on 03.11.2025.
2. Bulcu, Adina Roxana. (2016, iulie 7). *Răspunderea pentru malpraxis în contextul noului Cod civil. Revista Universul Juridic.* Available at: https://revista.universuljuridic.ro/raspunderea-pentru-malpraxis-contextul-noului-cod-civil Accessed on 03.11.2025.
3. Council of Europe. (2019). *Ghidul integrității medicale din Republica Moldova.* Strasbourg: Consiliul Europei, 138 p. Available at: https://rm.coe.int/ghidul-integritatii-medicale-rom/16809838b4. Accessed on 03.11.2025.
4. Gugulan, Evghenia, & Cazacu, Florin. (2024). *Insurance for Medical Malpractice in the Republic of Moldova – Perspectives, Challenges, Solutions. European Journal of Law and Public Administration*, 11(2), 158–168. Available at: DOI: https://doi.org/10.18662/eljpa/11.2/239. Accessed on 03.11.2025.
5. OECD. (2022). *The economics of patient safety: From analysis to action.* Paris: OECD Publishing. Available at: https://doi.org/10.1787/761f2da8-en. Accessed on 03.11.2025.
6. Pădure, Andrei. (2013). *Riscurile de malpraxis medical în Republica Moldova. Sănătate Publică, Economie şi Management în Medicină*, nr. 1(46), pp. 16–20. Available at: https://ibn.idsi.md/ro/vizualizare_articol/22785#. Accessed on 03.11.2025.
7. Pădure, Andrei. (2014). *Deficiențele asistenței medicale cu profil chirurgical sub aspect medico-legal.* Chișinău: Editura Medicina, 236 p.

[42] OECD. (2022). *The economics of patient safety: From analysis to action.* Paris: OECD Publishing. Available at: https://doi.org/10.1787/761f2da8-en. Accessed on 03.11.2025.

8. Shreve, Jon., Van den Bos, Jill., Gray, Travis., Halford, Michael., Rustagi, Karan., & Ziemkiewicz, Eva. (2010). *The economic measurement of medical errors.* Sponsored by the Society of Actuaries' Health Section. Prepared by Milliman, 75 p. Available at: http://www.soa.org/globalassets/assets/files/research/projects/research-econ-measurement.pdf. Accessed on 03.11.2025.
9. Stati, Vitalie. (2019). *Încălcarea din neglijenţă a regulilor şi metodelor de acordare a asistenţei medicale, privită prin prisma Deciziei Curţii Constituţionale nr. 44/2018. Studia Universitatis Moldaviae*, nr. 3(123), Seria „Științe sociale", p. 82–93. Available at: https://social.studiamsu.md/wp-content/uploads/2019/01/10.-p.82-93.pdf. Accessed on 03.11.2025.
10. World Health Organization. (2024). *Global patient safety report 2024.* Geneva: WHO. Available at: https://www.who.int/publications/i/item/9789240095458. Accessed on 03.11.2025.

b. Legislation

11. *, *Constituţia Republicii Moldova nr. 1 din 29.07.1994.* Presidency of the Republic of Moldova. Available at: https://www.legis.md/cautare/getResults?doc_id=111918&lang=ro. Accessed on 03.11.2025.
12. *, *Codul civil al Republicii Moldova nr. 1107-XV din 06.06.2002.* Available at: https://www.legis.md/cautare/getResults?doc_id=112573&lang=ro. Accessed on 03.11.2025.
13. *, *Codul penal al Republicii Moldova nr. 985-XV din 18.04.2002.* Available at: https://www.legis.md/cautare/getResults?doc_id=121991&lang=ro. Accessed on 03.11.2025.
14. *, *Legea privind drepturile şi responsabilităţile pacientului nr. 263-XVI din 27.10.2005.* Available at: https://www.legis.md/cautare/getResults?doc_id=107308&lang=ro. Accessed on 03.11.2025.
15. *, *Legea privind exercitarea profesiei de medic nr. 264-XVI din 27.10.2005.* Available at: https://www.legis.md/cautare/getResults?doc_id=133165&lang=ro. Accessed on 03.11.2025.
16. *, *Legea privind ocrotirea sănătăţii nr. 411-XIII din 28.03.1995.* Available at: https://www.legis.md/cautare/getResults?doc_id=119465&lang=ro. Accessed on 03.11.2025.
17. *, *Hotărârea Guvernului nr. 192 din 24.03.2017 privind Codul deontologic al lucrătorului medical şi al farmacistului.* Available at: https://www.legis.md/cautare/getResults?doc_id=98572&lang=ro. Accessed on 03.11.2025.
18. * European Court of Human Rights (ECHR-KS). (2025, August 31). *Key Theme – Article 2: Medical negligence.* Strasbourg: ECHR Knowledge Sharing Platform. Available at: https://ks.echr.coe.int/documents/d/echr-ks/medical-negligence. Accessed on 03.11.2025.

c. Electronic Publications on the Internet

19. Anticoruptie.md. (2024, 8 august). *Justiţie cu suspendare: adevărul din spatele dosarelor de malpraxis.* Available at: https://anticoruptie.md/ro/investigatii/justitie/justitie-cu-suspendare-adevarul-din-spatele-dosarelor-de-malpraxis. Accessed on 03.11.2025.
20. Papuc, I. (2014, 24 iulie). *Ce soluţii are Moldova pentru medicii şi pacienţii care nu trebuie să ajungă în instanţa de judecată.* Available at: https://www.sanatateinfo.md/News/Item/2748. Accessed on 03.11.2025.
21. Procuratura municipiului Chișinău. (2024, 26 decembrie). *Felcer din Chișinău, condamnat pentru malpraxis.* Available at: https://www.procuratura.md/stiri-si-mass-media/comunicate-de-presa/felcer-din-chisinau-condamnat-pentru-malpraxis-incalcarea. Accessed on 03.11.2025.
22. Stiri.md. (2021, 6 mai). *Câte plângeri au depus pacienţii din R. Moldova la CNAM în 2020.* Available at: https://stiri.md/article/social/cate-plangeri-au-depus-pacientii-din-r-moldova-la-cnam-in-2020/. Accessed on 03.11.2025.

23. Ziarul de Gardă. (2022, 23 iulie). *Cazurile de malpraxis. Cum ne protejăm?* Available at: https://www.zdg.md/video/infoteca-drepturilor-cazurile-de-malpraxis-cum-ne-protejam/ Accessed on 03.11.2025.