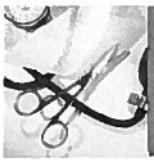

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general statements (Ruhnke et al. (2000) Questionnaire). The clinical cases are designed to explore the attitude issues relating to patient autonomy, family involvement and the doctors' authority in these cases.
Results: The survey included 185 nurses. Approximately 43% of the nurses had a strong tendency towards patients' autonomy with low regard towards the family and/or the doctors' authority. A significant association was found between the nurses seniority and the tendency towards patients' autonomy (P=0.0046). Regard for patient autonomy was higher among secular nurses compared to religion ones (P=0.0368). Family authority in these matters was considered significantly higher among Arab nurses compared to Jewish nurses (P=0.0389). Doctor authority was deemed significantly higher by senior nurses (P=0.0161).
Conclusion: Novice nurses tend to consider the patient as the sole authority regarding his medical decisions. Family authority was perceived as a crucial factor by Arab and religious nurses (of all ethnical spectrums).

THE BIOETHICS OF COMPULSORY TREATMENT DETERMINED BY A COURT ORDER

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Are there ever circumstances under which people should be deprived of their liberty and subjected, without their consent, to psychiatry treatment? The Brazilian law allows people who are supposedly making use of psychoactive substances in a harmful way to be hospitalized by a court order. An important aspect to be considered is that in this country any person may request the hospitalization as well as it can be determined in some circumstances only by a judge decision. The judge may take the decision even without an evaluation of a mental health team. From the standpoint of bioethics here, we have a dilemma that mainly involves the principles of beneficence and autonomy. Principles which should always be considered in situations where there is a disagreement between what a health professionals or others disagree with the patient decision. We also should consider that such kind of treatment although very beneficial for some, will not be of any help for a few, only partially effective for many, and may even harm some of them. In this paper, we will address the issue focus based on a principialist point of view and analyzing situations where there were a court order for hospitalization without the patient consent.

DERMATOLOGICAL ETHICAL PROBLEMS OF PERSONALIZED MEDICINE

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As personalized medicine is based on a genetic typing of patients, its development actualizes the bioethical problems of genetic technologies, caused by the special nature of genetic information. Population survey and interviews with the patients dermatological practice evidences of high significance for them confidentiality of genetic information, only a tenth of the population is indifferent to the principle of confidentiality. The special nature of genetic information produces another ethical dilemma: the conflict between principle of respect for autonomy and principle of «do no harm». It's important to develop the procedure of ethical review cases when it is necessary to violate the privacy of a patient without his consent to the notification of his family members are potentially exposed to the risk of disease. So the technology implementation of personalized medicine will exacerbate many ethical issues in the clinic. Therefore it is necessary to develop effective ethical and legal ways of their resolution until promising scientific developments are transformed into everyday clinical practice. We believe that it is necessary to supplement the Basic educational program in the specialty "medical business" and programs of post-graduate training dermatologists themes for personalized medicine, genetic testing and pharmacokinetics, to Supplement regional programs of development of health issues, raise awareness of the population about personalized medicine.

THE ITALIAN INFORMATION SYSTEM FOR MONITORING ERRORS IN HEALTHCARE

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The Italian Government, through the Decree of the Ministry of Labor, Health and Social Policies of the 11.12.2009, instituted an information system for errors in Healthcare. It is agreed upon that in the healthcare environment this system of recognizing and signaling errors is the base for prevention and improvement of the system. In fact, in the past few years, units for clinical risk management have been created in our general hospitals. Nevertheless, signaling errors has always been seen as a taboo; a good example would be Ernest A Codman, one of the founders of the American College of Surgeons, who was ostracized by his colleagues for the preciseness with which he recorded damages caused to the patients by surgery. Security for patients and clinical risk management are critical points for all clinical systems, in fact, the complexity of the clinical organizations, the high level of technology and the increased amount of services provided are intrinsic factors of the system and can increase the possibility of errors occurring with adverse consequences for the patients. It is evident that error and the possibility of an incident can't be fully eliminated, but all possible measures must be taken so that they can be controlled, and most of all, reduced to a minimum.
Since in Italy there is a regionalization (devolution) of the National Healthcare System that becomes the Regional Healthcare System, which as a consequence each Region must set forth the laws issued by the National Legislator, the Authors will discuss the implementation of the Information System for monitoring errors in Healthcare in the Lazio Region.

LAWSUITS RELATED TO THE HEALTH IN BRAZIL – A TRULY "FACTORY" OF INDEMNIFICATION FOR MORAL DAMAGES

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In the past 10 years the lawsuits related to the health area have increased more than 200%, reaching the record level of 241 thousand claims in Brazil. The State of Rio Grande do Sul alone accounts for almost half of the Brazilian legal cases, being the state with the far most lawsuits involving health in the country.