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FEATURES OF THE USE OF SPECIALIZED KNOWLEDGE IN THE INVESTIGATION OF MEDICAL CRIMES IN THE CONTEXT OF THE DIGITAL TRANSFORMATION OF SOCIETY

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Modern healthcare faces the issue of criminal law evaluation of medical errors and crimes committed by healthcare professionals in the digital era. This article explores the methodological foundations of the forensic analysis of such acts, justifies the selection of normative and empirical sources, and clarifies the conceptual framework. It analyzes digital risks – ethical (patient data confidentiality), procedural (collection and admissibility of electronic evidence), and technological (manipulation of medical records, equipment failures). The study reviews foreign experience in mitigating criminal repression for unintentional medical errors (decriminalization, legal reforms, institutional quality audits) and its significance for Moldova. The specific Moldovan context is highlighted: legal framework, statistics and practice of investigating medical crimes, and the level of digitalization of the healthcare system. Conclusions and recommendations are formulated to improve investigative methodology, taking into account best practices and digital realities.

Keywords: *medical crimes; forensic analysis; digital environment; malpractice; ethical and procedural risks.*

Introduction

Maintaining the health of citizens is a priority for the state, but errors and negligent actions by healthcare workers can result in serious harm or death to patients. Such cases can lead to criminal liability, posing a challenging task for law enforcement agencies: investigating "medical crimes" (acts committed by healthcare workers in the line of duty that result in criminal consequences) without undermining the healthcare system. This issue is particularly relevant in the context of the digitalization of medicine: the widespread adoption of electronic medical records, telemedicine, and high-tech equipment is fundamentally changing both the nature of medical practice and the methods for recording

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evidence and committing offenses. The digital environment offers new investigative opportunities—from electronic physician activity logs to audio and video materials—but also creates new risks (for example, unauthorized data modification and difficulties in maintaining confidentiality). At the same time, a worldwide debate is underway regarding the limits of criminal repression for medical errors: there is a growing understanding that an overly harsh approach could lead to the concealment of errors and a deterioration in the quality of care. Therefore, a number of countries are proposing models for decriminalizing unintentional medical misconduct.

Thus, there is a need for a comprehensive scientific analysis of the specifics of investigating medical crimes in modern realities.

Aim

The purpose of this study is to identify the specifics of forensic analysis of medical crimes in the digital environment and develop recommendations for improving their investigation methods. This goal will be achieved by substantiating the methodology and principles of source selection, analyzing the impact of digitalization and associated risks on medical crime investigations, critically reviewing international response models, examining Moldovan legislation and law enforcement practices, and formulating practical recommendations based on international experience and digital realities.

Materials and Methods

The study relies on a wide range of sources and a combination of general scientific and specialized methods. The regulatory framework includes the Criminal Code of the Republic of Moldova, related laws (on healthcare, patients' rights, personal data protection, etc.), departmental regulations, as well as international legal acts and standards related to medical errors and digital evidence. Moldovan judicial practice (data from prosecutors and journalistic investigations) and statistics on cases in this category in comparable jurisdictions are analyzed. Empirical sources include scientific publications in Russian, Romanian, and English, including the latest research (2019–2024) in the fields of medical law, forensics, and bioethics, as well as materials from international organizations (WHO, the International Council of Nurses, etc.).

The methodological basis of the study is a dialectical approach, allowing us to examine the research object in its interrelationship with legal, social, and technological aspects. We utilized a comparative legal method (to compare international models of holding medical professionals accountable and preventing errors), a formal legal method (to analyze legislation and law enforcement), a statistical method (to process quantitative data on malpraxis cases), and content analysis (to examine journalistic and academic texts on the topic). To ensure the reliability of the findings, we employed an expert assessment method,

taking into account the opinions of relevant specialists (doctors, lawyers, and criminologists) from the literature and interviews.

An important step was the operationalization of concepts. Within the framework of this work, "medical crimes" were defined as criminally punishable acts committed by medical workers while providing medical care (both intentional and negligent) – including causing death and serious bodily harm through negligence, improper performance of professional duties, as well as other medical offenses (e.g., illegal termination of pregnancy, organ trafficking, abuse of authority in healthcare, etc., in accordance with chapters of the Criminal Code). The concept of "forensic analysis" implies the study of the forensic characteristics of such crimes – a set of information about their typical features (modus operandi, context, identity of the perpetrator and victim, mechanism of consequences, characteristics of trace patterns and evidence, etc.). Forensic characteristics serve as the basis for the development of investigative methods, as they contain the features necessary for settling a specific type of crime. The work clarified how the elements of this characteristic are applied to crimes committed by medical workers. In addition, it was necessary to clarify the term "digital environment" in relation to the investigation – it is understood as a set of digital technologies and information systems used in the healthcare sector (electronic medical records, databases, communication platforms, medical equipment with digital modules, etc.), which influence the commission of crimes and the process of collecting evidence.

The rationale for selecting sources is based on the goal of obtaining diverse and relevant data. Emphasis is placed on the latest research reflecting the current state of the problem and on official data from Moldovan practice, allowing for consideration of national specifics. International experience was selected with a view to representativeness across various models (countries with a traditional criminal law paradigm versus countries implementing reforms to decriminalize malpraxis). A systems approach was used in interpreting the collected data, considering both legal aspects (legal norms, court decisions) and the organizational and ethical context (patient safety culture, the role of the professional community). This comprehensive methodological approach ensured the reliability and scientific novelty of the findings.

Results and Discussion

1. Forensic Characteristics of Medical Crimes and Their Specificity

Crimes committed in the medical field have a number of unique characteristics that influence the course of their investigation. First and foremost, they are characterized by a specific subject-an individual with professional medical status (usually a physician, less commonly a nursing professional). Most such cases involve negligent harm caused in the performance of professional duties (i.e., medical errors); less common are intentional

crimes (e.g., organ trafficking, issuing forged certificates). Typical defendants in criminal cases of improper care include physicians in the most risky specialties - obstetricians/gynecologists, surgeons, and anesthesiologists/resuscitators [1] - since complex interventions and obstetrics require the utmost attention and a high level of skill. From a practical standpoint, it should be taken into account that suspects in such cases often hold high positions (chief physicians, department heads) [2], which can influence the course of the investigation (administrative resources, corporate solidarity). At the same time, the range of victims covers a wide spectrum of patients – from newborns (obstetric cases) to the elderly; both sexes are at risk, although women have a specific vulnerability associated with reproductive risks (errors during pregnancy and childbirth).

Medical crimes are typically committed through action-inappropriate medical intervention, prescribing inappropriate treatment, or allowing substandard equipment. Criminal omissions (for example, failure to take action when a condition worsens, refusal to provide assistance) are less common, although the law also provides for liability for failure to provide assistance to a patient (Article 124 of the Criminal Code of the Republic of Moldova) [3]. A significant feature is the complex nature of causality: adverse consequences (harm to health or death of the patient) often do not occur immediately, but rather as a result of a chain of events-an erroneous diagnosis, the selection of an inappropriate treatment strategy, or the side effects of medications. This complicates establishing the direct culpability of a specific healthcare professional, as it is necessary to differentiate where the acceptable risk of complex treatment ends and criminal negligence begins.

The trace evidence for medical crimes has a specific form. Material traces include medical documents (medical history, test results, instrument records), physical evidence (medical devices, medications), and sometimes biological objects. Ideal traces-testimonies from victims and witnesses (for example, colleagues present during a surgery)-play a significant role. However, the key factor is almost always the forensic medical examination, which establishes the disrespect of treatment standards and the causal link between the doctor’s actions and the harm caused. Without expert confirmation, charges are generally impossible. Moreover, as researchers note, the vast majority of crimes in this category are difficult to prove [2]. The reasons include the complexity of medical matters, the absence of direct intentional actions, and corporate solidarity: medical experts are sometimes inclined to protect their colleagues, softening their conclusions. As a result, many criminal cases do not reach trial or end in acquittal due to a lack of evidence of the doctor's true guilt.

Nevertheless, the problem of harm to patients remains acute. According to the World Health Organization, medical errors are one of the leading causes of death and damage to health worldwide. Some countries have seen a sharp increase in criminal cases against medical professionals. This is due to both increasing patient demands for quality services and increased law enforcement activity. However, in response, the professional community

and patient safety experts are increasingly vocal in declaring that a repressive approach does not guarantee fairness or quality improvement. On the contrary, fear of criminal prosecution can lead to the concealment of errors, defensive medicine (excessive over-cautious procedures), and a decline in trust between doctors and patients.

2. The Impact of the Digital Environment: New Opportunities and Risks in Investigation

The digitalization of healthcare is radically transforming both the medical care process and the methods of documenting information, which directly impacts the investigation of medical crimes. Electronic Medical Records (EMRs) have become a key element of the modern clinic: the entire patient treatment history, prescriptions, and physician actions are recorded in a digital system. This data can provide investigators with invaluable evidence – precise timestamps of procedures performed, medication dosages, monitoring device readings, and more. Unlike paper records, electronic systems often have secure audit trails that record any changes or attempted corrections made retroactively. For example, if a physician attempted to correct a record after an adverse outcome, an examination of the electronic trace can establish this (this attempted concealment may subsequently be considered circumstantial evidence of the physician's guilt). In addition to medical data, communication traces remain in the digital environment: correspondence between a doctor and colleagues or patients (SMS, instant messengers), email, recordings from hospital surveillance cameras, database access logs, etc. One study on medical malpractice lawsuits notes that "digital evidence can create an online footprint and, in some cases, a detailed timeline of the events" (digital evidence forms an electronic trace and a detailed chronology of events) [4], which significantly helps to reconstruct the picture of what happened.

However, alongside new opportunities, the digital environment also brings new risks. Firstly, these are issues of ethics and privacy. Medical information is classified as sensitive personal data, protected by law. When seizing electronic medical records or doctor-patient correspondence, investigators must balance the needs of justice with the patient's right to privacy. European experts warn that public authorities' access to medical data should be strictly regulated, as digitalization and cross-border storage of records (in cloud services) threaten medical confidentiality. As the European Medical Council and EDRi note, medical confidentiality is key to protecting patients' rights, and if electronic data is used for investigations without the patient's consent, rather than for treatment, strong safeguards are needed [5]. Thus, investigative bodies in the digital age are obliged to develop special protocols for handling electronic medical data: obtaining a court order for their seizure, encryption and limiting the circle of persons with access, anonymization of information if possible, etc.

Secondly, there are procedural complexities: electronic evidence is subject to strict admissibility checks. An uninterrupted chain of custody for digital media protection must be

ensured, prevent unauthorized editing of files, and certify their authenticity by computer forensics experts. Otherwise, the defense may challenge the evidence as unreliable. Furthermore, in some cases, international requests are required-for example, if patient data is stored on the foreign servers of a large cloud provider. Existing legal assistance procedures can be slow and complex, hindering investigations. The EU is discussing a special e- evidence regulation that would simplify police access to data abroad, but human rights activists point out the danger of disrespecting citizens' rights by simplifying these mechanisms [5].

Third, there are the technical risks associated with digital technologies. On the one hand, there's the threat of manipulation of electronic records: an attacker (whether the suspected healthcare professional or a third-party hacker) could theoretically alter a digital medical record or delete inconvenient information. Therefore, forensic investigators must involve IT specialists to recover deleted data and track change logs. On the other hand, technical failures and vulnerabilities may lead to incidents mistakenly attributed to the physician. For example, a malfunctioning medication dispenser or a software glitch in a monitoring system could conceal the cause of a tragic outcome. In digital forensics, it's important to separate human error from technological failures. In the future, the issue of liability for errors in artificial intelligence and decision support algorithms being implemented in medicine will become increasingly relevant. If a physician followed the recommendations of a diagnostic program, and it turns out to be incorrect, how should the consequences be assessed? While legislation doesn't yet provide a clear answer, it's clear that investigating such cases will require new expertise.

Thus, the digital environment has a dual impact: on the one hand, it enriches the evidence base (providing objective records previously unavailable to investigators), and on the other, it complicates the investigator's work (requiring consideration of cybersecurity, the legitimacy of data access, and the reliability of electronic evidence). It is necessary to develop law enforcement agencies' competencies in medical informatics and digital forensics, and to update the regulatory framework governing the collection of electronic evidence in medicine. Protecting the rights of patients and physicians when working with digital data deserves special attention: to encourage medical professionals to cooperate with investigators, it is important to ensure that confidential information is not leaked or used to the detriment of privacy.

3. Foreign Models: From Punishment to Patient Safety

International experience shows that the overly punitive approach to professional errors by doctors is gradually giving way to the concept of a "just culture" and the priority of patient safety over punishment of the guilty. In a number of developed countries, criminal prosecution of doctors for unintentional errors is a rarity; instead, civil liability mechanisms (claims for damages, physician liability insurance) and disciplinary procedures through

medical councils are in place. Criminal law is only brought to bear in cases of gross negligence or intent. This policy is based on the findings of experts in the field of quality management, who emphasize: “patients will not be safer if we criminalize medical errors and look for individual scapegoats”. In 2022, the International Council of Nurses (ICN) sharply condemned a case of a nurse being held criminally liable in the United States for a medication error, pointing out that a safe healthcare system is one with a culture of openness without fear of punishment: “a safe organization is one where there is a no – blame culture of openness and “a safe organization is one where a culture of blamelessness, openness, and transparency operates” [6]. Criminalizing unintentional errors , according to the ICN, threatens to reverse progress in patient safety, force healthcare workers to conceal errors, and leave the profession out of fear of imprisonment. National associations have expressed similar positions: the American Medical Association, for example, believes that punishment for honestly identified errors harms the entire system, as there are more effective and fair mechanisms to investigate the causes of errors, improve systems, and correct deficiencies without resorting to criminal penalties.

A specific example of the legal consolidation of this new approach was the legislative reform in the state of Kentucky (USA). In 2024, the state passed the first law in the country explicitly decriminalizing medical errors: according to it, healthcare workers are immune from criminal liability for harm resulting from unintentional acts or omissions in the provision of medical care [7]. Exceptions are made in cases of outright criminal negligence or intent, but honest mistakes will no longer result in prison time. This historic measure, largely prompted by the high-profile case of nurse RaDonda Watt (USA), received support from professional communities. The Hospital Association stated: “our nurses should not be held criminally liable for a mere mistake and the legal system already has ample means to address any true”. Clinic representatives noted that the new law instills confidence in medical personnel that they will not face criminal prosecution for unintentional mistakes and encourages reporting of errors, which is vital for preventing future incidents. Similar trends are being discussed in other jurisdictions - both in the US and Europe, where, although direct criminal immunity has not yet been enshrined, the courts de facto take a very restrained approach to holding doctors accountable unless gross negligence or dishonesty is proven.

In addition to legislative changes, an important element of international models is institutional auditing and incident response systems. In countries with developed healthcare, every serious error is investigated internally to determine its systemic causes: inadequate staff training, protocol failures, overload, and communication problems. The goal is to learn lessons and prevent recurrence, rather than punishing a specific culprit (unless there was malicious intent). This policy is known as “no-blame” (politics without looking for blame) or more broadly – the concept of Just Culture, which implies that employees are not punished

for unintentional mistakes, but accountability is imposed for intentional violations or obvious gross negligence. A balance is struck between supporting open discussion of errors and maintaining accountability for clearly unacceptable behavior [8, 9]. For example, in the UK, following the scandalous case of pediatrician Bawa-Garba (2018), the medical community actively advocated for a change in approach, and the emphasis has now shifted to education and prevention rather than punishment, except in cases of criminal negligence.

Patient compensation models are worth mentioning separately. A number of countries (Sweden, Denmark, New Zealand, and others) have insurance systems and compensation funds that compensate victims of medical incidents without legal action, based on an independent commission's determination that an adverse outcome occurred, even without establishing personal fault on the part of the physician. This no-fault approach compensation allows patients to receive care more quickly and prevents doctors from becoming defendants in every accident. At the same time, professional disciplinary bodies can impose sanctions on doctors (e.g., temporary license suspension, referral for retraining) depending on the severity of the omission. This creates a more flexible and nurturing environment than casual criminal prosecution.

For the purposes of our study, it is particularly important to understand how this international experience can be adapted to Moldovan realities. Experts note that Moldova is still lagging behind in implementing modern approaches: "Moldovan legislation effectively criminalizes medical error, and the practice of punishing doctors for unintentional mistakes is seriously flawed". Instead of searching for and punishing the culprit, experts recommend implementing new approaches – "don't try to find someone to punish, but look at how to compensate the patient for the damage" [10]. In other words, the emphasis should shift to restoring the rights of the victim (financial compensation, apologies, rehabilitation), as well as systemic prevention measures-staff training, improved protocols, quality audits-rather than criminal punishment of individual doctors for each error. International studies show that in many cases, only 15% of patient harm is directly caused by the actions of healthcare workers, while 85% of the causes are rooted in systemic deficiencies-lack of resources, equipment failures, poor organization of care. [11]. It follows that by punishing a doctor individually, we ignore most of the factors that led to the incident, so it is much more productive to eliminate these factors at the institutional level.

4. The Moldovan Context: Realities and Problems

In the Republic of Moldova, the situation with holding doctors accountable and preventing medical errors is only just beginning to attract the attention of society and lawmakers. Currently, the very concept of "malpraxis" (medical professional error) is absent from national legislation. As D. Devder points out, "Moldovan legislation does not contain the concept of 'medical error', nor do official statistics exist on such errors, although, according to estimates by public organizations, medical errors claim thousands of

lives every year" [12]. This means that there is no specific legal mechanism dedicated to this area. Cases of harm to patients are considered under the general norms of criminal and civil law. The Criminal Code of the Republic of Moldova provides for the liability of medical workers in a number of articles, primarily: Article 213 of the Criminal Code – "Negligence in violation of the rules and methods of providing medical care", which covers cases where, as a result of the incorrect actions/inaction of a medical professional, a patient suffers serious harm to health or death. The penalty under this article is relatively low (up to 3 years' imprisonment, with disqualification from holding a position for up to 5 years), reflecting its nature as a minor crime. In addition to Article 213, articles on general negligent criminal activity may be applied: causing serious or moderate harm through negligence (Article 157 of the Criminal Code), improper performance of duties (if the medical professional is an official - Article 329 of the Criminal Code), as well as offenses related to intentional acts: illegal abortion (Article 159), illegal transplantation (Article 158), euthanasia (Article 148), etc. [3]. However, there is no direct mention of the term "malpraxis" or a specialized liability regime – it is scattered across various articles. From a civil law perspective, a patient has the right to demand compensation for damages (moral and material) either within the framework of criminal proceedings, by filing a civil claim, or separately through civil proceedings [13]. The legislation also provides for certain administrative offenses related to the violation of medical regulations (for example, disclosure of medical confidentiality – Article 71 of the Code of Administrative Offenses, insult to the honor of a patient – also in the Code of Administrative Offenses) [14].

Law enforcement practice in Moldova shows that criminal cases against medical professionals are rarely initiated and even more rarely result in convictions. A journalistic investigation by the Central Investigative Journal reveals that in 2023–2024, only 10 malpraxis cases resulted in final court decisions. In most cases, even if the doctors were found guilty, the court either released them from punishment due to the expiration of the statute of limitations or imposed suspended sentences [15]. In other words, affected patients and families often experience no sense of justice: after an exhausting, multi-year battle, the perpetrators effectively escape real punishment. An illustrative example is the Stadnic – Corcodel family, whose newborn child died in 2021 due to birth errors: the criminal case was investigated for three years, and it became "one of the rare cases in which a case initiated under Article 213 of the Criminal Code reached trial" [15]. However, even in this case, which generated widespread public outcry, the initial court hearings were postponed, and the main defendant, a doctor, managed to travel abroad and return without being subject to travel restrictions in a timely manner. In other cases, cases never reach trial: they are either dismissed during the investigation due to the lack of an expert opinion on protocol violations, or due to reconciliation between the parties. It should be noted that Moldova lacks an independent institution for medical error auditing—there is no

commission charged with investigating incidents, nor is there an official registry of medical complications. Moreover, there is still no law on malpraxis: attempts to introduce a special law have been made (in 2018, 2021, and 2023), but all have failed. Officials officially stated that the existing regulations were sufficient (the Ministry of Health indicated that "there is already a legal framework based on the principle of proven medical error") [10]. However, experts and parliamentary commissions recognize the need for a separate law that would more effectively protect both patients and doctors.

The problem is exacerbated by the fact that injured patients have virtually no alternative to criminal prosecution other than filing civil claims for compensation, which is expensive and complex. The lack of mandatory physician liability insurance means that compensation is paid by the physician or medical institution themselves, and the practice of such payments is unsettled. Consequently, due to the complexity of proof and protracted procedures, victims are often left with nothing, and doctors are left with no lesson learned other than the stress of the investigation. This situation is dissatisfying to everyone and undermines trust in the healthcare and justice systems.

In the Moldovan context, the state of the digital healthcare infrastructure should also be noted, as it impacts investigations. The country has been implementing the Integrated Medical Information System (SIMI) concept since 2004 [16] and adopted the "Electronic Moldova" Strategy (2005) with a section on e-Health [17, 18], but progress has been slow. Only in recent years have some hospitals switched to electronic medical records; a significant amount of documentation is still maintained on paper. However, pilot projects for telemedicine and electronic prescriptions are being implemented, especially after the COVID-19 pandemic. Legislation on digital data is evolving: the Law on the Protection of Personal Data (No. 133 of 2011) [19], the Law on Electronic Documents and Signatures (2004) [20], etc. are in force, which formally also apply to medicine. In practice, this means that investigators will gradually have to deal with electronic evidence, including, in the Moldovan context, servers with hospital databases and log file analysis. Some high-profile cases (for example, the case of doctor S. Kozub in Balti, 2024 [21]) already included discharge summaries from the hospital's electronic systems, readings from digital patient monitoring devices, and others. However, law enforcement agencies do not yet have standardized methods and technical support for handling such evidence. The procedure for interacting with the Ministry of Health regarding access to medical data is also not regulated: in practice, much depends on the institution's goodwill—whether it will provide complete data or allow it to be edited before transfer. These gaps require regulatory action.

Thus, Moldova's medical incident response system requires significant modernization. A shift from ad hoc, isolated criminal prosecutions to a comprehensive mechanism is needed: introducing a law on malpraxis that defines the concepts of medical error, negligence, independent expert examination procedures, and compensation for victims;

creating a liability insurance fund (to guarantee patients compensation without protracted court proceedings); and establishing clear criteria for when criminal liability applies (e.g., only for gross negligence, abandoning a patient in danger, etc.) and when civil measures are sufficient. Equally important is strengthening the institution of forensic medical examination: ensuring its objectivity (possibly by engaging foreign experts or creating an independent agency independent of the Ministry of Health) – this will increase confidence in the findings and facilitate proof of guilt in cases of actual negligence. In the age of digitalization, standards for the storage and transmission of electronic medical data for investigative purposes must be developed to ensure both the reliability of evidence and the protection of patients' rights. Thus, the Moldovan context, on the one hand, has similar problems to other countries (difficulty in proving guilt, few cases reach a verdict), and on the other, it has its own specific features (lack of an insurance system, weak digitalization, institutional gaps) that require targeted solutions.

Conclusion

The conducted study allowed us to comprehensively evaluate the features of forensic analysis of medical crimes in modern conditions and develop a number of conclusions.

Firstly, investigating medical crimes requires a special approach due to the specific nature of the subject (physician, medical staff), the difficulty of establishing causality, and the need for specialized knowledge. Effectiveness depends on the analysis of forensic characteristics: motivation, method of action, context, and traces. It is essential to develop a multidisciplinary approach: the investigator must understand the fundamentals of medicine, collaborate with experts, and competently interpret medical documentation. Only this combination of legal and clinical expertise allows for the construction of a reliable evidence base for the case.

Secondly, the digitalization of medicine requires the adaptation of forensic methods. Electronic data strengthens the evidence base if secure storage and procedural compliance are ensured. Guidelines for the seizure and processing of digital medical records, developed with the participation of IT specialists, are necessary. Investigative bodies should be equipped with technical means and trained to work with logs, databases, and electronic medical records. Legislation is essential to guarantee patients' rights regarding access to their data and to provide for criminal liability for the distortion of electronic documents that impedes an objective investigation.

Third, protecting confidential information remains a key value during investigations. Medical confidentiality must also be respected in criminal proceedings. It would be advisable to mandate closed hearings for cases involving sensitive information and the anonymization of personal data in court decisions. It would also be worthwhile to implement a mechanism for mandatory notification of patients or their representatives that their medical data will be

used in the investigation. These measures will strengthen trust in the system and help maintain a balance between the effectiveness of justice and individual rights.

Fourth, Moldova needs a separate law on malpraxis. It should define key concepts (medical error, professional negligence), introduce mandatory liability insurance for physicians and institutions, establish a pre-trial complaints procedure, and limit criminal liability to cases of gross negligence. It is also important to introduce clinical audits of adverse events in medical institutions with mandatory reporting. Strengthening the role of professional self-regulatory bodies in disciplinary practice will help reduce the burden on the law enforcement system and avoid excessive criminalization.

Fifth, high-quality and independent forensic expertise play a crucial role. Their findings largely determine the outcome of a case, so investment in technical equipment and the creation of an independent laboratory, for example, within the Ministry of Justice, is essential. Such a structure will ensure impartiality, consistent quality, and the trust of those involved. The expert function must be protected from administrative pressure and political influence. This is especially important in cases where a person's fate depends on a single conclusion. Developing forensic expertise is a key element of a fair and effective investigation.

In summary, forensic analysis of medical crimes in the digital age requires the integration of legal, medical, and technological expertise. Moldova, undergoing legal and institutional reforms, has the opportunity to develop a balanced model: criminal penalties reserved for extreme cases, with an emphasis on compensation, prevention, and education. If properly implemented, digital tools will become a valuable resource for establishing the truth, not a source of risk. This approach will ensure justice, improve the safety of medical practice, and restore public trust in the healthcare system.

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References

1. Pădure, A. Actualităţi privind evaluarea calităţii asistenţei medicale după date medico-legale. Studia Universitatis Moldaviae (Seria Ştiinţe Sociale) 8(148) (2021): 24–30. Available at: https://ojs.studiamsu.md/index.php/stiinte_sociale/article/view/5510. Accessed October 7, 2025.
2. Zanin, V.A. Kriminalisticheskaia kharakteristika prestuplenii, sovershennykh meditsinskimi rabotnikami. Molodoi uchenyi 14(565) (2025): 264–267. (In Russ.) Available at: https://moluch.ru/archive/565/123838. Accessed October 7, 2025.
3. Cod Nr. 985 din 18-04-2002. Codul penal al Republicii Moldova. Monitorul Oficial, Nr. 72–74, art. 195, 14 aprilie 2009, modificat LP154 din 19 iunie 2025. Available at: https://www.legis.md/cautare/getResults?doc_id=121991&lang=ro. Accessed October 7, 2025.

4. KJT Law Group. How Digital Evidence Shapes Wrongful Death Litigation. April 17, 2024. Available at: https://kjtlawgroup.com. Accessed October 7, 2025.
5. Berthélémy, Ch. E-evidence Regulation: Why It Matters for Medical Confidentiality? European Digital Rights (EDRi), January 19, 2022. Available at: https://edri.org. Accessed October 7, 2025.
6. International Council of Nurses. ICN Condemns the Criminalisation of Medical Errors after Nurse Found Guilty of Negligent Homicide. Press Release, March 30, 2022. Available at: https://www.icn.ch. Accessed October 7, 2025.
7. Carbajal, E. 1st State Passes Law to Decriminalize Medical Errors. Becker's Hospital Review, April 24, 2024. Available at: https://beckershospitalreview.com. Accessed October 7, 2025.
8. Merry, A.F. How Does the Law Recognize and Deal with Medical Errors? Journal of the Royal Society of Medicine 102(7) (July 2009): 265–271. Available at: https://doi.org/10.1258/jrsm.2009.09k029. Accessed October 7, 2025.
9. Zelem, J. Should Medical Personnel Self-Report Medical Errors? MEDLEARN Publishing, April 4, 2022. Available at: https://medlearn.com. Accessed October 7, 2025.
10. Europa Liberă Moldova. În esență – Cum legile moldovene "criminalizează" erorile doctorilor şi nu-i prea apără pe pacienți. Podcast (interviu cu Rodica Rusu-Gramma), October 2024. Available at: https://moldova.europalibera.org. Accessed October 7, 2025.
11. Ambula. Healthcare Errors That Impacted Patient Safety. Ambula.io. Available at: https://www.ambula.io/healthcare-errors-that-impacted-patient-safety/. Accessed October 7, 2025.
12. Devder, D. Răspunderea penală pentru încălcarea din neglijență a regulilor şi metodelor de acordare a asistenței medicale. Revista Procuraturii 3 (2019): 57–63. Available at: https://procuratura.md/sites/default/files/2023-04/2019-11-01_Revista%20Proc%20NR.3.pdf. Accessed October 7, 2025.
13. Cerchez, M.A. Răspunderea penală pentru malpraxisul medical. Legea şi viaţa 12(324) (2018): 14–18. ISSN 2587-4365. Available at: https://ibn.idsi.md/vizualizare_articol/69353. Accessed October 7, 2025.
14. Cod Nr. 218 din 24-10-2008. Codul contravenţional al Republicii Moldova. Monitorul Oficial, Nr. 78–84, art. 100, 17 martie 2017, modificat LP114 din 22 mai 2025. Available at: https://www.legis.md/cautare/getResults?doc_id=149035&lang=ro. Accessed October 7, 2025.
15. Vîrlan, O. Justiție cu suspendare: adevărul din spatele dosarelor de malpraxis. Anticoruptie.md, August 8, 2024. Available at: https://anticoruptie.md. Accessed October 7, 2025.
16. Lozan, O. Aspecte ale relevanței cadrului legal de implementare a tehnologiilor telemedicale. Analele Ştiinţifice ale USMF "N. Testemiţanu" 2(12) (2011): 213–218. Available at: https://ibn.idsi.md/ro/vizualizare_articol/16030. Accessed October 7, 2025.
17. Guvernul Republicii Moldova. Hotărâre Nr. 650 din 06-09-2023 cu privire la aprobarea Strategiei de transformare digitală a Republicii Moldova pentru anii 2023–2030. Available at: https://www.legis.md/cautare/getResults?doc_id=139408&lang=ro. Accessed October 7, 2025.
18. Rosioru, A. eHealth Strategy in Republic of Moldova. Available at: https://sibm.md/attachments/article/168/eHealth%20Strategy%20in%20Republic%20of%20Moldova.pdf. Accessed October 7, 2025.
19. Parlamentul Republicii Moldova. Lege Nr. 133 din 08-07-2011 privind protecţia datelor cu caracter personal. Monitorul Oficial Nr. 170–175, art. 492, October 14, 2011, modificat LP100 din 13 iunie 2025. Available at: https://www.legis.md/cautare/getResults?doc_id=148996&lang=ro. Accessed October 7, 2025.
20. Parlamentul Republicii Moldova. Lege Nr. 124 din 19-05-2022 privind identificarea electronică şi serviciile de încredere. Monitorul Oficial Nr. 170–176, art. 317, June 10, 2022,

modificat LP117 din 29 mai 2025. Available at: https://www.legis.md/cautare/getResults?doc_id=149069&lang=ro. Accessed October 7, 2025.
21. Mihalkina, A. “Ia dolzhen umeret', chtoby mne chto-to sdělali?” Istoriia prigovora vrachu v Bel'tsakh za smert' patsienta. NewsMaker, November 19, 2024. (In Russ.) Available at: https://newsmaker.md/ru/ya-dolzhen-umeret-chtoby-mne-chto-to-sdelali-istoriya-prigovora-vrachu-v-beltsah-za-smert-patsienta. Accessed October 7, 2025.

ՀԱՏՈՒԿ ԳԻՏԵԼԻՔՆԵՐԻ ԿԻՐԱՌՄԱՆ ԱՌԱՆՁՆԱՀԱՏԿՈՒԹՅՈՒՆՆԵՐԸ ԲԺՇԿԱԿԱՆ ՀԱՆՑԱԳՈՐԾՈՒԹՅՈՒՆՆԵՐԻ ՔՆՆՈՒԹՅԱՆ ԸՆԹԱՑՔՈՒՄ ՀԱՍԱՐԱԿՈՒԹՅԱՆ ԹՎԱՅԻՆ ՎԵՐԱՓՈԽՄԱՆ ՊԱՅՄԱՆՆԵՐՈՒՄ

Պիսարենկո Կ.

Թվային դարաշրջանում ժամանակակից առողջապահությունը բախվում է բուժաշխատողների կողմից կատարված բժշկական սխալների և հանցագործությունների քրեաիրավական գնահատման խնդրին: Հոդվածում ուսումնասիրվում է նման արարքների փորձագիտական վերլուծության մեթոդաբանական հիմքերը, հիմնավորվում է նորմատիվ և էմպիրիկ աղբյուրների ընտրությունը և հստակեցվում է հայեցակարգային հիմքերը: Այն վերլուծում է թվային ռիսկերը՝ էթիկական (պացիենտների տվյալների գաղտնիություն), ընթացակարգային (էլեկտրոնային ապացույցների հավաքագրում և թույլատրելիություն) և տեխնոլոգիական (բժշկական գրառումների մանիպուլյացիա, սարքավորումների խափանումներ): Հետազոտությունում դիտարկվում է ոչ դիտավորյալ բժշկական սխալների համար քրեական հետապնդման մեղմացման ոլորտում (ապաքրեականացում, իրավական բարեփոխումներ, որակի վերահսկման ինստիտուցիոնալ աուդիտներ) օտարերկրյա փորձը և դրա նշանակությունը Մոլդովայի համար: Առանձնացվում է մոլդովական համատեքստը՝ իրավական շրջանակը, բժշկական հանցագործությունների քննության վիճակագրությունն ու պրակտիկան, ինչպես նաև առողջապահական համակարգի թվայնացման մակարդակը: Ձևակերպվում են եզրակացություններ և առաջարկություններ՝ հետաքննության մեթոդաբանության կատարելագործման նպատակով՝ հաշվի առնելով լավագույն փորձը և թվային իրողությունը:

Բանալի բառեր. *բժշկական հանցագործություններ, դատափորձագիտական վերլուծություն, թվային միջավայր, մասնագիտական անփութություն, էթիկական և ընթացակարգային ռիսկեր:*

ОСОБЕННОСТИ ИСПОЛЬЗОВАНИЯ СПЕЦИАЛЬНЫХ ЗНАНИЙ ПРИ РАССЛЕДОВАНИИ МЕДИЦИНСКИХ ПРЕСТУПЛЕНИЙ В УСЛОВИЯХ ЦИФРОВОЙ ТРАНСФОРМАЦИИ ОБЩЕСТВА

Писаренко К.

Современное здравоохранение сталкивается с проблемой уголовно-правовой оценки медицинских ошибок и преступлений, совершенных медицинскими работниками. В данной статье рассматриваются методологические основы судебно-медицинского анализа таких деяний, обосновывается выбор нормативных и эмпирических источников и уточняется концептуальная основа. Анализируются цифровые риски – этические (конфиденциальность данных пациентов), процессуальные (сбор и допустимость электронных доказательств) и технологические (манипулирование медицинскими записями, сбои в работе оборудования). В исследовании рассматривается зарубежный опыт смягчения уголовного преследования за непреднамеренные медицинские ошибки (декриминализация, правовые реформы, институциональные проверки качества) и его значение для Молдовы. Выделяется специфический локальный контекст: правовая база, статистика и практика расследования медицинских преступлений, а также уровень цифровизации системы здравоохранения. Формулируются выводы и рекомендации по совершенствованию методологии расследования с учетом передового опыта и цифровых реалий.

Ключевые слова: *медицинские преступления, судебно-медицинский анализ, цифровая среда, врачебная халатность, этические и процессуальные риски.*

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