

achieved clinical cure. Signs of inflammation in patients disappeared in 2-3 days after surgery. Wounds healed by first intention in the vast majority of clinical observations. Fundamental factors in choosing tactics and intensity of therapy in patients operated on are the localization of thrombosis and the degree of clinical manifestations. The most active surgical tactics require patients with localization of the upper boundary of a blood clot in the great saphenous vein at the groin (area of inguinal ligament) folds, in the small-at the level of the popliteal fossa. Somewhat less urgent pathological status should be considered in patients with thrombus spread to the border middle and upper thigh. Even more delayed indications for surgical treatment is the localization of the upper boundary of a blood clot at the middle third of the femur or lower with severe soft tissue changes in the circumference of thrombosed veins, which may include the carrying out of treatment aimed at its reduction.

Conclusions. Application crosssectomy combined with simultaneous removal of the stem and tributaries of the great saphenous vein, the simultaneous excision of the thrombosed varicose conglomerate nodes en bloc currently treated at the height of the inflammatory process gives a good clinical effect. Justified tactic is doing just crosssectomy in patients with severe concomitant diseases.

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THE LEGAL AND ETHICAL ISSUES ABOUT FERTILIZATION IN VITRO: OPINIONS OF MEN AND WOMEN OF DIFFERENT AGES AT POMERANIAN VOIVODESHIP (POLAND)

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Bioethicists contribute to ethical guidelines and moral evaluations of new technologies and techniques in assisted reproductive technology as well as to public discourse that leads to development of national regulations and restrictions of unacceptable practices (Dunstan, 1986). Important bioethical issues include the appropriate use of pre-implantation genetic diagnostic screening, use, storage and destruction of excess embryos, and research involving embryos (Gillon, 1988). One approach in bioethics involves preserving justice, beneficence, non-maleficence and the autonomous interests of all involved (Mudge, 1983). The aim of our study was to assess the opinions of persons of different ages about the ethical and legal issues of reproductive technology in vitro. The obtained data were compared with the results of the reports of the Public Opinion Research Center from different years. The study was carried out in 2011-2013 with inhabitants of towns Slupsk,

Bytów, Potęgowo and village Czarna Dąbrówka (Pomeranian voivodeship, Northern Poland). It has been used a survey method that used a questionnaire with questions arranged on the basis of already existing public sources (reports of the Public Opinion Research Center from 2009, 2010 and 2012). The study took over a group of 425 respondents, in the following age groups – 18-24 years (160 persons), 25-34 years (81 persons), 35-44 years (80 persons) and more than 45 years aged (104 persons). In the conducted survey, respondents were asked to give its opinion on the relation to fertilization in vitro. Questions to which respondents' answers were related to opinion about reproductive technology in vitro. In our study, fertilization in vitro is mostly supported by our respondents. The lowest percentage of people who accept reproductive technology in vitro was observed among people over 45 years of age, and the highest – especially among young people under 25 years of age. Age and education in almost have no influence on the respondents' opinions about the ethical and legal issues of fertilization in vitro. The results of our analysis confirmed that the best solution in a situation where a marriage cannot have children in a natural manner is adoption. The opinion of our respondents in this matter is independent of age and education. Respondents under 45 years of age showed a lack of opposition to the creation of supernumerary embryos. This proportion was lower among people over 45 years of age. Most of the respondents have knowledge about the opinion of Catholic Church to fertilization in vitro condemning the use of this method. Smaller percentage of answers among students and young people under 25 years of age was observed. Regardless of the age and education, the highest percentage of respondents claim that the people involved either directly (doctors who perform fertilization in vitro, women submitting to such treatment) and those indirectly related (politicians adopting right to use the conception of fertilization in vitro and the people who support a law) does not commit sin. A smaller proportion of such opinions, however, restricted to people over 45 years of age. The main supporters of a partial payment for fertilization in vitro treatments have proven to be a person under 25 years of age (50% of the respondents' opinion), and for other age groups did not reach even 30%. Fertilization in vitro has allowed for the implementation of an important value to society – to have the offspring. Even the creation of large numbers of embryos is not discouraged to support this method. At one end of the spectrum, will be people who feel that this technology allows couples to manipulate Nature to produce children and will object to it. At the other end will be people who believe that this technology is a triumph of man's ingenuity which can be used to overcome Nature's constraints. It will never be possible to reconcile these viewpoints - since these are based on deeply held personal beliefs and we will have to learn to live with this moral dichotomy. Since it may never be possible to have a consensus on this issue, this decision should not be left to moralists, or philosophers - or the government, or the doctors. Instead, the decision should be left to each individual couple, who provide the reproductive apparatus to create the baby (Banerjee, 2006).

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