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ЕЖЕМЕСЯЧНЫЙ НАУЧНЫЙ ЖУРНАЛ

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საქართველოს სამედიცინო სიახლენი

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ЕЖЕМЕСЯЧНЫЙ НАУЧНЫЙ ЖУРНАЛ

ТБИЛИСИ - НЬЮ-ЙОРК

GMN: Georgian Medical News is peer-reviewed, published monthly journal committed to promoting the science and art of medicine and the betterment of public health, published by the GMN Editorial Board and The International Academy of Sciences, Education, Industry and Arts (U.S.A.) since 1994. **GMN** carries original scientific articles on medicine, biology and pharmacy, which are of experimental, theoretical and practical character; publishes original research, reviews, commentaries, editorials, essays, medical news, and correspondence in English and Russian.

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3. Submitted material must include a coverage of a topical subject, research methods, results, and review.

Authors of the scientific-research works must indicate the number of experimental biological species drawn in, list the employed methods of anesthetization and soporific means used during acute tests.

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3. სტატიაში საჭიროა გაშუქდეს: საკითხის აქტუალობა; კვლევის მიზანი; საკვლევი მასალა და გამოყენებული მეთოდები; მიღებული შედეგები და მათი განსჯა. ექსპერიმენტული ხასიათის სტატიების წარმოდგენისას ავტორებმა უნდა მიუთითონ საექსპერიმენტო ცხოველების სახეობა და რაოდენობა; გაუტკივარებისა და დაძინების მეთოდები (მწვავე ცდების პირობებში).

4. სტატიას თან უნდა ახლდეს რეზიუმე ინგლისურ, რუსულ და ქართულ ენებზე არანაკლებ ნახევარი გვერდის მოცულობისა (სათაურის, ავტორების, დაწესებულების მითითებით და უნდა შეიცავდეს შემდეგ განყოფილებებს: მიზანი, მასალა და მეთოდები, შედეგები და დასკვნები; ტექსტუალური ნაწილი არ უნდა იყოს 15 სტრიქონზე ნაკლები) და საკვანძო სიტყვების ჩამონათვალი (key words).

5. ცხრილები საჭიროა წარმოადგინოთ ნაბეჭდი სახით. ყველა ციფრული, შემაჯამებელი და პროცენტული მონაცემები უნდა შეესაბამებოდეს ტექსტში მოყვანილს.

6. ფოტოსურათები უნდა იყოს კონტრასტული; სურათები, ნახაზები, დიაგრამები - დასათაურებული, დანომრილი და სათანადო ადგილას ჩასმული. რენტგენოგრამების ფოტოასლები წარმოადგინეთ პოზიტიური გამოსახულებით **tiff** ფორმატში. მიკროფოტოსურათების წარწერებში საჭიროა მიუთითოთ ოკულარის ან ობიექტივის საშუალებით გადიდების ხარისხი, ანათალების შეღებვის ან იმპრეგნაციის მეთოდი და აღნიშნოთ სურათის ზედა და ქვედა ნაწილები.

7. სამამულო ავტორების გვარები სტატიაში აღინიშნება ინიციალების თანდართვით, უცხოურისა – უცხოური ტრანსკრიპციით.

8. სტატიას თან უნდა ახლდეს ავტორის მიერ გამოყენებული სამამულო და უცხოური შრომების ბიბლიოგრაფიული სია (ბოლო 5-8 წლის სიღრმით). ანბანური წყობით წარმოდგენილ ბიბლიოგრაფიულ სიაში მიუთითეთ ჯერ სამამულო, შემდეგ უცხოელი ავტორები (გვარი, ინიციალები, სტატიის სათაური, ჟურნალის დასახელება, გამოცემის ადგილი, წელი, ჟურნალის №, პირველი და ბოლო გვერდები). მონოგრაფიის შემთხვევაში მიუთითეთ გამოცემის წელი, ადგილი და გვერდების საერთო რაოდენობა. ტექსტში კვადრატულ ფჩხილებში უნდა მიუთითოთ ავტორის შესაბამისი N ლიტერატურის სიის მიხედვით. მიზანშეწონილია, რომ ციტირებული წყაროების უმეტესი ნაწილი იყოს 5-6 წლის სიღრმის.

9. სტატიას თან უნდა ახლდეს: ა) დაწესებულების ან სამეცნიერო ხელმძღვანელის წარდგინება, დამოწმებული ხელმოწერითა და ბეჭდით; ბ) დარგის სპეციალისტის დამოწმებული რეცენზია, რომელშიც მითითებული იქნება საკითხის აქტუალობა, მასალის საკმაობა, მეთოდის სანდოობა, შედეგების სამეცნიერო-პრაქტიკული მნიშვნელობა.

10. სტატიის ბოლოს საჭიროა ყველა ავტორის ხელმოწერა, რომელთა რაოდენობა არ უნდა აღემატებოდეს 5-ს.

11. რედაქცია იტოვებს უფლებას შეასწოროს სტატია. ტექსტზე მუშაობა და შეჯერება ხდება საავტორო ორიგინალის მიხედვით.

12. დაუშვებელია რედაქციაში ისეთი სტატიის წარდგენა, რომელიც დასაბეჭდად წარდგენილი იყო სხვა რედაქციაში ან გამოქვეყნებული იყო სხვა გამოცემებში.

აღნიშნული წესების დარღვევის შემთხვევაში სტატიები არ განიხილება.

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კერძო სამართალს და რეგულირდება სამოქალაქო კანონმდებლობის ნორმებით. ამასთან დაკავშირებით, პასუხისმგებლობა "დამნაშავე დეფექტებისათვის" მედიცინის მუშაკების მიერ სამედიცინო მოსახურების გაწევისას დაიყვანება პაციენტისათვის მატერიალური და მორალური ზიანის ანაზღაურებაზე. უკრაინაში აუცილებელია სამედიცინო სფეროში ადამიანის უფლებების, სიცოცხლისა და ჯანმრთელობის დაცვის უზრუნველყოფაზე მიმართულ ღონისძიებათა კომპლექსის შემუშავება და გატარება.

MEDICAL MALPRACTICE AND LEGAL LIABILITY IN THE RENDERING OF HEALTHCARE SERVICES IN UKRAINE

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The main legislative act in our country – the Constitution of Ukraine – provides the right to health care as one of the natural, inseparable and inviolable human rights. This right for every person as a member of civil society guarantees the protection of his/her personal life from state interference, protection of his/her life and health, personal safety and inviolability. At the same time, this right guarantees the freedom of an individual, his/her independence, as well as guarantees life and protection from any manifestation of violence against them. This right contributes to the individualization of the individual, as well as encourages the formation of his freedom in the choice of different behaviours in the framework of social relations, which is one of the conditions of active life. For this reason, it is of utmost importance to legislate on the components of the human right to health, as well as to formulate criteria for holding those who violate it liable. The fact that the vast majority of our citizens, medical specialists and even top management of medical institutions have a superficial understanding of their rights, duties and legal responsibility, enshrined in current legislation for health care offences, deepens the importance of identifying the reasons for the prosecution and the possible punishment [19, 20]. Along with the fact that in the current political and legal context of medical reform, legal knowledge becomes essential in medical activity, and new challenges in the field of protection of human rights in the provision of medical care make it necessary to increase the level of legal awareness of both medical practitioners and their patients, which determines the topicality of the study.

Scholars in [6] and others studied the liability for violations of national legislation in the field of health care were conducted by. Their achievements allowed them to form a number of definitions and suggestions that are of practical importance in the chosen direction of research. However, due to the large number of changes and amendments to the current legislative framework, due attention has not been paid to the issue of liability for health care offences in Ukraine. In this regard, we believe that this topic needs more thorough research and coverage.

On the basis of the above, the purpose of this research is to study the areas of responsibility for violations of the legislation of Ukraine in the field of health care in accordance with the branches of law (civil, administrative, criminal), with coverage of the features of each of them.

Material and methods. General scientific research methods (empirical and theoretical), as well as the method of economic analysis, systemic approach, systemic analysis and statistical method were used to study this topic.

Empirical knowledge provides the basis for the theoretical method. In order to formulate certain theoretical generalizations (conclusions), we first need to empirically collect information. Based on relevant empirical data, we analysed them analytically and presented systemic results in the form of a specific theory. Observation and comparison are used as a kind of empirical method of research. The empirical-theoretical method, including analysis, synthesis and logical approach, was also used. A partial method that applies to theoretical research methods was used, which is to define, describe and interpret.

Results and discussion. The liability of health care specialists in today's context is an extremely acute problem, which should be addressed not only in scientific research, but also by efforts to put their results into practice. The first historical mentions of the practice of prosecuting medical practitioners ever since the time of the laws of Hammurabi dates back to 1792-1750 BC, which awarded severe punishment for death or harm to a patient caused by a physician [6]. As for Rus, the first criminal laws emerged during the reign of Yaroslav the Wise and were called "Ruska Pravda". According to this code of laws, doctors were responsible for the harm caused by their treatment as for a deliberate crime. Such crimes were also often punished by death [6].

In today's context, a high level of responsibility of medical practitioners is associated with the statement that they receive the most value - human life and health, which is often brought to a painful condition by human life itself and irresponsible attitude towards themselves. At the same time, in pursuit of the goal of creating a high level of trust in health care specialists, society is trying to impose increased control over their activities, including through the use of levers of legal responsibility.

In general, legal responsibility is understood as the process of applying state coercion to a person who has committed an offence [7]. Adapting this definition to the needs of the medical industry, we obtain the following definition of the legal liability of a medical specialist for a professional offence. Therefore, liability of medical specialists is applying, in case of committing offences in the performance of their duties, compulsory cohesion by the state, which is determined by legal provisions in the field of law and which subsequently cause personal, organizational or property losses to the guilty persons.

Specifics of legal liability of medical specialists and medical institutions is lack of such a notion as medical error and accident in medicine enshrined at the legislative level. For the first time, the term "medical error" was proposed by the Russian surgeon

M. Pirogov, who was engaged in the study of errors in the work of medical practitioners. This term further became widespread in legal practice. In this connection, the court constantly establishes the presence or absence of guilt of medical practitioners in consideration of medical cases, and the possibility of a medical error or an accident may allow to exculpate this person. That is why determining the limit of the possible use of the terms “medical error” and “accident” are urgent tasks [8].

The Law of Ukraine “Fundamentals of the Legislation of Ukraine on Health Care” specifies that the subjects of liability for health care offences are medical practitioners and pharmacists of all levels. In particular, a medical practitioner is a doctor or paramedic of a particular healthcare institution [9].

If we consider foreign practice in parallel, the Ministry of Health and Welfare determines that in the Law on Medical Care, a law adopted to promote the comprehensive development of medical care, the reasonable allocation of resources in medical care, improving the quality of care, protecting patient rights and strengthening national health. It also defines the terms: “medical care facilities” – refers to any institution where doctors practice medicine; “public health care facilities” – refers to any health care facility established by government agencies, state-owned enterprises or public schools; “private health care facilities” – refers to any medical institution established by medical doctors; “legal entities in medical care” – includes corporate services and medical corporations; “medical corporation” – refers to a corporation in which the founder provides certain assets for medical practice or the management of a medical institution, approved by a central competent authority and registered in court [18].

In the scientific literature, in particular in the work [3], this list was supplemented by pharmacists and the middle-level medical staff, specifying that the person is assigned the status of a medical practitioner, if in fact he/she performs professional duties in accordance with medical specialization.

In practice of the consideration of liability of medical practitioners by scholars, they often divide it into moral and legal. In addition, it is noted that often the boundaries between the two types are very blurred [13]. Thus, let us consider the distribution of liability of medical practitioners with the help of Fig. 1.

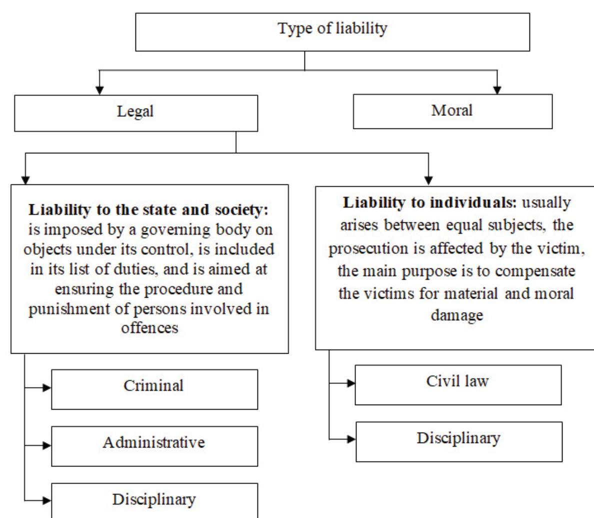

Fig. 1. Distribution of liability of medical practitioners
**Source: author's own development based on [6]*

Thus, from the figure given, we can see that legal liability is divided into liability to the authorities and to individuals. At the same time, each of them is divided into criminal, administrative, disciplinary and civil-disciplinary, respectively.

In general, such distribution is determined by Art. 80 of the Law of Ukraine “Fundamentals of the Legislation of Ukraine on Health Care” [2]. In addition to the above law, legal liability in the field of health care is determined by:

1. Letter of the Ministry of Justice of Ukraine dated 20.06.2011 entitled “Liability of Legal Practitioners” [7].
2. The Criminal Code of Ukraine (CCU) [5].
3. The Civil Code of Ukraine (CCU) [11].
4. The Code on Administrative Offences of Ukraine [4].

However, despite a clear list of legal documents regulating the legal liability of medical practitioners, the vast majority of them have only superficial knowledge of legal liability for violations of health care legislation.

Let’s look at each of the types of legal liability in more detail, outlining their specifics. So, let us start with criminal liability, which is the strictest measure of liability for offences committed in the medical field. As determined by the Criminal Code, in particular Art. 2 - the ground for holding a person liable is the commission of a dangerous act or omission, which contains the elements of crime [5].

In addition to the fact that medical practitioners are responsible for committing crimes determined on a general basis, they can be prosecuted for the following acts committed in the field of health care [5]:

- crimes against life, health, rights of a patient;
- criminal acts in the field of economic activity in medical practice;
- crimes related to narcotic and psychotropic substances;
- improper performance of their professional duties, including those that have caused the patient’s infecting by incurable diseases;
- disclosure of medical secrecy and information about medical examination;
- illegal abortion, forced donation, conducting experiments on a person;
- failure to render assistance to the patient, etc.

Among the above-mentioned offences, the peculiarities of bringing medical practitioners to criminal liability for improper performance or failure to perform their duties, as well as the failure to render medical assistance to a person in need, in particular the fact that these offences can be classified as negligent [3].

This is because the medical practitioner may not anticipate the consequences of his/her actions or omission, and the fact of understanding of the consequences of his/her actions is a key prerequisite for prosecuting him/her under these articles.

According to a study conducted by the staff of the Ukrainian Law website, these three articles, in fact, are the only ones in Ukrainian law that are used in 90-95% of cases in any criminal proceedings instituted [3].

In addition, scholars of Ukrainian Law specify that the failure to perform professional duties should be attributed to the fact that a medical or pharmaceutical practitioner does not take the actions that they would have to perform by virtue of their work. At the same time, the list of their obligations should be determined in the legislative act or by-law, or in local regulations - protocols, instructions, etc. In this case, the fact that the practitioner is aware of this act, as well as the availability of appropriate qualifications to perform professional actions shall be proved. In fact, within this concept, they provide the total inaction of a medical practitioner [3].

Under these conditions, it is extremely important for the in-

vestigation to examine medical records, such as medical history, results of examinations, outpatient cards, etc. At the same time, it should be taken into account that these documents serve as a source of medical secrecy that cannot be disclosed without a proper application to the court. Although lawyer's request is often used in the domestic practice for the purposes of authorization of disclosure, which does not contain the authority to make such an appeal and is often excessively used by Ukrainian lawyers in their activities, which is incorrect [8].

At the same time, knowledge about matters related to circumstances that may exclude crime is of utmost importance when considering crimes under the medical law. For medical practitioners, such circumstances are an urgent need and risk-taking. In case of urgent need, the matter is about the fact that medical activity is often associated with the provision of emergency care, which is associated with the notion of urgent need, since the actions of doctors in these conditions are aimed at eliminating threats to the individual - their patient. However, in order for such cases to be considered from the point of view of an urgent need, they must meet the following criteria [7]:

1. Real danger, namely the condition that requires urgent assistance.

2. Real threat to human life here and now, not in the future.

3. The impossibility of eliminating the danger under the given conditions in no other way than that accompanied by causing a harm.

Another circumstance that may exclude criminal action is risk-related activities. Under this circumstance, no act is defined as a crime that was taken as a justified risk, the benefit of which is greater than the harm caused to the interests protected by law. It is also necessary to comply with certain criteria here, namely [7]:

1. The harm to human health is caused to ensure the achievement of a socially useful goal, namely the development of medicine or the saving of patient's life and health.

2. There are no other ways to achieve this goal.

3. Awareness of the harmful effects of his/her actions by a medical practitioner only as possible and indirect options, and not 100% confidence in their occurrence.

4. Appropriate skills and knowledge of the medical practitioner to prevent adverse effects in this situation.

5. Sufficient measures taken to eliminate or minimize the threat to one's life and health.

To comprehensively reflect the situation, let us analyse the structure of criminal offences of medical practitioners according to the data of the Single Report on Criminal Offences in the Country. The results are formalized in Fig. 2.

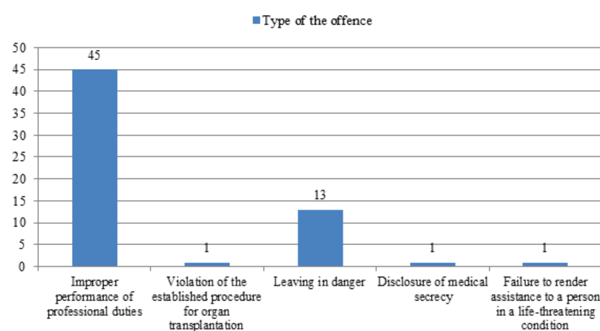

Fig. 2. Structure of offences of medical workers for 2019
**Source: author's own development based on [1]*

Thus, from the above figure we can see that most criminal cases were initiated for improper performance of professional duties - 45, 13 cases – for leaving in danger, 1 - for disclosure of medical secrecy, 1 – for violation of the organ transplantation procedure and 1 – for failure to render assistance to a person in danger. There were no initiated cases regarding other actions of medical practitioners for which they can be held liable.

However, out of 45 cases initiated during 2019 for improper performance of professional duties, none were closed at the end of the year, and out of 13 cases for leaving in danger 4 were notified of suspicion, 3 were referred to court with an indictment, 1 was closed, and 10 remain open at the end of the year.

Criminal cases for other offences were also not closed at the end of 2019.

With respect to liability, the commission of the aforementioned criminal offences is punishable by the application of one of the sanctions, namely: a ban on holding a medical position for a term of 5 years, correctional labour for a term of up to 2 years, custodial restraint or imprisonment for a term of up to two years. If the offence concerns minors, more stringent measures may be applied, such as custodial restraint for a term up to 5 years, imprisonment for a term up to 3 years, along with the prohibition to engage in medical activity for a similar term.

However, according to [12,16], the number of court cases on criminal charges of medical practitioners is very small, and less than half of them result in positive awards in favour of victims.

Another type of liability to which medical practitioners may be held is administrative liability. Thus, administrative responsibility is a type of response of the authorities to the offence, which is considered to be administrative according to the Administrative Code, and involves the imposition of penalties on the subjects of their commission [4].

Adapted to medical activities, the following types of offences are distinguished [4]:

- evasion from conducting medical examination;
- refusal of treatment of patients with venereal disease;
- violation of the procedure of donor blood manipulation;
- conscious concealment of the facts about the source of infection with a sexually transmitted disease;
- failure to observe sanitary standards, sale of over-the-counter medicines, where such is obligatory, etc.

The above list is not exhaustive and may be extended by offences related to the manufacture and circulation of medicinal products.

The following types of liability are provided for committing administrative offences (Fig. 3):

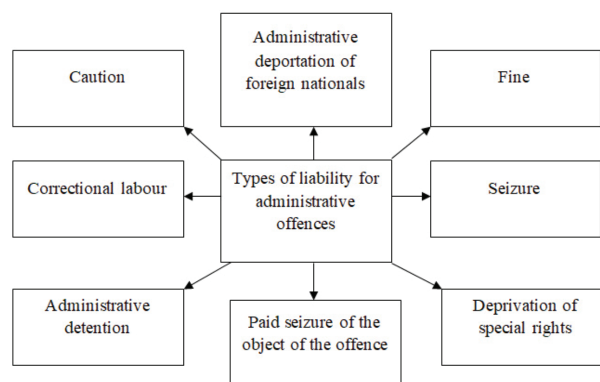

Fig. 3. Structure of liability for administrative offences
**Source: author's own development based on [4]*

Thus, we can see from the Figure that eight types of administrative penalties can be applied to the offender, depending on the nature and degree of crime.

Continuing the line of research, let us consider the peculiarities of bringing medical practitioners to civil liability.

The peculiarity of this type of liability is the application of coercion to the person who committed the offence by imposing the obligation of full compensation for the harm caused while providing medical care [7,14,15,17]. Given the specifics of health care relationships, the following civil law relationships emerge between their subjects:

- between the medical practitioner and the patient;
- between the medical institution and the recipient of its services;
- between epy medical practitioner and a healthcare facility.

In accordance with the practice of patients appeals for compensation for their harm, most often there is an appeal to the medical institution where services are received with the requirement to compensate for the material and non-pecuniary damage. At the same time, establishing a causal link between the unlawful behaviour of the medical practitioner and the harm caused is an obligatory condition for compensation, because the damage may be caused by the patient's failure to follow the doctor's recommendations or due to his/her individual characteristics. In turn, the doctors are usually brought to civil liability due to their negligence.

The next type of liability to be considered is disciplinary liability, which is related to a violation of labour law, as regards duties of the employees assigned to them. Such violations can be dishonest attitude to work, failure to comply with the work schedule, negligent handling of the equipment, neglecting the storage requirements of certain drugs, refusal to follow the management's instructions, appearing drunk at work, etc. However, some exceptions need to be considered here, namely the fact that the employee cannot be held liable for failing to perform his/her duties if he/she lacks the necessary equipment and devices to perform them, lacks the necessary working conditions and other medical practitioners lack and qualifications [6, 21].

There are two types of disciplinary responsibility in Ukrainian law – reprimand and dismissal. In practice, domestic labour law is, however, characterized by condescension to the employee's undue performance of duties, which is extremely difficult to punish, let alone dismissal. That is why, if the employee does not violate the internal regulations of the health care institution, in case of dishonest performance of his/her duties such a specialist will not be dismissed. In addition, it is practically impossible to dismiss an employee for lack of the necessary professional knowledge and practical skills, since employers are not authorized to conduct any employee certification. Their judgment about the doctor is formed solely on the basis of documents provided to them, including a diploma. In such cases, the only way to influence on a dishonest employee is his/her disqualification on the basis of re-certification, but this only affects his/her salary level, nothing else.

Further prospects for the development of the direction of regulation of the health care offences are the establishment of bodies of medical self-government in Ukraine, as the relevant draft law was registered in December 2019 [10]. According to the draft law, it is planned to establish local medical self-government bodies in each region, which, in addition to coordinating the activities of health care institutions, ensuring continuous professional development for medical practitioners, organizing international cooperation, will be charged with the obligation to ensure human rights in the field of health care and resolving legal disagreements between medical practitioners and their patients. However, at the time of writing the scientific article, the draft law was not adopted, so this is only planned.

Conclusions. Summarizing the above, it should be noted that there are the following types of liability in the medical field: criminal, administrative, civil and disciplinary. As regards criminal liability, healthcare professionals are responsible for committing both general and specific offenses related to the life and health of the individual. In reality, medical practitioners can be held criminally liable only for their failure to perform or improper performance of their professional duties, as well as failure to render assistance when necessary. In such a case, liability would be custodial restraint or imprisonment and a ban on engaging in a medical activity for a fixed term.

Administrative liability, in turn, is imposed by the authorities in case of violation of the relevant legislation by applying penalties to the persons who committed the violation. In this case, the penalty is fine, administrative detention, seizure, correctional labour, caution, deprivation of special rights, paid seizure of the object of the offense, etc.

The liability of medical practitioners under civil law is usually caused by their negligence. At the same time, it must be proved that the offence was caused by the doctor's fault, and not by the patient's failure to follow all the doctor's instructions. In this case, liability provides full compensation for material and moral damage caused to the patient.

Disciplinary liability is the last type of liability of medical practitioners for violation of labour law. In this case, liability provides either reprimand or dismissal.

In general, it is important to note that the prosecution of medical practitioners is an extremely complex process that involves the need to investigate a large body of evidence to establish the precise conditions for the offence. That is why the practice of imposing liability on medical practitioners is not widespread in Ukraine compared to global trends. This situation should be resolved, including through medical reform, as this ensures the protection of patients' rights, which has been missing so far at the required level.

REFERENCES

1. Єдиний звіт про кримінальні порушення за січень-г удень 2019 року. Єдиний державний веб-портал відкритих даних, 2019. https://data.gov.ua/dataset/4d8e1ba8-f036-4fbd-827c-fc3282fd0258

2. Закон України «Основи законодавства України про охорону здоров'я». Законодавство України, 2020. https://zakon.rada.gov.ua/laws/show/2801-12

3. Зозуля Н. Особливості притягнення лікарів до кримінальної відповідальності. Українське Право, 2019. https://ukrainepravo.com/scientific-thought/legal_analyst/osoblyvosti-prytyagnennya-likariv-do-kryminalnoyi-vidpovidalnosti-/

4. Кодекс України про адміністративні правопорушення (статті 1 - 212-21). Законодавство України, 2020. https://zakon.rada.gov.ua/laws/show/80731-10

5. Кримінальний кодекс України. Законодавство України, 2020.https://zakon.rada.gov.ua/laws/show/2341-14

6. Кузьмінський П. Відповідальність у медичній галузі. // Державне управління: удосконалення та розвиток. 2011; 10: 17-19.

7. Лист Департаменту конституційного, адміністративного

та соціального законодавства управління соціального, трудового та гуманітарного законодавства «Відповідальність юридичних працівників». Законодавство України, 2011. https://zakon.rada.gov.ua/laws/show/n0040323-11
8. Ляшенко Н. Разглашение медицинской тайны. Юридична консалтингова компанія «De-Jure», 2019. https://de-jure.ua/sprava-likariv-shho-potribno-znati-medp/
9. Наказ Міністерства юстиції України та Міністерства охорони здоров`я України «Про затвердження Порядку організації надання медичної допомоги засудженим до позбавлення волі». Законодавство України, 2017. https://zakon.rada.gov.ua/laws/show/z0990-14
10. Проект Закону про засади та органи медичного самоврядування в Україні. Верховна Рада України, 2019. http://search.ligazakon.ua/l_doc2.nsf/link1 J I00881 A.html
11. Цивільний кодекс України. Законодавство України, 2020. https://zakon.rada.gov.ua/laws/show/435-15
12. Чи реально притягнути лікаря до відповідальності за медичну недбалість? Аналіз судової практики від Касьяненка. Юридична компанія «Касьяненко і партнери», 2018. https://www.kasyanenko.com.ua/novosti/chi-realno-prityagnuti-likarya-do-vidpovidalnosti-za-medichnu-nedbalist
13. Duguet A.-M. Medical Law in France. Alphen aan den Rijn: Kluwer Law International B. V., 2018.
14. Health coverage rights and protections. HealthCare. https://www.healthcare.gov/health-care-law-protections/
15. Healthcare Compliance in Florida. HG. https://www.hg.org/legal-articles/healthcare-compliance-in-florida-55114
16. Hurwitz B., Sheikh, A. Health Care Errors and Patient Safety. Oxford: Wiley-Blackwel, 2009.
17. Law No. 7 of 2013 on the Social Health Insurance System. Qatar Legal Portal, 2013. https://almeezan.qa/LawPage.aspx?id=4770&language=en
18. Medical Care Act. Chapter I: General Principles. Ministry of Health and Welfare, 2018. https://law.moj.gov.tw/ENG/LawClass/LawAll.aspx?pcode=L0020021
19. Merry A. F. How does the law recognize and deal with medical errors? // Journal of the Royal Society of Medicine. 2009; 102(7): 265-271. doi:10.1258/jrsm.2009.09k029
20. What are my health care rights and responsibilities. HHS. https://www.hhs.gov/answers/health-care/what-are-my-health-care-rights/index.html
21. Your Medicare rights. Medicare the official U.S. URL: https://www.medicare.gov/claims-appeals/your-medicare-rights.

SUMMARY

MEDICAL MALPRACTICE AND LEGAL LIABILITY IN THE RENDERING OF HEALTHCARE SERVICES IN UKRAINE

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The development of medicine, raising the standards of living and education of the population, along with the increasing level of democratization of society, contribute to the increase of demands on medical practitioners, and the fact that people have legal knowledge, including knowledge related to obtaining medical services, causes an increase in the number of cases of holding medical practitioners liable for their offences. Therefore, this research paper deals with the explanation of human rights, as well as the description of a person's right to health care in the context of the general rights stipulated by the Constitution. In addition, the degree of coverage of the chosen topic of research by domestic scholars and the necessity of its further consideration was determined. At the same time, an insight into the history is provided, where the first cases of holding doctors liable are stated and their punishment is determined. The next step in the study is to determine the nature of legal liability and adapt general definition to the needs of the medical industry. The paper also describes the components of the concepts of medical staff, and identifies two areas of their liability: legal and moral. Continuing the line of research, the types of legal liability are considered: criminal, civil law and administrative, as well as moral liability in the form of disciplinary liability. The peculiarities of holding criminally liable are outlined, the structure of crimes which are committed under this category, the number of criminal cases against medical practitioners initiated in 2019 are analysed, and the possible types of liability for their commission are indicated. In addition, the nature and extent of liability for civil and administrative crimes are revealed, as well as the nature of disciplinary liability and the possibility of holding medical practitioners liable. The prospects of reforming the medical sector in terms of the establishment of medical self-government bodies have been identified, which, among other things provided by the legislation, are planned to be assigned the function of resolving cases of offences in the medical sphere. Based on the results of the study, sound conclusions were drawn.

Keywords: health care, criminal liability, civil liability, disciplinary liability, administrative liability.

РЕЗЮМЕ

ПРАВОНАРУШЕНИЯ В СФЕРЕ ЗДРАВООХРАНЕНИЯ И ЮРИДИЧЕСКАЯ ОТВЕТСТВЕННОСТЬ В ПРЕДОСТАВЛЕНИИ МЕДИЦИНСКИХ УСЛУГ

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Развитие медицины, повышение уровня жизни и образованности населения, наряду с ростом уровня демократизации общества, способствуют повышению требований к работникам здравоохранения, а наличие правовых знаний, в том числе связанных с получением медицинских услуг, вызывает рост числа случаев привлечения медиков к ответственности за совершенные ими правонарушения.

В статье представлено разъяснение и описание прав человека на охрану здоровья в контексте общих прав, определенных конституцией; определена степень раскрытия выбранной тематики исследования отечественными учеными. Проведен экскурс в историю с указанием первых случаев привлечения врачей к ответственности и мерах их наказания.

В статье определены составляющие понятия медицинский персонал, выделены два направления их ответственности - юридическая и моральная. Рассмотрены виды юридической ответственности - уголовная, гражданско-правовая

и административная и виды моральной ответственности, в частности дисциплинарной. Определены особенности привлечения к уголовной ответственности, структура преступлений, проанализированы количество уголовных дел против медицинских работников, открытых в 2019 г., обсуждаются возможные виды ответственности за их совершение. Раскрыты сущность и мера ответственности за гражданско-правовые и административные преступления, проанализированы степень дисциплинарной ответственности и возможности привлечения к ней работников здравоохранения.

Наряду с этим, представлены перспективы реформирования медицинской отрасли в части образования органов медицинского самоуправления, на которые в будущем, помимо всего прочего, предусмотренного законодательством, планируется делегировать функцию разрешения дел по вопросам правонарушений в медицинской сфере.

На основании анализа изученной литературы по вопросам правонарушений в сфере здравоохранения следует заключить, что судебное преследование практикующих врачей - чрезвычайно сложный процесс, который диктует необходимость исследования большого количества доказательств. Поэтому практика привлечения к ответственности практикующих врачей не получила широкого распространения в Украине в сравнении с мировыми тенденциями. Эту ситуацию необходимо разрешить посредством медицинской реформы, что обеспечит защиту прав пациентов, которая пока отсутствует на должном уровне.

რეზიუმე

კანონდარღვევები ჯანდაცვის სფეროში და იურიდიული პასუხისმგებლობა სამედიცინო მომსახურების შეთავაზების დროს

ს.ფილი, ა.კულიკი, ა.ფედოტოვა, ს.ლელეტა, ნ.ვაშჩუკი

უკრაინის შინაგან საქმეთა სამინისტროს სახელმწიფო სამეცნიერო-კვლევითი ინსტიტუტი, კიევი

მედიცინის განვითარება, ცხოვრების ხარისხის და მოსახლეობის განათლების ამაღლება, საზოგადოების დემოკრატიზაციის ზრდასთან ერთად, ხელს უწყობს მოთხოვნების ზრდას ჯანდაცვის სფეროს წარმომადგენელთა მიმართ; სამართლებრივი ცოდნა კი, მათ შორის, სამედიცინო მომსახურების მიღებასთან დაკავშირებულ საკითხებში, იწვევს მედიკოსების პასუხისმგებლობის საკითხის დაყენების შემთხვევების სიხშირის ზრდას მათ მიერ ჩადენილი კანონდარღვევების გამო.

სტატიაში წარმოადგენილია ჯანმრთელობის დაცვაზე ადამიანის უფლებათა განმარტებები და მათი აღწერა კონსტიტუციით დადგენილი საერთო უფლებების კონტექსტში; განსაზღვრულია კვლევის ამ თემატიკის განხილვის ხარისხი უკრაინელ მეცნიერთა მიერ. გატარებულია ისტორიული ექსკურსი, ექიმების პასუხისმგებლობაში მიცემის პირველი შემთხვევების და მათი სასჯელის ზომების მითითებით.

სტატიაში განსაზღვრულია “სამედიცინო პერსონალის” ცნების შემადგენლები, გამოყოფილია მათი პასუხისმგებლობის ორი მიმართულება – იურიდიული და მორალური. განხილულია იურიდიული პასუხისმგებლობის სახეები – სისხლის სამართლებრივი, სამოქალაქო სამართლებრივი და ადმინისტრაციული, ასევე, მორალური პასუხისმგებლობის სახეობა – დისციპლინური. განსაზღვრულია სისხლის სამართლებრივი პასუხისმგებლობის წაყენების თავისებურებები, დანაშაულებათა სტრუქტურა, გაანალიზებულია მედიცინის მუშაკთა წინააღმდეგ აღძრული სისხლის სამართლის საქმეები 2019 წელს, განხილულია პასუხისმგებლობის შესაძლო სახეები მათზე.

წარმოდგენილია მედიცინის სფეროს რეფორმირების პერსპექტივები სამედიცინო თვითმმართველობის ორგანოების განათლების თვალსაზრისით, რომელზეც მომავალში, კანონმდებლობით განსაზღვრულ სხვა აქტივობებთან ერთად, იგეგმება საქმეების გადაწყვეტის ფუნქციის დელეგირება მედიცინის სფეროში სამართალდაღრვევის საკითხებთან დაკავშირებით.

კვლევის თემაზე სამეცნიერო ლიტერატურის ანალიზის საფუძველზე ავტორები დაასკვნიან, რომ პრაქტიკოსი ექიმების სასამართლო/სამართლებრივი დევნა ზედმიწევნით რთული პროცესია, რომელიც წარმოშობს დიდი რაოდენობის მტკიცებულებათა კვლევის აუცილებლობას. ამიტომ, პრაქტიკოსი ექიმების პასუხისგებაში მიცემამ უკრაინაში, მსფლიოს ტენდენციებთან შედარებით, ფართო გავცელება ვერ ჰპოვა. ეს სიტუაცია უნდა მოწესრიგდეს სამედიცინო რეფორმის გზით, რაც უზრუნველყოფს პაციენტების უფლებების დაცვას, რომელიც ჯერ-ჯერობით არ არის სათანადო დონეზე.