PROTECTION OF THE RIGHTS OF HEALTHCARE WORKERS IN THE LIGHT OF EUROPEAN INTEGRATION PROCESSES

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Summary

The aim of the article is to thoroughly characterize the rights of all healthcare workers in accordance with the current legislation of Ukraine, as well as to identify problems that arise in the process of protecting the rights of healthcare workers and to propose ways to eliminate them.

Materials and methods. In the course of the research 1,000 healthcare workers were interviewed and surveyed regarding the violation of their fundamental rights in the city of Kyiv and medical and preventive institutions of the Kyiv region. Evaluating the violation of the rights of healthcare workers, it was found that every fifth medical worker notes the violation of his rights by patients, which is 70%, and by healthcare institutions – 25%; from colleagues – 3%; the other 2% refrained from answering.

The results. As of January 1, 2024, according to the statistical data of the National Health Service of Ukraine, it is stated that from January 1, 2022 to December 31, 2023 in Ukraine: the number of specialist doctors increased by 5.2% (+4667), by 4.9% (+1280) primary care physicians (PHC), by 6.7% (+9961) secondary medical personnel [1]. Thus, the number of medical workers (doctors, middle and junior staff (without pharmacists)) in the Electronic Health Care System as of January 1, 2022 was more than 288 thousand, as of January 1, 2024 345 thousand, and medical institutions 7,393. In July 2023 in 2018, the number of medical workers was already 396 thousand, and the number of medical institutions was 6559. Whereas in December, the number of medical workers increased to almost 520 thousand, and medical institutions to 8444 [2].

Conclusions. In order to improve the protection of the rights of healthcare workers, it is necessary to implement at the legislative level the concept of medical neutrality, which should apply in all democratic countries, regardless of the situations that arise in society. The authors formulated the main principles of medical neutrality, in particular: protection of medical workers, patients, health care institutions and other medical formations, medical vehicles from attacks or from illegal interference; free access to medical care, in particular treatment, as well as necessary medicines and medical devices; humane treatment of the entire civilian population; lack of discrimination in the treatment of the sick or injured; observance of the rights of patients, in particular, to keep a secret about the state of health, to refuse treatment.

Keywords: medical workers, the rights of medical workers, the sphere of health care, medical neutrality, duties, guarantees

INTRODUCTION

The health of society depends on both Ukrainians themselves and healthcare workers who stand guard over it around the clock. Therefore, within the ongoing reform of the healthcare system in Ukraine, aimed at improving and extending the lives of our compatriots, it is impossible to overlook the protection of the rights of healthcare workers and institutions in Ukraine.

The field of healthcare in today’s conditions requires both scientific and practical research. In the process of providing medical services, preference is always given to the protection of patients, who are the subjects of medical-
The article aims to provide a comprehensive characterization of the rights of all healthcare workers in accordance with the current legislation of Ukraine. Additionally, the goal is to identify and address urgent problems that arise in the process of protecting the rights of healthcare workers in the field of healthcare.

MATERIALS AND METHODS

The methodology of the study was selected based on the conducted research.

The goal is achieved through the application of general scientific and specialized scientific methods and techniques of scientific cognition. In particular, the historical and legal methods allowed determining the prerequisites for the emergence of the institution of protection of the rights of healthcare workers and its formation and development. The comparative legal method was used to compare doctrinal approaches to the protection of the rights of healthcare workers and the classification of these rights.

The systemic-structural method contributed to understanding the identification of the main elements, risks, and positive aspects of protecting the rights of healthcare workers.

In addition, the forecasting method involves formulating a model for the development of the protection of the rights of healthcare workers in modern conditions of its reform.

These research methods allow formulation of the main directions and limits of the study of the issue, as well as determining the possibilities for improving the mechanism of protecting the rights of healthcare workers. The study also involved a content analysis of relevant documents on the investigated topic.

RESULTS OF THE RESEARCH

Insufficient attention from the state towards healthcare workers is evident in the violation of their rights, which constantly require protection. The inadequate level of material support and legal assistance for the protection of their personal rights leads to a shortage of qualified personnel in the healthcare sector.

It should be noted that since February 24, 2022, due to active military actions abroad, more than 16.5 million citizens, including healthcare workers, have left the country. However, data from the National Health Service of Ukraine regarding the number of healthcare workers who have left the country during the war appear contradictory. If, of course, the statistical information on this matter is reliable and clear, it is a positive aspect. According to the statistics of the National Health Service of Ukraine, from January 1, 2022, to December 31, 2023, in Ukraine: the number of specialized doctors increased by 5.2% (+4667), primary care doctors increased by 4.9% (+1280), and the number of middle medical personnel increased by 6.7% (+9961) [1].

The number of healthcare workers (doctors, middle, and junior staff excluding pharmacists) in the Electronic Health System as of January 1, 2022, was over 288,000, and as of January 1, 2024, it reached 345,000, with a total of 7,393 medical institutions. In July 2023, the number of healthcare workers had already reached 396,000, and the number of medical institutions was 6,559. By December, the number of healthcare workers had increased to almost 520,000, and the number of medical institutions reached 8,444 [2].

If we consider only the medical institutions that operated under a contract with the National Health Service of Ukraine in 2022, their number was 3,500 people. In these institutions, as of January 1, 2022, over 271,000 healthcare workers were registered. As of January 1, 2023, there were over 309,000 people, and as of January 1, 2024, there were over 365,000 healthcare workers. The annual growth was +19.9%. This increase was mainly due to the mandatory re-registration in the Electronic Health System of middle and junior staff, particularly those who do not directly provide services according to the contract with the National Health Service of Ukraine [2].

Ineffective healthcare system reform, the ongoing pandemic situation with the coronavirus, and military actions in the country have led to a massive exodus of healthcare workers seeking permanent residency.
elsewhere. Accordingly, these workers require comprehensive protection to encourage their willingness to return to suitable working conditions. The protection of their rights is, of course, paramount in their professional activities.

Today, it is extremely crucial to develop a clear mechanism for safeguarding the rights of healthcare workers, which involves not only fair compensation for their work during challenging periods in the country’s life but also on a daily basis. This is vital as they perform the fundamental function of preserving the nation’s health [3].

During a detailed study of the protection of the rights of healthcare workers, a series of problems arising in the implementation of medical-legal relations has been formulated. Healthcare workers, in accordance with the Constitution of Ukraine, are endowed with the same rights as ordinary citizens. These rights include the right to life, health protection, a safe living and working environment, education, the opportunity to earn a living through freely chosen or agreed-upon work, leisure, respect for honor and dignity, and a business reputation. In addition to these fundamental rights, medical professionals have special rights and privileges as stipulated by the Law of Ukraine «Basics of Legislation on Healthcare».

The analysis of the current legislation, both general and specific, encompasses a set of professional rights for medical and pharmaceutical workers. These rights can be categorized into several groups: labor rights, professional rights, social rights, and the right to judicial protection. So, we provide a brief overview of these rights.

Healthcare workers, as a specific category of citizens, have the right to: engage in medical and pharmaceutical activities according to their specialty and qualification; proper conditions for professional activities; professional development, retraining at least once every five years in relevant institutions; free choice of approved forms, methods, and means of activity, implementing modern achievements of medical and pharmaceutical science and practice in the established manner; free access to social, environmental, and special medical information necessary for professional duties; compulsory insurance at the expense of the healthcare facility owner in case of harm to life and health resulting from the performance of professional duties as provided by law; social assistance from the state in case of illness, disability, or other cases of incapacity arising from the performance of professional duties; establishment of salary rates (tariff rates) in state healthcare institutions based on the Unified Tariff System, as determined by the Cabinet of Ministers of Ukraine [4].

In addition to having corresponding rights, healthcare workers also enjoy advantageous benefits. They have the right to a shortened workday and additional paid leave, preferential terms for pension provision, preferential housing arrangements, and phone provisions, among others.

In accordance with their rights, healthcare workers also have specific responsibilities, including: promoting health and strengthening the well-being of individuals; preventing and treating diseases; providing timely and qualified medical, therapeutic, and rehabilitation assistance; providing free emergency medical assistance to citizens in accidents and other extreme situations; disseminating scientific and medical knowledge, knowledge about the functioning and limitations of human life, and promoting a healthy lifestyle; adhering to professional ethics and deontology, preserving medical confidentiality; continually improving professional knowledge and skills; offering consultative assistance to colleagues and other healthcare workers, rehabilitation specialists, and medical service providers to the population; conducting activities in line with the principles of evidence-based medicine and evidence-based rehabilitation, and more [5, 6].

In addition to the responsibilities of healthcare workers at the national level, there are also general duties outlined in the International Code of Medical Ethics. These include: approval of the highest standards of professional conduct; physicians should not allow financial interests to affect the free and independent exercise of their professional judgment for the benefit of patients; physicians should provide competent medical care with full technical and moral independence, showing compassion and respect for human dignity; physicians should be honest with patients and colleagues, striving to rectify professional and personal shortcomings in others, exposing deception and fraud; physicians should respect the rights of patients, colleagues, and other medical personnel and maintain confidentiality regarding patients; physicians should act only for the benefit of the patient in cases where they apply medical interventions that can alleviate the physical or mental condition of the patient; physicians should exercise caution when disseminating information about discoveries, new techniques, or treatment methods through non-professional channels; physicians should attest only to what they have personally verified [7, 8].

Additionally, specific duties of a physician towards patients have been formulated, including: always remembering the obligation to preserve human life; providing the patient with all the resources of their knowledge; if a physician is unable to conduct an examination or treatment, they must involve another physician who has such capability; keeping everything they know about their patient confidential, even after the patient’s death; providing immediate assistance as a fulfillment of a humanitarian duty if there is uncertainty that others want and can provide such assistance [9].

In addition to the aforementioned rights, healthcare workers have specialized rights, such as the right to engage in medical activities according to their specialty...
and qualification; the right to professional development and retraining in relevant institutions at least once every five years; the right to proper conditions for professional activities; the right to mandatory insurance at the expense of the healthcare facility owner in case of harm to the life and health of a medical worker in connection with the performance of their professional duties in cases stipulated by law; the right to freely choose approved forms, methods, and means of activity, and more [10, 11].

Despite all the rights of healthcare workers aimed at the patient as a consumer of medical services, the patient also has protective rights. This includes the right to legal protection of the professional honor and dignity of healthcare providers, as they constantly face humiliation and insults from patients, both personally and through mass media, and experience violations of their labor and social rights. Medical workers lack guarantees of their physical safety altogether. An especially pressing issue is the spread of unreliable information in the media, which diminishes the honor and dignity of healthcare workers. This has become particularly prominent in the era of the internet, social media, and the development of digitalization in society, which has transformed into bullying against healthcare workers and may even lead to their death.

Every year, the number of crimes against medical workers is increasing; they are physically assaulted, taken hostage, and even killed. Doctors have no right to refuse to provide qualified medical assistance, even at the risk of their own lives and health. In practice, it is evident that medical workers often do not know their rights when faced with conflict situations. Those who are aware of their rights may not be able to articulate legitimate demands in a timely and competent manner and may be unfamiliar with procedural norms. The current legislation in Ukraine distinguishes between two ways of protection: general and special, applied in both judicial and non-judicial procedures [12].

There are cases where doctors manage to defend their rights through legal action. Specifically, when courts rule in favor of doctors, patients, or their legal representatives, compensation for moral damages caused by the dissemination of false information that degrades the honor and dignity of the medical professional may be awarded. In the event of rights infringement through the dissemination of information on the Internet that violates the honor, dignity, and business reputation, a healthcare worker may address the person responsible for such infringement, demanding the correction of such information, or file a lawsuit to protect dignity, honor, and business reputation [12].

Among such specific methods of protection are: refutation of unreliable information and/or the right to reply (Article 277 of the Civil Code of Ukraine); prohibition of the dissemination of information violating personal non-property rights (Article 278 of the Civil Code of Ukraine) [12].

It is worth noting that in the years 2020-2023, criminal proceedings were initiated related to medical legal relations, with the guilt directed towards healthcare professionals based on the practice of the Supreme Court of Ukraine. Notable cases include the transmission of HIV infection during blood transfusion (Resolution of the Supreme Court dated November 15, 2018, in case No. 61-26051cs18), resulting in the prosecution of 20 medical workers; improper reduction of shoulder dislocation (Resolution of the Supreme Court dated February 27, 2019, in case No. 755/2545/15-у) – 5 doctors held accountable; shoulder function impairment due to gallbladder surgery (Resolution of the Supreme Court dated November 25, 2019, in case No. 264/7310/15-у) – 3 individuals held responsible; causing harm during eye surgery leading to the plaintiff’s blindness (Resolution of the Supreme Court dated January 19, 2022, in case No. 308/4164/15-у) – 20 doctors held accountable; failure to conduct newborn screening procedures (Resolution of the Supreme Court dated October 26, 2022, in case No. 572/2718/19) – 17 doctors held responsible [13].

Indeed, in modern Ukrainian judicial practice, there are cases related to the compensation of damages due to somewhat different unlawful actions, such as the disclosure of medical information by healthcare professionals or other representatives of healthcare institutions without legal grounds. In this mentioned category of cases, the following stand out: disclosure of information about the plaintiff’s stay for psychiatric treatment (Resolution of the Supreme Court dated December 4, 2019, in case No. 760/8917/17); disclosure of the plaintiff’s HIV status diagnosis by a medical worker to her husband and another doctor (Resolution of the Supreme Court dated June 29, 2022, in case No. 205/9115/19) [13].

It is noteworthy that patients resort to legal action due to healthcare institutions’ refusal to provide them access to their medical documentation (Resolution of the Supreme Court dated November 11, 2020, in case No. 442/4791/17). Additionally, Supreme Court cases have emerged in practice related to the absence of informed consent for medical interventions (Resolution of the Supreme Court dated March 14, 2018, in case No. 537/4429/15-у) and vaccination of minors, including without parental consent (for example, Resolution of the Supreme Court dated July 21, 2021, in case No. 572/3616/19). This issue is particularly relevant in the context of the COVID-19 pandemic and the exclusion of unvaccinated minors from the educational process due to the absence of mandatory vaccinations for attending educational institutions [13].
Within the scope of our conducted research on the prosecution of healthcare professionals from 2019 to 2023, we observe that statistical data point to diverse criminal investigations that took place in the professional activities of medical practitioners (table 1). From our findings, we note that some crimes were committed by healthcare workers both intentionally and negligently, as well as during the commission of actions and in the form of inaction, leading to negative consequences for the patients. Over the years, we observe that certain crimes increased during active hostilities, which, in some cases, are not directly related to the professional activities of healthcare workers but are associated with situations that arose during the provision of medical assistance.

About official statistics on the prosecution for collaborative activities of healthcare professionals in Ukraine, it is not fully illuminated at the moment. However, in the Unified State Register of Judicial Decisions, only three verdicts related to collaboration in the medical field can be found. Namely: the conviction of an individual who voluntarily agreed to take the position of acting head of the health department of the Berdyansk city council and subsequently appointed by the occupiers to a position corresponding territory; the conviction of an individual to the position. Copies of documents (orders, "orders" from the occupation authorities appointing the appointment of the guilty person to the position and etc.) in healthcare or as the head of a specific healthcare institution, they will bear criminal responsibility for the term «occupation administration» also includes healthcare institutions [14].

In practice, this means that a healthcare professional may face criminal liability for voluntarily taking a position associated with the performance of organizational and managerial functions (such as duties related to leading a labor collective) and/or administrative and economic functions (for example, duties related to property management) in illegal authorities created in temporarily occupied territories, including in the occupation administration of the aggressor state (Part 5 of Article 1111 of the Criminal Code of Ukraine). It is essential to note that the term «occupation administration» includes healthcare institutions [14].

Exactly, if a person (after the occupation of the corresponding territory) voluntarily offers their candidacy and subsequently appointed by the occupiers to a position as the head of a department (division, management, etc.) in healthcare or as the head of a specific healthcare institution, they will bear criminal responsibility for collaboration [14, 18].

Interestingly, in all the cases above, the main evidence of the guilt of individuals who expressed a willingness to cooperate with the occupiers consisted of testimonies from witnesses (such as colleagues) who confirmed and provided details about collaboration with the occupiers. Other evidence included publications on websites of the aggressor state announcing the appointment of the guilty person to the position and "orders" from the occupation authorities appointing the individual to the position. Copies of documents (orders, petitions, etc.) signed by the person in their «new position» were also presented as evidence [14, 19].

In the present circumstances, all these pieces of evidence are not always reliable, as they may pursue their own interests. Therefore, grounds for holding individuals accountable for such crimes will always raise doubts without appropriate substantial justifications.

<table>
<thead>
<tr>
<th>№ з/п</th>
<th>Types of crimes for which criminal proceedings have been initiated against healthcare workers</th>
<th>2019</th>
<th>2020</th>
<th>2021</th>
<th>2022</th>
<th>2023</th>
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</thead>
<tbody>
<tr>
<td>1.1.</td>
<td>crimes against life, health and rights of patients:</td>
<td>5</td>
<td>6</td>
<td>5</td>
<td>20</td>
<td>35</td>
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<tr>
<td>1.2.</td>
<td>improper performance of professional duties</td>
<td>2</td>
<td>1</td>
<td>3</td>
<td>1</td>
<td>2</td>
</tr>
<tr>
<td>1.3.</td>
<td>violation of the established procedure for organ transplantation</td>
<td>5</td>
<td>3</td>
<td>2</td>
<td>18</td>
<td>25</td>
</tr>
<tr>
<td>1.4.</td>
<td>leaving in danger</td>
<td>19</td>
<td>18</td>
<td>22</td>
<td>15</td>
<td>12</td>
</tr>
<tr>
<td>1.5.</td>
<td>failure to provide assistance to a person in a life-threatening condition</td>
<td>12</td>
<td>8</td>
<td>6</td>
<td>35</td>
<td>29</td>
</tr>
<tr>
<td>1.6.</td>
<td>improper performance of their professional duties, including those that resulted in the infection of a patient with incurable diseases</td>
<td>5</td>
<td>25</td>
<td>19</td>
<td>17</td>
<td>16</td>
</tr>
<tr>
<td>1.7.</td>
<td>illegal abortion</td>
<td>2</td>
<td>5</td>
<td>1</td>
<td>2</td>
<td>3</td>
</tr>
<tr>
<td>1.8.</td>
<td>compulsory donation of blood and its components</td>
<td>1</td>
<td>3</td>
<td>2</td>
<td>1</td>
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<tr>
<td>1.9.</td>
<td>forced experiments on humans</td>
<td>6</td>
<td>9</td>
<td>21</td>
<td>5</td>
<td>4</td>
</tr>
<tr>
<td>2.1.</td>
<td>criminal acts in the field of economic activity in medical practice</td>
<td>12</td>
<td>7</td>
<td>5</td>
<td>1</td>
<td>4</td>
</tr>
<tr>
<td>3.1.</td>
<td>crimes related to the manufacture, use and transportation of narcotic and psychotropic substances and their precursors;</td>
<td>15</td>
<td>4</td>
<td>16</td>
<td>15</td>
<td>18</td>
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<tr>
<td>4.1.</td>
<td>offences related to the collaboration of healthcare workers</td>
<td>1</td>
<td>1</td>
<td>2</td>
<td>16</td>
<td>11</td>
</tr>
</tbody>
</table>

Table 1
In the international legal aspect, the regulation through the lens of the Geneva Convention on the Protection of Civilian Persons in Time of War should be noted. According to this convention, the occupying state is obligated to ensure and support the activities of medical and hospital establishments using all available means and in cooperation with state and local authorities. It is also required to provide and maintain satisfactory health and sanitary conditions on the occupied territory, including taking preventive and precautionary measures necessary to prevent the spread of infectious diseases and epidemics. All categories of medical personnel are allowed to perform their duties. When making decisions about health protection measures and ensuring satisfactory sanitary conditions, the occupying state must consider the moral and ethical requirements of the population on the occupied territory [16].

By Article 20 of this Convention, persons engaged in the regular and exclusive service of civilian hospitals, including personnel assigned for the search, collection, transportation, and treatment of wounded and sick civilians, disabled persons, and maternity cases, shall be respected and protected. The administration of each hospital always provides competent national or occupying authorities with an updated list of such personnel [16].

Furthermore, it is emphasized in paragraph 3 of Article 15 of Protocol I that the occupying state provides all necessary assistance to civilian medical personnel in the occupied territories to enable them to perform their humanitarian functions to the best of their ability. Under no circumstances shall any person be punished for carrying out medical functions compatible with medical ethics, regardless of whose interests these functions serve. Therefore, international standards clearly outline the protection and defense of the concept of medical neutrality [16].

During periods of active armed conflicts, a significant number of rights violations occur for all citizens, and healthcare workers are no exception, as their rights are unjustifiably violated in the course of performing their professional duties.

The concept of «medical neutrality» becomes highly relevant during wartime, implemented at the national level and acquiring a human rights orientation. Unfortunately, this concept lacks legislative grounding and is currently more of a position within the scientific community in the field of medical law. Legislative support for this concept would establish effective mechanisms for the protection of human rights, including those of healthcare workers, stemming from this concept.

Therefore, medical neutrality should be considered a social agreement that obliges society to protect healthcare workers both during armed conflicts and peacetime. It also obliges medical personnel to provide medical assistance to all individuals, regardless of religion, race, ethnic origin, political preferences, or other characteristics.

This position regarding the formulation of the concept of medical neutrality is derived from the Concept of Medical Neutrality crystallized during wartime from the Geneva Conventions on the Protection of Victims of War (Geneva, 12.08.1949), the Additional Protocol to the Geneva Conventions of 12.08.1949, relating to the protection of victims of international armed conflicts (Protocol I), dated 08.06.1977, UN Security Council Resolution 2286 (2016) adopted at its 7685th meeting on 03.05.2016, and the International Declaration of the Physician, the Geneva Declaration (1948) [15].

UNICEF, UNFPA, and WHO have issued a joint statement calling for an immediate halt to all attacks on healthcare in Ukraine. The horrific attacks on healthcare in Ukraine are killing and causing serious injuries to patients and healthcare workers, destroying vital healthcare infrastructure, and forcing thousands of people to forgo medical services despite critical needs. Attacks on the most vulnerable, including infants, children, pregnant women, those already suffering from illnesses, and healthcare workers risking their lives to save others, are acts of unconscionable cruelty [17].

It is considered appropriate to define the main principles of medical neutrality, including: the protection of healthcare workers, patients, healthcare facilities, and other medical formations, as well as medical transport from attacks or illegal interference; free access to medical care, including treatment, as well as necessary medical supplies and devices; humane treatment of the entire civilian population; absence of discrimination in treating the sick or wounded; respect for patients’ rights, including the preservation of health information confidentiality and the right to refuse treatment.

During the full-scale war in 2022-2023, Russian forces damaged 1,468 medical facilities in Ukraine, and an additional 193 were destroyed, according to the Ministry of Health. Russian invaders are reported to be destroying medical infrastructure such as hospitals, clinics, outpatient facilities, maternity wards, etc., to obstruct the work of healthcare professionals and create additional strain on the healthcare system. Since the beginning of the war, there have also been losses in emergency medical service vehicles: 103 vehicles were damaged, 253 were destroyed, and 125 were seized [20].

As we observe not only from statistical data representing violations of the rights of healthcare workers, but also from various incidents, violations include taking healthcare workers and patients hostage and destroying medical facilities resulting in the death of healthcare workers, patients, donors, etc. There are deliberate blockades of access to medical care and supplies, including
attacks on humanitarian convoys, forced conscription of donors, lack of access to medical care and medicines in occupied territories, theft of valuable medical equipment and medicines with their removal beyond the borders of Ukraine, substitution of evidence-based medications, including thrombolytic agents, with medications from the aggressor country without evidence-based efficacy used exclusively in that country, unauthorized use of the International Red Cross symbol, particularly on military equipment, and much more.

CONCLUSIONS

1. To enhance the protection of the rights of healthcare workers, it is necessary to legislatively implement the Concept of Medical Neutrality, which should operate in all democratic countries regardless of societal situations. The authors have formulated the fundamental principles of medical neutrality, including the protection of healthcare workers, patients, healthcare facilities, and other medical entities, as well as medical transport vehicles from attacks or illegal interference. These principles also emphasize free access to medical care, including treatment and necessary medical products, humane treatment of the entire civilian population, the absence of discrimination in the treatment of the sick or injured, and adherence to patient rights, including the preservation of health status confidentiality and the right to refuse treatment.

2. During the conducted research involving interviews and surveys of 1000 healthcare workers, the aim of which was to determine the extent of violations of their fundamental rights, it was found that every fifth healthcare worker experiences violations of their rights from various categories of individuals. Specifically, from patients, this constitutes 70%; from healthcare facilities, 25%; from colleagues, 3%; and 2% chose not to respond. These data indicate that all healthcare workers require proper legal protection of their rights from society. Violations of the rights of this category of individuals contravene universally accepted international norms in the protection of rights, freedoms, and legitimate interests of citizens, including healthcare workers. The principle of good faith performance of international obligations by the state is enshrined in international law (a participating state cannot invoke the provisions of its internal law to justify non-compliance with an international treaty regarding the protection of the rights of healthcare workers). Accordingly, a healthcare worker providing medical care cannot be punished for performing medical functions compatible with medical ethics, regardless of the interests for which these functions are performed based on Article 16, paragraph 1, of the Additional Protocol to the Geneva Convention of August 12, 1949.

The prospects for further research lie in a comprehensive study of the need in social medical insurance for healthcare workers. This would improve the attitude and attention of workers towards their health, treat acquired illnesses, and provide proper sanatorium treatment, and necessary rehabilitation, among other aspects.

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COMPLIANCE WITH ETHICAL REQUIREMENTS

The publication of data obtained during the legal research was conducted in accordance with the principles of ethics and legislative norms and requirements for legal research, namely: the Universal Declaration of Human Rights (1948), the Geneva Conventions on the Protection of War Victims (1949), the Helsinki Declaration (2000), the International Oath of a Physician, the Geneva Declaration (1948), the Constitution of Ukraine (1996), the Civil Code of Ukraine (2006), the Basic Legislation of Ukraine on Health Protection (1992), and the Law of Ukraine «On Information» (1992) (with amendments and additions as of March 21, 2023).

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