

INTERNATIONAL PRINCIPLES OF PROVIDING MEDICAL CARE

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The main international acts and declarations on the provision of medical care can be conditionally divided into general and special.

Common international documents include:

1. Statement on the availability of medical care (40 WMA, Vienna. - 1988);
2. International Code of Medical Ethics (3 WMA, London, 1949);
3. Principles of providing medical care in any national health care system (27 WMA, Munich, 1973 and 35 WMA, Venice, 1983).

Special international acts and declarations are devoted to one or more issues regarding the principles of providing medical care:

1. Rights of a practicing physician.
2. Patient rights.
3. Use of psychotropic drugs.
4. Provision of medical assistance in rural areas.

The state of medical resources depends on the following factors:

- medical personnel;
- financing;
- transport;
- possibility of freedom of choice of medical care;
- level of education of society;

- quality and location of medical technologies.

The degree of optimality of the balance above the listed elements, according to the criterion of maximizing quality and volume provided medical care, determines its availability.

The second international document defining the general principles of providing medical care is the International Code of Medical Ethics, which was adopted in 1949 at the 3rd World Medical Assembly held in London. The changes taking place in society, connected with the achievement of science and technology, the introduction of new biotechnologies into medical practice, led to the need to introduce changes and additions to the Code. Therefore, at the 22nd WMA in Sydney and the 35th WMA in Venice, WMA General Assembly, Pilanesberg, South Africa, October 2006 amendments were made to the International Code of Medical Ethics [1,2].

The Code of Medical Ethics consists of four sections, which cover: general duties of a doctor; activities that the international medical community considers unethical; ethical duties of doctors; responsibilities of doctors in relation to patients; duties of a doctor in relation to his colleagues.

The World Medical Assembly considers the main ethical duties of a doctor to be:

- adhere to the highest standards of professional activity in medical practice;
- not to allow financial interests to influence a professional decision;
- provide medical care with technical and moral independence;
- treat the patient with compassion and respect;
- be honest with patients and colleagues;
- struggle with professional and personal shortcomings of colleagues.

The World Medical Assembly passed a decision, according to which self-promotion of a doctor is considered unethical. At the same time, an exception is made for doctors of those countries in which self-promotion is allowed by law or the Code of Ethics of the National Medical Association.

According to the International Code of Medical Ethics, every doctor must:

- Respect the rights of the patient, colleagues and other medical personnel;
- To observe confidentiality in relation to the patient;
- Act in the interests of the patient in those cases. When means are used that can weaken the physical or mental condition of the patient;
- Carefully distribute new scientific discoveries and treatment methods through non-professional channels;
- Affirm only what you have verified yourself.

Each doctor has certain obligations not only to patients and their representatives, but also to colleagues, which include the following:

- Always remember your duty to protect human life;
- Involve all the resources of science in the process of providing medical care;
- Engage a more competent doctor for diagnosis or treatment, if the medical assistance required by the patient is beyond his professional capabilities;
- To keep the medical secret even after the death of the patient;
- Provide emergency assistance if there is no certainty that others are willing and able to provide it;

- Do not lure patients to your colleagues;
- To adhere to the principles of the "Geneva Declaration" approved by the WMA.

The third package of international declarations lays down the principles of providing medical care in any national health care system, set out in resolutions: 27 of the World Medical Assembly (Munich, 1973) and supplemented by the resolution of the 35th World Medical Assembly (Venice, 1983).

According to international declarations, any national health care system should include 12 principles of providing medical care.

1. In any health care system, the working conditions of medical workers must be determined by the positions of medical societies.

2. Each national health care system must provide the patient with the right to choose the hospital, and the doctor with the right to choose the patient, without neglecting either the rules of the hospital or the patient. The principle of free choice must be observed in medical centers as well. The professional and ethical duty of a doctor is to provide emergency medical care without any exceptions.

3. Each national health care system must be open to all doctors who have the right to practice medicine: neither health workers nor doctors can be forced to work under conditions unacceptable to them.

4. The doctor should be free to choose the place of his practice and limited only by the limits of his specialty.

5. The medical society should be adequately represented in all state institutions related to health care.

6. All persons participating in the treatment process or controlling it must respect and protect the confidentiality of the relationship between the patient and the doctor.

7. It is necessary to guarantee the moral, economic and professional independence of doctors.

8. If the fee for medical services is not determined by a direct agreement between the doctor and the patient, then the institution that finances the provision of medical services is obliged to adequately compensate the doctor for his work.

9. The amount of the doctor's fee should depend on the nature of the medical service. The cost of medical care should be determined by an agreement with the participation of representatives of the medical society, and not by a unilateral decision of the organization that finances the provision of medical services or the state.

10. The quality and efficiency of the provision of medical services, the volume, cost and quantity of services should be evaluated by doctors, guided by more regional and not national standards.

11. The patient's interests dictate that there can be no limitation of the doctor's right to prescribe any drugs and prescribe any treatment that is adequate from the point of view of modern standards.

12. The doctor should try to deepen his knowledge and raise his professional status.

Professional independence and freedom are necessary for a doctor to provide quality medical care. Therefore, doctors have the right to demand from society that no philosophical, religious, racial, political, geographical, physical and other barriers

prevent their professional medical activity aimed at obtaining new information, knowledge, skills and abilities.

The Declaration on Human Rights and Personal Freedom of a Practitioner emphasizes equal opportunities for every physician to participate in medical associations and medical societies; receiving postgraduate and continuing education, hiring and other aspects of professional activity.

The 34th World Medical Assembly, held in 1981 in Lisbon, adopted the "Declaration on the Rights of the Patient"[3], which states:

- Right to medical care of good quality
 - a. Every person is entitled without discrimination to appropriate medical care.
 - b. Every patient has the right to be cared for by a physician whom he/she knows to be free to make clinical and ethical judgements without any outside interference.
 - c. The patient shall always be treated in accordance with his/her best interests.

The treatment applied shall be in accordance with generally approved medical principles.

d. Quality assurance should always be a part of health care. Physicians, in particular, should accept responsibility for being guardians of the quality of medical services.

- e. In circumstances where a choice must be made between potential patients for a particular treatment that is in limited supply, all such patients are entitled to a fair selection procedure for that treatment.

That choice must be based on medical criteria and made without discrimination

The patient has the right to continuity of health care. The physician has an obligation to cooperate in the coordination of medically indicated care with other health care providers treating the patient. The physician may not discontinue treatment of a patient as long as further treatment is medically indicated, without giving the patient reasonable assistance and sufficient opportunity to make alternative arrangements for care.

2. Right to freedom of choice

a. The patient has the right to choose freely and change his/her physician and hospital or health service institution, regardless of whether they are based in the private or public sector.

- b. The patient has the right to ask for the opinion of another physician at any stage.

3. Right to self-determination

a. The patient has the right to self-determination, to make free decisions regarding himself/herself. The physician will inform the patient of the consequences of his/her decisions.

b. A mentally competent adult patient has the right to give or withhold consent to any diagnostic procedure or therapy. The patient has the right to the information necessary to make his/her decisions. The patient should understand clearly what is the purpose of any test or treatment, what the results would imply, and what would be the implications of withholding consent.

c. The patient has the right to refuse to participate in research or the teaching of medicine.

4. The unconscious patient

- a. If the patient is unconscious or otherwise unable to express his/her will, informed consent must be obtained whenever possible, from a legally entitled representative.
- b. If a legally entitled representative is not available, but a medical intervention is urgently needed, consent of the patient may be presumed, unless it is obvious and beyond any doubt on the basis of the patient's previous firm expression or conviction that he/she would refuse consent to the intervention in that situation.
- c. However, physicians should always try to save the life of a patient unconscious due to a suicide attempt.

5. The legally incompetent patient

- a. If a patient is a minor or otherwise legally incompetent, the consent of a legally entitled representative is required in some jurisdictions. Nevertheless the patient must be involved in the decision-making to the fullest extent allowed by his/her capacity.
- b. If the legally incompetent patient can make rational decisions, his/her decisions must be respected, and he/she has the right to forbid the disclosure of information to his/her legally entitled representative.
- c. If the patient's legally entitled representative, or a person authorized by the patient, forbids treatment which is, in the opinion of the physician, in the patient's best interest, the physician should challenge this decision in the relevant legal or other institution. In case of emergency, the physician will act in the patient's best interest.

6. Procedures against the patient's will

Diagnostic procedures or treatment against the patient's will can be carried out only in exceptional cases, if specifically permitted by law and conforming to the principles of medical ethics.

7. Right to information

- a. The patient has the right to receive information about himself/herself recorded in any of his/her medical records, and to be fully informed about his/her health status including the medical facts about his/her condition. However, confidential information in the patient's records about a third party should not be given to the patient without the consent of that third party.
- b. Exceptionally, information may be withheld from the patient when there is good reason to believe that this information would create a serious hazard to his/her life or health.
- c. Information should be given in a way appropriate to the patient's culture and in such a way that the patient can understand.
- d. The patient has the right not to be informed on his/her explicit request, unless required for the protection of another person's life.
- e. The patient has the right to choose who, if anyone, should be informed on his/her behalf.

8. Right to confidentiality

- a. All identifiable information about a patient's health status, medical condition, diagnosis, prognosis and treatment and all other information of a personal kind must e

kept confidential, even after death. Exceptionally, descendants may have a right of access to information that would inform them of their health risks.

b. Confidential information can only be disclosed if the patient gives explicit consent or if expressly provided for in the law. Information can be disclosed to other health care providers only on a strictly "need to know" basis unless the patient has given explicit consent.

c. All identifiable patient data must be protected. The protection of the data must be appropriate to the manner of its storage. Human substances from which identifiable data can be derived must be likewise protected.

9. Right to health education

Every person has the right to health education that will assist him/her in making informed choices about personal health and about the available health services. The education should include information about healthy lifestyles and about methods of prevention and early detection of illnesses. The personal responsibility of everybody for his/her own health should be stressed. Physicians have an obligation to participate actively in educational efforts.

10. Right to dignity

a. The patient's dignity and right to privacy shall be respected at all times in medical care and teaching, as shall his/her culture and values.

b. The patient is entitled to relief of his/her suffering according to the current state of knowledge.

c. The patient is entitled to humane terminal care and to be provided with all available assistance in making dying as dignified and comfortable as possible.

11. Right to religious assistance

The patient has the right to receive or to decline spiritual and moral comfort including the help of a minister of his/her chosen religion. The main international recommendations for providing medical care in rural areas were adopted by: the 18th World Medical Assembly (Helsinki, 1964) and the 35th World Medical Assembly (Venice, 1983).

The general positions of the declarations of the Ministry of Health on the provision of medical assistance to the rural population are as follows:

1. Residents of villages and towns have equal rights to medical care. The quality of medical care in the countryside should not differ from the quality of medical care in the city. Economic and other non-medical factors can affect the volume of medical services in the village.

2. Rural regions need to collect and analyze the facts necessary to assess the needs of residents of this area for medical assistance, for planning and development of local medical services.

3. In rural areas, the "doctor-patient" relationship must be preserved in full.

4. The level of education and socio-economic development in rural areas are interdependent. Popularization of medical knowledge in society is facilitated by:

- joint efforts of local self-government organizations;
- social organizations and societies;

- medical workers aimed at obtaining and maintaining a high level of practical health care.

5. The state health care system should ensure the development of urban and rural medical services to an equal degree.

6. Both in cities and in rural areas, it is necessary to ensure the integration of programs for the development of preventive and curative care, hygiene and sanitary-hygienic education and means of their implementation.

7. It is necessary to make every effort so that, both in cities and in rural areas, only qualified doctors bear clinical responsibility. Auxiliary personnel can only temporarily be involved in the performance of medical duties. There should be a sufficient number of doctors in the village who have undergone modern training, specially adapted to the medical needs of the rural population.

8. In rural areas, there should be a sufficient number of auxiliary medical personnel trained in accordance with the level of culture and education in the country. The medical community should in every possible way help rural medical workers in obtaining basic and postgraduate education.

9. Diseases characteristic of rural areas require the efforts of doctors and specialists of all relevant branches of medicine.

10. Medical workers should manage the sanitary and hygienic education of the rural population. To achieve the best results of medical education, cooperation between the doctor and the population is necessary.

11. National medical associations should promote that the working conditions of a rural doctor are no worse than those of a doctor in the city.

12. National medical associations should take an active part in programs to improve the health of the population in rural areas.

The majority of countries formulate state policy in the field of health care based on the above-mentioned international agreements and declarations, however, state management of the sector in each country is carried out within the legal framework of current legislation.

In accordance with its international legal obligations, the state participates in the implementation of international health care programs; exchanges environmental and medical information; promotes professional and scientific contacts of health care workers, exchange of progressive methods and technologies, export and import of medical equipment, medicines and other goods necessary for health, activities of joint enterprises in the field of health care; organizes joint training of specialists, develops and supports all other forms of international cooperation that do not contradict international law and national legislation.

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