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Review Article

Review PROTECTING THE RIGHTS OF THE PATIENT AS A CONSUMER OF HEALTH SERVICES: INTERNATIONAL STANDARDS AND NATIONAL LEGISLATION

Nozimakhon Gafurova
PhD in law, Head of the DepartmentIntellectual property of the Tashkent State University of law, Uzbekistan
e-mail: gafurovanozimakhon.tsul@gmail.com

Jakhongir Babaev
PhD in Law, Head of the Department of Masters of the Tashkent State University of law, Uzbekistan

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Abstract
In the article the questions of protection of patient's rights are studied in a complex way, where the patient's status is defined as a consumer of medical services. International instruments and mechanisms of patients' rights protection are considered in detail. The comparative legal analysis of the experience of protecting the rights of patients in such countries as Greece, Iceland, Israel, Lithuania, Finland, Czech Republic, Slovakia, France, Ireland, Portugal, Great Britain and CIS countries is made. Critical analysis of the protection of patient's rights as a consumer of medical services under the legislation of the Republic of Uzbekistan is made. As a result of the study, proposals were developed to improve legislation on the protection of patients' rights.

Keywords: patient, patient rights, consumer rights, international standards, informed consent, patient obligations, patient safety.
1. International instruments and mechanisms to protect patients' rights
2. Foreign experience in protecting patients' rights
3. Protection of the rights of patients as consumers of medical services under Uzbek law.

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Introduction

Patients' rights play an important role in the development of the health care system of each country. Originally based on fundamental human rights, such as integrity and self-determination, they are important in the context of health care and are particularly relevant in the context of the relationship between patients and health professionals. The current concept of patient rights has gradually expanded from individual patient rights to include social rights of the patient, which include issues of coverage, access and specific rights. Recently, there has been a tendency to further expand the status of patients to the status of "consumers", which is more focused on issues of information, quality and choice. Overall, this approach to patient status reflects and supports a broader trend of patient empowerment that aims to empower patients to participate in decision-making about their own health. This may be reflected in a trend towards patient involvement - or the involvement of patient organizations - in the development of patient rights policies.

Patients' rights can be grouped in three ways:

1. Basic individual rights, such as the right to informed consent; privacy and dignity; access to medical records;
2. Social rights, such as access to health care; redress; equal treatment;
3. Consumer rights, such as the right to choose a provider, to a second opinion, to safe and timely treatment (patient safety and quality of care).

In our research, we decided to focus on protecting the rights of patients as consumers of health services. We considered this to be the most relevant area because it is the violation of the rights of patients as consumers that is the most widespread and causes the greatest losses and violation of civil rights. Moreover, with the advent of the concept of medical tourism, the urgency of protecting the rights of consumers of medical services has increased many times, and has a serious economic aspect. First of all, it is necessary to study what international instruments and mechanisms for the protection of patients' rights exist today, and what positive foreign experience in protecting patients' rights is.

International instruments and mechanisms to protect patients' rights

In May 2019, the 72nd World Health Assembly, in a resolution entitled "Global Action for Patient Safety", endorsed the proclamation of a World Patient Safety Day. The first ever World Patient Safety Day will be celebrated on 17 September 2019. The theme of the first World Patient Safety Day will be "Patient safety - a global health priority" with the slogan "Speak up for patient safety!"[1]

One of the most recent documents on patient rights is the Tokyo Declaration on Patient Safety, adopted at the 3rd World Ministerial Summit on Patient Safety, held in April 2018 in Tokyo, Japan. The Summit participants unanimously recognized that patient safety is a fundamental requirement for any health management system, one of the most important conditions for universal access to health services and achievement of the goals enshrined in the UN General Assembly resolution of 25.09.2015 A/RES/70/1 in the document "Transformation of our world. The 2030 Agenda for Sustainable Development". The Tokyo Declaration on Patient Safety is based on the principles of resolution No. WHA55.18 (2002), adopted at the World Health Assembly, which calls on participating countries to "pay the utmost attention to patient safety and to develop and strengthen scientifically sound systems to improve patient safety and the quality of health care".

The fourth Global Ministerial Meeting on Patient Safety was held in the Kingdom of Saudi Arabia on 2-3 March 2019. The meeting focused on low- and middle-income countries, which account for two-thirds of the burden of harm to patients worldwide. The meeting launched the Jeddah Declaration on Patient Safety, which will provide meaningful recommendations, particularly for low- and middle-income countries.

Patient safety has become a major global public health concern in recent years. Despite differences between national health systems, many threats to patient safety have similar causes and can often be addressed in similar ways[1]

The 1948 Universal Declaration of Human Rights laid the foundation for international recognition of the values of human dignity, life and health. The provisions of the Declaration have been further developed and specified in various international legal instruments. The importance of legal regulation and protection of patients' rights has grown with the development of medical science, expectations and demands of patients with regard to the quality and safety of medical care. Since 1970, a number of international instruments of a universal and regional nature on the rights of patients have been adopted.

An analysis of the main international legal instruments in the field of patient rights shows that there is no universal definition of the concept of "patient".

The definition of the patient is contained, inter alia, in the UN Principles for the Protection of Persons with Mental Illness and the Improvement of Mental Health Care (1991). In this document, the patient is defined as a person receiving psychiatric care, including persons hospitalized in a psychiatric institution.

The scientific literature includes the following formulations.

Thus, A.V. Tikhomirov calls a patient a person who goes to "a doctor with a need for his professionalism for consulting and correcting his condition"[2]

Pishchita A.N. suggests that the patient is understood to mean "a person who has entered into a legal relationship with health care providers and/or other representatives of the health care institution in order to receive medical care... Neither the place of medical care, nor the state of health of a person is of decisive importance"[3]

G R. Kolokolov and N. I. Makhonko: "Patient is a person who has applied to a medical institution of any organizational and legal form, to a doctor of private practice for diagnostic, therapeutic, preventive care, regardless of whether he is sick or healthy".[4]

We would like to pay special attention to the author's definition of Blinov A.G., who defines "a patient as a person who has joined healthcare legal relations through the exercise of the subjective right to receive medical, psychiatric and pharmaceutical services in specialized institutions of any organizational and legal form or invited to participate in a biomedical experiment as a test subject. The definition of a patient proposed by him, which is new in form and content in the legal doctrine, is based on the following key features: 1) in its legal meaning a patient is a person who has entered into health legal relations; 2) by participating in health legal relations, he realizes the subjective right to receive services of medical, psychiatric, pharmaceutical nature or becomes a test subject in a biomedical experiment; 3) for medical, psychiatric and pharmaceutical services, he may apply to health care institutions of any organizational and legal form[5]

The concept of a patient is defined as:

A person who needs medical attention;

A person receiving medical care or treatment;

A person who is under the supervision of a physician in connection with a specific illness or condition;

A person who is waiting for or undergoing medical treatment or care;

A sick, injured or injured soldier who receives medical care or treatment from a medically qualified staff;

Healthy (healthy) or sick (sick) consumer(s) of health services.

Patient's rights include the totality of legal and social relations that arise when citizens apply for medical care.

Health protection is a set of measures of political, economic, social, legal, sanitary-hygienic and ant epidemic nature aimed at preservation and strengthening of physical and mental health of each person, maintenance of his active long-term life and provision of necessary medical assistance in case of loss of health.

About 15% of hospital expenses in developed countries are related to the elimination of problems caused by patient safety problems. And the wider social and economic consequences of harming patients cost billions of dollars a year.

Safe care delivers better results not only for patients and their families, but also for health systems as a whole, by avoiding the costs of dealing with the consequences of adverse events, involuntary extensions of hospitalizations, and compensation1.

Among the international instruments, conventions and declarations adopted by the World Health Organization (WHO) and the World Medical Association (WMA) are important.

The WHO Alma-Ata Declaration on Primary Health Care (1978), the WHO Lublin Charter on Healthcare Reform in Europe (1996), the MDA Tokyo Declaration "Recommendations for physicians on the position of torture, punishment and other suffering, as well as inhuman or degrading treatment in connection with arrest or detention" (1975), the Declaration of Helsinki (WMA) "Ethical Principles for Medical Research Involving People as Subjects (1964). The Geneva Declaration of the WMA defines a doctor's duty as follows: "My patient's health will be my primary concern. The international legal regulation of patients' rights is carried out at both the international and regional levels. Key international instruments on patient rights are the Declaration on Patient Rights Policy in Europe (1994) and the Lisbon Declaration on Patient Rights (1981). These acts contain international legal standards that need to be implemented in national legislation, taking into account the national peculiarities of the legal system.

In 1996, the European Forum of Medical Associations and WHO held in Stockholm, which adopted the Regulation on the Promotion of Patients' Rights. The Regulation merged the Declaration on Patients' Rights in Europe with the Declaration of the International Medical Association. The Regulation increased the role of national medical associations in protecting patients' rights. In 1997, the Council of Europe adopted the Convention for the Protection of Human Rights and Dignity in the Field of Biology and Medicine (1999). It was in fact the first international and binding instrument on the rights of citizens in the field of health care. In 1999, the Council of Europe adopted the Recommendation on the Protection of the Rights of the Mentally Ill. The Council of Europe Recommendation on the Rights of the Patient and Dying (1976), Charter of the Rights of the Patient in Hospital Care (1979), Patient's Rights in Europe (WHO, 1993), Amsterdam Declaration on Patient Rights Policy in Europe (1994), Tallinn Charter: Health Systems for Health and Welfare (2008).

THE BASIC RIGHTS OF PATIENTS DECLARED IN INTERNATIONAL INSTRUMENTS CAN BE SUMMARIZED IN FOUR WAYS:

1. **ACCESSIBILITY AND QUALITY OF HEALTH CARE**. Prohibition of any discrimination in relation to the

provision of medical care; right to choose a doctor and treatment facility; right to have family members present during the treatment of patients; right to be consulted by another doctor or specialist and to be consulted by a council; right to outpatient medical care at a time convenient for the patient; right to be examined, treated and maintained in hygienic conditions, etc.

2. **THE RIGHT TO INFORMATION.** Knowledge of one's own health status, risk level, diagnostic capabilities, available treatment methods; right to confidentiality of medical care and medical confidentiality; information on the working hours of the institution where the patient is treated, professional qualities of the attending physician, etc.
3. **REFERENCE AGREEMENT**. The right to consent or refusal of medical intervention; to informed consent prior to any medical service; written informed consent to the use of new methods of treatment and medicines and the possibility of refusal to participate at any stage of the experiment; consent or refusal of the patient to participate in the treatment process by students; consent and conditions of participation of the patient in the medical educational process, etc.
4. **RESPONSIBILITY OF MEDICAL WORKERS.** The right to appeal against the actions of medical workers in case of violation of the rights of patients; individual responsibility of the doctor and medical institution; the right to compensation for damage to the patient's health caused by the provision of medical care).

The European Charter of Patients' Rights, adopted on 15 November 2002, is an interesting international legal instrument of a regional character in the field of patient rights. The Charter enshrines fourteen patients' rights. Each national health care system in the European Union has a specific, distinct model for ensuring the rights of patients. The Charter strengthens the protection of patients' rights in different national contexts and serves as a tool for harmonizing national health systems to respect patients' rights.

European Charter of Patients' Rights	
14 patient rights.	**Content**
Right to preventive measures	Everyone has the right to proper care to prevent disease.
Right of accessibility	Everyone has the right to have access to the health services necessary for his/her health condition. Access to health services should be guaranteed to everyone without discrimination based on financial resources, place of residence, illness or time of seeking care.
Right to information	Everyone has the right to have access to all kinds of information about his or her health status, medical services (including conditions for their use) and opportunities resulting from scientific research and technological progress.
The right to consent	Everyone has the right to access any kind of information that may enable him/her to participate actively in decision-making regarding his/her health. Such information is a prerequisite for any procedure and treatment, including participation in scientific research.
The right to free choice	Everyone has the right to freedom of choice between different treatment procedures and medical institutions (specialists), based on adequate information.
Right to privacy and confidentiality	Everyone has the right to the protection of personal information, including information on his or her state of health and alleged diagnostic or therapeutic procedures, as well as the protection of his or her privacy during diagnostic examinations, visits to specialists and, in general, during medical or surgical treatment.
Right to respect for patients' time	Everyone has the right to receive the necessary treatment without delay and within a predetermined period of time. This right applies to all stages of treatment.
The right to quality standards	Everyone has the right to access high-quality health care based on evidence and in strict compliance with standards.
The right to security	Everyone has the right not to be prejudiced by the improper functioning of the health care system, the negligence of health workers and medical errors, as well as the right of access to health care and treatment procedures that are of a high standard of safety.
The right to innovation	Everyone has the right to access innovative therapies (including diagnostic procedures) in accordance with international standards and regardless of economic or financial considerations.
The right to freedom from unnecessary suffering and pain	Everyone has the right to avoid unnecessary suffering and pain at any stage of his or her illness.
The right to an individualized approach to treatment	Everyone has the right to diagnostic or treatment programs adapted to his or her personal needs to the maximum extent possible.
The right to file a complaint	Everyone has the right to complain and receive a response or other feedback in the event of harm.
The right to compensation	Everyone has the right to receive, within a reasonably short period of time, adequate compensation in the event that he or she suffers physical (or moral and psychological) harm in the course of providing

The European Patient's Rights Consultative Meeting, held in Amsterdam in 1994 with the participation of representatives of 36 WHO member states from the European region, adopted the "Fundamentals of Patient Rights in Europe". These are general provisions representing a set of basic principles aimed at supporting and implementing patient rights in WHO European Member States.

The policy set out in the Amsterdam Declaration provides the following strategic directions:

- adoption of legislation and regulations defining the rights and obligations of patients, medical professions and health care institutions.
- adoption of periodically revised medical and other professional codes, a charter of patient rights and similar documents based on consent and understanding among citizens, patients, health professionals and politicians;
- developing cooperation among and between patients, producers and providers of health services, taking into account

the different views of healthy citizens and consumers of health services;
- ensuring that research is conducted to assess and document the effectiveness of legislative measures and other methods and initiatives undertaken in different countries in the field of patient rights, etc.
The Amsterdam Declaration distinguishes between the social and individual rights of patients. Social rights in the field of health care are linked to social obligations undertaken or imposed on the government, public or private organizations to provide reasonable health care to the entire population. Social rights also relate to equal access to health care for all residents of a country or geographic region and the removal of financial, geographical, cultural, social, psychological and other discriminatory barriers. Social rights are the property of the entire society. They are determined by the level of development of society as a whole. Individual rights include the rights to personal integrity, privacy, confidentiality and religious belief. The Amsterdam Declaration focuses on the development of social rights, and its dominant emphasis is shifted to the field of individual rights. The conceptual framework for this review of patient rights is largely based on a number of intergovernmental declarations on freedoms and human rights. The intention of the authors of the declaration was not to formulate fundamentally new patient rights, but to create a unified, consistent concept in the field of «patient-medicine» relations.
Thus, international legal instruments on patients' rights have served as a basis for the protection of the right to health care. Consolidation of patient's rights in international legal documents is an important guarantee of recognition of patients' rights by the international community and imposes on the states the obligations to fulfill the mechanisms of ensuring and protecting these rights. Modern medical law systems in most countries of the world are based on the principles of international instruments on patients' rights.
One of the most effective international mechanisms for protecting patients' rights is the European Court of Human Rights. The ECHR has approached the issue of the protection of the right to health in its practice in the context of the consideration of applications under Articles 2, 3, 5, 8 of the European Convention on Fundamental Rights and Freedoms1
The case law of the European Court of Human Rights shows that the violation of the right to health is considered by the ECHR in the context of a number of health-related human rights, and also reflects the broad content of the right to health. Such issues include, for example, pharmaceutical activities, the right to adequate medical care and quality medicines, access to information on one's state of health, payment for medical treatment, dissemination of medical information, violation of professional duties by doctors, bringing to death in medical and preventive care, social institutions, military units, expulsions of persons suffering from diseases, and others. The main articles in the context of which applications are submitted to the ECHR are Article XIV. Articles 2, 3, 5, 8, 13 and others1

Foreign experience in ensuring the rights of patients

The development of international legal regulation of the protection of patients' rights has intensified the implementation of international standards at the level of individual States.
There are three types of strategies to improve the rights of patients:
The first is the adoption of special laws on patient rights (Greece, Iceland, Israel, Lithuania, Finland);
The second is the reflection of patients' rights in various laws of sectoral legislation (CIS countries);
The third is the non-parliamentary one, used in countries with patient rights charters and codes of professional ethics developed by medical associations (Czech Republic, Slovakia, France, Ireland, Portugal, Great Britain).
The choice is related to the peculiarities of the national legal system, the organization of the national health care system, economic conditions, etc.
Thus, in different countries the rights of patients were either fixed in special laws or included in the main law on health care. The countries that adopted laws on patients' rights on the basis of the European Charter include: Finland, the Netherlands, Israel, Lithuania, Iceland, Hungary, Denmark, Norway, Georgia, France, Belgium, Estonia, Switzerland, and Cyprus.
Patients' rights are included in general healthcare legislation in Portugal, Slovenia, Slovakia, Hungary, Italy and other countries. In 2005, patient rights laws were adopted in Cyprus and the United States in the form of a House of Representatives Bill on improving patient care and education.
The existence of a patient law in the country that regulates patient rights is one of the main parameters for assessing the effectiveness of health care systems in different countries from the perspective of health care consumers, along with such parameters as: patient participation in decision-making on the organization of the health care system; the possibility of obtaining compensation for the harm caused to the life (health) of a patient by inappropriate health care without proof of the cause of the harm; the right to a second opinion; access to one's own medical records
The main objectives of the legislation on patients' rights:

- confirm and uphold fundamental human rights and human values in the health care system and, in particular, protect the physical and mental integrity, dignity and independence of the patient;
- give patients a central place in the health system and make health care more accessible, including to expensive health resources, and equal for all patients;
- advocate for the rights of patients in their relations with medical institutions and personnel;
- help patients to receive effective treatment and minimize the possibility of harm to patients' health;
- maintain patient-doctor relationships based on trust, mutual support and respect;
- strengthen existing and offer new opportunities for dialogue between partners in the health care system;
- guarantee the quality of medical care, provide quality medical care to the most vulnerable groups of patients (children, the elderly, the chronically ill and the disabled).

At the same time, the rights and obligations of the patient must be considered in conjunction with each other. By granting rights to patients, modern legislation makes them more independent and responsible.

The patient has an obligation:

take care of their own health, do not harm both their own and others';in case of illness with diseases dangerous for the surrounding environment, observe the required precautions;take mandatory preventive measures, such as vaccination;give doctors full information about their past and present diseases;comply with the rules of the health care institution;comply with medical prescriptions;refrain from using other medical devices, including drugs not prescribed by the attending physician;respect the rights of other patients and medical personnel.
Although the overall quality of health care services has improved, the issue of patient safety and the strengthening of safety and monitoring systems is a topical one today.
Patient safety is one aspect of quality. At the country level and internationally, patient safety issues are addressed in the context of the quality of the health care system. Patient safety

is linked to the organization of care, the corporate culture of the facility or the primary care structure. The work to improve the quality of health care depends on the specifics of the country. Today, within the European Union, health issues are the responsibility of member states.

For example, Denmark has had a new system for reporting on adverse consequences and errors in hospital care since 2004. It is based on the following key principles: all health workers are obliged to report errors, serious incidents and adverse consequences of medical interventions. Reports are confidential; no penalties are foreseen. All reports are reviewed at the local level. The principle of anonymity is not used at this stage. The reports contain personal data about the employees involved in the incident. In Denmark, hospitals are managed by local authorities, so the organization of patient safety work is handled at the local level. Experts working at the national level have the following functions: to summarize the results of all reports; to identify cases of repeated errors and their sources; to form a conclusion on best practices; and to develop national guidelines for the prevention and elimination of medical errors.

In the United Kingdom, many different organizations are involved in patient safety work. The National Institute of Excellent Clinical Practice develops standards for both the national system and individual health facilities. A structured framework has been put in place for the development of national standards. The Treatment and Preventive Care Commission oversees the implementation of the standards by the "police". In parallel, the National Patient Safety Agency, which is responsible for the functioning of the national reporting system, including the collection, quantification and comparative analysis of field reports, operates. In the United Kingdom, the Clinical Practice Guidelines were introduced 8 years ago. It ensures the accountability of all NHS facilities for the continuous improvement of service quality and compliance with established standards. The guidelines include the following principles: good governance, priority attention to patient needs, teamwork, real accountability, a systematic approach, communication, active learning. The National Health Service takes a tiered approach to provision. Patient safety. The National Health Service's Strategy Paper "Standards for Health Improvement" gives priority to patient safety issues. The principles set out in the document are accepted for implementation in all service institutions.

Protection of the rights of patients as consumers of medical services under Uzbek law

Thanks to the measures taken, the country has improved the efficiency, quality and accessibility of medical services and achieved the main parameters of the United Nations Millennium Development Goals. Over the years of independence, the international community has given a positive assessment of the country's achievements in the field of health care. Thus, life expectancy increased by 4.6 years, from 69.1 years in 1995 to 73.7 years in 2017.

The maternal mortality rate fell by a factor of 3.1, to 21 per 100,000 live births and infant mortality by a factor of 3.1, to 11.5 per 1,000 live births. The coverage of vaccinations and preventive measures against the most common diseases in children is steadily maintained at 96-98 per cent.

The introduction of a set of preventive, anti-epidemic and sanitary-hygienic measures to combat infectious diseases has made it possible to ensure full protection against particularly dangerous infections (plague, cholera), polio, diphtheria, neonatal tetanus, local cases of malaria, measles and rubella. Certificates from the World Health Organization on elimination of the wild polio strain (2002), measles and rubella (2017), malaria (2018) were obtained

At the same time, there are still some problematic issues and negative phenomena in the organization of health care, which hinder the effective solution of tasks on further improvement of the system of health care of citizens. First of all, it is the improvement of legislation in the field of health care:

1. Improvement of the legal and regulatory framework through the unification of national legislation in the field of health care and the adoption of directly applicable laws.
2. Codification of existing legislation in the area of health care in a single act with a view to achieving consistency and ensuring the convenience of its application, and the adoption of the Health Code of the Republic of Uzbekistan.
3. Legal consolidation of the volume of free medical care guaranteed by the State.
4. Development and adoption of normative-legal acts in the sphere of compulsory medical insurance.
5. Improvement of legislation in the area of maternal and child health, including regulation of the procedure for vaccination, medical examinations and guaranteed free medical care for mothers and children, implementation of the norms of the International Code on the Marketing of Breast-milk Substitutes, and adoption of the National Programme on Infant and Young Child Nutrition.
6. Improving legal mechanisms for regulating the marketing of foodstuffs and non-alcoholic beverages in accordance with the recommendations of the World Health Organization and other international organizations, as well as promoting physical education and the involvement of the general public in sporting events.
7. Improving mechanisms for ensuring the compliance of medical personnel with their professional obligations and preventing conflicts of interest and corruption, including the adoption of the Code of Ethics for Medical Personnel and the insurance of their professional liability.
8. Further improvement of legislation in the field of social protection of the population, especially vulnerable categories and improvement of the targeting of social assistance1

The advent of the legal concept of consumerism in Uzbek legislation has led to the formation of new social and legal relations in society.

In this case, it is primarily the relationship between producers (goods, services, works, information) focused on the needs of the consumer, where in this case, medical institutions are providers of health services and patients are consumers. The main condition for the implementation of such relations is not only the observance of the full range of civil rights in the provision of medical services, but also an assessment of the level of consumer satisfaction with these services at the expense of appropriate quality.

According to the Consumer Protection Act No. 221-I of 26 April 1996, a consumer is a citizen (individual) who acquires, orders or intends to purchase or order goods or services for personal consumption or for other purposes unrelated to profit; a manufacturer is an enterprise, organization, institution or individual entrepreneur that produces goods for sale to a consumer;

Executor - an enterprise, organization, institution or individual entrepreneur that performs works or renders services to the consumer under the contract in the household, housing and communal, repair and construction, transport and other spheres of service;

Seller - an enterprise, organization, institution or individual entrepreneur that sells goods to a consumer under a contract of sale.

According to Article 4, consumers have the right to:obtaining reliable and complete information about the product (work, service), as well as the manufacturer (performer, seller);free choice and proper quality of goods (work, services);safety of goods (work, services);

compensation in full of material losses, moral damage caused by goods (work, service) with defects that are dangerous to life, health and property, as well as illegal actions (inaction) of the manufacturer (performer, seller);appeal to the court, other authorized state bodies for protection of violated rights or legally protected interests;creation of public consumer associations.

For certain groups of consumers classified as in need of social protection, the legislation may establish benefits and advantages in the field of trade, domestic and other types of services.In addition, in order to

protection of consumers' and the state's interests in the issues of safety of products, processes, works and services (hereinafter referred to as "products") for life, health and property of the population, environment, resource saving;ensuring interchangeability and compatibility of products;improving the quality and competitiveness of products in accordance with the level of development of science and technology, as well as the needs of the population and the economy;

promoting the saving of all types of resources, improving the technical and economic performance of production;implementation of socio-economic, scientific and technical programs and projects;ensuring the safety of national economic facilities taking into account the risk of natural and man-made disasters and other emergencies;

providing complete and reliable information to consumers about the nomenclature and quality of products;ensuring defense capability and mobilization readiness;

The Law of the Republic of Uzbekistan "On standardization" was adopted on December 28, 1993, № 1002-XII.

In the Republic of Uzbekistan the standardization system is functioning. The Ministry of Health of the Republic of Uzbekistan organizes, coordinates and provides standardization activities in the field of medical products, including medicines, medical devices, medical equipment, as well as in determining the content of harmful substances in the products manufactured in the Republic of Uzbekistan, including those supplied for import.

Legislation on patients' rights is based on the Constitution, the Health Care Act and other regulations governing social relations in the area of patients' rights, guarantees and protection.

The main objectives of legislation on the protection of citizens' health are: to guarantee citizens' right to health protection by the State; to promote a healthy way of life; and to regulate the activities of State bodies, enterprises, institutions, organizations and voluntary associations in the area of the protection of citizens' health.

The basic principles of the protection of citizens' health The basic principles of the protection of citizens' health are: respect for human rights in the field of health care; access to medical care for all segments of the population; priority of preventive measures; social protection of citizens in the event of loss of health; and unity of medical science and practice.

The right to health care is inalienable. The State ensures health care for citizens regardless of age, sex, race, ethnic background, language, attitude to religion, social origin, beliefs or personal or social status. The State guarantees citizens protection against discrimination, regardless of whether they have any form of illness. Persons guilty of violating this provision are liable in accordance with the procedure established by law.

Foreign nationals in Uzbekistan are guaranteed the right to health care in accordance with the international treaties to which Uzbekistan is a party.

Under the Act, citizens have the right to receive reliable and timely information on factors affecting their health status, including information on the sanitary and epidemiological well-being of the area of residence, rational nutrition standards, goods, works, services and their safety, and compliance with sanitary standards and regulations. In the event of illness, disability and other cases, citizens are entitled to medical and social assistance, which includes preventive, therapeutic, diagnostic, rehabilitative, health-resort, prosthetic and orthopaedic and other forms of assistance, as well as social care measures for sick, disabled and disabled persons, including the payment of temporary disability benefits.

One of the drawbacks of the national legislation governing health care is that we do not introduce the concept of "patient", its difference from the concept of "patient". In the laws of other states, the concept of patients is included in special laws. Thus, according to the Federal Law of the Russian Federation "On the Rights of Patients", a patient is a person who needs and/or has applied for medical assistance, receives medical assistance, or participates as a test subject in biomedical research, is under medical supervision, and acts as a consumer of medical and related services, regardless of whether he or she is healthy or ill.

According to the Order of the Ministry of Health of the Russian Federation of 22.01.2001 No. 12 ("On the introduction of the industry standard "Terms and definitions of the standardization system in health care"), the Patient is a consumer of medical services, applying to a medical institution or a medical worker for medical care.

Also in the Code of the Republic of Kazakhstan on Public Health and the Healthcare System in paragraph 87) "the patient is an individual who is (was) a consumer of medical services";

The Law of the Republic of Lithuania of 3 October 1996 on Patients' Rights and Compensation of Health Damage defines "a patient as a person who enjoys supervision over his or her personal health, regardless of whether he or she is healthy or sick".

Under article 24 of the Health Care Act, patients have the right to seek and receive medical assistance:respect and humane treatment by medical and service personnel;

selection of a doctor and a treatment and preventive care establishment;examination, treatment and maintenance in conditions that meet sanitary and hygienic requirements

conducting, at his or her request, a consultation and consultations with other specialists in accordance with the procedure established by the Ministry of Health;

keeping confidential information on the fact that a person is seeking medical assistance, the state of health, the diagnosis and other information obtained during his or her examination and treatment;

voluntary consent or refusal of medical intervention;receiving information about their rights and obligations and their state of health, as well as the choice of persons to whom information about their state of health may be communicated in the interests of the patient;receipt of medical and other services within the framework of voluntary health insurance;

compensation for damage in the event of harm to the patient's health when providing medical assistance in accordance with the procedure established by law;admission to him/her of an advocate or other legal representative for the protection of his/her rights.

But paradoxically, there is no definition of "patient" in this law. There is no correlation between "patient" and "patient". After all, based on the legislation it is obvious that if a patient is connected directly with the rights of consumers, and a patient may not always fall under the status of a consumer, as a patient acquires the status of a patient only after entering into a legal relationship with a medical institution.

In case of violation of the patient's rights, he or she or his or her legal representative may file a complaint directly with the head or other official of the treatment and preventive care institution, a higher management body or the court. Issues

related to compensation for harm caused to the life and health of citizens are regulated by article 1 of the Constitution. Articles 1005-1016 of the Civil Code.

In addition, Presidential Decree No. UP-3214 of 26 February 2003 on measures for further reform of the health-care system established rules for the provision of highly qualified specialized medical care on a fee-paying basis by the national specialized medical centers, in accordance with the quality standards of diagnosis and treatment (2004). The rules define the procedure and conditions for the provision by the Republican specialized medical centers of highly qualified specialized medical care to the population on a paid basis.

The centers provide medical care to the population on a fee-paying basis in accordance with the quality standards of diagnosis and treatment approved by the Ministry of Health, which meet high international standards. Such centers receive patients and treat patients in need of highly qualified specialized medical care using modern diagnostic and treatment equipment. The rules regulate the procedure for receiving patients and treating patients, the procedure for paying the cost of medical care, the rights of consumers and the responsibility of medical centers. Patients' rights to quality medical care are protected by the Consumer Protection Act and other legal and regulatory instruments.

If the Center fails to meet its obligations under the concluded contracts for the provision of medical care in terms of the timing and quality of the services, the patient has the right to choose:request the appointment of a new term for the provision of services;request the performance of services by other specialists;terminate the contract and demand compensation for damages.

(See details: Resolution of the Cabinet of Ministers of the Republic of Uzbekistan "On measures to complete the experiment and deepen reforms in the health care system". Collection of Legislation of the Republic of Uzbekistan, 2004, No. 22-23, art. 265; 2016, No. 17, art. 176).

Thus, when studying this problem, the natural question arises: Does the patient's relationship with a medical organization fall within the scope of the Consumer Rights Protection Law? No, only those in which a payment must be made or has already been made for the service or assistance provided in accordance with the agreement of the parties (whether by the citizen or by a third party, such as an insurance company).

As mentioned above, in many countries, the category of consumer includes patients receiving medical services in mandatory health insurance, in voluntary health insurance, in the system of paid medical and service services. At the same time, Ambulance patients (state patients), persons receiving state medical assistance in the institutions financed from the budget (treatment of socially significant and dangerous diseases), are not consumers of medical services, they are recipients of state medical assistance financed by the budget. In addition, given that Uzbekistan has not yet adopted the Compulsory Medical Insurance Act, certain problems arise.

According to the definition of E.A. Rusetskaya, compulsory medical insurance (CMI) is one of the forms of social insurance of each citizen regardless of his or her social and economic status and is designed to provide state guarantees to the entire population in the provision of free medical care. The mechanism of social protection of citizens on health protection is a stable system of social and economic behavior of social groups and their interaction with each other, as well as with the state in the market of medical services in the conditions of functioning of compulsory medical insurance concerning the production, distribution, exchange and consumption of medical services in order to meet specific public and individual needs to receive free, affordable, qualified and high-quality medical care. Thus, voluntary health insurance provides payment for health services directly related to treatment, and a wide range of insurance schemes are offered to the insured. Some include health insurance against long-term and temporary incapacity for work or rehabilitation; and some offerings may even include elements such as sports and recreational fees and healthy lifestyle choices. In other words, voluntary health insurance is a type of social insurance, which is carried out on the basis of voluntary health insurance contracts and provides citizens with additional health and other services in addition to those provided by compulsory health insurance programmes. At the same time, compulsory medical insurance is a state-guaranteed system of protection of the population's interests in the field of health protection through the formation of special-purpose monetary funds intended to cover the costs of treatment of conditions caused by the onset of insured events in the form of illness or injury). Thus, the purpose of health insurance is to guarantee citizens in the event of an insured event to receive medical care at the expense of the accumulated funds and to finance preventive measures. Such social protection can be realized through the creation, in a single procedure, of a specialized monetary fund, in the formation of which, in the end, each citizen would participate.

So, what gives patients mandatory health insurance?

First of all, it should be noted that there are the most basic rights of patients who need protection: 1. The right to access to medical care in all its forms and forms. 2. The right to the proper quality of medical care in all. 3. The right to free medical care within the limits of constitutional guarantees. Accordingly, there are certain risks faced by patients in need of medical services: denial of medical assistance; imposition of paid services; denial of free provision of medicines, medical devices, food - everything provided for by the program of state guarantees of free medical assistance; possibility of causing damage to the patient's health and life during the provision of medical assistance; possibility of loss of ability to work during the provision of medical assistance; possibility of large temporary

According to a study by WHO experts, community health insurance systems and social insurance systems in these countries increase the financial protection of their members by reducing the need to pay for medical services in the places where they are provided. They also contribute to better health outcomes, as people with health insurance are more likely to use health services, both inpatient and outpatient, than people without insurance. Today, however, many low- and middle-income countries do not make the most of such schemes.

Countries that have compulsory health insurance legislation in place have developed a number of reform strategies at different levels of the system. These reform strategies can be broken down into four interlinked areas: changing the role of the state and the market in the delivery of health services; decentralisation and devolution of authority to lower levels of the public sector or the private sector; increasing patients' freedom of choice and capacity; and the changing role of the public health system.

The General Director of WHO, in his address to the Fourth Global Ministerial Summit on Patient Safety, notes that as health becomes increasingly complex, we understand that we need a more comprehensive and systematic approach to security. And we know that we must address five critical gaps. First, “the knowledge gap”. In order to understand the magnitude of the problem and to identify the factors that contribute to error and harm, we need better data and research, especially in low- and middle-income countries.

Second, the "political gap." Each country and health care institution needs to develop a clear policy on patient safety that is adapted to the local context. It should include: how to report on medical errors, how to learn from negative experiences, and what to do when an error has occurred.

Third, the "design gap". We need to apply scientific principles to the development of policies, strategies, plans and practical tools to ensure that they are appropriate to the local context, especially in low- and middle-income countries.
Fourth, the "practice gap". To ensure patient safety, all health professionals need to know and understand best practice principles that are based on the best available scientific evidence. In addition, they should be supported by groups of qualified trainers in patient safety and management theory.
Finally, a "communication gap". We need to bring together innovations and best practices and share our experiences on what works and what does not.

Conclusion:
As a result of our research, we came to the following conclusions:

1. It is necessary to codify the current legislation in the field of health care in a single act in order to achieve their consistency and convenience for their application, the adoption of the Health Code of the Republic of Uzbekistan, which has a separate chapter on patient rights. This chapter should reflect the rights of patients from the perspective of consumer rights.
2. Accordingly, we propose the author's definition of the concept of the patient: "A patient is any person who has entered into legal and social relations with a medical institution or a single medical worker, with the purpose of receiving all types of medical and pharmaceutical services, medical care, as well as participation in biomedical experiments within the framework of the legislation and is a consumer of medical services, regardless of his state of health".
3. It is advisable to develop a patient safety policy for the Republic of Uzbekistan based on best practices, taking into account the specific cultural and local conditions.
4. In order to ensure the best possible protection of patients' rights and medical tourism, it is advisable to adopt a law on compulsory medical insurance and, accordingly, to develop a number of strategies for implementing reforms at various levels of the system.

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