PATIENTS' RIGHTS LEGISLATION IN GEORGIA

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Abstract

The article provides review of legal foundations for patients' rights in Georgia. Brief historical analysis of the Georgian State and law is given. The structure of the patients' rights legislation is specified. The article describes the common difficulties of Post-Soviet countries in promotion of the rights of on the example of Georgian experience. International documents are briefly referred as the conceptual foundations for the Georgian legislation on patients' rights. Patients' social and individual rights are reviewed in details. Also, some considerations about the implementation of the above-mentioned rights are provided.

Georgian State and Law

Georgia has little experience in building a civil society. At the same time, it has definitively integrated with the western world and harmonized with western law. Apparently, the legislative basis is one of the most important points in the process of establishing common anthropocentric values and view-points of the civil, open society.

The history of the Georgian state and law dates back to ancient times. Due to its historical misfortunes, Georgia never participated in the process of great codification. In this connection, the legislative activity of King Vakhtang VI (XVII-XVIII cc), deserves significant attention. Chronologically, this period of time coincides with the epoch of creation of the basis for modern law and state in Western Europe. The drafting of King Vakhtang's Law Book can be considered an attempt to become closer to the cultural world, which Georgia had aspired to during its whole history. In some regions of Georgia, the code of Vakhtang's Laws was in force up until the second half of the 19th century. After this, the Russian Empire Laws were spread in Georgia, though some norms of Georgian Law were still in force. It seems interesting enough to mention, that Russia didn't have its own civil code in the 19th century, nor even at the beginning of the 20th century.

An attempt to build a modern independent state in 1918-1921 was not successful due to the expansion of Russia. As a result, Georgia became part of communistic space for the next 70 years. Thus, formation of the civil society in Georgia started within the borders of another country, making Georgia unable to develop its own legislation independently.

The creation of national legislation is an essential condition for building a national and democratic state as well as a civil society. Adoption of the Georgian Constitution on August 24, 1995, along with the Georgian Civil Code on June 26, 1997, were significant steps toward the establishment of a national state.

Legislative regulation of any type, including the Health Care System, is essential for its functioning and development, although the perfection of the system is not ensured only by the legislation.

The Universal Problems of Post-Communistic Space Related to the Health Legislation

During the 70 year history of existence of the Soviet Union, the legislative activity in Georgia was restricted to slight alteration

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or, at best, adaptation of the frame laws, provided by the central authorities of Moscow. Like other republics of the Soviet Union, there was no traditional training of legal professionals regarding the health care system. Thus, it was impossible to prepare health care related legislative documents on a highly professional level.

Before the reestablishment of Georgia's sovereignty, the Law on Health Care, adopted in 1972 by Soviet Government, was in force. This document showed significant negligence of the individual rights of patients. Almost none of the basic principles of ensuring patients' autonomy and self-determination (except the right to keep personal data confidentially) were declared.

Apart from the above-mentioned, the most significant problems of Georgia, like other post-communistic countries, are large bureaucratic systems, health care professionals having paternalistic attitudes toward their patients, and the tradition of isolation of citizens from the process of governing the country. In a totalitarian state, it was absolutely unrealistic for society to participate in policy making or management for any aspect of life, including health care. With this background, the inertness of society became everyday reality and the pseudo activity of citizens supporting the existing government and ideology was initiated by the government itself.

In conclusion, at the moment of restoring its independence, Georgia received a burdensome inheritance :

- No tradition of independent legislative activity in health care;
- Unavailability of professionals (health care lawyers) who can establish the above-mentioned tradition;
- Non-orientation of the system toward the patient (different from the patient-centered model of health care system);
- Paternalistic attitude toward the patient on the part of health care professionals and the entire health care system;
- Inertness of society and absolute isolation from the process of policy-making and legislative activity.

Health Legislation of Independent Georgia (Brief Chronological Overview, Main Stages)

In the early 1990s, Georgia lived in severe political, economic, and social conditions. With this background, the process of political and socio-economic reorganization of the country started. Health care reform was one of the main components of the process.

After the declaration of its independence, the health care system regulating acts were presented by the orders, which are the edicts of the President (or Head of the State until 1995), and the decisions of the Cabinet of Ministers. The only exception was the Law on Blood Donation, adopted by the Parliament in 1994. This law was prepared before reform initiation and did not adequately reflect the real situation.

The history of the new health care system was formed on December 23, 1994. It was started by the Presidents Order and entitled: No400 "On the Measures of the First Stage of Georgian Health Care System Reorganization". On 8 February 1995, the Parliament of Georgia issued a statement "On the Concept of Georgian Health Care System Reorganization". In this document, necessity of reform was declared, and political, legal and economic components of the Government's policies were defined. The creation of an adequate legislative basis was declared to be the main condition of health care reform. It should be pointed out that this was the first time when the concepts for the right to choose medical personnel and medical institutions and equal access to adequate health care within the obligations taken by the government through medical programs was announced in Georgia. This document stressed the importance of outlining the rights and obligations of persons, health care personnel and government within the health care system. Accordingly, the creation of the legislative basis was declared to be the most important tool for the implementation of this concept.

In 1995, the working group for the basic health care law of Georgia was set up at the National Health Management Center (NHMC) of the Ministry of Health and Social Welfare of Georgia. Later in 1997 at the same institution, this group developed

into the Health Legislation Department. The main task of the department is to prepare draft laws regulating different aspects of health care. The Health Legislation Department of NHMC works in close collaboration with the non-governmental organizations of Georgian Health Law and the Bioethics Society. The above-mentioned collaboration resulted in the creation of the following draft-laws: "On Health Care", "Human Organ Transplantation", "Citizens' Rights in Health Care", 'Protection and Promotion of Breast-feeding and Controlled Use of Artificial Feeding Products" (in cooperation with NGO "Claritas"), "Biomedical Research Involving Human Subjects", "On Medical Activity", and "Artificial Termination of Pregnancy"

How Patients' Rights Legislation is Composed in Georgia

During the process of creating the basis for patients' rights legislation in Georgia, taken into account was the experience of other countries and international organizations. Thus, the patients' rights legislation was planned in a complex manner. The different aspects of patients' rights - social and individual rights, responsibilities of health care professionals, the right to compensation , responsibilities of investigators performing biomedical research involving human subjects, rights of human subjects etc., were presented to different legislative acts. In the near future, the patients' rights legislation in Georgia will be

Table 1. Laws on the different stages of preparation/adoption

	Discussions through the structures of executive authorities	Before Government	Before Parliament	Adopted
The Law on Health Care				1997
The Law on Drug and Pharmaceutical Activity				1996
The Law on Medical Insurance				1995
The Law on Psychiatric Care				1995
The Law on HIV/AIDS				1995
The Law on Protection and Promotion of Infant Natural Feeding				1999
The Law on Human Organ Transplantation				2000
The Law on Citizens' Rights in Health Care			2000 (adopted by one reading)	
The Law on Biomedical Research Involving Human Subjects		1999		
The Law on Artificial Termination of Pregnancy		2000		
The Law on Medical Activity	2000			

introduced by the following laws:

- The Law on Health Care;
- The Law on Medical Insurance;
- The Law on Citizens' Rights in Health Care;
- The Law on Medical Activity;
- The Law on Biomedical Research Involving Human Subjects;
- The Law on Psychiatric Care;
- The Law on HIV/AIDS Prevention;
- The Law on Drug and Pharmaceutical Activity;
- The Law on Human Organ Transplantation;
- The Law on Protection and Promotion of Infant Natural Feeding and Controlled Use of Artificial Feeding Products;
- The Law on Artificial Termination of Pregnancy.

The Georgian Health Care Law has been considered to be the framework for other documents determining the priorities of legislative regulations for the Health Care System of Georgia.

The following laws are at different stages of preparation/adoption. Table 1 shows the current status of these documents.

The Conceptual Foundations for the Health Legislation of Georgia

One of the main objectives in the process of creating the legislation for the Health Care System was the reflection of internationally accepted principles and norms and elaboration of the mechanisms of their implementation. Accordingly, the process of the development of patients' rights legislation in Georgia was greatly exposed to the influence of extensive movement for health care reform in Europe. Research, educational and legislative activities related to the rights of citizens in health care on national and international levels throughout Europe. Eventually, very important intergovernmental instruments were developed by authoritative international organizations such as the World Health Organization, the Council of Europe, and the World Medical Association. Also, specific acts on patients' rights were introduced in some European countries. The first one was introduced in Finland in 1992.

Patients' rights legislation of Georgia has been significantly influenced by the strategies and principles presented in the documents prepared by the above-mentioned international organizations. The data and conclusions of international research/surveys and experience of various countries has also been taken into account. The most important document playing the main role in pushing and promoting the process of drafting the patients' rights legislation in Georgia was a "Declaration on the Promotion of Patients' Rights in Europe" (WHO; 1994). On the other hand, the above-mentioned movement in Georgia coincided with the adoption of the "Convention on Human Rights and Biomedicine" by the Council of Europe and its opening for signature in Oviedo, (1997). Thus, the influence of this document is also significant.

The documents comprising the conceptual foundations of the patients' rights legislation of Georgia in 1995-1998 are listed below:

- The Universal Declaration of Human Rights (1948);
- The European Convention on Human Rights and Fundamental Freedoms (1950);
- The European Social Charter (1961)
- The International Covenant on Civil and Political Rights (1966);
- The International Covenant on Economic, Social and Cultural Rights (1966);
- Declaration Of Helsinki: Recommendations Guiding Physicians In Biomedical Research Involving Human Subjects; World Medical Association (1964-1996);
- International Code of Medical Ethics; World Medical Association (1949-1983)
- Principles of Medical Ethics; United Nations (1982);
- International Ethical Guidelines for Biomedical Research Involving Human Subjects (1982-1992) and International Guidelines for Ethical Review of Epidemiological Studies; CIOMS (1991);
- A Declaration on the Promotion of

Patients' Rights in Europe" (WHO; 1994).

- Convention on Human Rights and Biomedicine; Council of Europe (1996);
- Universal Declaration on the Human Genome and Human Rights; UNESCO (1997);
- Draft Protocol On Biomedical Research; Steering Committee On Bioethics; Council Of Europe (1997).

Social and Individual Rights of Patients in Georgian Legislation

Under the term "Patients' Rights", almost every citizen of Georgia has the problem of accessibility to health care services. The allocation of scarce healthcare resources remain to be the most critical problem in this country. Therefore, one may argue that nowadays social rights of patients shall absorb all available resources and the attention of policy makers in the healthcare system. On the other hand, the promotion and protection of individual rights of patients seems to be at least of equal importance. Most health care professionals know little or nothing about the doctrine of informed consent regarding patient's autonomy and privacy. Strengthening patients by promoting their individual rights might help in achieving their metamorphosis from patients to consumers. Consumers might play a significant role in shaping the Georgian health care system.

Below is the Georgian legislation for the ***Law on Health Care*** which gives a brief review of the social and individual rights of patients. It should be pointed out that these principles are further detailed and strengthened in the draft-laws entitled, "On Citizens Rights in Health Care", "On Biomedical Research Involving Human Subjects", "On Medical Activity", and "On Artificial Termination of Pregnancy" etc.

Prohibition of discrimination

The new constitution of Georgia declares: "Everyone is born free and is equal before the law regardless of race, skin color, language, sex, religion, political and other beliefs, national, ethnic and social origin, and property and title status of place of residence (Article 14)". The ***Law of Georgia on Health Care*** encompasses the above-mentioned list and stresses inadmissibility of discrimination on the grounds of **disease, sexual orientation or negative personal attitude**. Item 2 of the same article prohibits the discrimination of a patient imprisoned during medical care. Persons imprisoned are to enjoy all the rights declared in the above-mentioned law. The physician is obliged to establish an order of priority in providing medical care to patients in accordance with medical indications without the consideration of any other privileges.

According to the ***Law on Psychiatric Care,*** persons suffering from mental disorders in addition to all other citizens of Georgia (recognized as capable) enjoy all the rights and freedoms ensured by the Constitution. Partial restriction of Constitutional rights and freedoms is admissible only if a patient is recognized incapable in accordance to the Georgian legislation. The restriction solely on the basis of psychiatric diagnosis is inadmissible. The basis for any restriction must be the patient's actual psychiatric condition and not the general definition of the disease .

The Law on HIV/AIDS Prevention states that HIV/AIDS infected persons have the right to be employed except in occupations when there is danger of the transmission of the disease by blood exposure to non-intact skin and mucus membranes. The list of these occupations should be determined and approved by the AIDS National Governmental Commission (NGC) in collaboration with the appropriate services. It is forbidden to discharge HIV/AIDS infected persons from their jobs or to refuse them employment because of the mentioned disease (except the above-mentioned occupations). The employer is responsible to act in accordance with this legislation. HIV/AIDS infected persons have the right to participate in sports training and competitions except in sports when there is danger of transmitting the disease by blood exposure to non-intact skin and mucus membranes. The list of sports, training, and competition is determined and approved by the above-mentioned NGC through participation of appropriate services. The law forbids to refuse reception of HIV/AIDS

infected persons in medical, educational and pre-school-age establishments because of the mentioned disease.

Right to treatment and care

Article 37.1 of the Constitution of Georgia declares that " free medical services are guaranteed in cases determined by law". According to the ***Law of Georgia on Health Care***, one of the principles of state policy is to provide the population with universal and equal access to medical care within the frames of state-funded medical programs. This principle is strengthened by Article 22, which states the main form of state financing for health care is funded through state programs. Georgian citizens have the right to enjoy medical care envisioned by the state programs on health care. The medical care is accomplished by the appropriate legal entity (medical institution) without taking ownership (whether private or public) and organizational-legal form into consideration. The state is responsible for the extent and quality of medical service determined by the program of compulsory medical insurance.

The law unconditionally obliges physicians to provide a patient with medical care and to ensure his/her continuity if there is grave danger for life which includes suicide attempts, or if a patient needs urgent medical care at a physician's working place. While out of work, the physician as well as any citizen, is obliged to provide urgent medical care or first aid within the limits of his/her abilities. When a physician initiates medical care (whether it be at his/her working place or not), he/she automatically becomes responsible to ensure reasonable care as well as continuity of care.

The principles of medical insurance are formulated in the ***Law on medical insurance.*** In Georgia, medical insurance is being implemented in two forms: compulsory and voluntary. The state compulsory medical insurance applies to all citizens of Georgia as well as stateless persons residing in Georgia on a permanent basis, and is implemented via the State Compulsory Medical Insurance Programs. These programs shall ensure that all insurance is indemnified against medical expenses within the limits of the State Medical Insurance Programs. Foreign citizens residing and working in Georgia are also covered by the State Medical Insurance Program unless otherwise provided by an intergovernmental treaty.

Any person has the right to voluntary medical insurance. The voluntary medical insurance shall ensure that the insured are indemnified against the costs of any medical service provided to them within duly registered and examined insurance programs.

Right to Information

In current Georgian Health Legislation, much attention is paid to the necessity of providing and ensuring information. The ***Health Care Law*** states that the population should be provided with extensive and accurate information on all existing forms of medical care, and regarding the possible ways to get appropriate medical care.

According to the same law, all citizens of Georgia have the right to receive in understandable form, comprehensive and accurate information on their health condition. On the other hand, physicians are obliged to provide a patient with full and accurate information about his/her health condition, except for cases when the physician is sure this information will significantly harm the patient. Thus, if appropriate reasons exist, the physician may withhold the information. The conditions and necessary procedures for the withholding information from the patient are defined more precisely in the draft-law on "the Rights of Citizens in Health Care". This issue is of great importance in Georgia. Despite the existing legislation described above, in the vast majority of cases, patients with fatal diseases are kept unaware, and the true information about their health condition is provided to their relatives.

The necessity of providing the patient with information is also acknowledged in other laws currently in-force, i.e., the ***Law on Drug and Pharmaceutical Activity.*** This law describes the necessity to inform the subject of research or his/her legal representative during the drug trial. The ***Law on Psychiatric Care*** gives the patient the right to receive information concerning the disease and methods of treatment.

Informed consent

There is no tradition of obtaining informed consent before medical intervention in Georgia. In Soviet Georgian Health Care Law, the necessity of consent

has been limited to the following cases:

- When new, scientifically approved, but not generally used methods and medicines were applied;
- When surgical operations were required or;
- When complex diagnostic methods were used.

It should be emphasized, that nothing was said about the necessity of providing information before receiving consent. Therefore, the mentioned document had nothing to do with the principle of informed consent.

During the formation of Georgian legislation on patients' rights, informed consent is considered to be extremely important and is the main instrument for ensuring patient's autonomy. The doctrine of informed consent is reflected in current legislation that is in force, as well as in drafted laws at various stages of discussion.

According to the ***Health Care Law***, informed consent is considered to be a necessary requisite for any medical intervention. The principle of informed consent is formulated as follows: "the verbal or written informed consent is a necessary precondition for the participation of the patient in treatment, diagnostic, rehabilitation or preventive medical procedures".

The only exception from the principle of informed consent, may be the cases when there is a need to examine citizens in order to confirm the existence of a principally dangerous contagious disease. In these cases, citizens are obliged by legislation to undergo all necessary examinations (Health Care Law). A patient has the right to refuse any kind of medical intervention, except in the cases just mentioned above.

The law envisages expression of the patient's will in advance (so called "living will"). Thus, according to Article 10, "all capable persons have the right to express in advance their will in a written form regarding the resuscitation, lifesaving or palliative treatment in the terminal stage of an incurable disease".

Special articles regulate issues concerning the treatment of incompetent patients or patients not having decision-making capacity. Also, special articles regulate issues related to the participation of patients in biomedical research, and regarding the provision of emergency care to them.

Other laws. The laws on "Drug and Pharmacological Activity", "Psychiatric Care" and "Human Organ Transplantation" include articles that stress the doctrine of informed consent for various procedures such as: receiving an informed consent from the subject of research or his/her legal representative; receiving an informed consent from the subject of research or his/her legal representative; and informed consent of patient suffering from mental disease or of his/her legal representative)[1].

Choice of institution or medical personnel

Protection of human rights naturally implies a freedom of choice in any sphere including health care. Like other rights, this right was ignored in Soviet Georgia. According to the Health Care Law of Georgian Soviet Socialistic Republic, citizens could only apply to physicians or medical institutions (policlinic) that correspond to his/her place of residence or work. If the patient needed urgent or other forms of hospital care, he/she had the right to undergo treatment in any medical institution, but he/she had no right to choose a physician.

Citizens' freedom of choice is currently declared in a series of legislative acts. Hence the Law of Georgia on ***Health Care Law*** says, that "patient has the right to choose the medical personnel and/or institution in accordance with conditions of the insurance agreement. The agreement should ensure an opportunity to make the choice.

The Law on ***Medical Insurance*** determines the realized limits of realization of the right to freedom of choice. For example, any person residing in Georgia shall have the right to choose a physician or medical institution within the limits of an insurance contract and, accordingly, to receive all medical services provided by the insurance program, irrespective of the amount actually paid by him/her.

Respect of private life and confidentiality

Any human right is based on the recognition of autonomy. The latter is directly related to the inviolability of private life and confidentiality. Georgian Constitution declares that "information existing in official

[1] See the chapter "Specific Groups", divisions "Subjects of the Biomedical Research" and "Patients with Mental Disorders".

papers related to the health of an individual is not available for other individuals without the prior consent of the affected individual. The exception is in cases determined by law, when it is necessary for the State and public security, protection of health, rights and freedom of others (Article 41.2).

According to the current ***Law on Health Care,*** medical employees and all other employees of a medical institution are obliged to keep medical secrecy. On the other hand, the disclosure of information is allowed if it is demanded by a relative or legal representative of the dead person, judicial or investigator bodies, and/or if this is necessary for ensuring public safety, protection of rights, and freedoms of other persons.

The law on ***HIV/AIDS Prevention*** grants all citizens of Georgia and all permanent and temporary residents of Georgia, including foreigners, the right to undergo anonymous medical examination on HIV/AIDS.

The issue of confidentiality is also regulated by the ***Law on Human Organ Transplantation.*** This law sets up rules, which shall safeguard the confidentiality of donors. According to the law, only the Information Center of Transplantology should be able to identify donors. After taking an organ, only the identification number should be indicated in any accompanying documentation. The Information Center of Transplantology has the right to disclose a donor's personality only if: a) use of the organ intended for transplantation/ treatment is dangerous for the recipient's or other persons health; b) it is required by judicial bodies - on the basis of court decision; c) it is required by the Minister of Health and Social Affairs in accordance with the rules determined by existing legislation).

Dying patient

The ***Health Care Law of Georgia*** prohibits the accomplishment of euthanasia in Georgia. This same law regulates issues of terminal care. This law grants the dying patient to his/her right to refuse resuscitation, life-saving or palliative treatment. The patient has the right to make decisions related to terminal care in advance. This is referred to as an advance directive. Therefore, terminally ill unconscious patients shall receive relevant treatment, if the patient would have had decision-making capacity (provided that patient sometime was competent) and had not refused resuscitation, life-saving or palliative treatment.

Subjects of the biomedical research

During recent years issues of the protection of human subjects' rights and safeguarding their physical and mental integrity in the process of biomedical research gained great importance. The first statutory document regulating the experimentation with human beings was the Law on Drug and Pharmaceutical Activity. Later in the Law on Health Care, a separate chapter was devoted to this issue. Though in these two documents almost all internationally accepted principles of human subject protection are declared, the specific law on biomedical research involving human subjects had been drafted. Currently this law is in draft form and is in the process of discussion at the Government. The conceptual framework of the above-mentioned laws was composed on the basis of the following international documents: the World Medical Association Declaration Of Helsinki, the International Ethical Guidelines for Biomedical Research Involving Human Subjects (1982-1992), the International Guidelines for Ethical Review of Epidemiological Studies (CIOMS; 1991), the Convention on Human Rights and Biomedicine (Council of Europe; 1996), the Universal Declaration on the Human Genome and Human Rights; (UNESCO; 1997), and the Draft Protocol On Biomedical Research (Steering Committee On Bioethics; Council Of Europe; 1997).

According to the ***Health Care Law,*** any biological research should correspond to the norms of scientific research accepted in Georgia. The norms of scientific research are based on the grounds of the thorough and accurate conduct of laboratory tests and experiments on animals and the comprehensive knowledge of respective literature. The goals, objectives, methods and expected risks and benefits for humans and animals, are to be pointed out in a scientific research plan. Any research is to be performed within the boundaries of this plan.

Below are the main principles/rules set forth by the ***Health Care Law*** related to biomedical research involving human subjects:

- The research plan should be reviewed by a special commission independent of the

researcher and sponsor and by a research ethics committee;

- Before research is initiated, the risks and expected positive results of the research are to be evaluated. During the biomedical research the interests and well-being of the research subject shall prevail over the interests of science and society. The risk of the research should be minimized. It should not exceed the expected benefit of the subject of research and/or the importance of the goals of research .
- Research subject should be fully informed in advance about the goals, methods, expected results of the research, the risks of research, and the possible inconvenience connected with the research. Biomedical research should not be performed without a written informed consent of the person participating in it. It is mandatory to inform the person being the subject of the biomedical research on his/her right to refuse participation in the research at any stage, despite his/her preliminary declared consent.
- An incapable person may become the subject of biomedical research if he/she does not express any resistance, and if the informed consent of his/her relative or legal representative is obtained. If the incapable person has the ability of understanding, his/her consent is also required.
- During the research the rights of incapable persons, pregnant and child-nursing women are to be protected. The representative(s) of this contingent of persons may be the subject of a biomedical research only if the expected results of the research are significantly beneficial to this person, or if the expected results of the research are not directly beneficial to this person's health, but may bring benefit to other persons of the same category and when getting the scientific results is impossible by research of the other category of persons.
- Persons imprisoned enjoy all the rights mentioned above. The participation of these persons in biomedical researches is permitted only when the expected results of the research are directly and significantly beneficial to the health of these persons.

Problems of Implementation

The solid legislative basis for the protection and promotion of patients' rights is being built in Georgia, to conform with international standards and developments. Moreover, there is a keen awareness in this country about the significance of alternative ways for the protection and promotion of patients' rights. Some initial steps are already performed toward this direction. At the same time, under the existing severe socioeconomic conditions, it would be unrealistic to imagine the situation related to the patients' rights to be ideal. There is a conglomerate of negative factors having detrimental effects on the opportunities for the implementation of a patient's rights declared in the laws. These factors are:

- scarcity of resources;
- difficulties related to the reorganization of the entire health care system in Georgia;
- unawareness of the health care personnel's principles of modern medical ethics and current health legislation;
- unawareness of the general population of their rights related to the health/medical care and thus, their absolute inactivity in this sphere;
- inactivity of the non-governmental organizations such as professional/medical associations and patients/health consumers organizations.

Taking into consideration the above-mentioned problems, the implementation of social as well as individual rights of patients provided by the legislation, will require a extensive efforts and time. In certain regions of the country, the delivery of basic medical service packages to the population remains to be problematic. Also, other problems related to the realization of citizens' rights in health care are not solved. Some of the following rights remain difficult or impossible to ensure, such as choice of medical institutions and health care personnel, providing medical care to patients only in accordance with medical indications, providing citizens with adequate information on existing resources about charges for medical service and methods of payment etc. Still, it is an everyday reality when family members have no opportunity to support their relatives being treated at Intensive Care Units (ICU). The entrance to these ICU facilities as well as several maternity houses for family members is restricted.

An additional problem is how to compensate the patient for injuries that have occurred in relation to care or treatment. There currently is no system for complaint procedures and compensation in Georgia. This issue is also related to the problem of professional responsibility, which needs a solid legislative basis to be prepared.

Currently, the human biomedical research continues to expend. Though formally all the requirements are followed by researchers, the ethical review procedures of research proposals need significant improvement. This is due to the lack of specialists in this sphere such as ethicists/ bioethicists and health lawyers, etc.

Thus, it is still a long way from the point when the patients' rights are declared by laws, regulations, charters, professional codes, etc. Up to this point, these rights are not truly implemented. Obviously, the time needed to cover this distance is greatly depended upon how the entire process of reforms will progress in this country and how the status of citizens will evolve from passive patients to active users/consumers of health care services.

საქართველოს კანონმდებლობა პაციენტის უფლებების შესახებ

გურამ კიკნაძე, გივი ჯავაშვილი, აკაკი ბარკალაია

სტატიაში მიმოხილულია საქართველოში პაციენტის უფლებების სამართლებრივი საფუძვლები; მოცემულია ქართული სახელმწიფოს და სამართლის მოკლე ისტორიული მიმოხილვა; ასახულია პაციენტის უფლებების შესახებ ამჟამად მოქმედი კანონმდებლობის სტრუქტურა; აღწერილია საქართველოს, როგორც პოსტკომუნისტური ქვეყნის სიძნელეები ჯანმრთელობის დაცვის სფეროს სამართლებრივი უზრუნველყოფის სფეროში; მოცემულია საერთაშორისო დოკუმენტები, რაც საფუძვლად დაედო ჯანმრთელობის დაცვის სისტემის კანონმდებლობის კონცეფციას; დეტალურად არის განხილული საქართველოს კანონმდებლობაში ასახული მოქალაქეთა სოციალური და ინდივიდუალური უფლებები, მათი იმპლემენტაციის შესაძლო გზები და სირთულეები.