REVIEW ARTICLE

ENSURING THE RIGHT TO HEALTH CARE FOR GROUPS VULNERABLE TO HIV IN PENITENTIARY INSTITUTIONS AND PRE-TRIAL DETENTION CENTERS IN UKRAINE

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ABSTRACT

The aim: To consider the problems of penitentiary health care for groups vulnerable to HIV in penitentiary institutions and pre-trial detention centers in Ukraine, and to determine the state of implementation of the rights of prisoners to health care.

Materials and methods: When writing this article, the authors used a number of scientific and special study methods: regulatory method, dialectical method, statistical method. We also conducted an anonymous survey of 150 released persons from penitentiary institutions and 25 medical workers from 7 penitentiary institutions and correctional colonies in different regions of Ukraine to assess the quality and availability of medical care for convicts vulnerable to HIV infection, tuberculosis, and viral hepatitis.

Conclusions: The right to health-care of convicted prisoners must be ensured in compliance with the principle of free choice of specialist according to health-care law, health-care standards and clinical protocols (in other words, amount and standards of health-care available for prisoners must be the same as that available for other people).

In practice prisoners are thrown out of the national health-care system, and the Ministry of Justice is unable to meet all needs. This can have a disastrous result as the penitentiary system will produce sick people who pose threat for civil society.

KEY WORDS: medical services, convicted patients, treatment in correctional facilities, prison health-care

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INTRODUCTION

It is important to perceive the right to health of prisoners as a special case of the state's responsibility to a person, as a manifestation of the state's social function. This takes into account both the medical component (the presence and functioning of treatment and prevention facilities) and the state component (the creation within the state of conditions under which human health and the right to health care will be ensured the most).

At the same time, the right to medical care has a complex nature in relation to the person himself/herself, and his/her state of health, and consists of the possibility of a person realizing his/her right to receive such care in the event of an illness or pathological condition. It is especially important to note that a person cannot fully realize his/her right to life when he/she is deprived or limited in the right to medical assistance.

Starting with the adoption of the Universal Declaration of Human Rights (1948), the right to health is reflected in all important international legal documents devoted to medicine and the social security of citizens. The statement of the Declaration that everyone has the right to such a standard of living, including food, clothing, housing, medical care, and necessary social services, as is necessary for the maintenance of health and well-being, became the rule and model for the drafting of national legal norms.

Based on this and the content of medical law, the right to health care must be understood as the constitutionally established opportunity of each person to be provided with conditions established by the state under which social and environmental rights and legal guarantees in the field of health care, the right to free medical care in medical institutions as well as other factors contributing to the strengthening and protection of human health can be realized to the maximum extent possible.

THE AIM

To consider the problems of penitentiary health care for groups vulnerable to HIV in penitentiary institutions and pre-trial detention centers in Ukraine , and to determine the state of implementation of the rights of prisoners to health care.

MATERIALS AND METHODS

When writing this article, the authors used a number of scientific and special study methods: regulatory method, dialectical method, statistical method. We also conducted an anonymous survey of 150 released persons from penitentiary institutions and 25 medical workers from 7 penitentiary institutions and correctional colonies in different regions of Ukraine to assess the quality and availability of medical care for convicts vulnerable to HIV infection, tuberculosis, and viral hepatitis.

The survey was conducted in June 2021. Research questions were developed taking into account the basic health needs of these people. Due to the COVID-19 epidemic, access to inmates and staff has been limited. Therefore, the survey covered only those correctional facilities to which the researcher had access. At the same time, it was possible to cover all types of security institutions in three regions and various categories of inmates.

REVIEW AND DISCUSSION

If the state assumed the function of punishing persons and limited the possibilities of mobility of prisoners by placing them in specialized institutions, it should provide the opportunity for such persons to undergo medical treatment and examinations, O. Petryshyn, S. Seriogina, and M. Romanov emphasize that [1, 2]. This is explained by the fact that a person's ability to move is not limited by conditions that lead to loss of health, but by the very fact of placing him/her in special institutions and isolating him/her from access to benefits provided by society. Therefore, the state has to provide such persons with the opportunity and access to medical care and return a physically healthy person to society.

Working in prisons, all medical staff must always remember that their primary duty to any prisoner who is their patient is to treat him/her. This is emphasized in the first of the UN Principles of Medical Ethics, which refer to the role of medical personnel, particularly doctors, in protecting prisoners and detainees from torture and other cruel, inhuman, or degrading treatment or punishment [3]. Medical personnel is obliged to provide them with the protection of physical and mental health and treatment of diseases of the same quality and level as those who are not imprisoned or detained, especially doctors entrusted with the medical care of prisoners and detainees [4].

The International Council of Prisons Medical Services reaffirmed this principle by adopting the Athens Oath [5]: We, prison health workers, meeting in Athens on September 10, 1979, hereby commit ourselves to the spirit of the Hippocratic Oath, that we will endeavor to provide the best medical care for those incarcerated in prisons for any reason, without prejudice and within the framework of our respective professional ethics. This principle is especially important for doctors. In some countries, full-time doctors can spend their entire careers working in prisons. In such situations, it is almost inevitable that these doctors establish a close relationship with the management of the penitentiary institution and may be members of the senior management of the penitentiary institution. One consequence of this may be that the warden occasionally looks to the doctor for assistance in the management of troublesome prisoners. For example, security officers may ask a doctor to sedate inmates who are being violent to other inmates or staff. In some cases, the administration of penitentiary institutions may require doctors to provide them with confidential information about a person's HIV status. Physicians must never forget that their relationship with each inmate must be primarily a doctor-patient relationship. A physician should never do anything to or cause patients to do anything that is not in their best clinical interests. Similarly, as with all other patients, doctors should always seek the patient's consent before taking any clinical action, unless the patient is clinically incompetent to give such consent. An online diploma course entitled Doctors Working in Prison: Human Rights and Ethical Dilemmas, provided free by the Norwegian Medical Association [6] on behalf of the World Medical Association, addresses many of these issues. See also the World Medical Association Declaration on the Starving, adopted by the 43rd World Medical Assembly, Malta, November 1991 and revised by the World Medical Association General Assembly in Pilanesberg, South Africa, in October 2006 [7]. Similar provisions are enshrined in Ukrainian legislation, which allows us to assert its compliance with generally recognized rules and approaches. The norms of various normative acts establish that those sentenced to convicted persons continue to be citizens of their state who have subjective rights and bear civil duties, albeit with restrictions on the legal status of a citizen. This directly follows from the content of Part 3 of Article 63 of the Constitution of Ukraine, which states that "an imprisoned person enjoys all the rights of a person and a citizen, except for restrictions defined by law and established by a court verdict". Furthermore, as defined

in numerous judgments of the ECHR, any restriction is acceptable only when it is established by law and is necessary for a "democratic society". It is this criterion that is determined in the context of European control.

The European Court of Human Rights constantly reminds us that in general prisoners continue to enjoy all the fundamental rights and freedoms guaranteed by the Convention, except for the right to liberty, when lawful imprisonment exclusively falls under the scope of Article 5 of the Convention. The right of every person to health and medical care declared in the Constitution of Ukraine is one of the basic rights in the legal status of a person.

The state guarantees all citizens the realization of their rights in the field of health care, including persons who are detained and serving prison sentences. According to Art. 3 of the Constitution of Ukraine, along with other freedoms and rights in Ukraine, human health is recognized as the highest social value. By guaranteeing citizens the realization of their rights, the state, among other things, undertakes to ensure that every citizen has the right to health care, medical assistance, and medical insurance (Article 49).

Article 6 of the Law of Ukraine "Fundamentals of the Legislation of Ukraine on Healthcare" enshrines a list of key elements that make up the content of the right to health: a) the standard of living, including food, clothing, housing, medical care, and social service, and other provisions, which are necessary for the maintenance of human health; b) a natural environment that is safe for life and health; c) sanitary-epidemic well-being of the territory and settlement where he/she lives; d) safe and healthy conditions of work, study, living, and recreation; d) qualified medical and rehabilitation assistance, including the free choice of a doctor and a rehabilitation specialist, the choice of treatment and rehabilitation methods in accordance with the recommendations of a doctor and a rehabilitation specialist, the choice of a health care facility; e) reliable and timely information about the state of one's health and the health of the population, including existing and possible risk factors and their degree, etc. [8-17].

That is, the legislator does not limit the right to health care exclusively with procedures or acts of a purely medical nature, but includes a significant list of guarantees for a person in various spheres of his/her life. And all of them create the content of the right to health care, which must also be guaranteed to prisoners and detainees.

According to the same law, medical care is defined as the activity of professionally trained medical workers, aimed at prevention, diagnosis, and treatment in connection with diseases, injuries, poisoning, and pathological conditions, as well as in connection with pregnancy and childbirth (Article 1). *Health insurance* is a type of personal insurance in case of loss of health due to illness or accident. Therefore, all these three key rights belonging to the medical field (the right to health, medical care, and health insurance) must be provided by the state. Regarding prisoners and detainees, the following question arises – do these rights belong to them in full or do the specifics of the conditions in which these persons are, or other circumstances make it possible to limit the content or scope of these rights? This issue is especially acute during the medical reform taking place in Ukraine [8], during the pandemic [9], and during military operations [10].

In the course of the study, an anonymous survey of medical workers at the Health Center of the State Criminal Enforcement Service of Ukraine (hereinafter referred to as the State Penitentiary Service of Ukraine) was conducted to assess the quality and availability of medical care for prisoners vulnerable to HIV, TB, and HC. It should be noted that from the moment of formation of the Health Center of SCES, a certain "isolation" of personnel from communication with outsiders is noted, as well as there is no access to official statistical data. In such conditions, it was not possible to conduct a large-scale survey, so the research managed to cover only 25 employees of medical units from 7 penal institutions and remand detention centers in different regions. At the same time, one of the conditions for participation in the survey was providing the respondents with a guarantee of complete anonymity without specifying even the name of the institution in which they work.

Among those who participated in the survey, 30% are doctors, 50% are paramedics, 10% are nurses, 5% are chiefs/heads of the medical departments, and 5% have no position. The majority of employees have sufficient work experience: 35% of respondents have worked for up to 3 years, 38% – from 4 to 8 years; 24% – from 9 to 15 years old; 3% – over 15 years. Over the past 3 years, most of the interviewed workers have received additional training on providing medical care to prisoners who are at risk of HIV/TB/VH. However, such training was mainly carried out either in the form of self-education of the employee (43% of respondents indicated this) or during seminars/trainings by non-governmental organizations (87%). According to the answers, only 3% of employees took part in the courses organized directly in the penitentiary institutions (hereinafter PIs) or pre-trial detention centers (PTDCs) with funds from the state budget, and another 12% received knowledge in this field during advanced training. All this points to the lack of systematicity in training and improving the qualifications of medical personnel, in particular, in HIV/TB/HG issues.

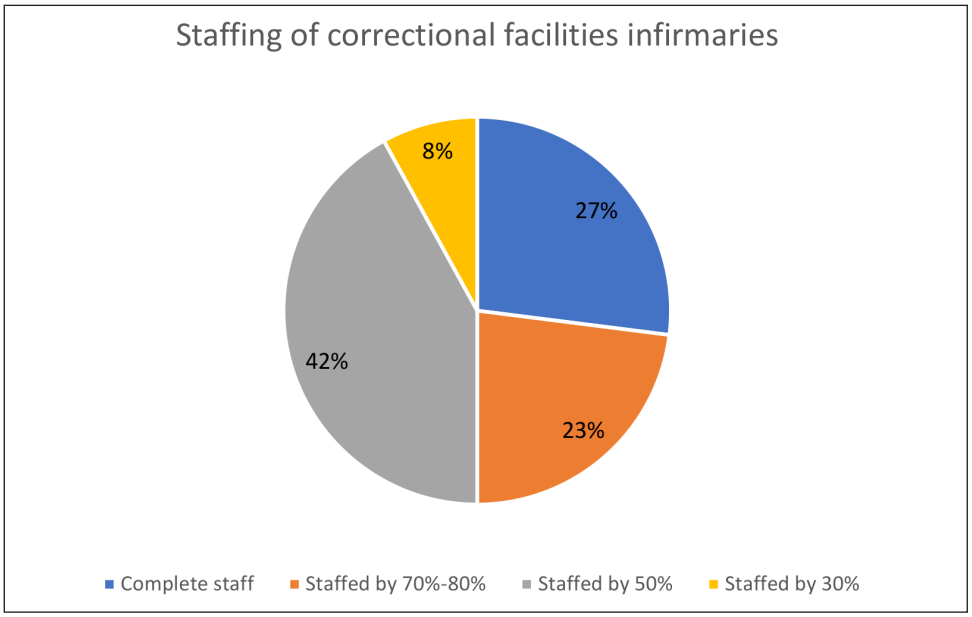

Fig. 1. Staffing of correctional facilities infirmaries

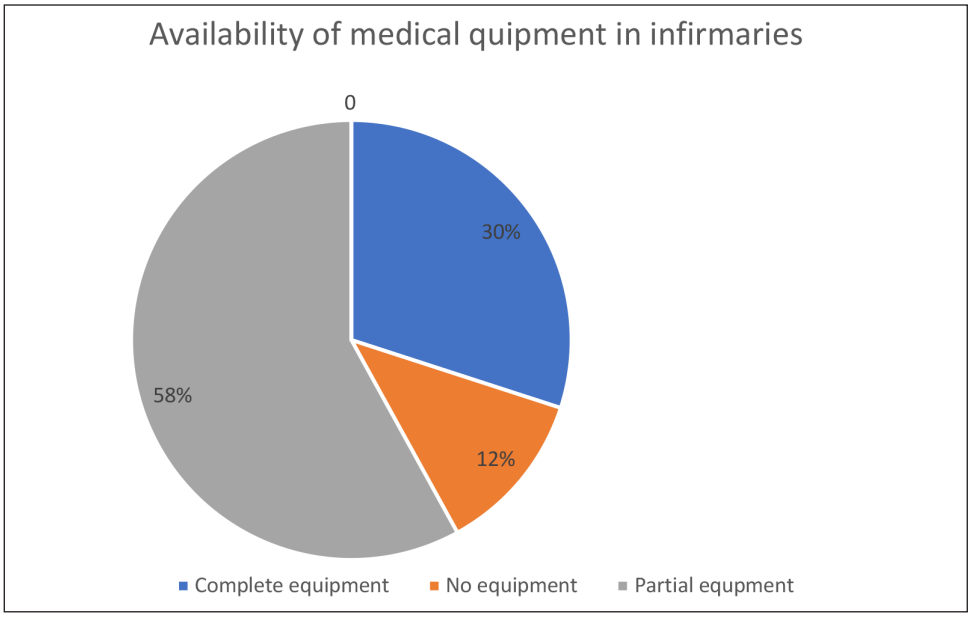

Fig. 2. Availability of medical quipment in infirmaries

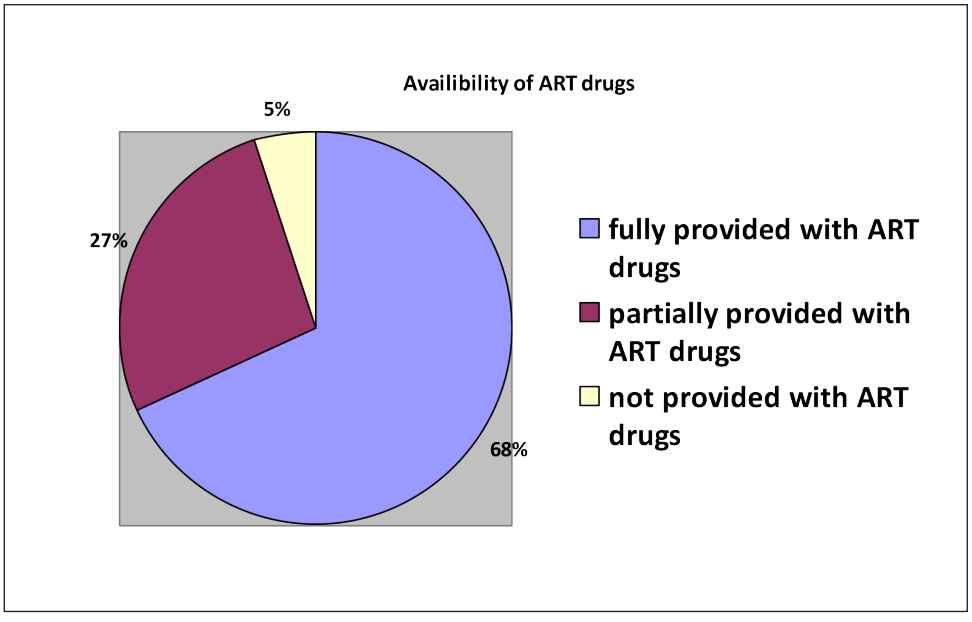

Fig. 3. Availability of ART drugs

The staffing of full-time positions in PIs and PTDCs is also insufficient. The interviewed personnel state that the medical department is fully staffed only in 27% of cases; up to 70-80% – 23% of respondents; up to 50% – 42% of questionnaires, up to 30% and less – 8% of respondents. (Fig. 1).

Medical units are not fully provided with licenses for the provision of medical care: only 37% of respondents referred to their availability. The state of technical support of medical units is also at inadequate level. Thus, in 58% of the questionnaires, the employees noted that the medical department is only partially equipped with the necessary equipment; according to 12% of respondents, it is not staffed at all; and only 30% of the respondents referred to complete equipment. (Fig. 2).

At the same time, in the comments, the respondents noted that even if the appropriate equipment is available in the medical department, it is either in a faulty condition, or there are no necessary materials, reagents, etc. for its intended use.

It is necessary to pay attention to a certain improvement in the provision of HIV tests. 75% of employees indicated their availability in the required amount, 22% indicated partial provision, and only 3% indicated their absence (with a note on procedural problems in obtaining them). The assessment of provision of facilities with drugs for ART is similar: fully provided – 68%; partially secured – 27%; unsecured – 5%. (Fig. 3).

The issue of the motivation of newly arrived detainees and prisoners to undergo such testing, as well as, in the future, to undergo treatment, remains quite problematic. Therefore, according to respondents' estimates, approximately 20–30% of newly arrived detainees and prisoners refuse to take the test (72% of respondents believe so); 12% determined this indicator at the level of 40%; 8% – at the level of 50% or more; 7% – at the level of 10%.

The situation with convicts receiving ART is a little better. According to respondents' estimates, no more than 10% of people refuse such treatment (82% of respondents indicated this). At the same time, the main reason is "protest mood" and the desire to resign due to health reasons (20% of respondents); indifference to one's own health (17% of respondents); mistrust on the part of prisoners in the administration of the PIs and treatment in general (15% of respondents). Only 8% of personnel cite a lack of awareness about the need for treatment and the lack of medicine in PIs as the reason.

The situation with the prevention and treatment of hepatitis is worse. Thus, the following answers were received to the question regarding the assessment of the situation with the provision of the medical units with rapid tests for the determination of HCV: available in the required amount in 62% of cases, 36% – for partial provision, completely absent in 2%. At the same time, the number of prisoners who, according to medical professionals, refuse this type of testing is smaller: up to 10% of newly arrived prisoners and detainees (89% of respondents believe so); 3% – determined this indicator at the level of 30-40%; 6% – at the level of 50% or more. One of the reasons is the lack of necessary medicines. In particular, according to estimated data, about 40% of prisoners do not receive treatment for viral hepatitis in PIs due to lack of medicine; 5% of people do not receive treatment due to indifference to their own health; due to mistrust of prisoners in the administration of the PIs and treatment in general, and insufficient awareness of the need for treatment – 4%.

Among the main problems that have a negative impact on the proper provision of the right to medical assistance, the respondents included the following: heavy workload due to lack of staff – 64%; low motivation due to unsatisfactory wages – 58%; pressure from the PIs administration – 27%; lack of necessary medical drugs – 23%.

The answers to the questions about measures to be taken to improve "penitentiary medicine" turned out to be quite similar and generally predictable: update medical equipment – 78% of respondents; increase the financial support of employees – 96%; make capital repairs in the wards and the medical office – 58%; provide HIV and HCV tests – 23%; provide medicines for HIV and HCV – 47%; conduct systematic training and consultations on the treatment of prisoners – 44%. Some personnel indicated the expediency of returning certified status for medical workers, as well as preferential retirement and additional payments for work with a complex category of patients.

The conducted survey confirms that the quality and accessibility of medical care for prisoners vulnerable to HIV, TB, and HCV do not meet the standards currently. The main problems with which staff associate existing gaps in work include personnel and material support, social protection, working conditions, uneven load, lack of equipment and medicines, training, and professional development.

In the course of the research, we also studied the attitude of the prisoners (after their release) to various forms of medical care, and the quality and availability of medical care for those vulnerable to HIV, TB, and HCV. Due to quarantine restrictions, the survey managed to cover 150 people released from PIs from 14 regions of Ukraine.

The vast majority of prisoners who took part in the survey were persons aged 18 to 25 years – 32% of them. Among those who are serving multiple sentences, there are slightly fewer prisoners of the same age – 23%, while the main part is between the ages of 35 and 50 – 49%. In general, the age of the respondents was distributed as follows: from 18 to 25 years old – 32%; from 25 to 35 years old – 28%; from 35 to 50 years old – 27%; from 50 to 60 years old – 12%; over 60 years old – 1%. The ratio of men to women is 17% and 83%, respectively.

21% of the prisoners serving prison sentences covered by the questionnaire have one previous conviction; 24% – two; 20% – three; 6% – from four to seven convictions. Detained for the first time – 29% of respondents. Among those surveyed, 58% had previously served sentences in prisons, and 44% were on the records of criminal enforcement inspectorates (probation bodies). Among the respondents, the total term of detention in the colony was distributed as follows: up to 1 year – 10%; from 1 to 3 years – 15%; from 3 to 5 years – 29%; from 5 to 10 years – 34%; from 10 to 15 years – 10%; over 15 years – 2%. That is, almost half of the prisoners served prison terms exceeding 5 years.

According to the data of this study, although 60% of prisoners have a clear plan for their actions after release, a large number do not have such a plan (27%), and 13% of respondents doubt the possibility of such planning. Similar were the answers to the question: "Do you believe that you will be able to live normally in freedom without breaking the law?": "Yes" – 58%; "No" – 15%; "It is difficult to answer" – 27%. The lack of skills and desocialization of prisoners is also confirmed by the fact that 51% of them do not plan to seek help after release; 23% – hope exclusively for the help of relatives; plan to visit relevant state (15%) and public institutions (11%). A significant number of released people have bad habits: 57% smoke; "like to drink" – 76%; use drugs – 24%. At the same time, 36% of respondents refer to the presence of any disease, and 21% refer to the group of disabilities, and limitations of working capacity. At the same time, 8% of those interviewed confirmed that they had an HIV diagnosis, 6% had hepatitis, and 18% had TB.

During the period of serving the sentence, 47% of the respondents applied for medical assistance in the pre-trial detention center or PIs. 21% wrote that they had reasons for such an appeal, but did not do that because of despair at "prison medicine". At the same time, every third of those who applied received the necessary help. The treatment or counseling provided was mostly for minor health problems (for example, SARS or HIV testing). The most common reasons for refusing medical assistance, treatment, or diagnosis were: lack of need – in 21% of cases; absence of a doctor of the appropriate profile – in 34%; lack of funding – in 42%; lack of necessary medicines – in 38%. Part (17%) of the respondents indicated that they did not receive the necessary help, treatment, or counseling as a result of the negative attitude of the staff of the PIs or PTDCs towards them. 7% of people who took part in the survey are taking ART therapy at the time of discharge; 2% indicated that they did not do this due to the lack of drugs. At the same time, 48% of prisoners among those who addressed this issue could not receive the necessary diet during treatment.

One of the negative aspects of treatment in places of detention remains the attitude of medical workers to the preservation of medical secrecy. In particular, 57% indicated that doctors always inform the staff of the colony about the presence of a diagnosis, which, in their opinion, poses a danger to others.

Communication with doctors and other specialists is also difficult: 47% determined that a doctor's appointment takes place once a week; 24% – once a month; 18% – every day and 11% – immediately after appeal. At the same time, 76% of respondents encountered problems when visiting the medical unit, and 54% of them noted that they encountered cases when the colony's employees did not take prisoners to the medical unit for various reasons. If prisoners are usually taken from the residential area to the medical unit in the morning, then in the workhouse it is determined by the work schedule and the end of working hours. After all, access to the medical unit takes from three hours to one or two days (from the moment the application is submitted).

Released people were offered to choose the type of examinations (analyses) available to them personally during the period of punishment. The results showed limitations in this area: determination of TORCH infections – 1%; HIV testing – 76%; general blood test – 34%; immunodiagnostics – 23%; viral load – 18%; fluorography – 84%. The list of specialists to whom you may appeal turned out to be limited (according to those released ones): therapist – 56%; dentist – 48%; physiologist – 89%; ophthalmologist – 35%; infectious disease doctor – 55%; gynecologist – 2%; dermatologist – 28%.

None of the interviewees tried to get a doctor's consultation "from the outside", citing the lack of funds to pay for these services. However, 32% of respondents noted that they had reasons for such a consultation.

The conducted survey of released people confirms that the state of ensuring the quality and availability of medical care for prisoners vulnerable to HIV, TB, and viral hepatitis is at an insufficient level. The main problems with which the prisoners associate existing gaps in work include personnel and material support of medical units; equipment and medicines; negative attitude of medical staff towards prisoners; the negative influence of other employees of PIs and PTDCs on medical workers (lack of real separation); inability to earn money while serving the sentence and pay for the services of doctors.

The Criminal Procedure Code of Ukraine enshrines the right to medical assistance and treatment, without establishing that this should take place in some special institution exclusively of the penal system, conditions, or form. Provisions of the Procedure for the provision of medical assistance to those sentenced to imprisonment,

approved by a joint order of the Ministry of Justice and the Ministry of Health of Ukraine dated August 15, 2014. No. 1348/5/572 [11] initially do not contradict this norm of the law, because in fact they only state what kind of medical care can be provided in the health care facilities of the SCES. It is emphasized that the prisoner has the right to freely choose a doctor, or a health care facility and to choose treatment methods in accordance with his recommendations.

The Criminal Procedure Code of Ukraine stipulates that only the procedure for obtaining medical assistance and treatment should be determined by this Code and the regulatory legal acts of the Ministry of Justice of Ukraine. As it follows from the analysis of other regulatory documents, the order is an act that establishes *the mechanism* for realizing the rights and obligations of individuals and legal entities, the procedure for applying the regulatory act, and *the conditions* for carrying out certain activities [12]. Hence, if the regulatory legal act of the Ministry of Justice of Ukraine is to determine the procedure itself, then its content should reflect a clear mechanism, procedure, and conditions for receiving medical assistance and treatment on a general basis for all, and not establish restrictions, in particular, regarding the place of receiving the corresponding services.

Instead, currently, the by-laws establish obstacles to the access by detainees and prisoners to services. Thus, the same Procedure for the provision of medical assistance to those sentenced to imprisonment, approved by the order of the Ministry of Health and the Ministry of Justice of Ukraine dated 15.08.2014 No. 1348/5/572, establishes both the right of the detained person to freely choose a doctor is established and only one form of interaction with him at the same time – by visiting of such a specialist to the PIs. The order or algorithm of other possible contacts is not regulated by departmental orders.

The medical units of the penal institutions are currently outside the scope of the outlined procedure since the chief administrator of budget funds did not conclude an agreement on medical care with them. The appropriate technical conditions for the implementation of the HIS (Hospital Information System) and its integration with the E-Health system have not been created, and the issue of obtaining medicines by electronic prescription has not been resolved. Medicinal products from the registry of the "Affordable Medicines" program can be obtained only by electronic prescription. Prisoners do not conclude a declaration with the doctors of the Health Center of SCES of Ukraine and, therefore, are not included in the program of such medical guarantees. Those who have such declarations with doctors "from the outside" are not provided with access to them, even though the penal institutions have all the possibilities for this.

Currently, communication with a doctor of a health care institution of the Ministry of Health of Ukraine can be provided remotely. In the system of the Ministry of Health, a system of remote consultation of primary care physicians has been launched [13], and elements of telemedicine are also being implemented [14]. The rules of the internal procedure of penal institutions [15] establish that payphones are installed in the place designated by the administration of the penal institution for telephone conversations and the availability of mobile (mobile) means of communication, which are registered with the institution, is ensured. The procedure for providing prisoners with access to the Internet [16] ensures the possibility of access to this network. In particular, the Internet access service, the use of IP telephony, and the use of video communication via the Internet are provided to prisoners in the Internet classroom.

As we see, the current regulations do not ensure a special definition of the algorithms for using the specified means of communication to contact a family doctor. As a result, in practice, the staff of the penal institutions, who are quite often mistakenly guided by the rule: "detainees and prisoners are allowed only what is expressly prescribed", do not provide the possibility of phone calls and the use of the Internet for consultations with a medical worker of the Ministry of Health of Ukraine.

It is clear that being in conditions of isolation, prisoners are actually deprived of both contacts and the possibility of earning money to receive paid out-of-office consultations with doctors. Therefore, the only option is to contact the medical departments of institutions.

CONCLUSIONS

Convicted prisoner first of all is a patient who has the same rights as other people, and the existing legal acts provide no restrictions of the rights of convicted prisoners to publically accessible health-care (or any of its specific forms).. The right to health-care of convicted prisoners must be ensured in compliance with the principle of free choice of specialist according to health-care law, health-care standards and clinical protocols (in other words, amount and standards of health-care available for prisoners must be the same as that available for other people).

In practice prisoners are thrown out of the national health-care system, and the Ministry of Justice is unable to meet all needs. This can have a disastrous result as the penitentiary system will produce sick people who pose threat for civil society.

It makes no sense to continue funding of HCC PSU as the main health-care provider. The right to health-care of convicted prisoners must be ensured in compliance

with the principle of free choice of specialist according to health-care law, health-care standards and clinical protocols (in other words, amount and standards of health-care available for prisoners must be the same as that available for other people). These very provisions should be determining when assessing current status and establishing feasible algorithms and procedures of exercising the health-care rights of convicted prisoners.

REFERENCES

1. Analiz vidpovidnosti Kryminalno-vykonavchoho kodeksu Ukrainy yevropeiskym standartam ta rekomendatsiiam Yevropeiskoho komitetu iz zapobihannia katuvanniam ta zhorstokomu povodzhenniu [Analysis of the compliance of the Criminal Code of Ukraine with European standards and recommendations of the European Committee for the Prevention of Torture and Cruel Treatment]. http://library.khpg.org/index.php?id=1184074406[date access 25.07.2022] (in Ukrainian)
2. Petryshyn O, Serohina S, Romanov M. Penitentiary healthcare: legal and practical aspects. Wiadomości Lekarskie. 2019; 72(12/2): 2591-2595. doi: 10.36740/WLek201912233.
3. Principles of medical ethics relevant to the role of health personnel, particularly physicians, in the protection of prisoners and detainees against torture and other cruel, inhuman or degrading treatment or punishment. General Assembly resolution 37/194, 18 December 1982. https://www.ohchr.org/en/instruments-mechanisms/instruments/principles-medical-ethics-relevant-role-health-personnel [date access 28.07.2022]
4. Moeller L, Stöver H, Jürgens R et al. Health in prisons: a WHO guide to the essentials in prison health. Copenhagen: WHO Regional Office for Europe. 2007. https://apps.who.int/iris/bitstream/handle/10665/107829/E90174.pdf?sequence=1&isAllowed=y [date access 28.07.2022]
5. Ethical codes and declarations relevant to the health professions. An Amnesty International compilation of selected ethical texts. The Oath of Athens (International Council of Prison Medical Services. 1979, p.40. https://www.amnesty.org/en/wp-content/uploads/2021/06/act750041994en.pdf [date access 11.08.2022]
6. Health care staff. http://www.apt.ch/en/knowledge-hub/detention-focus-database/health-care/health-care-staff [date access 11.08.2022]
7. WMA declaration of Malta on hunger strikers: adopted by the 43rd World Medical Assembly, St. Julians, Malta, November 1991and revised by the by the 68th WMA General Assembly, Chicago, United States, October 2017. https://www.wma.net/policies-post/wma-declaration-of-malta-on-hunger-strikers/ [date access 11.08.2022]
8. Melnychenko O, Chovpan G, Udovychenko N et al. The medical reform: realities and prospects for Ukraine. Wiadomości Lekarskie. 2021;74(5):1208-1212. doi: 10.36740/WLek202105130.
9. Ivats-Chabina A, Korolchuk O, Kachur A, Smiianov V. Healthcare in Ukraine during the epidemic: difficulties, challenges and solutions. Wiadomości Lekarskie. 2021;74(5):1256-1261. doi: 10.36740/WLek202105139.
10. Zhdan V, Holovanova I, Khorosh M. Bielikova I. et al. Analysis of the legislstive activity of the Ministry of Health jf Ukraine in the conditions of the Russian-Ukraine war in 2022. Wiadomości Lekarskie. 2022;75(6):1425-1433. doi: 10.36740/WLek202206101.
11. Pro zatverdzhennia Poriadku orhanizatsii nadannia medychnoi dopomohy zasudzhenym do pozbavlennia voli [On the approval of the Procedure for the provision of medical care to those sentenced to imprisonment]. https://zakon.rada.gov.ua/laws/show/z0990-14#Text [date access 11.08.2022] (in Ukrainian).
12. Termin «Poriadok» [The term "Order"]. https://zakon.rada.gov.ua/rada/term/22341 [date access 11.08.2022] (in Ukrainian).
13. Ukrainski likari teper mozhut provodyty konsultatsii onlain [Ukrainian doctors can now conduct consultations online]. 10/04/2020. https://www.ukrinform.ua/rubric-society/3003188-ukrainski-likari-teper-mozut-provoditi-konsultacii-onlajn.html [date access 11.08.2022] (in Ukrainian).
14. Telemedytsyna v praktytsi simeinoho likaria, feldshera ta medsestry [Telemedicine in the practice of a family doctor, paramedic and nurse]. 29/04/2020. https://telemed24.ua/articles/telemedycyna-v-praktycy-simeynogo-likarya-medsestry-feldshera [date access 11.08.2022] (in Ukrainian).
15. Pro zatverdzhennia Pravyl vnutrishnoho rozporiadku ustanov vykonannia pokaran [On the approval of the Rules of Internal Procedure of Penitentiary Institutions]. https://zakon.rada.gov.ua/laws/show/z1010-18#Text [date access 28.07.2022] (in Ukrainian).
16. Pro zatverdzhennia Poriadku orhanizatsii nadannia zasudzhenym dostupu do hlobalnoi merezhi Internet [On the approval of the Procedure for the organization of providing convicts with access to the global Internet network]. https://zakon.rada.gov.ua/laws/show/z1280-17#n16 [date access 28.07.2022] (in Ukrainian).
17. Law of Ukraine "Fundamentals of the Legislation of Ukraine on Healthcare". https://zakon.rada.gov.ua/laws/show/2801-12#Text [date access 18.08.2022]

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