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**STEE R I C N O M M I T T E R H U M A N I G H T S
I N T H E F I E L D S O F M E D I C I N E A N D H E A L T H C A R E**

**Report on the replies
to the questionnaire on the right to life and health**

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States without designated rights to health care did not specify or
federal legislative principles, while all health management sites
similarly left their administrative principles unclear.

Gaps and challenges

Patients' rights were not fully incorporated in the legislative
Observer States that answered the questionnaire.

Avenue for reform

The States without designated rights to health care
to consider introducing such a health care system
by individuals.

States that do not have specific health care laws
incorporating these provisions into law.

2. Are there any other provisions under other laws
below?

Overview

All 20 States answered this question. The response

General medical practice

16 of the States mentioned legislative provisions
of general medical practice, including:

- Data protection, processing, records keeping
reproducible 2 States;
- Health care including physicians, nurses, etc.
by 10 States;
- Self-determination (including abortion and kidney
etc.) 4 States;
- Right to compensation for damage to health by 3 States;
- Palliative care/ end-of-life care;
- Medication 3 States;
- Protection of vulnerable groups (elderly, disabled, etc.)
- Communicable diseases.

Individual patient care and internment, specific legislation on

collection. One State reported having the highest
ouats good. A p o a h e i c h a s a n a c t r e g u l a t i n g t h e p r

M e n t a l h e a l t h c a r e

15 States reported having legislation r e l g y a r d i n
7 States informed of having 2 s t a a s t e p s e i d f l i t i n i n t e d h a b
regulate i o t n a i o n f m a e s n p e a d t a s h r e e i f l e h , a d e p i a s d i i n g o f h e p s y
patients t t d e i r s e t i t r u t c i t i n s e r i n a g s t u t e h p e r a o p v i t s e i c o a n b l o e
health s c e o m p i r c e h s e n i s i p s y c h i e a t i c i a d h o s p i t a l a d c a p e r
having no legislation regarding mental health

T r a n s p l a n t a t i o n

17 States reported r w i g t u h a i l n a g n g p e c i a f i s p l a a w a o i n o t h
general regulation of transplantation within
by 2 States. One of the repliest r d a i n s p i b a c t y t o l n d i s t o n a
general r i p g h t i e n t s

R e s e a r c h

14 S i n f e s m e d i c i n e r e s e a r c h , t h e m a j o r i t y , 10 , r e g
regulate research i n s o m e i n g n e d i e s n a t c l p r o d u
devj c r e s p o r t e d i s o n t h e e t a h i d c a n o o f t h e i r o m e d i c
research on embryos and/or embryonic stem ce

2 States reported o m o t r e l s a v i o p h i o p o g e s i a s i l d a t t i h e n y h a v
legislation regarding research.

G e n e t i c s / g e n o m i c s

Domestic regulaantdi o g e n o o f m i g e s n e w t a i s c q u i t e v a r i a b l
Observer 4 r S e t p a o t r e t s e d h a v i n g l e g i s l a t i o n i n t h e
research, others r e n g a u t l e a t t r e i s a n g i d g e o r e t t i r e a t t e n c e h n t o l o f
no legislation

There is room for further regulation by the
legislation, as well as for more homogenous
particuhli a g r h l s y k e t s h a n v o l v i n g n e w e t d e i c h i n n o g l o g i e s l i

R e p r o d u c t i v e h e a l t h

This was the a a r e a v i o f h e a l t h r e a t e s t v a r i a t i o n
States, which 16 i S t a n e s u n e p o p r e t e d h a v i n g l e g i s l a
some focusing on reproductive health and rig
of mothers, prenatal testing, sterilisation

planning. 2 States reported provisions on that having no legislation on reproductive health.

Gaps and Challenges

The areas with greatest variation in reproductive health, followed by regulatory

A third of the States that answered the question on genomics and a quarter have no national policies on healthcare. The variation of approaches towards the appreciation of the Member States, given context. However, despite comprehensive regulatory account - a specific national characteristics would be high

Avenues for action

It may be desirable that endogenous interventions and new national legislation may be able to guide and assist Member States with

3. Does domestic legislation include provisions for equitable access (equitable access)?

Overview

19 States answered this question. There were 5 States providing provisions coupled with the discrimination based on protected characteristics and 5 States reported having specific provisions for marginalised groups, including those in more without social exclusion. Five States expressed in their legislation to provide equitable access to social services and mechanisms to equitable provision of care or with the pay or having a regime of no financial barriers. A further 5 States framed individual or human right: one State referred to health care, another framed it as a right to health care, another framed it as a right to health care, another framed it as a right to health care, another framed it as a right to health care. The approaches can practice.

seekers. The Geneva Convention leads to a significant increase in the number of asylum seekers. The provisions of the Convention are not always fully implemented, and despite the requirements, refugees are still in need of protection.

2 States are urged to take measures to ensure that refugees are not subjected to refoulement, for example, by not returning them to a country where they face persecution or other serious harm.

Gaps and Challenges

- There are significant gaps in the implementation of the Convention.
- There are substantial differences in the way the Convention is implemented.
- Very few States are fully compliant with the Convention.
- Many States reported instances of discrimination against refugees.

Avenues for further action

- States should consider ways to improve the protection of vulnerable persons.
- It would be beneficial to have a more uniform approach to the protection of vulnerable persons.
- Refugees and asylum seekers should be provided with adequate housing and other basic needs.
- Broader cultural and social integration measures should be considered.

6. Does domestic legislation provide for the safety and quality of work for professionals, particularly in the health sector?

Overview

19 States answer the question on the variation in the emphasis on the safety and quality of work for professionals, with the majority of countries reporting that they have taken measures to improve the safety and quality of work for professionals. The majority of countries reported that they have taken measures to improve the safety and quality of work for professionals, particularly in the health sector. The majority of countries reported that they have taken measures to improve the safety and quality of work for professionals, particularly in the health sector.

Gaps and Challenges

There are no significant legislative proposals for legislation of health.

Avenues for further action

Drawing from the good practice of international standards and quality and safety standards in making health decisions.

7. Does domestic legislation provide for professionals?

Overview

16 States answer most of these questions do not have legislation for human rights training. Some States mention training requirements. Start to require health care professionals to take

Gaps and Challenges

Most States do not have legislation requiring professionals.

Avenues for further action

It would be helpful to clarify the role of health care providers in promoting and focusing on human rights in their professional obligations.

8. Does domestic legislation include provisions for intervention in the health field?

Overview

14 States answer the question listed in the table above on a scale of free and informed consent.

14 States in fact do not have a general requirement of specific procedures may be used, but some States have specific procedures.

a disease posing a danger to the public health and
have a general express requirement of free and
informed consent of the patient and legal requirements
without validly obtained informed consent information
is not a defense.

Gaps and Challenges

Nearly all States require informed consent.
The degree of specificity as to what is
guaranteed in practice vary.

Avenues for further action

- It would be highly desirable for all States
to have uniform standards in the health field
- States that do not already have such requirements
should consider them as a matter of public health and the patient's
right to self-determination
- States could draw inspiration from the
adoption of requirements, on a uniform, sufficient,
and appropriate respect for the patient and their
determination

9. Does domestic legislation include special
consent with regard to possible interven-
tion in a life or death decision?

Overview

19 States answer the question affirmatively. Most provide
for the consent of the person not able to consent
provide an extra layer of protection either
or a judicial authority.

2 States also provide for a court to be involved in
aged children, in which case the court must
can be carried out in the best interests of the child
minor's best interests. Some States could consent regard-
the parent's consent is not obtained that a person not
involved as far as possible, taking into account
that minors have a right to receive information
corresponding to their age and development.

7 States provided for doctor's liability in cases where health information is shared with next of kin.

Gaps and Challenges

There is some variability in how states handle consent to their health information.

Avenues for further action

- States might want to consider with their own consent determination where it is not possible
- States should consider where competent authorities in where the treatment is a necessary layer of protection who are unable to consent
- States are encouraged to consider how to handle health information when regulating liability for transferring a right to receive health information

10. Does domestic legislation on personal health related data collected in

Overview

As a result, the reported requirements for personal health data collected in

4 States provided detailed information on how health data, including by reference to confidentiality and where there is a need for health information for professional health care.

As a general point, the GDPR is not directly applicable in all EU Member States of the EU.

Gaps and Challenges

This is an area that would benefit from further and the lack of an express legal requirement for personal health data to the questionnaire.

Avenues for further action

- States that do not hold data should adopt a policy for consent for the collection and processing of data reported by one of the States.
- The CDBIO can make a recommendation
- As a matter of good practice, States should collect data reported by one of the States.

11. Does domestic legislation provide for any and procedures for the collection of health related data?

Overview

1. States that do not hold data should adopt a policy for consent for the collection and processing of data reported by one of the States.

2. States that do not hold data should adopt a policy for consent for the collection and processing of data reported by one of the States.

3. States that do not hold data should adopt a policy for consent for the collection and processing of data reported by one of the States.

4. States that do not hold data should adopt a policy for consent for the collection and processing of data reported by one of the States.

Gaps and Challenges

1. States that do not hold data should adopt a policy for consent for the collection and processing of data reported by one of the States.

Avenues for further action

- States that do not hold data should adopt a policy for consent for the collection and processing of data reported by one of the States.
- The use of anonymisation and separation of data as an example of good practice;
- Greater use of supervision and monitoring

12. Does domestic legislation provide data collected about their health?

Overview

All states with the question, all but 3 giving a poor ambiguous response on legislation

Most states report that it is not clear if the medical also provide a way for the general public to

3 states with the right to know about their health data to the extent of the harm to the patient's health

Gaps and Challenges

The large majority of states who replied to data.

Avenues for further action

- States that do not already, should investigate all state health data.
- States that only mention electronic data access are scarce in practice
- States that do not already have a way to access their health data.

13. Does domestic legislation provide for patients to seek recourse if they consider

Overview

All states with the question tend to have some form of recourse in cases of violations of some of the reported approaches. For instance, some state administrative agencies continue to have procedures that had a special procedure, often including violations of the law.

Most states, however, do not have a process for the complaint also informed of the violations. In some cases, the reviewable by a competent state

Some of the countries that are reported to have compensation. 1 State informed of dealing with another informed of having a right of protection rights

Gaps and Challenges

The majority of States seem to have appropriate rights violations on the thresholding approach well within the margin of appreciation.

Avenues for further action

- Those States that have a special procedure and rights violations can be addressed but merely administrative procedure, should consider make remedies more easily accessible to public
- States could consider enabling individuals to bring disciplinary matters to make them more effective
- As a matter of good practice, it would be beneficial
- States should promote this area: conversion institution as part of the internal compliance

14. Does domestic legislation provide for public related issues?

Overview

Only 6 States answered this question, making it those that are reported not having legislative or consultation when public consultation is required for legal public consultation in the area of health and the environment

5 States provided limited forms of representation, mentioned in legislation be published proposals to the government

Gaps and Challenges

This is an area with significant political debate on the fundamental values at stake, including consultation on Human Rights and Biomedicine.

Avenues for further action

- States which have not yet sought public consultation on the application of new technologies
- States should consider adopting or expanding the organizations for national governance of health
- The CDBIO could provide further guidance on the Oviedo Convention in practice, building on States.

15. Possible approaches to development

Overview

Only 12 States have based their own experience and practice.

Some States mentioned regulatory frameworks in the health sector including raising the age of consent for health patients with respect to their position with the health system of state autonomy instruments give rise to some of the most significant forms of deprivation of liberty of persons on all the grounds of a national system.

Gaps and Challenges

General gaps identified in the replies

- Greater information and training in using a
- Introduction of a Bill of Rights
- Introduction of guidelines for triage decisions
- Setting up a compensation for damages;
- Setting out a legal framework on human and bioethics;
- Allowing human embryos for scientific purposes

- Regulating the disclosure of information

Avenues for further action

Based on the gaps identified by the study, the following are the further actions:

- Improving the provision of information
- Introducing legislative acts on patients
- Adopting a mechanism for regulating health care
- Improving the mechanisms for complaint handling
- Designating the patient as a matter of public interest
- Regulating the activities of health professionals in assistive technology

Further areas for action based on the principles of Human Rights Approaches to Health Care

- Accessibility and availability of health services
- Economic and physical accessibility, measures to give access to a broad range of services
- Participatory and community health promotion
- Adopting a mechanism for regulating health information, consent and privacy
- Training of health professionals to prevent and address violations of patients' rights