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THE CONTENT OF ACCESSIBILITY OF MEDICAL CARE IN UKRAINE

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Abstract. The article is devoted to the study of the substantive content of the concept of 'accessibility of medical care' under Ukrainian legislation. The author considers the accessibility of medical care as a constitutional right of citizens and as one of the principles of healthcare. The author identified the elements of accessibility to medical care such as: personal accessibility, territorial accessibility, and financial accessibility. However, all these elements are not absolute but are assessed from the perspective of the category of justice, particularly the fair distribution of healthcare resources among citizens. Thus, it is not about the absolute right of a person to medical care and the absolute obligation of the state to provide it, *but* it concerns the ability of every citizen to seek medical assistance and receive necessary timely treatment regardless of financial capability, place of residence, or time of seeking help, and only taking into account the health status and needs of the patient.

Key words: healthcare, medical care, patient, accessibility, citizens' rights, health preservation, health promotion.

Introduction. The accessibility of medical care is a constitutional right of citizens and one of the principles of healthcare, which is ensured by the entire healthcare system.

The issues of various aspects of ensuring the accessibility of medical care have been studied in the scientific works of: S. Ahiyivets, M. Bilynska, V. Berezin, I. Bondarenko, I. Buryak, Yu. Voronenko, V. Halai, Z. Hladun, O. Hlazunova, S. Hnatyuk, I. Demchenko, T. Dudina, L. Zhalilo, N. Zaycheva, Yu. Kiryakova, V. Kovalenko, O. Korvetsky, V. Lekhan, Z. Lobodina, B. Lohvynenko, H. Lopushnyak, H. Mulyar, V. Pashkov, V. Perkhov, L. Pidhorna, N. Rynhach, H. Romanovsky, V. Rudyy, L. Rusnak, O. Samoylenko, I. Senyuta, O. Solovyeva, R. O. Stefanchuk, O. S. Stetsenko, Strelychenko, V. Suzyma, T. Tykhomyrov, T. Frolova, R. Shevchuk, T. Yurochko and others. However, there is still no unequivocal position regarding the understanding of the content of this concept in scientific legal literature.

Moreover, in recent years, especially after the onset of the full-scale invasion of the enemy into the territory of our state, the socio-economic situation in the country has undergone significant changes, which has posed new challenges for our state in ensuring the accessibility of medical care, as the needs for accessibility have changed. In particular, the number of injuries related to military actions (mine-explosive injuries) has increased, as has the need for psychological and psychiatric assistance due to mental health disorders among the population as a result of the stresses experienced during the war. The occupation of part of our territory, the destruction of healthcare facilities, and the mass migration of medical personnel abroad have significantly impacted the accessibility of medical care (Bilan, 2022: 159). All of this requires the formation of a new perspective on the issue of accessibility of medical care in Ukraine.

The purpose of the article is to investigate the substantive content of the concept of 'accessibility of medical care' based on the analysis of Ukrainian legislation and the scientific views of leading legal scholars.

Methodology statement. The methodological basis of the study was made up of general scientific methods of cognition: the dialectical method of cognition of the phenomena of the surrounding reality and the comparative-legal method for comparison of the rights and opportunities of a patient, which are mentioned in the Constitution of Ukraine and detailed in norms of various Ukrainian laws. In accordance with the system-structural approach, the author was able to investigate the issues of the elements of the availability of medical care and meaningful content in the relationship and to formulate the conclusions of this article.

Results of the study. The accessibility of medical care is a constitutional right of the citizens of Ukraine, as well as one of the principles of healthcare. Thus, according to Article 49 of the Constitution of Ukraine, the state creates conditions for effective and accessible medical services for all citizens. In state and municipal healthcare institutions, medical assistance is provided free of charge; the existing network of such institutions cannot be reduced. The state promotes the development of healthcare institutions of all forms of ownership (The Constitution of Ukraine, 1996).

The Constitution of Ukraine includes the following characteristics in the concept of accessibility of medical assistance: personal accessibility (is the right of every citizen and must be provided to every citizen, who needs it – our emphasis – S.B.); financial accessibility (provided free of charge for the patient in state and municipal healthcare institutions); territorial accessibility (the existing network of primary healthcare cannot be reduced, but rather the network of institutions should be developed).

Regarding the free provision of medical care, the Constitutional Court of Ukraine has stated that the provisions of part three of Article 49 of the Constitution of Ukraine, which states that 'in state and communal healthcare institutions, medical care is provided free of charge,' should be understood to mean that in state and communal healthcare institutions, medical assistance is provided to all citizens regardless of its scope and without their previous, current or subsequent payment for providing such assistance (The decision of the Constitutional Court of Ukraine, 2002). However, the Constitutional Court noted that the aforementioned provision does not prohibit the possibility of providing citizens with medical services that go beyond medical assistance (according to the terminology of the World Health Organization – 'secondary medical services', 'paramedical services'), in the specified institutions for a separate fee. This has already been noted in the Decision of the Constitutional Court of Ukraine in the case concerning the constitutional submission of 66 members of the Parliament of Ukraine regarding the compliance of the Cabinet of Ministers of Ukraine's Resolution 'On the Approval of the List of Paid Services Provided in State Healthcare Institutions and Higher Medical Educational Institutions' (the case on paid medical services) dated November 25, 1998, No. 15-rp/98 (The decision of the Constitutional Court of Ukraine, 1998). The list of such paid services cannot encroach upon the boundaries of free medical assistance and, in accordance with the requirements of paragraph 6 of part one of Article 92 of the Constitution of Ukraine, must be established by law.

Thus, on July 5, 2024, the Cabinet of Ministers of Ukraine adopted resolution No. 781 'Certain Issues of Providing Medical Services to the Population for Payment by Legal Entities and Individuals,' which will come into effect on January 1, 2025 (resolution of the Cabinet of Ministers of Ukraine, 2024). The resolution provides a list of cases in which healthcare institutions of state and municipal ownership may provide medical services to the population for payment by legal entities and individuals. In particular, the regulation provides for separate cases when medical services are paid for, and when additional services are provided in addition to medical services. Thus, medical services are paid for in cases of providing services to the population: without a doctor's referral; under contracts with legal entities; in healthcare facilities that belong to the sphere of management of the State Administration Affairs and state bodies that are part of the security and defense sector for patients who do not belong to the attached contingent; which are not covered by the state guarantees program for medical services to the population. However, the issue of the cost of medical services, which is not covered by the medical guarantee program, remains contentious, as according to the Constitution

of Ukraine, medical services are to be provided free of charge. Regarding the so-called additional services related to the provision of medical assistance, the aforementioned resolution stipulates that paid services for the medical care of the population may be provided: at the place of residence (stay) of the patient at the patient's independent choice, provided there are no indications for their provision; the independent choice of the attending physician during the provision of specialized medical assistance in a planned manner in inpatient conditions; accommodation in a room with an increased level of comfort and service at the patient's independent choice (resolution of the Cabinet of Ministers of Ukraine, 2024). It is impossible to agree with the paid choice of the treating physician, as according to Article 38 of the Fundamentals of Legislation guarantees every patient the right to freely choose a doctor and methods of treatment (Law on basics of Ukrainian legislation on healthcare, 1992).

S. Knysh insists that it is necessary to amend the Constitution of Ukraine to establish a list of diseases (oncological diseases, tuberculosis, AIDS, and others) that are outside the scope of free medical assistance, but for which state guarantees regarding full payment for treatment from state medical insurance funds would apply (Knysh, 2019: 144).

However, this statement cannot be agreed upon, as Ukraine has undertaken a number of international obligations regarding the preservation and strengthening of public health, which specifically guarantees patients' access to the latest preventive procedures and treatments for oncological diseases, ensuring the accessibility of medical assistance for the population primarily at the level of primary medical care (resolution of the Cabinet of Ministers of Ukraine, 2024) and a number of other obligations. It is clear that the issue of free access to medical assistance for patients is periodically raised by the state, especially today in the challenging conditions of war, and subsequently in the context of post-war recovery, it is extremely difficult for the state to cover the costs of medical assistance for the entire population of Ukraine. In leading European countries, various models of accessibility to medical assistance are in place, which are usually combined with health insurance. Therefore, in our opinion, we should discuss accessibility to medical assistance not in terms of its free provision, but rather in terms of equitable access for all to medical assistance, clearly distinguishing between medical services that are part of medical assistance (treatment) and medical services that are directly related to it but are not included in its scope. Then it may be possible to ensure equal and fair access to medical care for all who need it due to illnesses, injuries, poisonings, and pathological conditions, as well as in connection with pregnancy and childbirth, rather than because it is guaranteed and funded by the state or local budget.

Also, in our opinion, the formulation of accessibility of medical care for everyone is not accurate, as: the Constitution of Ukraine states that medical services should be accessible to citizens; medical care is provided being based on a specific need (illnesses, injuries, poisonings, and pathological conditions, as well as in connection with pregnancy and childbirth), and not at the individual's discretion.

Accessibility cannot and should not equate to the provision of free services for everyone; attention should be focused on the provision of free medical assistance for citizens who genuinely need it, and in the volume that corresponds to their condition. All other additional services should be covered by health insurance, which is also guaranteed by the Constitution of Ukraine as an element of the right to healthcare.

Unlike the previous author Yu. Shvets defines accessibility as: the absence of discrimination on any grounds; physical (geographical) accessibility; economic accessibility (cost); accessibility of relevant information (Shvets, 2020: 205). However, in our opinion, the absence of discrimination, although mentioned in international documents, cannot be attributed to the accessibility of medical assistance, as it is a general constitutional principle enshrined in Article 24 of the Constitution of Ukraine and pertains to all areas of public life, not just healthcare. Regarding the right to receive information, we believe that information is not medical care and therefore cannot characterize its accessibility.

Thus, according to Article 3 of the Fundamentals of Legislation, medical care and medical information are separated: medical care is the activity of professionally trained medical personnel aimed at the prevention, diagnosis, and treatment related to diseases, injuries, poisonings, and pathological conditions, as well as in connection with pregnancy and childbirth; medical information is information about an individual's medical services or their results, presented in a standardized form in accordance with the requirements established by law, including information about health status, diagnoses, and any documents related to health and limitations of daily functioning/life activities of a person (Law on basics of Ukrainian legislation on healthcare, 1992). That is, medical information accompanies the provision of medical assistance, as it is formed in connection with its provision and cannot be attributed to the accessibility of medical care.

The accessibility of medical care in European countries includes physical accessibility, financial accessibility, and waiting time (Access to healthcare in European countries, 2017). We consider this very important, as today at the legislative level in Ukraine, the guarantee of accessibility of medical assistance does not include waiting time, although this is very important for planned medical care, which is high-tech or requires the purchase of expensive medical equipment, such as transplantation of human anatomical materials, endoprosthetics of large joints, replacement of the eye lens, treatment of rare pathologies, etc.

Researcher L. Bondareva is one of the first in domestic science to substantiate the essence of the concept of 'accessibility of medical care' as 'the organizationally ensured possibility of providing timely and qualified medical assistance to the population of the country regardless of geographical, economic, social, informational, cultural, and linguistic barriers' (Bondareva, 2011: 12). However, in our opinion, any barriers, not just those defined, can be issues in ensuring the accessibility of medical care, but they cannot characterize the essence of the concept of accessibility of medical care. For example, the current state of war and military actions taking place on the territory of Ukraine are issues affecting the element of territorial accessibility of medical care for part of the population of our state, but the state of war itself is not an element of the accessibility of medical care.

Unlike previous views, L. Gamburg, O. Mykhailik, and Yu. Mosaev further add quality to the content of accessibility. They argue that quality is one of the components of the content of accessibility, as substandard medical services do not achieve the desired outcome, undermining the right to accessible healthcare. Among other important components of accessibility are free services and timeliness (Gamburg, 2020: 22). It should be noted that the authors do not distinguish between the concepts of healthcare and medical assistance, which cannot be accepted by us. When talking about healthcare, *accessibility and quality of medical assistance are the main indicators that determine the effectiveness of the healthcare system in any country in the world and the level of civilization of that country, but accessibility is not quality, and quality is not accessibility. These are separate categories that collectively determine the effectiveness of the healthcare category. Of course, we do not assert that the accessibility of medical care does not imply its quality provision, but we state that these categories are measured by different indicators. The quality of medical care is assessed according to medical standards, while accessibility encompasses entirely different categories.*

However, it is important that the authors draw attention to the issue of timeliness. Unfortunately, without disclosing it. In our opinion, timeliness is not the immediate receipt of medical assistance at the time of the patient's request, but rather the determination of the necessity for its provision and the provision of exactly the volume that is necessary according to the patient's condition at a specific time. That is, medical assistance is timely when it is provided according to the needs and condition of the patient. This relates to the right we defined above not just for every citizen, but for everyone who needs it at a certain time (in a timely manner).

V. Matviiv includes three criteria (levels) of accessibility of primary medical care services, such as quality, financial, and territorial or temporal accessibility of medical services. That is, like previ-

ous researchers, it speaks of quality as an element of accessibility. To characterize the quality, the researcher considers indicators such as the conditions for providing medical services (quality indicators of the premises – repairs, cleanliness), effectiveness (results) of treatment, professionalism of doctors, and the attitude towards patients from doctors and medical staff. The second criterion is proposed to include three indicators: the ability to purchase or obtain medications according to the doctor's prescription; the capacity to receive treatment, including consultations, diagnostic and laboratory examinations, and therapeutic procedures; the availability of medical equipment and the possibility of receiving medical services using it. In the third aspect – the level of their territorial or temporal accessibility, the author has identified five components of indicators: the possibility of choosing a doctor; the duration of waiting for a doctor; the doctor's schedule; the possibility of making an appointment in advance for the desired time; the territorial convenience of the medical facility's location and transportation to it (Matviiv, 2023: 405). However, the author does not indicate the necessity (need) for receiving medical assistance, which is crucial for the third level she proposes, as territorial and temporal accessibility should be characterized by needs. The state cannot fulfill the desires of the patient but must proceed from the necessity of ensuring such a right for the patient to the extent required by their health condition.

In our opinion, the issue of accessibility of medical care was most successfully addressed by O. Soloviova. Investigating accessibility of medical care, she concludes that it is one of the social rights recognized by the international community, which is ensured by states and includes such component elements as legal (normative), organizational, economic, and informational (Solovyova, 2017: 110). The scientist refers to the legal element as the normative consolidation of the right to medical assistance, as well as the right to legal protection in case of violation of this right. The organizational element involves the creation of an extensive network of primary healthcare facilities that ensure territorial accessibility and comfortable conditions for patients (including those with special needs) and the availability of a sufficient number of qualified personnel capable of providing medical care. The economic component is sufficient funding by the state for primary healthcare of state and municipal ownership. The informational component ensures the population's awareness regarding access to medical assistance, methods, and ways of treatment (Soloviova, 2017: 111).

WHO experts define the physical, economic, and informational accessibility of medical assistance. Physical accessibility should be understood as the availability of quality medical services in necessary volumes for those who need them; the provision of medical personnel, especially doctors; favorable working hours for medical staff, effective appointment systems, and other aspects of organization and delivery of services that enable people to receive these services when they need them. Territorial accessibility is important from the perspective of the timeliness of providing medical services. Timeliness is the ability of the healthcare system to quickly provide medical assistance after the need has been recognized. Economic accessibility is the measure of people's ability to pay for medical goods and services without financial hardship. The accessibility of information defines the right to seek, receive, and transmit information regarding health-related issues.

In this context, it is also important to note the WHO survey conducted regarding healthcare needs. People across Ukraine report that the main barriers to accessing medical assistance are cost, time constraints related to getting to and from medical facilities, the time taken to receive medical assistance, and limited transportation accessibility. However, at the same time, among those who sought medical assistance, 95% reported that they received primary medical care services, and up to 90% of respondents had access to medical services related to chronic diseases (Gender, equity and human rights, 2022). At the same time, people do not indicate informational accessibility as an issue of accessibility to medical assistance. Therefore, as we have noted above, the right to information is not classified by us as a category of accessibility to medical assistance, since medical information accompanies the provision of medical assistance, as it is formed in connection with its provision and cannot be classified as accessibility to medical assistance.

Conclusions. The elements of accessibility of medical care, in our opinion, are:

1) personal accessibility – equal access to medical care for all, as medical care is a right of every individual and should be provided to anyone who needs it, in the volume that the individual requires and in a timely manner. Therefore, the timeliness of medical assistance for the patient characterizes its personal accessibility. Of course, certain categories of patients may require medical assistance in greater volume than others, so equality does not mean the same volume of medical services provided, but rather means equal access for all citizens to medical care and fair access to it, where each individual receives as much assistance as they need, while not infringing on the rights of other patients;

2) financial accessibility – provided free of charge for the patient in state and municipal healthcare institutions to the extent guaranteed by the state and is the same for all citizens. This is not about absolute free provision of everything for patients, but about the state's guarantee of free medical assistance to the extent determined by the patient's condition. Financial accessibility of medical care raises perhaps the most discussions among scholars and practitioners;

3) territorial accessibility – the presence of a developed capable network of primary healthcare that can meet the population's needs in a given area for all types of medical assistance in the volume they require. This should include not only the territorial availability of primary healthcare but also the presence of qualified medical personnel and necessary medical equipment in a given area, which allows for the provision of specific necessary types of medical assistance in the directions needed by the population.

All these elements collectively characterize the accessibility of medical assistance, but it is not absolute; rather, it is assessed through the category of fairness, specifically the fair distribution of healthcare resources among citizens. Thus, it is not about the absolute right of a person to medical assistance and the absolute obligation of the state to provide it, but rather about the possibility for every citizen to seek medical assistance and receive the necessary timely treatment regardless of financial capability, place of residence, or time of seeking help, and only taking into account the health status and needs of the patient.

References:

1. Accessing health care in Ukraine after 8 months of war: The health system remains resilient, but key health services and medicine are increasingly unaffordable. WHO. *https://ukraine.un.org*. Retrieved from: <https://ukraine.un.org/uk/204466-%D0%B4%D0%BE%D1%81%D1%82%D1%83%D0%BF-%D0%B4%D0%BE-%D0%BC%D0%B5%D0%B4%D0%B8%D1%87%D0%BD%D0%B8%D1%85-%D0%BF%D0%BE%D1%81%D0%BB%D1%83%D0%B3-%D0%B2-%D1%83%D0%BA%D1%80%D0%B0%D1%97%D0%BD%D1%96-%D0%BF%D1%96%D1%81%D0%BB%D1%8F-%D0%B2%D0%BE%D1%81%D1%8C%D0%BC%D0%B8-%D0%BC%D1%96%D1%81%D1%8F%D1%86%D1%96%D0%B2-%D0%B2%D1%96%D0%B9%D0%BD%D0%B8-%D1%81%D0%B8%D1%81%D1%82%D0%B5%D0%BC%D0%B0-%D0%BE%D1%85%D0%BE%D1%80%D0%BE%D0%BD%D0%B8-%D0%B7%D0%B4%D0%BE%D1%80%D0%BE%D0%B2%E2%80%99%D1%8F> [in English].
2. Access to healthcare in European countries (2017) Legal Report. *https://www.doctorsoftheworld.org.uk*. Retrieved from: https://www.doctorsoftheworld.org.uk/wp-content/uploads/import-from-old-site/files/2017_final-legal-report-on-access-to-healthcare-in-16-european-countries.pdf [in English].
3. Bilan, S. Y. (2022) Administratyvno-pravovi zasady zabezpechennya dostupnosti medychnoyi dopomohy dlya naselennya v umovakh voyennoho stanu [Administrative and legal principles of ensuring the availability of medical care for the population under martial law]. *Visnyk kryminalnoho sudochynstva – Herald of criminal justice*, 3-4, 158–163. DOI: <https://doi.org/10.17721/2413-5372.2022.3-4/158-163>. [in Ukrainian]
4. Bondareva, L. V. (2011) Dostupnist medychnoyi dopomohy naselennyu: teoretychnyy aspekt [Availability of medical care to the population: theoretical aspect]. *Aktualni problemy derzhavnoho upravlinnya – Actual problems of public administration*, 3, 11–14 [in Ukrainian].

5. Gamburg, L. S., Mykhailik, O. A. & Mosayev, Y. V. (2020) Dostupna okhorona zdorov'ya v Ukrayini: teoretyko-praovi pytannya zakonodavchoyi terminolohiyi [Affordable healthcare in Ukraine: theoretical and legal issues of legislative terminology]. *Yurydychnyy naukovyy elektronnyy zhurna – Legal scientific electronic journal*, 3, 18–22 [in Ukrainian].
6. Knysh, S. V. (2019) *Vidnosyny u sferi okhorony zdorov'ya v Ukrayini: administratyvno-pravovyy aspekt* [Relations in the sphere of healthcare in Ukraine: administrative and legal aspect]. Kyiv: Education of Ukraine [in Ukrainian].
7. Konstytutsiya Ukrayiny [The Constitution of Ukraine]. (n.d.). *zakon.rada.gov.ua*. Retrieved from: <https://zakon.rada.gov.ua/laws/show/254%D0%BA/96-%D0%B2%D1%80#Text> [in Ukrainian].
8. Matviiv, V. V. (2023) Rivni dostupnosti posluh lanky pervynnoyi medychnoyi dopomohy v umovakh reformuvannya haluzi okhorony zdorov'ya: marketynhovyy pidkhid [Levels of availability of primary care services in the conditions of healthcare reform: a marketing approach]. *Rynkova ekonomika: suchasna teoriya i praktyka upravlinnya – Market economy: modern management theory and practice*, 3(52), 403–434. DOI: [https://doi.org/10.18524/2413-9998.2022.3\(52\).275822](https://doi.org/10.18524/2413-9998.2022.3(52).275822) [in Ukrainian].
9. Postanova Kabinetu Ministriv Ukrayiny vid 05 lypnya 2024 roku № 781 «Deyaki pytannya nadannya posluh z medychnoho obsluhovuvannya naseleennya za platu vid yurydychnykh i fizychnykh osib» [Resolution of the Cabinet of Ministers of Ukraine dated July 5, 2024 No. 781 «Some issues of providing medical services to the population for a fee from legal entities and individuals»]. (n.d.). *zakon.rada.gov.ua*. Retrieved from: <https://www.kmu.gov.ua/npas/deiaki-pytannia-nadannia-posluh-z-medychnoho-obsluhovuvannia-naseleennia-za-platu-vid-iurydychnykh-i-fizychnykh-osib-i050724-781> [in Ukrainian].
10. Rishennya Konstytutsiynoho Sudu Ukrayiny u spravi za konstytutsiynym podannyam 53 narodnykh deputativ Ukrayiny shchodo ofitsiynoho tлумachennya polozhennya chastyny tret'oyi statti 49 Konstytutsiyi Ukrayiny "u derzhavnykh i komunal'nykh zakladakh okhorony zdorov'ya medychna dopomoha nadayet'sya bezoplatno" (sprava pro bezoplatnu medychnu dopomohu) vid 29 travnya 2002 roku № 10-rp/2002 [Decision of the Constitutional Court of Ukraine in the case based on the constitutional submission of 53 People's Deputies of Ukraine regarding the official interpretation of the provision of the third part of Article 49 of the Constitution of Ukraine "in state and communal healthcare institutions, medical care is provided free of charge" (the case about free medical care) dated May 29, 2002 no. 10-rp/2002]. (n.d.). *zakon.rada.gov.ua*. Retrieved from: <https://zakon.rada.gov.ua/laws/show/v010p710-02#n54> [in Ukrainian].
11. Rishennya Konstytutsiynoho Sudu Ukrayiny u spravi za konstytutsiynym podannyam 66 narodnykh deputativ Ukrayiny shchodo vidpovidnosti Konstytutsiyi Ukrayiny (konstytutsiynosti) Postanovy Kabinetu Ministriv Ukrayiny «Pro zatverdzhennya pereliku platnykh posluh, yaki nadayut'sya v derzhavnykh zakladakh okhorony zdorov'ya ta vyshchykh medychnykh zakladakh osvity» (sprava pro platni medychni posluhy) vid 25 lystopada 1998 roku №15-rp/98 [Decisions of the Constitutional Court of Ukraine in the case based on the constitutional submission of 66 people's deputies of Ukraine regarding the conformity with the Constitution of Ukraine (constitutionality) of the Resolution of the Cabinet of Ministers of Ukraine "On approval of the list of paid services provided in state healthcare institutions and higher medical institutions of education" (the case about paid medical services) dated November 25, 1998 no. 15-rp/98]. (n.d.). *zakon.rada.gov.ua*. Retrieved from: <https://zakon.rada.gov.ua/laws/show/v015p710-98#Text> [in Ukrainian].
12. Shvets, Y. Y. (2020) Administratyvno-pravove zabezpechennya okhorony zdorov'ya Ukrayiny: suchasni vyklyky ta shlyakhy optymizatsiyi [Administrative and legal provision of healthcare of Ukraine: modern challenges and ways of optimization]. *Zenodo*, 202–207. <https://zenodo.org>. Retrieved from: <https://zenodo.org/records/4433079> [in Ukrainian].
13. Solovyova O. M. (2017) Dostupnist medychnoyi dopomohy [Availability of medical care]. *Yurydychnyy naukovyy elektronnyy zhurnal – Legal scientific electronic journal*, 4, 109–112 [in Ukrainian].
14. Zakon Ukrainy «Osnovy zakonodavstva Ukrayiny pro okhoronu zdorov'ya» vid 19 lystopada 1992 roku № 2801-XII [Law of Ukraine No. 2801-XII «On basics of Ukrainian legislation on healthcare» of November 19, 1992]. (n.d.). *zakon.rada.gov.ua*. Retrieved from: <https://zakon.rada.gov.ua/laws/show/2801-12#Text> [in Ukrainian].