

CONSTITUTIONAL PARADIGM OF THE HUMAN RIGHTS ON WORK AND APPROPRIATE HEALTHCARE IN ASIA, AUSTRALIA AND OCEANIA

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INTRODUCTION

Rapid social development, growing threats of modern slavery, human trafficking, forced labor, gender discrimination, etc., prompt further scientific research in order to properly regulate, in particular, medical and labor relations around the world.

According to ILO and UNICEF modern data while the elimination of child labour remains an unfinished task, there is some welcome news. After a concerning rise in child labour captured by the global estimates for 2020, a feared further deterioration in the wake of the COVID-19 pandemic has not materialized, and the world has succeeded in returning to a path of progress. Today, nearly 138 million children are in child labour worldwide, down from 160 million four years ago. There are over 100 million fewer children in child labour today than in 2000, even as the child population increased by 230 million over the same period.¹

As Baroness May, leader of Global Commission on Modern Slavery and Human Trafficking, constituted the world is in crisis. Be it climate change, the mass migration of people, protracted conflict or poverty, state after state across the globe is facing unprecedented challenges, set against a background of increasing volatility in geopolitics, sluggish economies and threats to global trade. As governments around the globe face these challenges, too often they look to deal with them as one-off issues and fail to see the links between them. We are lulled into thinking that the future relies only on specific policy interventions such as de-carbonisation, support for electric vehicles, or deciding how big the wall at the border should be – literally or metaphorically.² These data eliminate the urgent relevance of the presented paper's topic.

¹ International Labour Office and United Nations Children's Fund, Executive Summary. Child Labour: Global estimates 2024, trends and the road forward, ILO and UNICEF, New York, 2025.

² THE GLOBAL COMMISSION'S REPORT: NO COUNTRY IS IMMUNE: TOGETHER TO END MODERN SLAVERY & HUMAN TRAFFICKING. URL: [HTTPS://WWW.MODERNSLAVERYCOMMISSION.ORG/REPORT/](https://www.modernslaverycommission.org/report/) (DATE OF ACCESS: JUNE, 18,2025)

At different times, the general issues of the subject matter were devoted to the work Yaroshenko O.M., Prylipko S.M., Inshyn M.I., Zhernakov V.V., Stetsenko S.G., Senyuta I.A., Sereda O.H., Yakovlev O.A., Yakovleva G.O., Kolosov I.V. and so on and so forth.

At the same time, the paradigm of the right to work and appropriate healthcare contemporary development in the countries of Asia, Australia and Oceania, especially in the context of the modern slavery, human trafficking and forced labor of children's spread, has received insufficient attention.

Therefore, the aims of the proposed study are:

1. studying the constitutional, legal and legislative guarantees of the human right on work and proper healthcare in Asia, Australia and Oceania;
2. identification of essential, repetitive, sustainable links between medical social relations and the subject of labor law in these countries, the peculiarities of their legal culture in the field of research;
3. comparative analysis on the issues of the studied topic between these countries and Ukraine.
4. derivation of positive experience to be taken into account during the reform of national labor legislation.

The object of the study will be medically-labour social relations and their constitutional regulation in India, China, Japan, Australia and New Zealand through the application of formal-logical, dialectical and comparative-legal methods.

1. Constitutional guarantees and legislative embodiment of medical and labor law in India

It should be noted that as of 2024, the Constitution of India does not contain direct legal guarantees of the right on work and proper healthcare, including for employees; section 3 "Fundamental rights" contains only general provisions, the right to equality, the right to freedom of the individual, the right to protection from exploitation, the right to freedom of religion, the right to culture and education, as well as the right to constitutional remedies.³ At the same time, Articles 23 and 24 of the Constitution prohibit forced labor, forced traffic, as well as the use of child labor in enterprises. This means that any form of forced labour, as well as the use of indentured labour of children under the age of 14 in India, is prohibited by Constitution and entails liability as prescribed by law.⁴ Singh reported that Indian medical legal framework is rapidly evolving, driven by advances in healthcare, patient rights, and regulatory changes. Doctors must be aware of the latest laws and regulations to ensure compliance and protect their practice. This blog outlines key aspects

³ Constitution of India. Legislative Department. Official Website. URL: <https://legislative.gov.in/constitution-of-india/> (Date of Access: June, 18,2025)

⁴ See previous note.

of the Indian medical legal landscape, focusing on what healthcare professionals need to know in 2024. Scholar convinced that Indian medical law connected with: Patient Rights and the Doctor-Patient Relationship; Medical Negligence and Malpractice, Clinical Establishments Telemedicine and Digital Health and the National Medical Commission as a Regulator which tasked with improving access to quality healthcare, regulating medical education, and ensuring that doctors adhere to professional standards.⁵ Centre for Legal Excellence claims that Health laws play a crucial role in regulating the healthcare sector in India. They provide the framework for the practice of medicine, clinical trials, medical devices, and intellectual property rights in the sector. These laws aim to ensure the safety and well-being of patients and the protection of public health. However, the implementation of these laws can be challenging, and there is a need for continuous improvement and reform. In conclusion, health laws in India provide the basis for a strong and regulated healthcare sector, and their continued development is essential for the growth and prosperity of the country.⁶ Dixit explains that every Law is framed with its unique objects some of them are as follows: 1. MRTP Act for the control abortion system in India; 2. Pharmacy Act deals with the pharma Industries to pharma education and research; 3. For welfare of mother and child there is Maternity law; 4. To avoid sex determination there is a law; 5. Adulterous food is also penalized by law; 6. Health services also comes under the ambit of Consumer laws; 7. Every organization and factories are strictly bound to provide medical facilities to their workers; 8. Environment also part of health care under the laws; 9. Human organs also protected by the laws; 10. Mental health care is protected by the laws; 11. Not only human being medicines are the part of health care system. Author provides implication that most significant problem of Indian medical law is corruption; medical hospitals converted into medical death chambers and doctors & medical facility providers known as medical terrorists.⁷ Arogya Legal, with references, emphasized top 5 Health Laws and Policy updates in India: 1. the Indian government has extended the deadline for small and medium pharmaceutical companies to comply with the revised Good Manufacturing Practices (GMP) under Schedule M of the Drugs and Cosmetics Act. The revised deadline is December 31, 2025, while the earlier deadline was January 1, 2025. This extension aims to assist smaller manufacturers in upgrading their facilities to meet stringent regulatory requirements; 2. the

⁵ Dr. Arvinder Singh. An Overview of the Indian Medical Legal Framework: What Doctors Need to Know. URL: <https://drarvindsingh.com/an-overview-of-the-indian-medical-legal-framework> (Date of Access: June, 18,2025)

⁶ An Overview of Health Laws in India. URL: <https://cle.celnet.in/uncategorised/an-overview-of-health-laws-in-india> (Date of Access: June, 18,2025)

⁷ Dr. Anjali Dixit. Health Laws in India: A Legal & Judicial Analysis. URL: <https://www.lingayasvidyapeeth.edu.in/health-laws-in-india-a-legal-judicial-analysis> (Date of Access: June, 18,2025)

Central Drugs Standard Control Organisation (CDSCO) and the Indian Council of Medical Research (ICMR) have released draft standard evaluation protocols for licensing in-vitro diagnostics (IVDs) under the Medical Devices Rules, 2017. These protocols aim to ensure quality and performance evaluation of IVDs, establishing uniformity in testing across various diagnostic kits; 3. The Ministry of Electronics and Information Technology (MeitY) has released the draft Digital Personal Data Protection Rules, 2025, inviting public feedback until February 18, 2025. These rules aim to operationalize the Digital Personal Data Protection Act, 2023, which was enacted to enhance the framework for protecting digital personal data in India. The draft includes provisions for data localization, compliance requirements for significant data fiduciaries, timelines for storing data and ensuring that personal data is processed responsibly. 4. The Ministry of Commerce and Industry has launched the Open Network for Digital Commerce (ONDC) initiative to democratize digital commerce in India by fostering open networks for the exchange of goods and services. This initiative focuses on inclusivity, enabling small and medium enterprises (MSMEs) to access digital marketplaces while promoting innovation through open protocols. By creating a level playing field, ONDC seeks to reduce the dominance of large e-commerce platforms and enhance competition among sellers. 5. The Telangana Medical Council has issued a show-cause notice to a Hyderabad-based hospital for allegedly collaborating with unqualified practitioners and promoting fake doctors. This action follows the hospital's involvement in sponsoring the medical program and advertising the same on social media, where unqualified individuals were reportedly encouraged. The hospital has been given a 10-day deadline to respond; failure to do so may result in punitive actions under the National Medical Commission (NMC) Act and other regulations.⁸ In India, professional bodies such as the Indian Association of Cardiothoracic Surgeons, Urological Society of India, Indian Orthopaedic Association, and Indian Association of Pediatric Surgeons play an important role in advancing the medical research and clinical practice. These organisations collaborate with specialists to promote cutting-edge research, organise training programs and set a standard to improve patient care.⁹ Additionally, medical practitioners must also register with the respective State medical councils where they intend to practise. Further, speciality practitioners, such as dentists, psychologists, therapists, and nurses must obtain a registration and licence to practice under separate authorities established under specific laws such as the State Dental Council,

⁸ Top 5 Health Laws and Policy updates. URL: <https://arogyalegal.com/2025/latest-updates/top-5-health-laws-and-policy-updates-156> Date of Access: June, 18,2025)

⁹ CODE OF CARE: AN OVERVIEW OF INDIA'S KEY HEALTHCARE LAWS. URL: [HTTPS://WWW.LEGAL500.COM/DEVELOPMENTS/THOUGHT-LEADERSHIP/CODE-OF-CARE-AN-OVERVIEW-OF-INDIAS-KEY-HEALTHCARE-LAWS](https://www.legal500.com/developments/thought-leadership/code-of-care-an-overview-of-indias-key-healthcare-laws) (DATE OF ACCESS: JUNE, 18,2025)

Rehabilitation Council of India, and State Nursing Council. However, qualifications required for such speciality practitioners vary in each case and may be modified from time to time.¹⁰ Last but not least is talking about laws applicable to Medical Practice in India from Labour Law viewpoint. Madhusudan et al. showed that these laws are: Bombay Labour Welfare Fund Act 1953, Citizenship Act 1953, Delhi Shops and Establishment Act 1954, Employee Provident Fund and Miscellaneous Provision Act 1952, Employment Exchange Act 1959, Equal Remuneration Act 1976, Indian Trade Union Act 1926, Industrial Dispute Act 1947, Maternity Benefits Act 1961, Minimum Wages Act 1948, Negotiable Instrument Act 1881, Persons with Disabilities Act 1995, Workmen's Compensation Act 1923 and so on and so forth.¹¹

Thus, India, despite only indirect constitutional guarantees in the field of the right to work and healthcare, has a wide legal framework for regulating aforesaid public relations. These relations in the field of medicine in India are closely related with subject of labor law in matters of: labor discipline, material support for maternity, medical care at enterprises, disciplinary responsibility, vocational trainings, trade unions and associations. In addition, labor laws apply to them in the field of wages, transfers to other jobs, labor of disabled people, guarantees and compensation to employees, and the resolution of labor disputes.¹² For Ukraine, India's experience in consolidating the norms of medical law is useful in just normative, not by-laws. At the same time, corruption and excessive commercialization is a problem for the further development of medical public relations in India.

2. Experience of China and Japan in establish of the right on work and healthcare

Unlike India, the Constitution of the People's Republic of **China** contains broad guarantees in matters of the right on work, social security in old age and proper medical care (Articles 42-45).¹³ Chu and Meng present that on 28 August 2024, China's National Medical Products Administration (NMPA) released the draft of the Medical Devices Administration Law of the People's Republic of China for public comment with the deadline for feedback set for 28 September 2024. Unlike pharmaceutical products, for over two decades

¹⁰ Regulation 3 of National Nursing and Midwifery Commission Rules, 2024.

¹¹ Madhav Mudhusudan Singh, Uma Schankar Garg, Pankaj Arora. Law Applicable to Medical Practice and Hospitals in India. International Journal of Research Foundation of Hospital & Healthcare Administration, July-December 2013, 1(1). P. 23.

¹² Kolosov I. Actual problems of particular procedure' forms using in collective labour disputes: ILO's standards and international review. *Актуальні проблеми держави і права*. 2018. № 80. С.87.

¹³ Constitution of the People's Republic of China. URL: http://english.www.gov.cn/archive/lawregulations/201911/20/content_WS5ed8856ec6d0b3f0e9499913.html (Date of Access June, 21,2025)

medical devices have not been governed by a national-level law from the National People's Congress, such as the Drug Administration Law, but by an administrative regulation, the Regulation on the Supervision and Administration of Medical Devices (i.e. "Medical Device Regulation"), and various separate administrative regulations, guidance, and notices. This Draft Law represents China's first comprehensive legislation specifically governing the medical device industry. It consolidates scattered regulations related to medical devices into a unified legal framework and has been improved according to the latest trends in medical-device development and regulatory needs. Once finalised and enacted, the Draft Law is expected to provide new regulatory requirements and compliance guidance.¹⁴ Zhu et al. argue that China has continued to enhance its anti-corruption efforts. Legal and policy developments, such as the passing of the 'Criminal Law Amendment (XII)' on 29 December 2023, which imposes harsher penalties for bribery in the healthcare sector, have further strengthened the framework for combating corruption. As these measures continue into 2024, they are expected to yield long-term benefits, fostering an environment of transparency and accountability in the sector. Reflecting on the evolving landscape of China's healthcare sector, it becomes evident that legal compliance remains a cornerstone for organizations operating within this domain. Looking ahead, the Chinese healthcare sector is poised for further transformation, driven by technological advancements, regulatory refinements and a persistent focus on quality and compliance.¹⁵ China's healthcare system mainly comprises the healthcare services sector, the healthcare insurance sector and the drugs and medical equipment sector, which are supervised by three separate government departments. Specifically, the National Health Commission (NHC) is responsible for supervising the medical institutions and medical services industry, the Ministry of Human Resources and Social Security is responsible for formulating the basic healthcare insurance system and policy and for managing healthcare insurance funds, and the National Medical Products Administration (NMPA) is responsible for drug and medical equipment registration and supervision¹⁶. The new draft Medical Security Law in 2021 presents an opportunity to establish an overarching framework for further health security reforms. Novartis' analysis and experience suggest two areas – stable financing and incentives for innovation – where changes in legislation can deliver noticeable improvements to the country's healthcare system: Establish a stable and sustainable financing mechanism: A number of

¹⁴ Jonathan Chu, Roxie Meng. China enters new regulatory era with release of first draft Medical Devices Administration Law for Public Comment. URL: <https://cms-lawnow.com/en/ealerts/2024/09/china-enters-new-regulatory-era-with-release-of-first-draft-medical-devices-administration-law-for-public-comment> (Date of Access June, 21,2025)

¹⁵ Min Zhu, Aaron Zhou, Li Zhang, Aaron Gu. In-depth Healthcare Law China. EDITION 8. 2024. P. 16.

¹⁶ Han Kun Law Offices. A general introduction to healthcare law in China. URL: <https://www.lexology.com/library/detail.aspx?g=9ceac7b8-8dbe-41a2-bc45-2fafc6fd9925> (Date of Access June, 21,2025)

options could be considered to strengthen the system, such as further consolidation of administration and benefits of rural and urban health security programs, and exploring new funding sources, such as increased taxes on alcohol and tobacco or a levy on sugary drinks. In addition, reimbursement options including Commercial Health Insurance could be broadened, and China could bring government spending on healthcare closer to international norms¹⁷. Thus, at first glance, the development of medical law in China is so limited by the framework of administrative and criminal law, that insufficient in occupational healthcare issues.

We had already considered the experience of settling the right to work in **Japan**.¹⁸ However, the right on proper healthcare is not fixed in the Japanese Constitution absolutely; at the same time, the right on work, proper remuneration, working conditions, collective bargaining and the prohibition of the child labor's exploitation are directly prescribed in Articles 27 and 28 of the Basic Law.¹⁹ Okada says that the utilisation of medical information is key to innovation in the healthcare industry, such uses had been widely restricted in Japan because this health data often contains sensitive personal information. However, the Japanese government has been shifting towards promoting the utilisation of medical information under the Act on the Protection of Personal Information (APPI) and other new legislation, while balancing it with necessary protections for the privacy and personal information of patients.²⁰ The Health Insurance Law of 1922 provided health insurance to laborers and employees of small firms; National Health Insurance Law of 1938 established National Health Insurance (NHI), a residence-based insurance program for farmers, self-employed, retired, and non-employed administered by municipalities on a voluntary basis; Health Care for the Aged Law of 1982 Cross-subsidized the NHI program by transferring revenue from employment-based health insurance; the fourth revision to the 1948 Medical Care Act implemented 2-years mandatory clinical training to become a licensed doctors; the sixth revision to the 1948 Medical Care Act from 2014 introduced measures to address physician and nurse shortages, measures to improve health care worker work environment, promoted home health care, clinical trial system improvement, introduced a system to investigate medical accidents; Health Care System Reform Law of 2015 increased the cost of health insurance for those employed by large firms

¹⁷ DR. VAS NARASIMHAN, IMPROVING CHINA'S HEALTH SECURITY LAW TO ENHANCE ACCESS TO MEDICINES AND SPUR INNOVATION. URL: [HTTPS://EN.CDF.ORG.CN/CDF2022EN/XZBG/10185.HTM#CONTENT](https://en.cdf.org.cn/cdf2022en/xzbg/10185.htm#content) (DATE OF ACCESS JUNE, 21,2025)

¹⁸ Kolosov I. The types of procedures and labour disputes' resolution systems: Japanese experience and Ukrainian realities. *JURNALUL JURIDIC NATIONAL: TEORIE SI PRACTICA*. 2017. № 2 (24). P.130-134

¹⁹ The Constitution of Japan. URL: https://japan.kantei.go.jp/constitution_and_government_of_japan/constitution_e.html (Date of Access is June,22,2025)

²⁰ Mika Okada. Healthcare and life science regulation in Japan. URL: <https://law.asia/healthcare-life-science-regulation-japan> (Date of Access is June,22,2025)

and the government.²¹ According to the MixOnline as date of 01.08.2025, Daisaku Sato, Director-General of the Ministry of Health, Labour and Welfare (MHLW), highlighted the guiding principle behind the upcoming revisions to the Pharmaceutical and Medical Device Act. The revisions aim to establish a pharmaceutical industry that ensures stable and reliable access to medicines for the public. The proposed amendments focus on addressing ongoing compliance issues, strengthening manufacturing oversight, and improving drug accessibility at various stages. Additionally, quality and safety management roles, previously defined at the ministerial ordinance level, will now be codified into law, providing greater clarity and enforceability. Japan's forthcoming Pharmaceutical and Medical Device Act revisions represent a significant step toward modernizing the regulatory environment. By addressing drug access challenges, strengthening manufacturing oversight, and aligning with global standards, the new legislation seeks to enhance patient care and foster pharmaceutical innovation. These changes hold promise for international pharmaceutical companies aiming to expand their presence in the Japanese market.²² According to WHO's data, Japan's Health System faces some significant challenges whilst ensuring financial sustainability of the system during a demographic transition. Although Japan was characterized as high health outcome with relatively low health expenditure, the total expenditure on health accounted for 10.9% of GDP in Japan in 2015, which was about two percentage points above the OECD average of 9%.²³

Thus, we see that in Japan, notwithstanding the lack of constitutional guarantees in the field of healthcare, there is a fairly widespread regulatory framework for medical law, which, alike in India, has deep significant binds with science and the branch of labor law. To a lesser extent, these binds are reflected in relation to administrative and civil law, and to the least – to criminal law (as opposed to China). For Ukraine, in this context, the issue of legal regulation of medical public relations remains relevant through regulatory legal acts, including systematized ones, but not orders or regulations of executive authorities.

3. Australia and Oceania on the way of the right to work regulation and the medically-labor problem resolving

Earlier, we have already dealt with certain issues of the **Australian** medical law development in the context of trade union activity²⁴, but today

²¹ JHPN. Overview of Major Legislation. URL: <https://japanhpn.org/en/legislation> (Date of Access is June,22,2025)

²² Japan's Upcoming Amenedments to the Pharmaceutical and Medical Device Act. URL: <https://idec-inc.com/blog/2025/01/21/japans-upcoming-amendments-to-the-pharmaceutical-and-medical-device-act> (Date of Access is June,22,2025)

²³ World Health Organization, Regional Office for South-East Asia. Japan health system review. Health systems in transition. Vol-8, Number-1. P. 190.

²⁴ Прилипко С. М., Колосов І. В., Веннікова В. В. Профспілки у Північній Америці та Австралії: ключові особливості, вплив та роль у підтриманні соціального діалогу. *Вісник*

we note that the Australian Constitution does not contain a section on human and civil rights and freedoms, which, if left the Commonwealth, could pose a significant threat to law and order in this state.²⁵ At the same time, Flannigan reports that the development and use of artificial intelligence (AI) in health and biotechnology is creating opportunities and benefits for healthcare providers and consumers. Presently, AI is being used in medical fields such as diagnostics, e-health and evidenced based medicine.²⁶ Good medical practice in Australia includes, particularly, professionalism, maintaining professional performance, professional behavior, teaching, supervision and assessing, patient safety which have directly connection with subject of labour law.²⁷ According to Australian Government data, the new Age Care Act in Australia starts from November, 1,2025 and responds to issues facing older people, aged care providers, workers and the broader sector. Particularly, the new Act includes a Statement of Rights. This outlines the rights that older people in the aged care system should expect when seeking or accessing government-funded aged care services. This will help ensure that older people and their needs are, and remain, at the centre of the new system. The Statement of Rights makes sure older people can: make their own decisions about their own life; have their decisions not just accepted, but respected; get information and support to help make their own decisions; communicate their wishes needs and preferences; feel safe and respected; have their culture and identity respected. The new Act also will enforce obligations of aged care providers and workers through: stay connected with their community; streamlined and clarified obligations and registration conditions – including that a provider must demonstrate they understand the Statement of Rights and have practices in place to ensure the delivery of funded aged care services is compatible with the Statement of Rights; the Code of Conduct for Aged Care; strengthened Aged Care Quality Standards; ensuring providers have systems in place for complaints management and information disclosure; new **Помилка! Неприпустимий об'єкт гіперпосилання.** to demonstrate a commitment and capability to continuous improvement towards high-quality care²⁸. Moreover, the AMA (peak professional body for doctors in Australia) is calling for amendments to a Bill before Queensland parliament, with concerns about proposed major

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²⁵ The Australian Constitution. URL: <https://www.aph.gov.au/constitution> (Date of Access is June,23,2025)

²⁶ Alison Choy Flannigan. Healthcare, law and ethics: AI in healthcare, legal and ethical issues in Australia. URL: <https://www.ibanet.org/healthcare-ai-australia> (Date of Access is June, 23, 2025)

²⁷ Good medical practice: a code of conduct for doctors in Australia. URL: <https://www.medicalboard.gov.au/Codes-Guidelines-Policies/Code-of-conduct.aspx> (Date of Access is June,23,2025)

²⁸ About the new rights-based Aged Care Act. Australian Government. Department of Health, Disability and Ageing. URL: <https://www.health.gov.au/our-work/aged-care-act/about#a-new-rightsbased-framework> (Date of Access is June,23,2025)

changes to the National Law. The AMA (peak professional body for doctors in Australia) has opposed many of the amendments to the National Law in a submission lodged to the Queensland Parliamentary Health, Communities, Disability Services and Domestic and Family Violence Prevention Committee this week. While there are some positive changes in the Bill, there are also changes which will negatively impact doctors while failing to deliver improvements to patient safety. The Bill, introduced on 11 May, is the next round of reforms to the National Registration and Accreditation Scheme (the National Scheme) for Health Practitioners. These changes stem from several reviews and responses by health ministers dating as far back as 2014. Throughout this period the AMA has worked hard to ensure the National Scheme is transparent, efficient, and fair. While recognizing the need to ensure that all regulatory schemes and legislation are regularly reviewed, we continue to be disappointed at the lack of rigour and evidence applied to the assessment of the effectiveness and efficiency of the National Scheme. In particular, the lack of evidence or appropriate business cases to support these proposed major changes.²⁹ Thus, we can state that the rapid development of medical law in Australia is taking place in synergy with labor law; at the same time, the absence of proper constitutional guarantees against the background of increasing republican trends can cause significant damage to the entire legal system of this country in the event of separation from the norms of customary law of the British Commonwealth³⁰.

In **New Zealand** constitution is not found in one document. Instead, it has a number of sources, including crucial pieces of legislation, several legal documents, common law derived from court decisions as well as established constitutional practices known as conventions. Increasingly, New Zealand's constitution reflects the Treaty of Waitangi as a founding document of government in New Zealand. The Constitution Act 1986 is a key formal statement of New Zealand's system of government, in particular the executive, legislature and the judiciary. The Act recognizes the King as the Head of State of New Zealand and the Governor-General as his representative.³¹ Lewis et al. presented that parliament is reviewing the Therapeutic Products Act Repeal Bill with the select committee report due on November 1 2024. Parliament has also announced its intention to replace the Medicines Act 1981 with a new Medical Products Bill by 2026 and introduce a separate Natural Health Products Bill, through the release of Cabinet materials titled Modernizing the Regulation of Medicines and

²⁹ National Law changes set to impact doctors. URL: <https://www.health.gov.au/our-work/aged-care-act/about#a-new-rights-based-framework> (Date of Access is June,23,2025)

³⁰ Kolosov I. V. MEDICALLY-LABOUR DISPUTE ON SUPREMES' COURT OF ENGLAND, WALES AND NORTHERN IRELAND PRECEDENT PRACTICE. *Ампаро. Спечулуиук*. Т. 1. 2022. С. 160-167. doi: <https://doi.org/10.26661/2786-5649-2022-spec-1-23>

³¹ NEW ZEALAND'S CONSTITUTION. URL: [HTTPS://GG.GOV.T.NZ/OFFICE-GOVERNOR-GENERAL/ROLES-AND-FUNCTIONS-GOVERNOR-GENERAL/CONSTITUTIONAL-ROLE/CONSTITUTION/CONSTITUTION](https://GG.GOV.T.NZ/OFFICE-GOVERNOR-GENERAL/ROLES-AND-FUNCTIONS-GOVERNOR-GENERAL/CONSTITUTIONAL-ROLE/CONSTITUTION/CONSTITUTION) (DATE OF ACCESS IS JUNE,24,2025).

Medical Devices.³² Following decisions by Government in September 2024, the Ministry is developing a new Medical Products Bill to replace the Medicines Act 1981. The Government also agreed in September 2024 that natural health products would be regulated under a standalone bill, to be developed following engagement with the natural health products sector.³³ About 1 in 6 New Zealanders are disabled. We work across government, businesses, and communities to improve outcomes for them. We focus on things that make a tangible difference to disabled people, tāngata whaikaha Māori, and their families and whānau, whether that means working with partners to get more people into employment or making New Zealand more accessible. Disabled people and tāngata whaikaha Māori make an important contribution to society and the economy. We have a huge opportunity for that to grow even further. Whaikaha does not provide direct support to disabled people or their families. For more information about services and support available, visit Disability Support Services.³⁴ Over the last 30 years in New Zealand, civil liability for personal injury including "medical malpractice" has been most notable for its absence. The system of accident compensation and the corresponding bar on personal injury claims has been an interesting contrast to the development of tort law claims for personal injury in other jurisdictions. The Health and Disability Commissioner was appointed in 1994 to protect and promote the rights of health and disability consumers as set out in the Code of Health and Disability Services Consumers' Rights. An important right in the Code, in terms of an equivalent to the common law duty to take reasonable care, is that patients have the right to services of an appropriate standard.³⁵ The failure to include the right to health may derive from a view that this is not a "real" right. Various reasons are advanced to support such a view, but they can be refuted. For starters, the right to health is enshrined in the Universal Declaration of Human Rights 1948 (thanks in part to the efforts of the then New Zealand prime minister, Peter Fraser). It became a legally binding obligation when the United Nations adopted the International Covenant of Economic, Social and Cultural Rights in 1966. The right is also contained in human rights law instruments relating to race, women, children, persons with disabilities and Indigenous peoples. Aotearoa New Zealand has agreed to protect and respect the rights contained in each of these legal instruments. Nonetheless, the courts do retain a scrutinizing

³² David Lewis, Hayley Miller, Christine James. Modern Medicine Laws Coming Soom to New Zealand. URL: <https://www.dentons.co.nz/en/insights/articles/2024/october/24/modern-medicine-laws-coming-soon-to-new-zealand> (Date of Access is June, 24,2025)

³³ Regulating medicines, medical devices and natural health products. URL: <https://www.health.govt.nz/regulation-legislation/medicines-legislation/regulating-medicines-medical-devices-and-natural-health-products> (Date of Access is June, 24,2025)

³⁴ Welcome to Whaikaha – Ministry of Disabled People. URL: <https://www.whaikaha.govt.nz/> (Date of Access is June, 24,2025)

³⁵ Liability for medical malpractice – Recent New Zealand developments. URL: https://www.researchgate.net/publication/26765736_Liability_for_medical_malpractice_-_Recent_New_Zealand_developments (Date of Access is June, 24,2025)

role in such matters. The explicit incorporation of the right to health in the legislation would have further facilitated this role.³⁶

CONCLUSIONS

1. India, despite only indirect constitutional guarantees in the field of the right to work and healthcare, has a wide legal framework for regulating aforesaid public relations. These relations in the field of medicine in India are closely related with subject of labor law in matters of: labor discipline, material support for maternity, medical care at enterprises, disciplinary responsibility, vocational trainings, trade unions and associations. In addition, labor laws apply to them in the field of wages, transfers to other jobs, labor of disabled people, guarantees and compensation to employees, and the resolution of labor disputes. For Ukraine, India's experience in consolidating the norms of medical law is useful in just normative, not orders or regulations of executive authorities. At the same time, corruption and excessive commercialization is a problem for the further development of medical public relations in India.

2. Unlike India, the Constitution of the People's Republic of China contains broad guarantees in matters of the right on work, social security in old age and proper medical care. However, the development of medical law in China is so limited by the framework of administrative and criminal law, that insufficient in occupational healthcare issues. In Japan, conversely, notwithstanding the lack of constitutional guarantees in the field of healthcare, there is a fairly widespread regulatory framework for medical law, which, alike in India, has deep significant binds with science and the branch of labor law. To a lesser extent, these binds are reflected in relation to administrative and civil law, and to the least – to criminal law (as opposed to China). For Ukraine, in this context, the issue of legal regulation of medical public relations remains relevant through regulatory legal acts, including systematized ones.

3. The rapid development of medical law in Australia, alike as in New Zealand, is taking place in synergy with labor law; at the same time, the absence of proper constitutional guarantees can cause significant damage to the entire legal system of this country in the event of separation from the norms of customary law of the British Commonwealth.

SUMMARY

The paper deals with the issue of the paradigm of the right to work and appropriate healthcare contemporary development in the countries of Asia, Australia and Oceania, especially in the context of the modern slavery, human trafficking and forced labor of children's spread. Rapid social development, growing threats of modern slavery, human trafficking, forced labor, gender

³⁶ A major new law aims to 'improve the health of all New Zealanders' – so why doesn't it include the basic human rights to health? URL: <https://www.waikato.ac.nz/news-events/news/a-major-new-law-aims-to-improve-the-health-of-all-new-zealanders-so-why-doesnt-it-include-the-basic-human-right-to-health/> (Date of Access is June, 24,2025)

discrimination, etc., prompt further scientific research in order to properly regulate, in particular, medical and labor relations around the world. Based on the results of the study, conclusions are drawn. In particular, it is stated, that in India, despite only indirect constitutional guarantees in the field of the right to work and healthcare, has a wide legal framework for regulating aforesaid public relations. These relations in the field of medicine in India are closely related with subject of labor law in matters of: labor discipline, material support for maternity, medical care at enterprises, disciplinary responsibility, vocational trainings, trade unions and associations. In addition, labor laws apply to them in the field of wages, transfers to other jobs, labor of disabled people, guarantees and compensation to employees, and the resolution of labor disputes. Unlike India, the Constitution of the People's Republic of China contains broad guarantees in matters of the right on work, social security in old age and proper medical care. However, the development of medical law in China is so limited by the framework of administrative and criminal law, that insufficient in occupational healthcare issues. In Japan, conversely, notwithstanding the lack of constitutional guarantees in the field of healthcare, there is a fairly widespread regulatory framework for medical law, which, alike in India, has deep significant binds with science and the branch of labor law. The rapid development of medical law in Australia is taking place in synergy with labor law; at the same time, the lack of proper constitutional guarantees can cause significant damage to the entire legal system of this country in the event of separation from the norms of customary law of the British Commonwealth.

Key words: right on work, right on healthcare, medical law, labour law, constitution, Asia, Australia and Oceania.

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