



# Wiadomości Lekarskie

Czasopismo Polskiego Towarzystwa Lekarskiego



Pamięci  
dra Władysława  
Biegańskiego

TOM LXXII, 2019, Nr 12 cz. II, grudzień

Rok założenia 1928

---



Ministry of Science  
and Higher Education

Republic of Poland

The journal *Wiadomości Lekarskie* is financed under Contract No. 888/P-DUN/2019 by the funds of the Minister of Science and Higher Education.

The Journal has been included in the register of journals published by The Polish Ministry of Science and Higher Education on July 31st, 2019 with 20 points awarded.

*Wiadomości Lekarskie* is abstracted and indexed in: PubMed/Medline, EBSCO, SCOPUS, Index Copernicus, Polish Medical Library (GBL), Polish Ministry of Science and Higher Education.

Copyright: © ALUNA Publishing.

Articles published on-line and available in open access are published under Creative Commons Attribution-Non Commercial-No Derivatives 4.0 International (CC BY-NC-ND 4.0) allowing to download articles and share them with others as long as they credit the authors and the publisher, but without permission to change them in any way or use them commercially.

## Zasady prenumeraty miesięcznika *Wiadomości Lekarskie* na rok 2020

Zamówienia na prenumeratę przyjmuje Wydawnictwo Aluna:

– e-mailem: [prenumerata@wydawnictwo-aluna.pl](mailto:prenumerata@wydawnictwo-aluna.pl)

– listownie na adres:

Wydawnictwo Aluna

ul. Z.M. Przesmyckiego 29, 05-510 Konstancin-Jeziorna

Prosimy o dokonywanie wpłat na numer rachunku Wydawnictwa:  
Credit Agricole Bank Polska S. A.: 82 1940 1076 3010 7407 0000 0000

Cena prenumeraty dwunastu kolejnych numerów: 240 zł/rok (w tym VAT)

Cena prenumeraty zagranicznej: 120 euro/rok.

Cena pojedynczego numeru – 30 zł (w tym VAT) + koszt przesyłki.

Przed dokonaniem wpłaty prosimy o złożenie zamówienia.



# Wiadomości Lekarskie

**Editor in-Chief:**

Prof. Władysław Pierzchała

**Deputy Editor in-Chief:**

Prof. Aleksander Sieroń

**Statistical Editor:**

Dr Lesia Rudenko

**Editor of Issue:**

Vitalii M. Pashkov

Vladyslava S. Batyrgareieva

**Polskie Towarzystwo Lekarskie:**

Prof. Waldemar Kostewicz – President PTL

Prof. Jerzy Woy-Wojciechowski – Honorary President PTL

Prof. Tadeusz Petelenz

---

**International Editorial Board – in-Chief:**

Marek Rudnicki

Chicago, USA

**International Editorial Board – Members:**

Kris Bankiewicz	San Francisco, USA	George Krol	New York, USA
Christopher Bara	Hannover, Germany	Krzysztof Łabuzek	Katowice, Poland
Krzysztof Bielecki	Warsaw, Poland	Henryk Majchrzak	Katowice, Poland
Zana Bumbuliene	Vilnius, Lithuania	Ewa Małecka-Tendera	Katowice, Poland
Ryszarda Chazan	Warsaw, Poland	Stella Nowicki	Memphis, USA
Stanislav Czudek	Ostrava, Czech Republic	Alfred Patyk	Gottingen, Germany
Jacek Dubiel	Cracow, Poland	Palmira Petrova	Yakutsk, Russia
Zbigniew Gasior	Katowice, Poland	Krystyna Pierzchała	Katowice, Poland
Andrzej Gładysz	Wroclaw, Poland	Tadeusz Płusa	Warsaw, Poland
Nataliya Gutorova	Kharkiv, Ukraine	Waldemar Priebe	Houston, USA
Marek Hartleb	Katowice, Poland	Maria Siemionow	Chicago, USA
Roman Jaeschke	Hamilton, Canada	Vladyslav Smiiianov	Sumy, Ukraine
Andrzej Jakubowiak	Chicago, USA	Tomasz Szczepański	Katowice, Poland
Oleksandr Katrushov	Poltava, Ukraine	Andrzej Witek	Katowice, Poland
Peter Konturek	Saalfeld, Germany	Zbigniew Wszolek	Jacksonville, USA
Jerzy Korewicki	Warsaw, Poland	Vyacheslav Zhdan	Poltava, Ukraine
Jan Kotarski	Lublin, Poland	Jan Zejda	Katowice, Poland

---

**Managing Editor:**

Agnieszka Rosa

amarosa@wp.pl

**Graphic design / production:**

Grzegorz Sztank

www.red-studio.eu

**International Editor:**

Lesia Rudenko

l.rudenko@wydawnictwo-aluna.pl

**Publisher:**

ALUNA Publishing

ul. Przesmyckiego 29, 05-510 Konstancin – Jeziorna

www.aluna.waw.pl www.wiadomoscilekarskie.pl

www.medlist.org

**Distribution and Subscriptions:**

Bartosz Guterman prenumerata@wydawnictwo-aluna.pl

## REGULAMIN PRZYJMOWANIA I OGŁASZANIA PRAC W WIADOMOŚCIACH LEKARSKICH

1. Miesięcznik Wiadomości Lekarskie jest czasopismem Polskiego Towarzystwa Lekarskiego, ma charakter naukowo-edukacyjny. Zamieszczane są w nim prace oryginalne, kliniczne i doświadczalne oraz poglądowe w języku polskim lub angielskim oraz innych językach (za zgodą redakcji).
2. Publikacja pracy w Wiadomościach Lekarskich jest płatna. Od stycznia 2017 roku koszt opublikowania artykułu wynosi 1000 zł plus 23% VAT. Jeżeli pierwszym autorem pracy jest członek Rady Naukowej czasopisma lub zespołu recenzentów – za druk nie pracy nie pobieramy opłaty, jeśli zaś jest kolejnym współautorem – opłata wynosi 500 zł plus 23% VAT. Wydawca wystawia faktury. Opłatę należy uiścić po otrzymaniu pozytywnej recenzji, przed opublikowaniem pracy. Z opłaty za publikację zwolnieni są członkowie Polskiego Towarzystwa Lekarskiego z udokumentowaną opłatą za składki członkowskie za ostatnie 3 lata.
3. Prace zapisane w formacie DOC (z wyłączeniem rycin, które powinny stanowić osobne pliki) należy przesłać pocztą elektroniczną na adres redakcji: Agnieszka Rosa - amarosa@wp.pl.
4. Objętość prac oryginalnych – łącznie z rycinami i piśmiennictwem – nie może przekraczać 21 600 znaków (12 stron maszynopisu), prac poglądowych – do 36 000 znaków (20 stron).
5. Strona tytułowa powinna zawierać:
  - tytuł w języku angielskim i polskim,
  - pełne imiona i nazwiska autorów,
  - afiliację autorów,
6. Praca oryginalna powinna mieć następującą strukturę: wstęp, cel pracy, materiał i metody, wyniki, dyskusja i wnioski, które nie mogą być streszczeniem pracy. Przy zastosowaniu skrótów konieczne jest podanie pełnego brzmienia terminu przy pierwszym użyciu. W pracach doświadczalnych, w których wykonano badania na ludziach lub zwierzętach, a także w badaniach klinicznych, należy umieścić informację o uzyskaniu zgody komisji etyki badań naukowych.
7. Streszczenia zarówno w języku polskim, jak i angielskim powinny zawierać 200-250 słów. Streszczenia prac oryginalnych, klinicznych i doświadczalnych powinny posiadać następującą strukturę: cel, materiał i metody, wyniki wnioski. Nie należy używać skrótów w tytule ani w streszczeniu.
8. Słowa kluczowe (3-6) należy podawać w języku angielskim i polskim, zgodnie z katalogami MeSH (Medical Subject Headings Index Medicus <http://www.nlm.nih.gov.mesh/MBrowser.html>). Słowa kluczowe nie mogą być powtórzeniem tytułu pracy.
9. Materiał ilustracyjny - ryciny, wykresy, rysunki, fotografie, slajdy - powinien być opisany cyframi arabskimi i zapisany jako pliki JPG, TIFF lub EPS o rozdzielczości 300 DPI (nie w plikach tekstowych). Ich opisy należy przesłać w osobnym pliku. W tekście muszą znajdować się odniesienia do wszystkich rycin (w nawiasach okrągłych).
10. Tabele – ich tytuły (nad tabelą) i treść - powinny być zapisane w programie Microsoft Word, ponumerowane cyframi rzymskimi. Wszystkie stopki dotyczące tabeli powinny znajdować się poniżej tekstu tabeli. W tekście pracy należy umieścić odniesienia do wszystkich tabel (w nawiasach okrągłych).
11. W wykazie piśmiennictwa ułożonym według kolejności cytowania należy uwzględnić wyłącznie te prace, na które autor powołuje się w tekście. W pracach oryginalnych nie powinno być więcej niż 30 pozycji, a w poglądowych nie więcej niż 40 pozycji. Każda pozycja powinna zawierać: nazwiska wszystkich autorów, pierwsze litery imion, tytuł pracy, skrót tytułu czasopisma (wg Index Medicus), rok, numer, stronę początkową i końcową. Przy pozycjach książkowych należy podać: nazwisko autora (autorów), pierwszą literę imienia, tytuł rozdziału, tytuł książki, wydawnictwo, miejsce i rok wydania. Dopuszcza się cytowanie stron internetowych z podaniem adresu URL i daty użycia artykułu oraz o ile to możliwe nazwisk autorów. Każda pozycja piśmiennictwa powinna mieć odwołanie w tekście pracy umieszczone w nawiasie kwadratowym, np. [1], [3–6]. Pozycje zapisuje się w sposób zaprezentowany w Załączniku nr 1 do niniejszego regulaminu umieszczonym na stronie internetowej czasopisma.
12. Po piśmiennictwie należy podać adres do korespondencji, nazwisko i imię pierwszego autora, adres, numer telefonu oraz adres e-mail.
13. Do pracy należy dołączyć oświadczenie podpisane przez wszystkich autorów określające udział poszczególnych autorów w przygotowaniu pracy (np. koncepcja i projekt pracy, zbieranie danych i ich analiza, odpowiedzialność za analizę statystyczną, napisanie artykułu, krytyczna recenzja itd.), a także oświadczenie, że biorą oni odpowiedzialność za treść. Ponadto należy zaznaczyć, że praca nie była publikowana ani zgłaszana do druku w innym czasopiśmie.
14. Jednocześnie autorzy powinni podać do wiadomości wszelkie inne informacje mogące wskazywać na istnienie konfliktu interesów, takie jak:
  - zależności finansowe (zatrudnienie, płatna ekspertyza, doradztwo, posiadanie akcji, honoraria),
  - zależności osobiste,
  - współzawodnictwo akademickie i inne mogące mieć wpływ na stronę merytoryczną pracy,
  - sponsorowanie całości lub części badań na etapie projektowania, zbierania, analizy i interpretacji danych lub pisanie raportu.Konflikt interesów ma miejsce wtedy, gdy przynajmniej jeden z autorów ma powiązania lub zależności finansowe z przemysłem bezpośrednie lub za pośrednictwem najbliższej rodziny. Jeśli praca dotyczy badań nad produktami częściowo lub całkowicie sponsorowanymi przez firmy, autorzy mają obowiązek ujawnić ten fakt w załączonym oświadczeniu.
15. Każda praca podlega weryfikacji w systemie antyplagiatowym (zapora ghostwriting).
16. Redakcja przestrzega zasad zawartych w Deklaracji Helsińskiej, a także w Interdisciplinary and Guidelines for the Use of Animals In Research, Testing and Education, wydanych przez New York Academy of Sciences' Adhoc Resarch. Wszystkie prace odnoszące się do zwierząt lub ludzi muszą być zgodne z zasadami etyki określanymi przez Komisję Etyczną.
17. Czasopismo recenzowane jest w trybie podwójnej, ślepej recenzji. Nadesłane prace są oceniane przez dwóch niezależnych recenzentów, a następnie kwalifikowane do druku przez Redaktora Naczelnego. Recenzje mają charakter anonimowy. Krytyczne recenzje autorzy otrzymują wraz z prośbą o poprawienie pracy lub z decyzją o niezakwalifikowaniu jej do druku. Procedura recenzowania artykułów jest zgodna z zaleceniami Ministerstwa Nauki i Szkolnictwa Wyższego zawartymi w opracowaniu „Dobre praktyki w procedurach recenzyjnych w nauce” (Warszawa 2011).
18. Redakcja zastrzega sobie prawo redagowania nadesłanych tekstów (dokonywania skrótów i poprawek). Prace są wysyłane do akceptacji autorów. Poprawki autorskie należy przesłać w terminie 3 dni od daty wysłania wiadomości e-mail (pocztą elektroniczną). Brak odpowiedzi w podanym terminie jest równoznaczny z akceptacją przez autora nadesłanego materiału.
19. Przyjęcie pracy do druku oznacza przejście praw autorskich przez Redakcję Wiadomości Lekarskich.
20. Autorzy otrzymują nieodpłatnie plik PDF wydania, w którym znajduje się ich praca, a na życzenie - egzemplarz drukowany. Plik elektroniczny przeznaczony jest do indywidualnego użytku autora, bez prawa do rozpowszechniania bez zgody redakcji.
21. Prace przygotowane niezgodnie z regulaminem zostaną zwrócone autorom do poprawienia.
22. Redakcja nie odpowiada za treść zamieszczanych reklam.

## CONTENS / SPIS TREŚCI

### ORIGINAL ARTICLES / PRACE ORYGINALNE

Oleksandra H. Yanovska, Viktor V. Horodovenko, Anna V. Bitsai LEGAL MECHANISMS OF PATIENT'S RIGHTS PROTECTION	2399
Nataliya Gutorova, Oleksii Soloviov, Dimitri Olejnik IMPROPER HEALTHCARE MARKETING: GERMAN AND UKRAINIAN EXPERIENCE IN PREVENTION	2404
Yuriy V. Baulin, Kateryna O. Pavshuk, Inna A. Vyshnevska RISK IN THE PERFORMANCE OF MEDICAL ACTIVITIES: MEDICO-LEGAL OVERVIEW	2410
Oksana V. Kaplina, Svitlana L. Sharenko, Nikolay Y. Shumylo MEDICAL ERRORS: PATIENTS' OPINION, LAWYERS' STANDPOINT, MEDICAL DOCTRINE AND PRACTICE OF THE EUROPEAN COURT OF HUMAN RIGHTS	2416
Vitalii M. Pashkov, Andrii O. Harkusha ENFORCEABILITY OF NON-COMPETE AGREEMENTS IN MEDICAL PRACTICE: BETWEEN LAW AND ETHICS	2421
Valery F. Obolentsev, Oleh M. Hutsa, Olga B. Demchenko INFORMATION TECHNOLOGY OF VERIFICATION OF ALGORITHMIC OF MEDICAL REGULATIONS	2427
Vladyslava S. Batyrgareieva, Alina V. Kalinina, Andriy M. Babenko ENERGY INFRASTRUCTURE OBJECTS OF UKRAINE AS A PUBLIC HEALTH THREAT: CRIMINOLOGICAL ANALYSIS	2434
Borys V. Babin HEALTH CARE FOR CRIMEAN RESIDENTS: INTERSTATE CONFLICT CHALLENGES AND POSSIBLE LEGAL AND ORGANIZATIONAL SOLUTIONS	2441
Olga I. Tyshchenko, Olena A. Leiba, Ivan A. Titko EUROPEAN STANDARDS OF RESPECT FOR HUMAN RIGHTS IN THE APPLICATION OF COMPULSORY MEDICAL MEASURES IN CRIMINAL PROCEEDINGS	2445
Andriy Babenko, Oleksandr Mazurenko, Anastasiia Mernyk CHRONIC ALCOHOLISM TREATMENT IN CUSTODIAL FACILITIES: UKRAINE'S EXPERIENCE DURING INDEPENDENCE	2451
<b>REVIEW ARTICLES / PRACE POGLĄDOWE</b>	
Mariya G. Shul'ha, Anatolii V. Mazur, Iurii V. Georgiiievskyy LEGAL REGULATION OF IMPORTATION OF MEDICINAL PRODUCTS: EUROPEAN STANDARDS AND NATIONAL PRACTICE	2457
Viacheslav I. Borysov, Olena I. Antoniuk, Ivan I. Vyshnyvetsky SPECIAL FEATURES OF THE LEGAL STATUS OF THE RESEARCH SUBJECT IN CLINICAL TESTING OF MEDICINES	2464
Igor Y. Krynytskyi, Petro P. Noha, Serhii V. Sarana SERIALIZATION AS NEW QUALITY CONTROL SYSTEM OF MEDICINAL PRODUCTS	2473
Borys O. Lohvynenko, Viktor S. Sezonov, Tetiana A. Frantsuz-Yakovets TENDENCIES FOR THE FALSIFICATION OF MEDICINAL PRODUCTS IN UKRAINE: GENERAL ANALYSIS AND AREAS OF COUNTERACTION	2478
Antonina G. Bobkova, Yuliia M. Pavliuchenko, Andrii M. Zakharchenko LEGAL SECURITY OF AGRICULTURAL PRODUCTS AS A CONDITION PUBLIC HEALTH SYSTEM'S DEVELOPMENT	2484
Alla K. Sokolova, Tetyana B. Vilchuk, Maryna K. Cherkashyna ENSURING THE ENVIRONMENTAL RIGHTS AS A PREREQUISITE FOR THE RIGHTS TO HEALTH IN UKRAINE AND THE EUROPEAN UNION	2489
Sabriie S. Shramko, Volodymyr V. Golina, Maxim G. Kolodyazhny ALCOHOLISM AS A MEDICAL AND SOCIO-LEGAL PROBLEM AND WAYS TO SOLVE IT	2496
Lidiya M. Moskvych, Oksana Z. Khotynska-Nor, Ganna A. Biletska DISEASE AS INTERFERENCE FOR JUDGE'S PROFESSION	2501

Yuliia Yu. Zabuha, Tetiana O. Mykhailichenko, Olena V. Morochkovska OVERVIEW AND ANALYSIS OF OCCUPATIONAL RISKS IN HEALTHCARE OF EASTERN EUROPE COUNTRIES	2510
Lyudmila M. Demidova, Evgenia E. Demidova, Alexander Y. Dudchenko VACCINATION AGAINST INFECTIOUS DISEASES: INTERNATIONAL STANDARDS OF PATIENT'S RIGHTS	2518
Valentyna I. Borysova, Kseniia Yu. Ivanova, Larysa V. Krasyska PROBLEMS OF ASSISTED REPRODUCTIVE TECHNOLOGY'S APPLICATION	2524
Oksana Kuchynska, Oksana Kashyntseva, Yuliya Tsyganyuk INTERNATIONAL COOPERATION IN CRIMINAL PROCEEDINGS INVOLVING ASSISTED REPRODUCTIVE TECHNOLOGIES	2531
Volodymyr V. Iemelianenko, Alesia V. Gornostay, Alona V. Ivantsova REPRODUCTIVE RIGHTS VIOLATIONS: FORCED STERILIZATION AND RESTRICTION OF VOLUNTARY STERILIZATION	2536
Mykola D. Vasilenko, Anastasiia O. Zaporozhchenko, Borys A. Perezhniak PRESUMPTION OF CONSENT IN THE ECHR PRACTICE AND LEGAL SYSTEMS: LEGAL MODELS FOR ORGAN REMOVAL FOR TRANSPLANTATION	2541
Marianna Liubchenko, Oleksii Liubchenko, Kateryna Buriakovska HEALTHCARE FOR MIGRANT WORKERS: HUMAN RIGHTS' ASPECT	2547
Anzhela B. Berzina, Ievgeniia V. Kovalevska, Inna V. Berdnik ENFORCEMENT OF THE RIGHT TO MEDICAL CARE FOR PATIENTS STAYING ABROAD	2553
Tetiana L. Syroid, Lina O. Fomina THE ROLE OF SMART TECHNOLOGY IN PROMOTING THE RIGHT TO HEALTH OF OLDER PERSONS	2558
Alexander D. Dovhan, Yan O. Bernaziuk, Taras Y. Tkachuk INTERNET OF THINGS TECHNOLOGIES IN MEDICAL SECTOR: CYBER SECURITY ISSUES	2563
Oleh A. Zaiarnyi ASSESSMENT CRITERIA FOR THE LAWFULNESS OF ARTIFICIAL INTELLIGENCE TECHNOLOGIES APPLICATION IN HEALTH CARE	2568
Yevgen L. Streltsov, Eduard E. Kuzmin ON MEDICAL PROFESSIONALS AND CRIMINAL LIABILITY: A DARK SIDE OF GOOD INTENTIONS	2573
Andrii V. Lapkin, Daryna P. Yevtieieva, Vladyslav V. Karelin INTERNATIONAL STANDARDS FOR APPLICATION OF COMPULSORY MEDICAL MEASURES	2579
Olha H. Shylo, Nataliia V. Glynska, Oleksii I. Marochkin CRITERIA FOR RECOGNITION OF APPROPRIATE MEDICAL ASSISTANCE TO DETAINEES IN THE EUROPEAN HUMAN RIGHTS COURT'S PRACTICE	2585
Oleksandr V. Petryshyn, Svitlana H. Serohina, Mikhail V. Romanov PENITENTIARY HEALTHCARE: LEGAL AND PRACTICAL ASPECTS	2591
Vasyl Y. Tatsiy, Vladimir A. Zhuravel, Galina K. Avdeeva INDEPENDENT FORENSIC MEDICAL EXAMINATION AS A MEAN OF PROVING THE FACTS OF A TORTURE USAGE	2596
Daria I. Klepka, Iryna O. Krytska, Anna S. Sydorenko OBLIGATION OF THE DISCLOSURE OF MEDICAL CONFIDENTIAL INFORMATION IN CRIMINAL PROCEEDINGS	2602
Volodymyr I. Maryniv, Mykhailo O. Karpenko, Oleksandr I. Berezhnyi THE MEDICAL CRITERION OF RECOGNITION OF PERSON'S INSANITY DEFENCE: UKRAINIAN AND FOREIGN EXPERIENCE	2609
Maryna G. Motoryhina, Inna L. Bepalko, Vladimir V. Zuiiev LEGAL REGULATION OF COOPERATION IN THE FIELD OF FORENSIC MEDICAL EXAMINATION IN CRIMINAL PROCEEDINGS BETWEEN UKRAINE AND THE REPUBLIC OF POLAND	2615
Andrii Kuntii, Viacheslav Navrotskyi, Oleksiy Avramenko USE OF MEDICAL KNOWLEDGE BY A SPECIALIST IN THE INVESTIGATION OF PREMEDITATED MURDER COMMITTED IN A STATE OF STRONG COMMOTION	2620
Tetiana V. Kurman, Oleksandr V. Kurman, Oksana M. Tuieva THE LEGAL FOUNDATIONS OF FOOD SAFETY AS A MEANS OF PROVIDING PUBLIC HEALTH IN GLOBALIZATION	2626

REVIEW ARTICLE  
PRACA POGLĄDOWA

## CRITERIA FOR RECOGNITION OF APPROPRIATE MEDICAL ASSISTANCE TO DETAINEES IN THE EUROPEAN HUMAN RIGHTS COURT'S PRACTICE

DOI: 10.36740/WLek201912232

Olha H. Shylo<sup>1</sup>, Nataliia V. Glynska<sup>2</sup>, Oleksii I. Marochkin<sup>1</sup>

<sup>1</sup>YAROSLAV MUDRYI NATIONAL LAW UNIVERSITY, KHARKIV, UKRAINE

<sup>2</sup>ACADEMICIAN STASHIS SCIENTIFIC RESEARCH INSTITUTE FOR THE STUDY OF CRIME PROBLEMS NATIONAL ACADEMY OF LAW SCIENCES OF UKRAINE, KHARKIV, UKRAINE

### ABSTRACT

**Introduction:** Practical implementation of the provision of appropriate medical assistance to detainees raises a number of problems that needs scientific reflection in order to come up with proposals for improving regulation in this sphere. To date, the issues of particular concern are: proper documentation of a detained person's health status; promptness and accuracy of diagnosis of a person; providing a comprehensive therapeutic strategy for his/her treatment; delay in providing medical care and its quality; continuation of treatment of a sick person in custody.

**The aim:** of this paper is to highlight and analyze the key positions of the European Court of Human Rights (hereinafter - ECHR) on the criteria for recognizing appropriate medical care for detainees.

**Materials and methods:** Scientific articles, international regulations governing the provision of medical assistance to detainees, ECHR practice regarding the provision of medical assistance to detainees and criteria for recognition as appropriate (22 relevant decisions where ECHR addressed these issues were analyzed). To achieve this goal, we've used a set of general scientific and special methods of cognition, in particular, comparative-legal method, system-structural method, method of generalization, method of analysis and synthesis, etc.

**Conclusions:** Medical assistance to detainees is adequate, subject to the criteria set out in the ECHR's practice, which in turn will ensure respect for the human rights and freedoms guaranteed by the Convention for the Protection of Human Rights and Fundamental Freedoms (hereinafter – the Convention).

**KEY WORDS:** criminal proceedings, detention, human rights, medical assistance to detainees, proper medical care

Wiad Lek 2019, 72, 12 cz. II, 2585-2590

### INTRODUCTION

Article 3 of the Convention provides that no one shall be subjected to torture or to inhuman or degrading treatment or punishment. These Convention provisions are of particular importance in the field of criminal justice, where fundamental human rights are, where appropriate, substantially restricted. Thus, the detainee's right to adequate medical care is one of the main ones, and its non-observance indicates a violation of Art. 3 of the Convention. In order to ensure it, the following issues are urgent: proper and timely documentation of the detainee's health status, maintenance of medical records, which provide for skilled care of a patient and their continuity; promptness and accuracy of diagnosis to such a person; providing a comprehensive therapeutic strategy for treatment; inadmissibility of delay in provision of medical care, as well as its appropriate quality; creating conditions for continued treatment of a sick person in pre-trial detention facilities; possibility and expediency of providing medical assistance outside the detention facility. A separate aspect of compliance with Art. 3 of the Convention problem raises the question of possible extradition or deportation of a person, taking into account the particularities of his/

her illness and adequate medical care, which must be ensured while decisionmaking. The inability to provide such a person with appropriate medical care prevents him/her from being issued or deported and in the event of such a person would violate Art. 3 of the Convention [1].

### THE AIM

The aim of this paper is to highlight and analyze the key positions of the ECHR on the criteria for recognizing appropriate medical care for detainees.

### MATERIALS AND METHODS

The article is based on scientific researches, international regulations governing the provision of medical assistance to detainees, ECHR practices regarding the provision of medical assistance to persons in custody, and criteria for recognizing it as being appropriate (22 decisions where the ECHR addressed these issues were analyzed). General scientific and special methods of cognition to achieve this

aim in the research process, in particular, comparative-legal method, system-structural method, method of generalization, method of analysis and synthesis, etc. were used.

## REVIEW AND DISCUSSION

Article 3 of the Convention imposes a duty on the State to ensure that every person in custody is held in conditions compatible with respect for human dignity, so that conditions of detention do not subject him/her to humiliation or endurance tests that exceed the inevitable level of suffering which is inherent in detention and that person's health is adequately ensured, in particular through the provision of appropriate medical care, with regard to the quality and conditions of care, qualification of medical staff etc.

Obviously, suffering caused by a physical or mental illness of a person in custody may be subject to review according to the Article 3 if they are exacerbated as a result of detention's conditions, expulsion or risk of being treated, for which relevant authorities can be responsible.

Considering the complaints of violation of Art. 3 of the Convention, the ECHR emphasized that if the authorities decide to detain a seriously ill person, they must show particular attention to the custody conditions that are framed by person's health [2].

On the basis of abovementioned, given the importance of providing a detainee with appropriate medical care in the context of compliance with Art. 3 of the Convention, the question arises as to definition, content and criteria for recognizing appropriate medical care for a detainee. Herewith, the ECHR recognizes that the concept of "appropriate medical care" remains the most important element to define. It seems that the quality of care provided to a detainee should be determined on a case-by-case basis, taking into account a detailed examination of medical history, diagnosis' features identified and individual approach to prescribing treatment.

In dealing with the complaints of violation of Art. 3 of the Convention, the ECHR formulated the criteria for recognizing appropriate medical care for a detainee. Thus, in order to achieve such a degree of medical care's quality, authorities should provide and prove: 1) fact of a doctor's examination and appointment of a certain type of treatment; 2) detailed documentation of detainee's health and their treatment during detention; 3) promptness and accuracy of diagnosis and treatment; 4) regarding the medical condition - regularity and systematic supervision and availability of a plan of therapeutic measures for treatment of prisoners' illnesses or prevention of their complications, not the elimination of symptoms; 5) creating the conditions necessary for actual provision of prescribed treatment, including outside the detention facility; 6) providing medical care at the level at which the public authorities have undertaken to provide it to population as a whole [3, 4]. Let us try to analyze the ECHR's decisions relevant to this problem and draw some conclusions on this basis.

Regarding the first criterion (the fact of doctor's examination and the appointment of a particular type of treatment), it is important to note that the mere fact that a detainee

was examined by a doctor that prescribed a certain type of treatment cannot automatically lead to conclusion that medical care was appropriate. Authorities should also provide other measures aimed at providing medical assistance to a person [3]. That is why in the case of a detainee's complaint on the lack of proper medical assistance during his/her custody, other circumstances of the case are also a subject of investigation.

Regarding the second criterion, namely the detailed documentation of detainee's health status and his/her treatment at custody, the ECHR first of all draws attention to the completeness of applicant's health records documentation, which should be carried out not only in a patient's interests but also in the interests of custodial facility. In addition, a person in custody has the right to access his/her medical card, unless otherwise stated for therapeutic purposes.

Considering the complaint about the lack of adequate treatment for tuberculosis, the ECHR noted that, despite repeated medical examination by an applicant, there was no evidence of actual treatment being given to them. In addition, the applicant was not only provided with a special diet, special hygiene regimen or exercise necessary for treatment of tuberculosis, but he spent three years in a pre-trial detention center (hereinafter – PTDC) under conditions of extreme overcrowding and poor sanitation, which ultimately allowed ECHR to establish violation of Art. 3 of the Convention [5].

In another case, "Korneykova and Korneykov v. Ukraine" (24/03/2016) – regarding the inappropriate medical care of an applicant and her newborn baby, the ECHR has admitted plausible to the applicant that some of the entries in her son's medical record kept in the detention center were inaccurate (in particular, the date of the initial examination of the child after her discharge from the maternity hospital).

The ECHR also concluded that the son had not undergone medical examinations for a certain period; Neither the PTDC administration nor the head doctor at the local children's hospital were able to respond to child health inquiries; in addition, the pediatrician's examination was carried out in the absence of the applicant, while it was recorded in the child's medical record by the PTDC administration that the pediatrician provided her with child care advice. The ECHR found these circumstances sufficient to conclude that no proper health standards had been observed in the case and therefore did not consider it appropriate to analyze all other factual details (such as the applicant's health problems and lack of vaccinations), finding a violation of Article 3 of the Convention [4].

Regarding the third criterion on promptitude and accuracy of diagnosis and treatment, the actions of medical staff of the pre-trial detention facility should be carefully investigated in the study of a remand prisoner's medical history, timeliness of appropriate testing of a patient's resistance to certain medications, to ensure positive treatment result. This is the approach taken by the ECHR, paying considerable attention to the analysis of relevant circumstances in the context of assessing the quality of care. Yes, in the case of *Sergey Smirnov v. Ukraine* (18/12/2018)

the ECHR stated that in this case the applicant's medical card had been lost for a certain period. The applicant was diagnosed with hepatitis, but no action was taken by the public authorities to establish the hepatitis' type, and the condition of the applicant's spine had deteriorated in custody, leading to disability. In this connection, the ECHR found that there had been a violation of Article 3 of the Convention and, in the absence of effective and available domestic remedies for such complaints, found a violation of Article 13 of the Convention [6].

The promptitude and accuracy of diagnosis and treatment as one of the most important grounds for recognizing proper medical care were highlighted by the ECHR and in the case of *Savinov v. Ukraine*" (22/10/2015), the ECHR found that since November 2011 the applicant's health had deteriorated and he had been transferred to medical service unit. At that time, the Odessa Correctional Colony administration, on its own initiative, submitted a request for the applicant's HIV status and received a positive response. Despite the information received, the applicant's blood test for HIV infection was first done within seven months, and antiretroviral therapy was only started at the end of December 2012, and only with the assistance of NGO. In view of the above, as well as the failure of the PTDC administration to provide the remand prisoner with prompt and appropriate treatment for HIV infection, the ECHR concluded that during the period from November 2011 to March 2013, the applicant had not been provided with an adequate medical assistance, which was inhuman and degrading treatment in violation of Article 3 of the Convention [7].

Another example of the drawbacks in diagnosing a person's illness is the decision in the case of *Sergey Antonov v. Ukraine*" (10/22/2015). In particular, the ECHR noted that the applicant's initial medical examination in September 2012 appeared to be very superficial and despite the fact that the PTDC administration was aware of his HIV infection, no HIV infection test and no attempt had been made to obtain more information regarding his HIV-related illnesses, and the first CD4 + cell analysis was performed only four months after the remand prisoner had arrived at the pre-trial detention center. In the light of the foregoing, the ECHR concluded that the applicant's failure to diagnose his illnesses quickly and not to provide him with emergency and comprehensive medical assistance was inhuman and degrading treatment and therefore a violation of Article 8 of the Convention.

The next criterion concerns the regularity and systematic supervision of medical state and existence of therapeutic measures' plan to treat remand prisoner's disease or to prevent their complication rather than to eliminate the symptoms. In view of this criterion, the adequacy of care should, in fact, be assessed in view of its regularity and systematic nature, providing a comprehensive therapeutic strategy for treating the disease or preventing its worsening.

This position is represented in the judgment on *Medyanikov v. Ukraine* case, (19 February 2019), in which the ECHR stated that the applicant's treatment for tuberculosis

and C-hepatitis had lasted for eleven and six years, and the applicant had been treated for such a considerable period of time indicates that it was not accompanied by a comprehensive therapeutic strategy in accordance with the requirements of Article 3 of the Convention. The ECHR found that there had been the violation of Article 3 of the Convention due to inadequate medical care provided to the applicant had led to certain suffering or difficulties exceeding the inevitable level of remand prisoner's suffering [9].

At the same time, it should be noted that in order to prove that treatment was rendered inappropriate during his detention, the applicant must, in some cases, provide documents to confirm his illness and the fact that he had been treated before being taken into custody.

Another criterion for the recognition of appropriate medical care is to create conditions necessary for actual delivery of prescribed treatment. This criterion is extremely relevant in cases where a person was already given some treatment before being taken into custody, which he/she received prior the custody and it is appropriated to give further treatment of this quality.

However, examining the specificities of establishing this criterion in the ECHR's practice, the authors first consider it fruitful to pay attention to European law standards in this field, developed by the Committee of Ministers of the Council of Europe. According to p. 37 Recommendation No. Rec (2006) 13 of the Committee of Ministers to member states on the use of remand in custody, the conditions in which it takes place and the provision of safeguards against abuse, arrangements shall be made to enable remand prisoners to continue with necessary medical or dental treatment that they were receiving before they were detained, if so decided by the remand institution's doctor or dentist where possible in consultation with the remand prisoner's doctor or dentist. Remand prisoners shall be given the opportunity to consult and be treated by their own doctor or dentist if a medical or dental necessity so requires. Reasons shall be given if an application by a remand prisoner to consult his or her own doctor or dentist is refused. Such costs as are incurred shall not be the responsibility of the remand institution's administration [10].

Examining the case-law it should be noted that in applying this criterion, the ECHR draws attention to a number of factors including, in particular, unjustified delays and general absence of medical assistance (see decision in Case [11]); creation of necessary conditions for effective treatment (see decision in the case [12]), transferring to a medical facility outside the custody if his/her state of health required transfer to a hospital specialized in treatment of this person's disease [13].

The circumstances of the case of *Sokil v. Ukraine* (22.10.2015) are illustrative in this regard. In particular, the ECHR noted that in the present case the applicant had been suffering from a number of serious illnesses prior to his imprisonment during the period (February 2012 - January 2014). Despite the fact that most of the time during his detention he has been undergoing treatment at various medical facilities, there is no evidence that he has received

any treatment for HIV for a significant period of time. Thus, despite being informed by the authorities of the applicant's HIV infection, he had been prescribed antiretroviral therapy only in July 2013 - almost a year and a half since his imprisonment. In particular, the ECHR noted that PTDC administration had not provided the applicant with timely and appropriate treatment for HIV infection [14].

In other cases, the inadequate quality of medical care is due to the lack of documents confirming the doctor's adherence to prescribing medication. The inability to provide the applicant with adequate medical care and the necessary diet in detention in some cases has led to release of a person from custody [15].

One of the most urgent issues in ensuring the proper conditions required for the intended treatment is to provide medical assistance to a person outside the detention facility in absence of necessary equipment or staff of appropriate qualifications. If such facts are ascertained, unjustified delays in the transfer of the person to appropriate health care institution appears to be inadmissible and incompatible with the requirements of Art. 3 of the Convention.

In this context, the ECHR's decision in the case of *Kushch v. Ukraine* (03.12.2015). In particular, the ECHR stated that, after the PTDC administration had recognized the examination need and treatment of the applicant at the Ministry of Health's healthcare facility, it took the court about a month to allow him to be hospitalized. Two weeks later, the PTDC administration acknowledged the difficulty of arranging for the applicant to be transported, and a month later the PTDC doctors changed their mind about the need for his hospitalization. Subsequently, the examination required by the applicant took place one and a half months after being recommended by the doctor and twenty-one days after the Government had instructed the Court to apply a provisional measure under Rule 39 of the ECHR Regulation [16]. Therefore, as we see in this case, there are unjustified delays in transferring the applicant to the Ministry of Health facility, contradictions in the doctors' findings regarding the need for his hospitalization and inability to act accordingly, together with the subsequent deterioration of the applicant's health, testified about the violation of Art. 3 of the Convention.

A somewhat different aspect of this criterion is addressed in the ECHR's decision on the case of *Osipenkov v. Ukraine* (29.01.2019). In particular, in this case it was a matter of a person expressing his will regarding the need to transport him to a specialized medical institution for medical consultation. On this occasion, the ECHR noted that, regardless of person's refusal of such transportation, public authorities had to ensure that these measures were implemented promptly and with appropriate conditions to their health (such as a special ambulance, etc.), stating violation of the Convention [17].

However, in examining this criterion for recognizing appropriate medical care for a detained person, one particular feature of this category should be addressed. This feature is that in order to prove that medical care was inappropriate, in some cases the applicant would have to prove the claim by

providing the relevant documents. Where the applicant's allegations that he did not receive adequate medical assistance while in detention are general and are not supported by any factual information, then the Government are convincingly rebutted, and there are no shortcomings in the medical staff's work of the previous medical institutions. However, the ECHR concluded that there had been no violation of the Convention [18] [19] [20] [21].

Finally, the last criterion concerns the provision of health care at the level at which public authorities are obliged to provide it to population in general. Considering this criterion as an element of proper medical care, it should be noted that a person may not be completely left without it, but its level may not be sufficient. In this case, it may be referred to as insufficient equipment and provision by the medical unit's staff of the detention facility (in particular, in the case of *Osipenkov v. Ukraine* (29.01.2019), the applicant suffered from heart disease and received only symptomatic treatment at recommendation of coronary ventriculography of the heart required for correct diagnosis and subsequent treatment, which has not been performed [17]), as well as the lack of qualification of an available doctor for the urgent needs of the patient, as well as the specifics of the conducted checkup (for example, in the case of *Serikov v. Ukraine* (23/07/2015), the ECHR noted that the applicant was only examined by an ambulance paramedic, and the examination scope was limited and aimed at providing the most urgent medical care [23]).

Referring to scientific sources, it should be noted that the problem of providing inappropriate medical care to detainees in various contexts has already been raised by researchers. Concerning the consequences for commitments, it is worth noting the research of Giles Lindon and Stephen Roe, who conducted an analytical study based on statistics on the death rate of detainees [24]. Thoonen, E., Kubat, B. and Duijst W. raise similar questions [25]. In their article, Iain G, McKinnon, Stuart DM Thomas, Heather L Noga, and Jane Senior highlighted issues related to the incidence of morbidity among detainees [26]. Y. Nazarko, O. Iliashko, N. Kaminska conclude that the main problem of securing and exercising the right to health in the European Union countries is the financing of this sector, because in general it is impossible to speak about free medical care in the European Union [27]. Adhering to the same view, Jason Payne-James stresses the need to improve health standards to the levels set by national law and international conventions in order to prevent deterioration of health care services, to be sure that they are detained in safety, and the risks of death and harm in custody are minimized [28]. On the contrary, American researcher Joseph E. Paris comes to the conclusion that detainees in the United States have more social guarantees of medical care than other citizens, because detainees are provided with free health insurance [29].

## CONCLUSIONS

An analysis of the issues of providing detained persons with adequate medical care, as well as the ECHR's practice on this issue, leads to the following conclusions.

First, the problem of not providing detainees with adequate medical care in some European countries, including Ukraine, is systemic, as evidenced by applications to the ECHR for violations of the right to adequate medical care and ECHR decisions that stated the violation of Art. 3 of the Convention. Such a situation must be qualified as a failure by the state to fulfill its positive obligation to uphold and respect human rights in the provision of detainees with proper legal assistance.

Secondly, according to ECHR practice, medical assistance to detainees should meet the following criteria: 1) timely examination by a doctor and prescription of a particular treatment; 2) detailed documentation of the person's being detained health status and his /her treatment during custody; 3) promptness and accuracy of diagnosis and treatment; 4) regarding the medical state - regularity and systematic supervision and availability of therapeutic measures's plan for the treatment of detainees' illnesses or prevention of their complications, not the elimination of symptoms; 5) creating the conditions necessary for actual provision of prescribed treatment, including outside the detention facility; 6) provision of health care at the level to which the public authorities have undertaken to provide it to the general population.

Thirdly, based on the principle of presumption of innocence, the guilt of a detainee has not yet been proven, and in some cases, as the case law shows, will not be proven in the course of future judicial proceedings, and therefore his/her treatment, in particular, and with regard to the provision of adequate medical care should be the same as that of the average citizen, taking into account the particularities of his procedural status. By the way, the assessment of medical services provided to persons in custody directly falls within the competence of the European Committee for the Prevention of Torture or Inhuman or Degrading Treatment, Punishment or Punishment [30, p. 5].

Fourth, the national law must contain effective regulatory mechanisms for implementing the provisions of Art. 13 of the Convention on the rights of everyone whose rights and freedoms recognized in this Convention have been violated, an effective remedy within a national authority, even if such violation was committed by persons exercising their official authority. In this sense, the Criminal Procedure Code of Ukraine does not contain the right to appeal to court on decisions, actions or omissions of employees of pre-trial detention facilities regarding the adequate medical care provision. The absence of such a procedure leads to refusal of granting judicial protection to the person's rights and legitimate interests, which is inadmissible in view of Art. 64 of the Constitution of Ukraine. The right to judicial protection belongs to those fundamental human rights, which in no way can be restricted under Constitution of Ukraine. In addition, according to Principle 33 of the Principles of the Protection of All Persons Detained or Imprisoned in Any Way, accepted by UN General Assembly Resolution 43/173 of 9 December 1988, a person arrested or sentenced should be able to appeal to court for misconduct by institution's administration.

The authors conclude that the consideration of complaints about the failure to secure detainees should be within the competence of investigating judge and, accordingly, be subject to judicial review. This will ensure prompt review of the complaint and measures to improve the complainant's status, and can therefore be considered as an effective and accessible national remedy in the context of Art. 13 of the Convention.

## REFERENCES

1. Case of *D. v. The United Kingdom*, application no. 30240/96, judgment of 2 May 1997. Available from: <http://hudoc.echr.coe.int/rus?i=001-100635> [reviewed 2019.07.20]
2. Case of *Mechenkov v. Russia*, application no. 35421/05, judgment of 7 February 2008. Available from: <http://hudoc.echr.coe.int/rus?i=001-84896> [reviewed 2019.07.20]
3. Case of *Pivovarnik v. Ukraine*, application no. 29070/15, judgment of 6 October 2016. Available from: <http://hudoc.echr.coe.int/rus?i=001-166965> [reviewed 2019.07.20]
4. Case of *Korneykova and Korneykov v. Ukraine*, application no. 56660/12, judgment of 24 March 2016. Available from: <http://hudoc.echr.coe.int/rus?i=001-161543> [reviewed 2019.07.20]
5. Case of *Kushnir v. Ukraine*, application no. 42184/09, judgment of 11 December 2014. Available from: <http://hudoc.echr.coe.int/rus?i=001-148627> [reviewed 2019.07.20]
6. Case of *Sergey Smirnov v. Ukraine*, application no. 36853/09, judgment of 18 December 2018. Available from: <http://hudoc.echr.coe.int/rus?i=001-188382> [reviewed 2019.07.20]
7. Case of *Savinov v. Ukraine*, application no. 5212/13, judgment of 22 October 2015. Available from: <http://hudoc.echr.coe.int/rus?i=001-157968> [reviewed 2019.07.20]
8. Case of *Sergey Antonov v. Ukraine*, application no. 40512/13, judgment of 22 October 2015. Available from: <http://hudoc.echr.coe.int/rus?i=001-157970> [reviewed 2019.07.20]
9. Case of *Medyanikov v. Ukraine*, application no. 31694/06, judgment of 19 February 2019. Available from: <http://hudoc.echr.coe.int/rus?i=001-190020> [reviewed 2019.07.20]
10. Recommendation No. Rec (2006) 13 of the Committee of Ministers to member states on the use of remand in custody, the conditions in which it takes place and the provision of safeguards against abuse (Adopted by the Committee of Ministers on 27 September 2006 at the 974th meeting of the Ministers' Deputies). Available from: [https://search.coe.int/cm/Pages/result\\_details.aspx?ObjectId=09000016805d743f](https://search.coe.int/cm/Pages/result_details.aspx?ObjectId=09000016805d743f) [reviewed 2019.07.20]
11. Case of *Ivanov and Kashuba v. Ukraine*, application no. 12258/09 and 54754/10, judgment of 29 January 2019. Available from: <http://hudoc.echr.coe.int/rus?i=001-189619> [reviewed 2019.07.20]
12. Case of *Kondratyev v. Ukraine*, application no. 5203/09, judgment of 15 December 2011. Available from: <http://hudoc.echr.coe.int/rus?i=001-108023> [reviewed 2019.07.20]
13. Case of *Aleksanyan v. Russia*, application no. 46468/06, judgment of 22 December 2008. Available from: <http://hudoc.echr.coe.int/rus?i=001-90390> [reviewed 2019.07.20]
14. Case of *Sokil v. Ukraine*, application no. 9414/13, judgment of 22 October 2015 Available from: <http://hudoc.echr.coe.int/rus?i=001-157969> [reviewed 2019.07.20]
15. Case of *Barilo v. Ukraine*, application no. 9607/06, judgment of 16 May 2013. Available from: <http://hudoc.echr.coe.int/rus?i=001-119675> [reviewed 2019.07.20]

16. Case of Kushch v. Ukraine, application no. 53865/11, judgment of 3 December 2015. Available from: <http://hudoc.echr.coe.int/rus?i=001-158963> [reviewed 2019.07.20]
17. Case of Osipenkov v. Ukraine, application no. 31283/17, judgment of 29 January 2019. Available from: <http://hudoc.echr.coe.int/rus?i=001-189592> [reviewed 2019.07.20]
18. Case of A.N. v. Ukraine, application no. 13837/09, judgment of 29 January 2015. Available from: <http://hudoc.echr.coe.int/rus?i=001-150651> [reviewed 2019.07.20]
19. Case of Baryshevskyy v. Ukraine, application no. 71660/11, judgment of 26 February 2015 Available from: <http://hudoc.echr.coe.int/rus?i=001-152599> [reviewed 2019.07.20]
20. Case of Rudyak v. Ukraine, application no. 40514/06, judgment of 4 September 2014. Available from: <http://hudoc.echr.coe.int/rus?i=001-146356> [reviewed 2019.07.20]
21. Case of Komarova v. Ukraine, application no. 13371/06, judgment of 16 May 2013. Available from: <http://hudoc.echr.coe.int/rus?i=001-119676> [reviewed 2019.07.20]
22. Case of Blokhin v. Russia, application no. 47152/06, judgment of 23 March 2016. Available from: <http://hudoc.echr.coe.int/rus?i=001-161822> [reviewed 2019.07.20]
23. Case of Serikov v. Ukraine, application no. 42164/09, judgment of 23 July 2015. Available from: <http://hudoc.echr.coe.int/rus?i=001-156247> [reviewed 2019.07.20]
24. Giles Lindon and Stephen Roe Deaths in police custody: A review of the international evidence. October 2017 Available from: [https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment\\_data/file/655710/Deaths\\_in\\_police\\_custody\\_A\\_review\\_of\\_the\\_international\\_evidence.pdf](https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/655710/Deaths_in_police_custody_A_review_of_the_international_evidence.pdf) [reviewed 2019.07.10]
25. Thoonen, E., Kubat, B. and Duijst, W. 'Deaths under the responsibility of the Dutch Police', *The Police Journal*. 2015; 88: 123–136 doi: 10.1177/0032258X15585248
26. Iain G McKinnon, Stuart DM Thomas, Heather L Noga, and Jane Senior Police custody health care: a review of health morbidity, models of care and innovations within police custody in the UK, with international comparisons. 2016 ; 9: 213–226 doi: 10.2147/RMHP.S61536
27. Yuliya Nazarko, Oleksandr Iliashko, Natalia Kaminska Implementation of the right to health care in the countries of the European Union. *Wiad Lek*. 2019; 7. Available from: [http://wl.medlist.org/2019\\_07\\_20/](http://wl.medlist.org/2019_07_20/) [reviewed 2019.08. 28]
28. Jason Payne-James Healthcare and forensic medical services in police custody – to degrade or to improve? *Clin Med (Lond)*. 2017 Feb; 17(1): 6–7 doi: 10.7861/clinmedicine.17-1-6
29. Joseph E. Paris Why Prisoners Deserve Health Care. *American Medical Association Journal of Ethics* February 2008; 10 (2): 113-115. Available from: <https://journalofethics.ama-assn.org/article/why-prisoners-deserve-health-care/2008-02> [reviewed 2019.08. 28]
30. Lekhtmets A., Pont Y. Okhorona zdorovia ta medychna etyka v penitentsiarnykh ustanovakh [Healthcare and medical ethics in penitentiary institutions]: a manual for medical staff at penitentiary facilities and other staff responsible for the health of convicted and prisoners Council of Europe, 2016. Available from: <https://rm.coe.int/manual-on-prison-healthcare-and-medical-ethics-ukr-2016/16806ab9b3> (Ua).

#### Authors' contributions:

*According to the order of the Authorship.*

#### ORCID numbers:

*Olha H. Shylo: 0000 0003 2963 8844*

*Nataliia V. Glynska: 0000 0001 8552 445X*

*Oleksii I. Marochkin: 0000 0002 0397 5036*

#### Conflict of interest:

*The Authors declare no conflict of interest.*

---

#### CORRESPONDING AUTHOR

##### **Oleksii I. Marochkin**

Academician Stashis Scientific Research Institute for the Study of Crime Problems National Academy of Law Sciences of Ukraine

Kharkiv, Ukraine

tel.: +380661442985

e-mail: a.marochkin84@gmail.com

**Received:** 07.09.2019

**Accepted:** 22.11.2019