
DOI 10.36074/24.01.2020.v2.18

PREGNANT WOMAN AS A SPECIAL SUBJECT OF MEDICAL RELATIONS

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In recent years, there is an international recognition of that the fact that the issue of human rights is also to be resolved in the sphere maternity care. It is worth pointing out that in terms of medical and law status, a pregnant woman is a special subject of medical care. The Law of Ukraine "Fundamentals of Ukrainian Health Law" states that a patient is a natural person who has applied for medical assistance and / or who is provided with such assistance. However, this definition does not reveal any special features of a patient that will allow it to be distinguished from other participants in medical-legal relations. Science, practice, and international treaties do not provide a unified understanding of the concept of a patient. G. Kolokolov, N. Kosolapova and O. Nikulikova define the concept of a patient as a person who has applied to the medical institution of any form of ownership or to a doctor of private practice for obtaining diagnostic, medical, preventive care regardless of whether he is ill or healthy [1].

According to Human Rights in Childbirth National Report, over 62% of respondents indicated that they got no printed information about their rights on Informed Consent either in antenatal clinics or in maternity hospitals. Some printed information was provided in antenatal clinics (24%), in sanitary inspection rooms (14%), and in delivery room (11%). The largest percent (58%) of women that learned about informed consent did so from the documents supplied by obstetricians. 10% of respondents were provided with some printed leaflets where the right for informed consent has been clarified [2].
The Ukrainian legislation obliges doctors to obtain informed consent before conducting any medical interventions. In turn, pregnant and birthng women are granted a right to refuse giving their consent for such an intervention. However, in practice such informed consent is mostly seen as a formality, just as another signature to be obtained as the woman enters a maternity hospital. First of all, in spite of the consent of the patient, in many cases, there are exceptions provided by law (for example, the patient is a baby, or in the case of an emergency hospitalization or forced treatment). A separate allocation of diagnostic, medical, preventive care is also well-founded. Such allocation reasonably serves to distinguish a medical patient from a sick person. In practice, there are also difficulties with understanding the difference between a sick person and the patient. First of all, this difference consists in the fact that the sick person is one (for example, a baby), and the rights of the patient are other persons – his or her parents. The second case is the situation when the patient turns to a doctor for a preventive or counseling service, and has no illness. Particularly significant such a distinction is when determining the status of a pregnant woman as a patient. After all, in the normal gestation course, a woman is not sick and has no diagnosis. Pregnant in this case also does not require treatment, but only pregnancy follow-up. That is, the definition needs to be supplemented by the phrase "or to pregnancy follow-up". Therefore, it can be assumed that the patient is a person who has applied (or on behalf of which the authorized persons applied for) to the medical institution of any form of ownership or to a doctor of private practice for obtaining diagnostic, medical, preventive care or to pregnancy follow-up regardless of whether person is ill or healthy.

References: