

Healthcare Systems

**THE PECULIARITIES OF CHANGING HEALTH CARE SYSTEM
IN UKRAINE**

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Abstract: Medical reform of the healthcare system in Ukraine started in early 2018, although serious transformations began earlier due to the reform. The Law “On State Financial Guarantees for Medical Care of the Population”, adopted by the Parliament in October 19, 2017 introduces the practice of establishing healthcare guarantees in Ukraine.

The main reforming measures are defined in “The Program of Activities of the Cabinet Ministers of Ukraine”, they include: 1) changing the concept of financing; 2) the formation of hospital districts; 3) the transformation of healthcare facilities by altered budgeting institutions into communal non-profit enterprises; and 4) other changes related to new principles of public procurements and other anti-corruption measures.

Within the medical reform the following measures have already been taken:

1) the number of hospital bed-places decreases in the regions due to the reduction of the number of patients in the regions; 2) the cost of utilities in all hospitals from January 1, 2018 is covered by the local authorities; 3) the formation of hospital districts introduced in the country; 4) since April, 2017 the state program “Available medicines” has begun; 5) on April 25, 2017 the decision was made to introduce new standards of clinical protocols in Ukraine which

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is based on international standards; 6) since June 19, 2017 the first service of the electronic healthcare system e-Health operates in the pilot mode - “registration of primary healthcare institutions”; and 7) from September 20, 2017 the e-Health system has been working in test mode.

Keywords: Healthcare System; Medical Reform; Medical Reform of Healthcare System in Ukraine; Hospital; Hospital District; E-Health System.

Introduction

The Law “On the State Financial Guarantees for Public Healthcare” was adopted by the Ukrainian Parliament on October 19, 2017¹. This Law establishes practice for setting Ukraine guarantees on medical care - the program of State guarantees of health care (medical program guarantees) as the list and volume of medical services and as well as medicine that are paid from the State Budget on the basis of exclusively national tariffs. In international practice, the established term for state guarantees of medical assistance is the “State guaranteed package”. Implementation of the program in Ukraine guarantees medical help to improve public health, protect patients from catastrophic health care costs and ensures equitable distribution of resources to make the health system more transparent and concentrate resources on the most efficient and appropriate services (Deshko, L., 2018). According to the Law, the first program of medical guarantees should be approved in 2018, relating to primary medical aid. The list of medical services, guaranteed by the state at the level of primary medical aid, is to be determined in the Procedure for Provision of Primary Medical Aid, approved by the Order of the Ministry of Healthcare. This document presents suggestions for the development and implementation of health insurance program in Ukraine. The procedure for the development and approval of the medical guarantee program is to be defined in the Order of the Ministry of Healthcare which is going to be issued for public discussion in March, 2018. Broad public discussion, on the scope of application of medical guarantees, is to be organized in 2019, when the Government makes the discussion of the first draft program of health protection for all types of care that are to be approved by the Parliament as part of the Law of Ukraine “On

1 See for details Parliament of Ukraine, 2017. On the State Financial Guarantees for Public Healthcare”, 19 October [online]. Available at: <http://zakon2.rada.gov.ua/laws/show/2168-19>.

the State Budget for 2020". The presented procedures, on the implementation of the program of medical guarantees in Ukraine, are based on international experience in the development and implementation of a guaranteed package².

E-Health System in Ukraine

E-Health is an electronic system that helps patients receive and doctors provide quality medical services. It is a complex system that is to be gradually implemented over several years. It initially has to cover the primary link of medicine - family doctors, physicians and pediatricians. In the future, e-Health will enable everyone to quickly get their medical information and doctors are to set correct diagnoses with a comprehensive and coherent view of patient's medical history.

E-health system contributes more cost-effective healthcare delivery which saves time for the administrative activities of a medical provider. Doctors can immediately place orders for medical examination or laboratory work. An electronic order can be sent directly to the pharmacy of the patient's choice and can also be a tool for preventative healthcare. Medical providers have access to all patient data with an electronic health record. If the patient is 10+ years and subject to annual checkup, the doctor may inform the patient on a required vaccine update/booster from the information provided. Cancer screenings, cholesterol testing and other potential preventative actions may be accurately discussed to each patient³. The essence of e-health lies in the portability and efficiency of information storage and control but also in the speed of communication it permits with other colleagues and/or patients.

Different countries have been digitalizing the health system in their own ways. In Ukraine, the system consists of a main component responsible for centralized storage and processing of information and medical information systems (MIS), where hospitals and clinics can choose the market and establish themselves on it.

The process of implementing an e-Health system in Ukraine started Project Office, created by Transparency International Ukraine and the All-Ukrainian

2 See for details Ministry of Healthcare of Ukraine, 2017. Medical Guarantee Program: Implementation in Ukraine [online]. Available at: http://moz.gov.ua/uploads/0/3798-programa_medicnih_garantij_vprovadzenna_v_ukraini.pdf.

3 Crystal Ayres. 12 Advantages and Disadvantages of Electronic Health Records. [online]. Available at: <https://vittana.org/12-advantages-and-disadvantages-of-electronic-health-records>

Network of PLHA with the support of the Ministry of Healthcare. MVP e-Health has been created by Ukrainian IT specialists upon the expense of international donors – the World Bank, US and Canadian Governments, the Global Fund and others.

The Ministry promises to start working on creating a personal cabinet of the patient, where doctors will be able to access medical information. Specialists of the secondary and tertiary sectors can also start to enter the system.

The goal of the Ministry of Healthcare is to launch a fully-fledged e-Health program by 2020, reflecting the relationship between the hospital and the state and a register of medical cards for all Ukrainians⁴.

The e-Health system envisages the future and works with patients as follows: the creation of electronic medical cards; the recording for a doctor's consulting appointment; and the search for the availability of free medicines in medical institutions.

The prospects of e-Health work at full capacity are not yet definitively determined. The Ministry of Healthcare plans to use the initial primary link - family doctors, therapists and pediatricians – and incorporate specialized and highly specialized personnel later. As the Ministry of Healthcare assures, this system's capacity for full national coverage, in the near future, is seriously hindered by material and technical factors, as many medical institutions are still deficient in equipment and internet access.

The National Health Service is one of the key elements of medical reform, to manage funds and to make contracts with healthcare institutions. In particular, the main reform measures are defined in “The Program of Activities of the Cabinet of Ministers of Ukraine”. In the most general form they include:

- 1) change the concept of financing;
- 2) the formation of hospital districts;
- 3) the transformation of health facilities from budget institutions into communal non-profit enterprises;

4 See for details Ministry of Healthcare of Ukraine, 2017. Can e-Health rescue domestic medicine? [online]. Available at: <http://www.vz.kiev.ua/chy-vryatuye-vitchyznyanu-medytynnu-e-health/>

- 4) other changes related to the new principles of public procurement and the introduction of various anti-corruption measures.

Returning to the plan of the Ministry of Healthcare, one must distinguish the main attempts of this reform:

- introduce new financing model for healthcare - primary, specialized and highly specialized;
- develop legal framework for a new health financing system;
- establish the Department of National Health Service at the Ministry of Healthcare, which is to be given the status of the only national authority to order health services;
- introduce a single national electronic system for medical information exchange;
- establish a system of hospital districts; and
- introduce autonomous principles for the functioning of public health institutions.

ProZorro and the Financing of Public Health Facilities for Inpatient Treatment

Although the reform of the healthcare system formally started in the beginning of 2018, serious transformations were introduced much earlier due to the reform of some other sectors. Though the purchase of medicines was handled exclusively by the Ministry of Healthcare, after the introduction of *ProZorro*'s⁵ public procurement system independent international organizations have been involved, depriving “*the unclean to the hand*” medical officials from organizing corruption schemes and theft from the state.

Significant changes have also been made to the financing of public health facilities for inpatient treatment. Starting in September 2016, budget funds were allocated to hospitals for each individual patient who received the service but not according to the number of bed-places available in them, as was done before. Such a mechanism, where the “*money goes straight after the patient*”, is planned to be actively improved upon the introduction of effective systems of medical insurance for the entire population of Ukraine. «Money goes after the patient» is the principle according to which the citizen of Ukraine chooses his family doctor and the National Health Service pays money, under

5 See for details Prozorro, 2019. [online]. Available at: <https://prozorro.gov.ua/>

the contract, for the institution where the doctor works permanently. People who live in the same city, but registered in some other place, may choose a doctor where it is comfortable for them. This can be provided both in a public institutions or private facility. The main thing is that this institution has an agreement with the National Health Service. The amount of funds allocated depends on the number of signed declarations. If the doctor has added patients, then (s)he simply will report this information and the funding is to increase for him/her. The patient may change his/her doctor for a limited number of times. The preliminary agreement is automatically cancelled. The role of family doctor is extremely important, family doctor salary depends upon his/her professional skills. This principle encourages physicians to develop themselves professionally and provide quality care to patients.

This paper outlines the steps already taken in the framework of medical reform:

- in accordance with the reduction of the number of full-time patients in the regions, the number of hospital bed-places is decreasing. A methodology for provision of hospital beds per 10 thousand people has been developed in Ukraine. Based on calculations, the total number of in-patient hospital beds, for provision of specialized (secondary) and highly specialized (tertiary) care of the region/city of Kyiv, is coordinated by the structural subdivision on health care of the region/ Kyiv city state administration and cannot exceed the standard of 60 beds per 10,000 population of the region/city of Kyiv. The Ministry of health of Ukraine indicated that, according to the World Health Organisation (WHO), the number of beds per 10 thousand people amounted to 52.8 in the EU, the highest figures are in Belarus and Russia - 110.5 and 81.8 respectively, the lowest ones are in Georgia and Sweden – 25.9. In Ukraine this figure amounts to 87.9 (WHO data, 2013).

The Resolution was adopted to replace the Cabinet of Ministers' Resolution No. 640, dated June 28, 1997, "On Approval of Standard Requirements for Inpatient Medical Care per 10 Thousand Population", according to which some regions did not bring the bed fund number to the approved standard (80). There are significant regional differences: from 106.5 hospital beds per 10 thousand people in Chernihiv region to 66.6 in Transcarpathian region (according to the data as of 01.01.2015)⁶. The active reformation of primary

6 See for details <https://www.unian.ua/health/country/1294298-likarnyanih-lijok-mae-butine-bilshe-60-na-10-tisyach-naselennya-moz.html>

care has started this year and it should be noted that its funding is planned to be increased from UAH 8.3 billion to 15.3. The vast majority of funds will be distributed according to the new methodology (based on the results of signing of declarations between doctors and patients) through the newly established National Health Service of Ukraine. 18 million of Ukraine people have already concluded contracts with therapists, family doctors and pediatricians. The number is expected to reach at least 20 million people by the end of the year. An estimate of UAH 2 billion will be used to complete this stage of the reform. Due to the increase in the conclusion of contracts with private doctors, there is an on-going process of reducing both patients and hospital beds.

- the costs for utilities in all hospitals from January 1, 2018 is assigned to local authorities.
- the formation of hospital districts started in the country;
- since April 2017 the state program “Available medicines” has begun;
- on April 25, 2017 the decision was made to introduce new standards of clinical protocols in Ukraine on the basis of international standards;
- since June 19, 2017 the first service of the digital healthcare system e-Health has been operating in the pilot mode - “registration of primary care institutions”; and
- since September 20, 2017 the e-Health system has been operating in test mode; the doctors of the primary link have been able to register within the system and register their patients’ declarations either.

The mechanism of “*money going after a patient*”, since the beginning of 2018, has been introduced into practice on the status of primary provision of medical services. After the Ministry of Healthcare announcement, of the so-called admission campaign, every citizen of Ukraine has to decide with the so-called family doctor, therapist or pediatrician for children and sign an agreement with him/her.

If for some reason (moving to another place, dissatisfaction with the quality of treatment) the patient does not wish to continue to receive medical services from the doctor, (s)he can sign a contract with another specialist. In this case, the preliminary agreement is automatically cancelled. Every citizen should not seek medical assistance solely at the place of registration or residence, any person can do it in any convenient place. It should also be noted that these services will be provided free of charge to people and state compensation to

doctors are determined on the basis of their contracts with patients. According to the estimations of the Ministry of Healthcare, for each patient the doctor receives annual wages of UAH 370 (without considering relevant age ratios), and from 2019 the fee will increase up to UAH 450. The doctor will be able to sign up a contract with up to 2000 patients. Provision of services to children or pensioners will cost more for the state - UAH 740 for each person. According to this approach, doctors in high demand with high professional responsibility and impeccable reputation will get a salary increase by 3 to 7 times - up to UAH 15-30 thousand monthly. Ideologists of the medical reform project consider it to be an incentive for nurses to work more efficiently. Money will be received not by doctors directly but by hospitals. Its distribution will be controlled by a chief doctor.

With regard to the specialized and highly specialized units of medical care, the transition onto new principles of working is planned from 2020 and the Ministry of Healthcare plans to finish with some relevant calculations. The patient will be able to enter into a medical agreement with a list of medical services and medications that are provided to him/her free of charge. A person can choose a health care facility without being bound to a place of registration or actual residence.

Along with the upcoming reform, the fee for medical assistance of the specialist is possible only in the direction of a family doctor, therapist or pediatrician. In case of an independent request for specialized assistance, the payment of such services are planned to be based on the patient him/herself and the doctor's fees are not to be paid.

The most controversial issue is the new order of financing medical services. The concept of such financing is detailed in the Decree of the Cabinet of Ministers of Ukraine "On Approval of the Concept of Health Care Financing Reform"⁷, which introduced three payment systems:

- 1) full state compensation;
- 2) partial state compensation (co-payment is made by citizens independently); and
- 3) full payment of certain types of medical services by the patient.

7 See for details Cabinet of Ministers of Ukraine, 2016. On Approval of the Concept of Health Care Financing Reform [online]. Available at: <https://www.kmu.gov.ua/npas/249626689>.

Concurrently, the state establishes a guaranteed package of medical care, the cost of which will be reimbursed by the state entirely or on the basis of a co-payment by patients, on the basis of the following principles:

Primary and emergency medical care services will be fully covered by state joint medical insurance;

the services of specialists and the examination by the direction of the doctor will be covered by the state joint medical insurance with a co-payment from the patient;

without referral to the doctor, the patient will pay the full cost;

inpatient care services and highly specialized services will be covered by state joint medical insurance with a co-payment; and

the prescribed amount of prescription drugs is covered by state joint medical insurance with a co-payment for the patient through the reimbursement⁸.

Consequently, the introduction of certain types of medical care that will be provided by state and municipal health care institutions, for which partial or full payment is provided in a certain way, does not meet the criterion of gratuity, established by the Constitution of Ukraine. It must be taken into account that certain paid medical services were provided for and before the medical reform was carried out. The list of such services is contained in the Decree of the Cabinet of Ministers of Ukraine “*On approval of the list of paid services provided in state and communal health care institutions and higher medical educational institutions*”⁹. After the introduction of amendments to this Resolution¹⁰, the list of payment services expanded due to laboratory, diagnostic and advisory services at the request of citizens, provided without a doctor; and medical care at home (diagnostic examination, procedures,

8 See for details Cabinet of Ministers of Ukraine, 2016. On Approval of the Concept of Health Care Reform Financing: Order of the Cabinet of Ministers of Ukraine [online]. Available at: <http://zakon2.rada.gov.ua/laws/show/1013-2016-%D1%80>

9 See for details Cabinet of Ministers of Ukraine, 1996. On approval of the list of paid services provided in state and communal health care institutions and higher medical educational institutions” [online]. Available at: <http://zakon5.rada.gov.ua/laws/show/1138-96-%D0%BF>

10 See for details Cabinet of Ministers of Ukraine, 2016. On Amendments to the Resolution of the Cabinet of Ministers of Ukraine dated September 17, 1996, No. 1138: Resolution of the Cabinet of Ministers of Ukraine dated September 22, 2016 No. 64. [online]. Available at: <http://zakon2.rada.gov.ua/laws/show/648-2016-%D0%BF/paran2#n2>

manipulations, counseling, care. As follows from the content of the Health Care Reform Financing Concept, the list of such services will be substantially expanded and a list of medical services that will require partial payment will appear. Such measures can only be regarded as a restriction of the right to free medical assistance, guaranteed by the Constitution of Ukraine ,in public and communal health care institutions.

From January 1, 2018, each patient was able to receive primary care at no cost to his/her family doctor of his choice.

- The patient can choose a family doctor and make a declaration with him/her and thus register in the eHealth electronic healthcare system. All medical information will be stored in the patient's electronic health card. This will allow the doctor to see the full picture and history of illnesses and not to lose information.
- One can sign with a family doctor at any time, even during the first visit, when needing medical help.
- Basic analyses will also be free at the family doctor's outpatient clinic.
- If the family doctor requires additional funds during treatment, one can file a complaint with the National Health Service and also replace the doctor.
- The list of medicines will be expanded, the cost of which will be reimbursed by the state under the prescription of a family doctor in full or in part under the "Available Medication" program. The National Health Service of Ukraine will pay for a clear set of diagnostic and therapeutic services, based on the principle "*money follows the patient*". The Ministry of Health of Ukraine is issuing two Cabinet of Ministers' Resolutions on the transformation of health care in 2019 for public discussion. From July 2019 onwards, it is expected that the National Health Service will pay for 54 diagnostic and therapeutic services by referral from a family doctor, therapist or pediatrician. It will be possible to undergo a free examination of common diseases of the internal organs, heart, lungs and the most common types of cancer in men and women. For patients, this means that there will be no need to bring syringes, gloves, cotton wool and X-ray film - NHSU will cover the cost of services provided within the program. "Free diagnostic" will be able to be provided both by communal and private diagnostic centers which will conclude a contract with the National Health

Service. The patient will choose which medical institution to apply to independently. It will be possible to obtain “Free diagnostic(s)”, free of charge, by referral from a family doctor, therapist or pediatrician. The referral for “Free diagnostic” is electronic and a doctor will be able to arrange it only through the electronic health system.

Starting from July 2019, in order to get an electronic referral for Free Diagnostic a patient will need to choose a doctor and sign a declaration if (s)he has not done so earlier.

Patients in Ukraine have the right to get a fair healthcare service which includes the possibility of receiving free diagnostic, after signing a contract with a doctor. Healthcare is considered by many scholars as a common good, as providing medical care to every person is important for society as a whole. In most European countries this has become a part of the traditional consensus on the importance of adhering to the principle of solidarity and universal access of the population to health care resources. Market forces are inherently based on the assumption that each medical service is a commodity that can be sold on the open market. According to the principle of solidarity, financial incomes of certain individuals should not depend on their health status in the previous period but on solvency and, in so doing, medical care should be provided regardless of solvency and on the basis of health care needs (Culver, A.J., 1993). Despite some differences between the separate definitions of the term “fairness”, with regard to health, in most cases it is understood as a guaranteed access to a specific set of medical services for all citizens, regardless of who will pay for these services (Deshko, L., 2018). This principle is laid down in the reform of the health care system of Ukraine. The state guarantees fairness with regard to receiving medical care, to provide a certain level and amount of medical care to every member of society. The importance of the state’s influence on health care is due, above all, to the fact that socially unprotected segments of the population may not always get adequate medical care.

What is going to be Changed for a Family Doctor from January 1, 2018?

- Transition period onto a new financing system - by 2020. During this period of time financing for patients who had been prescribed to a family doctor earlier would be maintained and then gradually reduced; the proportion of patients submitted medical declaration (agreement) would be increasingly raised.

- The average family doctor salary rate for registered person in 2018 - UAH 370.
- The primary aid physician would have a separate budget for patients analyzes.
- The annual tariff for an elderly person (≥ 65 years of age) as well as for a baby is twice the rate for a person of 25 years of age.
- The primary aid physician can act as an individual entrepreneur; licensing conditions are simplified. In this case the budget for patient support will go directly to his account.
- If the doctor works as a hired employee, (s)he arranges his/her salary with the management.

Individual doctor's profit of effective family practice with registered 2000 patients in the status of an individual entrepreneur is up to UAH 18 000, nurses - up to UAH 12 000. At the same time group practices have lower costs and higher revenues (Ustinov, O., 2017).

There is currently no separate program of treatment for and provision of insulin to patients with diabetes mellitus as well as treatment of rare congenital or acquired diseases - for the most part hereditary metabolic diseases that chronically progress, worsen quality of life and lead to its reduction or disability.

In 2018-2019 PMD facilities should do the following:

1. To conduct the procedure of autonomy, namely to change its status to "non-profitable utility company". Only in this case healthcare facility would be able to enter into an agreement with the National Healthcare Service after its foundation this summer and to receive funds for the provided healthcare services.
2. Supply medical institution completely with the required number of computers, join the unified e-Health system, register their institution, doctors, get all the necessary electronic signatures. This can be done urgently.
3. To review the material and technical support of the medical institution, bring it into concordance with the Technical Equipment Sheet.
4. Ensure the continual provision of medical services to patients on the primary link, regardless of holidays or weekends. The issue of

adequate and complete replacement of the physician who is on sick-leave should also be resolved.

5. To inform patients about the necessity of signing Declarations from April 2018 the with primary healthcare physicians. The doctor must be chosen independently, regardless of the place of registration or the actual place of residence of the patient.
6. Sign a contract with the National Healthcare Service after its foundation (approximately June-July 2018). Mandatory condition for this is the procedure for the anonymity of the PMD facility (Kypriyanova, O., 2018).

This year promises to be fruitful and rather difficult for primary health care institutions, since it will observe the implementation of medical reform in Ukraine.

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