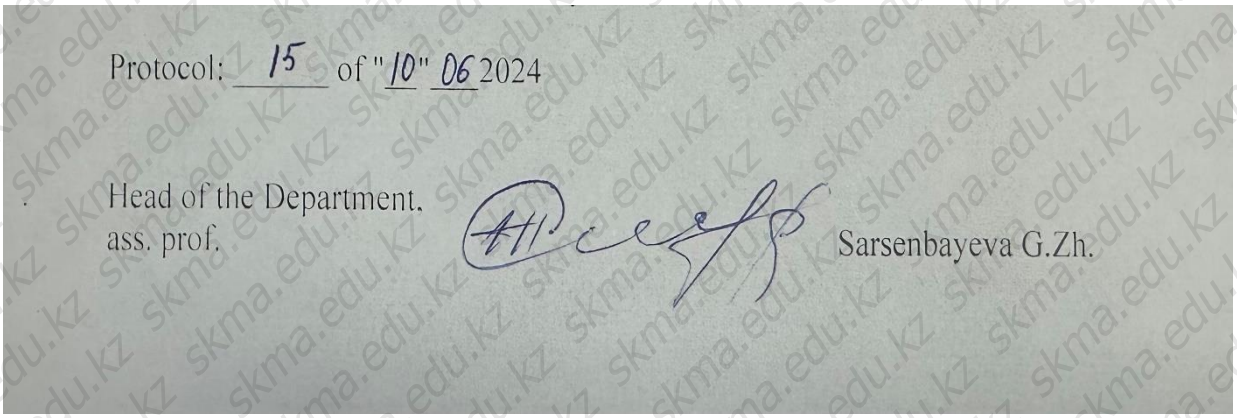
LECTURE COMPLEX

Name of the discipline: «CSHI and medical law»
Code of discipline: CSHIML 5301
Name and cipher of EP: 6B10101 «General medicine»
Number of academic study hours (credits): 150 hours (5 credits)
Course and semester of: 5 course, 9 semestr

Shymkent, 2024 y.

The lecture complex was developed in accordance with the working curriculum of the discipline (syllabus) "CSHI and medical law" and discussed at a meeting of the department


Protocol: 15 of "10" 06 2024

Head of the Department,
ass. prof. Sarsenbayeva G.Zh.

Lecture № 1

1. Topic: Types of MS. The Law of the Republic of Kazakhstan on compulsory medical insurance.

2. Purpose: Providing students with information about types of health insurance and CSHI laws.

3. Lecture theses. Compulsory medical insurance (CHI) is an integral part of the state social insurance and provides all citizens of the Republic of Kazakhstan with equal opportunities to receive medical and medicinal care provided at the expense of compulsory medical insurance in the amount and on the terms corresponding to compulsory medical insurance programs.

The compulsory health insurance system is supplemented by voluntary medical insurance (VMI). The package of "voluntary" services is much broader than the one covered by the compulsory medical Insurance. The rules of the VMI are developed by insurance companies, that is, the VMI is carried out on the basis of a contract, the procedure for concluding which and the general conditions are set by the insurance company independently, but within the provisions of the Law "On Insurance", while certain nuances of contracts may be different for different insurers.

Global challenges for the health system (the growth of non-communicable diseases, the resource intensity of the system due to the introduction of new technologies, an increase in the number of elderly population) will lead to an increase in health care costs.

The level of healthcare financing in Kazakhstan is extremely low – at the level of 3.5% of GDP, compared with its closest neighbors (more than 5% of GDP in the Russian Federation) and OECD countries (on average 8-9% of GDP). In addition, the principle of joint and several liability provided for by the Code on the Health of the People and the Healthcare System has not yet been implemented. In international practice, the introduction of compulsory health insurance meets the above challenges and ensures the financial stability of the system. With the introduction of the CSHI, total healthcare costs as a% of GDP will increase, which will help ensure a high level of quality and accessibility of medical services. Diversification of sources of financing and an increase in the volume of financing, in general, will make it possible to support the goals of achieving the standard of living of OECD countries with real actions.

Currently, there are 3 key systemic problems in the healthcare system:

1. Lack of solidarity of citizens and employers in health protection. At the same time, the burden of health protection lies only on the state. Citizens are characterized by a consumer attitude to healthcare, there is a weak commitment to a healthy lifestyle.
2. Financial instability of the system. The insufficiently effective structure of medical care provided, a high proportion of inpatient care costs. A high proportion of shadow payments of the population (37.4% of total healthcare costs, in the OECD – an average of 17%). There is a fragmentation of financial flows.
3. Inefficient system management. Low efficiency of medical organizations. Weak tariff policy and opaque allocation of funds. Low level of service quality and competence of the system.

The main systemic risks remain in the industry:

- the risk of increased consumption of services;
- the risk of rising health care costs;
- the risk of insufficiency of the state budget and the possibility of compensation;
- the risk of inefficiency – not achieving the final results.

The existing key problems and expected systemic risks require a radical revision of the model of the healthcare system.

The Law of the Republic of Kazakhstan "On compulsory social health insurance" was adopted on 16.11.2015. The last additions and changes were made on 06.05.2020.

Article 4. Principles of compulsory social health insurance

Compulsory social health insurance is based on the following principles:
1) compliance with and enforcement of the legislation of the Republic of Kazakhstan on compulsory social health insurance;
2) the obligation to pay deductions and (or) contributions;
3) joint responsibility of the state, employers and citizens;
4) availability and quality of medical care provided;
5) the use of the fund's assets exclusively for the provision of medical care in the system of compulsory social health insurance;
6) publicity of the fund's activities.

4. Illustrative material: slides

5. Literature: see appendix-1

6. Control questions (feedback):

1. What types of medical insurance do you know?
2. When was the law on MSHI adopted in the Republic of Kazakhstan?
3. Why is this law called social?
4. Do foreigners living in the territory of the Republic of Kazakhstan have the right to receive medical care in accordance with this law?
5. What are the basic principles of MSHI.

Lecture № 2

1. Topic: Goals, prerequisites for the implementation of the MHI. Global health models.

2. Purpose: To familiarize students with the world models of healthcare.

3. Lecture theses. World experience

There are 3 global models of healthcare in the world:
− state (Great Britain, Spain, Italy, Sweden),
− public insurance (Germany, France, Belgium),
− private insurance (USA).

Most countries combine them rather than focus on one. The general trend is the convergence of "budget" and "insurance" models: budget adopt insurance principles of allocation of funds. Insurance companies adopt the budgetary principles of collecting and accumulating funds.

There is also a tendency to increase the role of the state in insurance systems.

Based on the analysis of the current situation and positive international experience, in the implementation of Article 29 of the Constitution of the Republic of Kazakhstan, the 80th step of the Institutional reforms of the Head of State, a mixed system of healthcare financing has been introduced in Kazakhstan since 2020.

The objectives of the implementation of the CSHI are:
- achieving social solidarity by strengthening one's own health and sharing the burden of public health protection;
- ensuring the financial stability of the system by ensuring the system's resilience to external factors and cost increases and ensuring the transparency and fairness of the system;
- improving the efficiency of the system through achieving the final results of accessibility, completeness and quality of services and ensuring high competence and competitiveness of the system.

The basic principles of CSHI systems are: universality, social justice and solidarity.

With the introduction of the CSHI in the Republic of Kazakhstan, the functions and roles of the Ministry and the FÇMIF were divided. The fundamental regulatory documents are defined by the Ministry, the FÇMIF accumulates and purchases medical services.

The State reserves the right to provide a guaranteed volume of free medical care (hereinafter referred to as GAFMÇ): medical care for socially significant diseases, emergencies, emergency medical care, air ambulance and vaccination.

4. Illustrative material: slides
5. Literature: see appendix-1
6. Control questions (feedback):
1. In which document are the prerequisites for the CSHI specified?
2. What is the purpose of the CSHI?
3. Name the models of healthcare in the world.
4. What are the advantages and disadvantages of the public health model?
5. What are the advantages and disadvantages of the public health model?
6. What are the advantages and disadvantages of an individual healthcare model?

Lecture №3
1. Topic: Sources of financing in the conditions of compulsory medical insurance.
SMI Foundation.
2. Purpose: Providing students with information about the financing of compulsory medical insurance.
3. Lecture theses. Article 14. Payers
The payers of contributions are:
1) the state;
2) employees, including state and civil servants, with the exception of military personnel, law enforcement officers, special state bodies;
3) individual entrepreneurs;
4) persons engaged in private practice;
5) employers.
Article 26. State contributions to compulsory social health insurance
1. State contributions to compulsory social health insurance are paid monthly during the first five working days of the current month in the manner determined by the budget legislation of the Republic of Kazakhstan for the following persons:
1) children;
2) persons registered as unemployed;
3) unemployed pregnant women;
4) a non-working person (one of the child's legal representatives) raising a child (children) until he (they) reach the age of three years, with the exception of persons provided for in subparagraph 5) of this paragraph;
5) persons who are on leave due to pregnancy and childbirth, adoption of a newborn child (children), taking care of a child (children) until they (they) reach the age of three years;
6) non-working persons caring for a disabled child;
7) recipients of pension payments, including veterans of the Great Patriotic War;
8) persons serving sentences under a court sentence in institutions of the penal enforcement (penitentiary) system (with the exception of minimum security institutions);
9) persons held in pre-trial detention facilities;
10) non-working oralmans;
11) mothers with many children, awarded with the pendants "Altyn Alka", "Kumis alka" or previously received the title "Mother Heroine", as well as awarded with the orders of "Maternal Glory" of the I and II degrees;
12) disabled people;
13) persons studying full-time in organizations of secondary, technical and vocational, post-secondary, higher education, as well as postgraduate education;
14) unemployed recipients of state targeted social assistance.
Non-working persons are understood to be persons who do not carry out entrepreneurial or labor activities and do not have income.

2. State contributions to compulsory social health insurance payable to the fund shall be established in the amount of:
from January 1, 2020 - 1.4 percent of the object of calculation of state contributions;
from January 1, 2021 - 1.6 percent of the object of calculation of state contributions;
from January 1, 2022 - 1.7 percent of the object of calculation of state contributions;
from January 1, 2023 - 1.8 percent of the object of calculation of state contributions;
from January 1, 2024 - 1.9 percent of the object of calculation of state contributions;
from January 1, 2025 - 2 percent of the object of calculation of state contributions;
from January 1, 2026 - not less than 2, but not more than 3 percent of the object of calculation of state contributions. At the same time, the amount of state contributions is set annually for the corresponding financial year by the law on the republican budget.
3. The object of calculation of state contributions is the average monthly salary preceding two years of the current financial year, determined by the authorized body in the field of state statistics.
Article 27. Deductions for compulsory social health insurance
1. Employers' contributions payable to the fund shall be established in the amount of:
from July 1, 2017 - 1 percent of the object of calculation of deductions;
from January 1, 2018 - 1.5 percent of the object of calculation of deductions;
from January 1, 2020 - 2 percent of the object of calculation of deductions;
from January 1, 2022 - 3 percent of the object of calculation of deductions.
2. The object of calculation of deductions is the employer's expenses paid to an employee, including a state and civil servant, in the form of income.
3. Employers are exempt from paying deductions for:
1) the persons specified in the sub-paragraphs 1), 5), 7), 11), 12) and 13) paragraph 1 of Article 26 of this Law;
2) military personnel;
3) employees of special state bodies;
4) law enforcement officers.
Article 28. Contributions to compulsory social health insurance
1. Contributions of employees, including state and civil servants, as well as individuals receiving income under civil law contracts payable to the fund, shall be established in the amount of:
from January 1, 2020 - 1 percent of the object of calculation of contributions;
from January 1, 2021 - 2 percent of the object of calculation of contributions.

4. Illustrative material: slides

5. Literature: see appendix-1

6. Control questions (feedback):

1. Who transfers money to the fund in the case of MSHI?
2. Who is exempt from contributions?
3. Who manages the fund?
4. Who invests the Fund's assets?

Lecture № 4

1. Topic: SMI service package. Features of the purchase of services within the framework of the MI.

2. Purpose: Explain to students the specifics of the procurement of medical services and services provided in the conditions of compulsory medical insurance.

3. Lecture theses. The package of medical services is the main component of the CSHI.

World experience shows that each country forms packages of services based on the capabilities and characteristics of its countries.

In Germany, there is a single and wide package due to CSHI. At the same time, there is an alternative package

of private insurance, to which persons with an income of more than 49.5 thousand euros per year are entitled (this is 11% of the country's population). Lithuania, Poland, Hungary and Moldova also have a broad single package for all insured MSHI. VMI plays a minimal role in these countries.

In the Netherlands, there are two packages within the framework of the CSHI: a standard package for the entire population and an additional package for the elderly in cases of chronic diseases, care, etc.

Russia has adopted a state-guaranteed package for all citizens and a basic package within the framework of compulsory health insurance for insured citizens.

In Kazakhstan, based on the norms of the Constitution, the following are defined: a package for the GAFMÇ for the entire population and an CSHI package for the insured.

In many countries of the world, service packages include socially significant diseases (SPD). At the same time, in some countries, SPZS are allocated a separate list. In Germany and France, there is no data on the existence of a separate list of SPZS. There is no separate list in Lithuania, but they are included in the MSHI package, the list of dangerous diseases to be infected by others (OOZ), patients with which automatically become insured by MSHI, 14 nosologies are included there.

In Russia, the SPZ list includes 9 diseases and a separate list of especially dangerous 15 diseases. There is no list of SPZ in Belarus, there is a list of dangerous infectious diseases from 6 nosologies. In our country, there are both lists: SPZ – 12 diseases and OOZ – 15 diseases. Within the framework of MSHI, it is planned to gradually include socially significant diseases in the MSHI package. Currently, all these diseases are included in the list of GAFMÇ.

The new system for the purchase of medical services will function as follows:

The selection of suppliers and the purchase of medical services will be carried out according to a two-stage model according to the Uniform Rules of Contracting approved by the Ministry of Health and Social Development of the Republic of Kazakhstan;

 The FÇMIF acts as a strategic buyer of services, both within the framework of the CSHI and under the GAFMÇ;

the scheme will be built on the basis of an integrated e-health system and information systems of all medical organizations - the modernization of systems has already begun;

-medical organizations that do not have their own information systems and the possibility of creating them will receive access keys to the e-health system to work in it through their personal account;

-thus, the entire process, with the exception of the negotiation part, will be automated;

the information in the unified register of suppliers will also be automatically updated, including when updating the database on positive and negative ratings of suppliers – such ratings will be formed by the FÇMIF based on the results of the assessment of the quality of services rendered;

-providers of unique medical services (highly specialized, high-tech) can be attracted outside the scheme in a way from a single source.

In order to implement uniform rules for the purchase and payment of services, as well as quality control, all types of medical care previously funded from the local budget will be transferred to the CSHI Fund. In this regard, it is necessary to amend the Budget Code in terms of inter-budgetary relations (exemptions and subventions).

The expenses of the republican budget in 2020 will amount to 2.25 billion tenge (for treatment abroad, promotion of healthy lifestyle, medical care with the use of innovative technologies). Targeted current transfers to the regions will amount to 14.4 billion tenge (purchase of vaccines, prevention of healthy lifestyle). The local budget retains financing of other services and activities in the total amount of 22.7 billion tenge (children's homes, special medical supplies, medical colleges, etc.).

The CSHI Fund will finance medical services in the amount of 502.2 billion tenge, including under the OSHI package as a strategic buyer in the amount of 359.8 billion tenge (APP, ALO and SMP).

The funds of the GAFMÇ will be financed through the FÇMIF as a financial operator in the amount of 142.4 billion tenge:

APP and ALO (not eligible for medical care in the CSHI) – 10.9 billion tenge.
Emergency inpatient care (those who are not eligible for medical care in the CSHI) – 6.6 billion tenge.
Emergency inpatient care (observation up to 24 hours, short–term stay in the emergency departments of hospitals (up to 3 hours) in pilot regions) – 1.9 billion tenge.
ALO SPZ – 24.5 billion tenge.
5. Oncology – 21.8 billion tenge. (outpatient medication, expensive medicines - 7.7 billion tenge, medical care - 19.7
6. Medical care at the SPZ – 47 billion tenge.
7. Emergency medical care and air ambulance – 22.9 billion tenge.
8. Other services – 8.1 billion tenge (production of blood, its components and preparations – 7.3 billion tenge, services of pathology bureaus – 0.8 billion tenge.
9. Reimbursement of lease payments – 0.6 billion tenge.

4. Illustrative material: slides

5. Literature: see appendix-1

6. Control questions (feedback):

1. How many types of medical packages in the Republic of Kazakhstan?
2. How are medical services provided abroad?
3. What kind of assistance is included in the SBP?
4. What types of medical care are provided to insured citizens in the country?
5. What are the features of buying medical services?
6. Which institution is preferable when purchasing medical services?

Lecture № 5

1. Topic: A new payment option for medical services. Incentive payments to medical workers with Covid-19

2. Purpose: To familiarize students with the new payment option for medical workers in the conditions of compulsory medical insurance and with Covit-19.

3. Lecture theses. In connection with the introduction of CSHI, the payment scheme for medical services has been changed.

Currently, in the Republic of Kazakhstan, contract medical organizations provide information on treated cases in hospitals daily in an automated mode in a format established by the authorized body, in a COMA. The branches of WHICH selectively check the volume and quality of services, accept or do not accept payment. Further, the branches provide the need for funds to the Ministry of Health of the Russian Federation. TO WHOM the Ministry of Health directs funds to branches for further transfer to the settlement accounts of medical organizations.

At the same time, such a system has its drawbacks:

WHO is paid only for inpatient care;

poor-quality assessment of treated cases;

low transparency in decision-making and the inability to assess the effectiveness of the use of funds;

high level of corruption;

the problem of redistribution of funds;

high level of administrative expenses.

Having studied the positive international experience in the new system, it is assumed:

All types of medical care provided will be financed through the Fund:

− GAFMÇ - all types of medical care (Fund as operator)

− OCMC - all types of medical care (Fund as buyer)

Contract medical organizations will provide information daily in an automated mode, which will be available both to the Fund's branches and to the Fund itself. This will make it possible to conduct daily monitoring and random verification of services provided to the population throughout the country.

The total need will be provided to the Fund by the 25th of each month.

The head office of the Fund, taking into account the data of branches and the conclusions of the relevant structural divisions of the Fund, transfers funds centrally to the settlement accounts of medical organizations (similar to what is now under the GTSVP)

The tariff policy for the purchase of medical services will also undergo changes:

Tariffs, which are currently calculated for state medical organizations and do not provide for reimbursement of investments, will be revised and reflect the real cost structure, including capital expenditures and depreciation charges, maintenance of medical and IT technologies, the cost of financial services and other expenses:

- this will create opportunities for the development of medical organizations, will allow you to move from the practice of strict volume control to an operational monitoring system;
- will stimulate the involvement of private medical organizations in the provision of services within the framework of GOMBP and CSHI, will increase the interest of private capital in entering the healthcare market, including PPP;
- will concentrate medical organizations on prevention and expansion of inpatient replacement care.

Payment methods for medical services will be improved:

1) primary health care – through the per capita standard;
2) consulting and diagnostic services – through tariffs by type of services;
3) ambulance – by the number of calls;
4) emergency room (when the patient is delivered by ambulance);

− a single average tariff for extended consultations;

− 67% of CPG when the patient is in the emergency room for no more than 24 hours;

5) inpatient replacement care – 25% of CPG in hospital, 17% of CPG in home care;
6) inpatient care – 100% CPG for each treated case.

4. Illustrative material: slides

5. Literature: see appendix-1

6. Control questions (feedback):

1. What is taken into account when calculating payment rates for outpatient treatment?
2. What is included in primary health care?
3. Name the types of consulting and diagnostic services.
4. How much does the incentive component cost and why is it paid for?
5. How are the rates for inpatient and outpatient care calculated?

Lecture № 6

1. Topic: Drug provision within the framework of compulsory medical insurance.
Assessment of the quality of medical services.

2. Purpose: To familiarize students with the work of the commission for the assessment of the quality of medical services and the policy of drug provision in the Republic of Kazakhstan within the framework of the CSHI and GAFMÇ.

3. Lecture theses. The Kazakhstan National Medicinal Formulary is a list of medicines with proven clinical safety and efficacy, as well as orphan (rare) medicines, which is an obligatory basis for the development of medicinal formularies of medical organizations and the formation of lists for the purchase of medicines within the guaranteed volume of free medical care and in the system of compulsory social health insurance;

A single distributor is a legal entity that carries out activities within the guaranteed volume of free medical care and in the system of compulsory social health insurance in accordance with Article 77 of the Code;

3. Provision of medicines within the framework of GAFMÇ and CSHI is carried out by medical organizations:

1) when providing outpatient polyclinic care - in accordance with the List of medicines and medical devices for free and (or) preferential outpatient care for certain categories of citizens with certain diseases (conditions) (hereinafter – the List) approved by the authorized body in accordance with subparagraph 2) paragraph 1) of Article 88 of the Code.

2) when providing emergency, inpatient and inpatient replacement care – in accordance with the medical formularies of healthcare organizations.

4. Organization of provision of medicines to citizens includes:

1) determination of the need for medicines;

2) purchase of medicines, purchase of accounting and sales services, pharmaceutical services, distribution (redistribution);

3) ensuring accessibility in medicines;

4) rational use (prescription) of medicines, storage, accounting for the provision of emergency, inpatient, inpatient replacement care and outpatient polyclinic care within the framework of GAFMÇ and CSHI.

Chapter 2. Determination of the need for medicines

5. The general need for medicines is formed:

1) in the provision of emergency, inpatient and inpatient replacement care within the framework of GAFMÇ and CSHI on the basis of medical forms of healthcare organizations.

To make a purchase according to the list of a single distributor, applications are submitted to a single distributor for medicines formed in the information system, on paper and (or) in the form of an electronic document signed with the customer's electronic digital signature in accordance with the Decree of the Government of the Republic of Kazakhstan dated October 30, 2009 No. 1729 "On approval of the Rules for organizing and conducting the purchase of medicines means, preventive (immunobiological, diagnostic, disinfecting) preparations, medical devices and medical equipment, pharmaceutical services for the provision of a guaranteed volume of free medical care and medical care in the system of compulsory social health insurance";

2) when providing outpatient care.

Medical organizations of regions, cities of republican significance and the capital that provide outpatient

polyclinic care within the framework of GAFMÇ and CSHI, regardless of the forms of ownership, before April 1 of the year preceding the planned year, an application for a three-year period for medicines is formed in the context of nosologies, names and quantity of medicines, number of patients.

By medical organizations, the application is entered into the information system "Unified Pharmaceutical Information System" (hereinafter referred to as IS EFIS) on the basis of data from the information system "Electronic Register of Dispensary Patients" (hereinafter referred to as IS ERDB). The data is signed with the electronic digital signature of the first head.

The application is sent for approval to the branch of the Fund in the form of an electronic document signed with the electronic digital signature of the first head.

The application is approved and signed by the branch of the Foundation with the electronic digital signature of the first head.

A single distributor, by April 15 of the year preceding the planned year, forms a consolidated application for the republic and sends it to the authorized body in the field of healthcare for submission to the budget commission in the context of regions, nosologies, names and quantities of medicines, the number of patients.

The calculation of the need for medicines is carried out:

1) based on the data of the dynamics of morbidity and the epidemiological situation in the region, as well as statistical data on the projected number of patients;

2) according to the treatment regimens based on clinical protocols indicating the dose (single, daily, course), the frequency of admission per day and the duration of admission (number of days);

taking into account the names and forms of release of medicines in the electronic register of dispensary patients;

3) taking into account the actual consumption of medicines for the previous year;

4) in accordance with the List for provision at the outpatient level.

Managers, specialists of organizations providing outpatient polyclinic care, specialized specialists in the established diagnosis of medical organizations, regardless of ownership forms, are responsible for the completeness and reliability of the data of the IS ERDB.

4. Illustrative material: slides

5. Literature: see appendix-1

6. Control questions (feedback):

1. What are the tasks of the KNLF?
2. How to ensure the availability of medicines, medical devices and medical equipment?
3. What measures are planned to ensure the quality and safety of medicines, medical devices and medical equipment?
4. What needs to be done for the rational use of medicines, medical devices and medical equipment?

Lecture № 7

1. Topic: The concept and system of medical law. The method of legal regulation of relations in the field of medical activity.

2. Purpose: To familiarize students with the methods of medical law and the improvement of legal regulation .

3. Lecture thesis: Taking into account the growing social and economic importance of medicine, the continuing number of medical errors and other violations of the requirements of medical ethics and deontology, up to crimes, the high responsibility of doctors and other representatives of the medical profession to people and society as a whole, it was deemed necessary to develop a special section of law – medical law. Such a proposal was considered in 1977 at the IV International Medical and Legal Conference in Prague. Today, medical law is a branch of law recognized along with other branches, such as criminal, civil, labor, family, etc. The problem of legal regulation of medical activity and protection of the rights and legitimate interests of citizens of Kazakhstan in the field of health protection is of exceptional importance. The main reasons for this are the imperfection of the medical legislative framework, the lack of real legal mechaniCSHI to ensure health protection, the legal nihilism of medical personnel and legal illiteracy of the population, social and legal insecurity of both the patient and the

medical worker.

Among the main directions of qualitative improvement of the situation in the domestic healthcare, along with others, should be mentioned:

− improvement of the regulatory framework of the sphere of health protection (legislative level);
− recognition of medical law as an independent branch of law (scientific and theoretical level).

The improvement of legal regulation is impossible without the development of a number of theoretical problems. This concerns, first of all, the justification of the subject and the choice of methods of legal regulation, the establishment of the correlation and interaction of various legal acts, the resolution of issues of legal responsibility in the field of public health. The transition to paid medical and preventive, sanitary and pharmaceutical services will inevitably lead to the creation of a new economic mechanism of healthcare. Its basis is economic and legal

categories based on the calculation of the cost of medical services and procedures, contractual relations between the parties, legal (including property) liability for negative results of treatment (its adverse outcomes), as well as for damage caused to the health of insured patients by improper treatment.

In the conditions of insurance medicine, property liability is assigned to medical institutions and medical workers, especially in cases where the patient's health is harmed as a result of their activities. Examination of criminal case materials by expert commissions in connection with unfavorable treatment outcomes

they showed that in 27.9% of cases they were caused by medical errors, in 8.5% by the absence of improper conditions for medical activity and in 7.4% due to the dishonesty of employees of medical institutions. In accordance with Article 29 of the Constitution of the Republic of Kazakhstan, human and civil rights and freedoms determine the meaning, content and application of laws, the activities of legislative and executive authorities, local self-government and are provided with justice.

What human and civil rights and freedoms are realized or affected in the course of medical activity? By what methods can these rights and freedoms be effectively implemented or protected?

The right to life, the right to health and its protection, the right to personal inviolability of private life, and personal secrecy enshrined in the Constitution of the Republic of Kazakhstan and other legal acts are directly related to the field of medicine. Since the preservation and improvement of health is the first vital need of a person, its

satisfaction in all non-prohibited ways relates primarily to the sphere of private life of citizens. There is also a public interest in ensuring public health, which is embodied in the state prevention of diseases, the provision of medical care to persons in a helpless state and individual

categories of citizens (military personnel, children, etc.), providing assistance within the established minimum standard, within the framework of state or other programs at the expense of the state. Such relations include elements of private legal regulation, manifested in the right of citizens to consent and refuse medical intervention, to choose the attending physician, to participate in the choice of a method of treatment. There is a third type of relationship. These rights and freedoms of a person and a citizen may be restricted by the Laws of the Republic of Kazakhstan to the extent necessary in order to protect the foundations of the constitutional system, morality, health, rights and legitimate interests of other persons, to ensure the defense of the country and the security of the state. The implementation of this norm allows for compulsory treatment, medical

examination (diagnostics), compulsory preventive measures, etc. As an example, we can point to the measures provided for in the Law "On preventing the spread of the disease caused by the human immunodeficiency virus (HIV infection) in the Republic of Kazakhstan", the Law "On Psychiatric care and guarantees of citizens' rights in its provision". All these medical relations lie in the sphere of public (administrative) law. Their participants are competent authorized bodies and institutions, citizens are obliged to carry out the measures prescribed by law, they are provided with special guarantees of rights and freedoms.

There are three approaches to the legal regulation of medical relations: on the basis of administrative-legal, civil-legal methods and mixed – socio-legal. However, this circumstance should not prevent the creation of a Health Code. The current codes contain norms of various branches of law. Even in such a "pure-blooded" code as the Civil One, there are norms of administrative, civil procedural law. The Health Code should consolidate the specified variety of methods of legal regulation, establish regulatory principles (permits and prohibitions), the limits of their action.

At the moment, the administrative and legal method of legal regulation in the field of healthcare continues to play a very important role, since many relations here are regulated by administrative acts: regulations, instructions, rules, etc. Such acts define the official rights and duties of health care workers, the "technology" of treatment, sanitary and preventive activities, medical rehabilitation, offenses in the field of health protection.

4. Illustrative material: slides

5. Literature: see appendix-1

6. Control questions (feedback):

1. What does medical law study?
2. What methods of medical law do you know?
3. How can legal regulation in medicine be improved?

Lecture № 8

1. Topic: Legal basis of medical examination

2. Purpose: To provide students with information about the types and legal bases of medical examination.

3. Lecture thesis: Types of expertise in the field of healthcare

Expertise in the field of healthcare

1. Expertise in the field of healthcare is an integral part of ensuring the protection of citizens' health.
2. The following types of examinations in the field of healthcare are carried out in the Republic of Kazakhstan:

1) examination of the quality of medical services;
2) examination of temporary disability;
3) military medical examination;
4) forensic medical, forensic psychiatric and forensic narcological examinations;
5) sanitary and epidemiological expertise;
6) examination of medicines and medical devices;
7) scientific and medical expertise;
8) examination of the connection of the disease with the employee's performance of labor (official) duties;
9) health technology assessment.

3. The examination in the field of healthcare, with the exception of the examination of medicines and medical devices during state registration, re-registration and amendments to the registration dossier, is carried out by individuals and legal entities on the basis of the appropriate license and (or) legal entities - on the basis of the certificate of accreditation.

Examination of temporary disability

1. The examination of temporary disability is carried out for the purpose of official recognition of the disability of an individual and his temporary release from performing work duties for the period of illness.
2. The procedure for the examination of temporary disability, as well as the issuance of a sheet and certificate of temporary disability shall be established by the authorized body.

Military medical examination

1. A military medical examination is carried out to establish the fitness for health reasons for military service in the Armed Forces, other troops and military formations of the Republic of Kazakhstan or for service in special state bodies, internal affairs bodies, the penal enforcement system, the fire service, the anti-corruption service, the prosecutor's office, the economic investigation service of state revenue bodies (hereinafter - military service or service in special state bodies, law enforcement agencies), as well as determining the causal relationship of diseases, injuries (wounds, injuries, contusions) (hereinafter - injuries) and death of citizens in connection with the passage (performance of duties) of their military service or service in special state and law enforcement agencies and military training.
2. Military medical examination is carried out:

1) during medical examination:

citizens assigned to conscription sites, conscripted for military service or military training and entering military (special) educational institutions, republican military boarding schools (lyceums);

citizens entering military service or service in special state and law enforcement agencies, including under

contract;
military personnel undergoing military service on conscription or under contract;
employees of special state bodies;
cadets of military (special) educational institutions, educational institutions of special state bodies, cadets and pupils;
military personnel, employees of special state bodies selected for service and serving with radioactive substances, ionizing radiation sources, rocket fuel components, sources of electromagnetic fields;
aviation personnel of the state aviation;
citizens who are in reserve, when conscripted for military training, fees of special state bodies or military service, service in special state bodies or for accounting purposes;
2) when carrying out the psychophysiological selection of citizens entering the service of special state and law enforcement agencies;
3) when determining the causal relationship of injuries, diseases in military personnel, employees of special state bodies or citizens who have served in military service or service in special state and law enforcement agencies;
4) when determining the category of fitness of citizens for military service or service in special state and law enforcement agencies for health reasons at the time of their dismissal from military service or service in special state and law enforcement agencies;
5) when determining the causal relationship of the death of military personnel, conscripts, employees during military service or service in special state and law enforcement agencies or after dismissal from military service or service in special state bodies, law enforcement agencies due to injury, illness received during military service (military training) or service (training) in special state and law enforcement agencies.
3. Bodies of military medical examination conduct military medical examination in the Armed Forces, other troops and military formations of the Republic of Kazakhstan, special state bodies and internal affairs bodies.
For special state bodies, the military medical examination is carried out by the military medical examination bodies of the national security bodies and the State Security Service of the Republic of Kazakhstan.
4. The requirements for compliance with the state of health for service in the Armed Forces, other troops and military formations of the Republic of Kazakhstan, special state bodies, internal affairs bodies and state aviation are approved by the central executive bodies in the field of defense, internal affairs, national security bodies and the State Security Service of the Republic of Kazakhstan in coordination with the authorized body.
Forensic medical, forensic psychiatric and forensic narcological examinations
1. The procedural procedure for the appointment and production of forensic medical, forensic psychiatric and forensic narcological examinations is established by the Criminal Procedure Code of the Republic of Kazakhstan, the Civil Procedure Code of the Republic of Kazakhstan, the Code of the Republic of Kazakhstan on Administrative Offenses.
2. The procedure for organizing these types of forensic examinations and conducting forensic expert studies is established by the legislation of the Republic of Kazakhstan on forensic expert activity.
4. Illustrative material: slides
5. Literature: see appendix-1
6. Control questions (feedback):
1. What medical examinations do you know?
2. What is the procedure for the examination of temporary disability?
3. What is the purpose of the military medical examination?
4. What legal documents determine the procedure for conducting forensic medical, forensic psychiatric and forensic narcological examinations?

Lecture № 9
1. Topic: Legislation of the Republic of Kazakhstan on health care and medicine.
Citizens' rights in the field of health protection.
2. Purpose: To familiarize students with the regulatory framework and regulations in the field of healthcare.

3. Lecture theses. The structure of legislation on healthcare as a comprehensive education includes the Constitution of the Republic of Kazakhstan and a number of regulatory legal acts specifying its provisions. Article 29 of the Constitution of the Republic of Kazakhstan defines as one of the main tasks of the Kazakh state the task of protecting people's health, creating conditions that ensure a decent life and free human development,

and enshrines the rights of citizens of Kazakhstan to life and health.

This obligation of the state to protect the health of the population is specified in a whole set of normative acts, among which the following should be highlighted (in terms of their significance)::

- The Code "On the health of the people and the health care system".
- The Law "On prevention of the spread of tuberculosis in the Republic of Kazakhstan";
- The Law "On immunoprophylaxis of infectious diseases";
- The Law "On Narcotic Drugs and Psychotropic Substances";
- The Law "On Radiation Safety of the population";
- The Law "On prevention of the spread of the disease caused by the human immunodeficiency virus (HIV infection) in the Republic of Kazakhstan";

The Government of the Republic of Kazakhstan, within its powers, develops, approves and finances State programs for the development of healthcare, coordinates the activities of public administration bodies, enterprises, institutions and organizations, regardless of ownership forms, in the field of public health protection.

The Government of the Republic of Kazakhstan also adopts relevant resolutions. For example, the Decree of the Government of the Republic of Kazakhstan "On the procedure for recognizing citizens as disabled", the Decree of the Government of the Republic of Kazakhstan "On approval of the regulations on licensing of medical activities".

However, if the professional activity of a healthcare worker affects the rights of citizens, the relevant relations should be regulated exclusively by law.

The right to choose a doctor. The patient has the right to choose a doctor independently, he can seek help from any doctor, and the head of the medical institution is obliged to appoint him as your attending physician. If the doctor does not suit the patient for any reason, he has the right to express distrust and demand the convocation of a medical council that will collectively assess his condition. And if the patient requires his attending physician to find a replacement for him, then he must find this replacement. The choice of the place of treatment is also really important. The main criterion for choosing: future doctors should systematically work with diseases of this type. In many countries, doctors not only receive a specialist certificate, as in our country, but also pass difficult exams for a medical association certificate. We do not have such certification. But the patient can find out how great and successful the practice of specialists is in the hospital where he prefers to be treated.

The right to information. The patient has the right to receive comprehensive information about literally everything concerning the upcoming treatment. A person can dispose of himself only if he has enough information to make the right decision. Therefore, the law obliges the doctor to provide the patient with all the necessary information. Not all doctors do this in good faith. Many doctors believe that they have the right and duty to spare the patient and not to inform him of unpleasant, severe, traumatic information about the disease (for example, about the diagnosis of a cancer in which there is no effective treatment). In cases of an unfavorable prognosis of the development of the disease, information should be communicated in a delicate form to the patient and his family members, unless the patient has forbidden them to inform them about it and (or) has not appointed a person to whom such information should be transmitted. Many people agree with the opinion of doctors and do not want to know everything about their illness. According to opinion polls, the number of patients who are not interested in receiving information on these topics reaches 60%. This is their right, and the law obliges the doctor not to tell such patients information that they do not want to receive. The legislator justifiably shifts the emphasis on the patient's right to know (or not to know!) about the true nature and prognosis of the disease, and not on the duty of the doctor to give such information on his own initiative, and even more so without careful psychological preparation of the patient. The doctor's conclusion about the necessity and the expected scope of the operation should be accessible to the understanding of the patient and his relatives. The scope, nature and form of the explanation given depend on the psychoemotional state of the patient, the

level of his intelligence, the severity of the disease. The law recognizes the patient's right to receive any information not only about his health, but also about everything that can affect health. We have the right to know everything about the clinic or doctor we have chosen, their working hours and the services they provide. Providing incomplete information is a deception, since it forces the patient to make the decision to which the doctor pushes him with his selective information. Information about the methods of diagnosis and treatment, the corresponding contraindications to them should be provided in an accessible form before the start of medical services.

4. Illustrative material: slides

5. Literature: see appendix-1

6. Control questions (feedback):

1. What document is the activity of the healthcare system based on?
2. What is the purpose of medical standards?
3. What legal documents do you know in the field of healthcare?

Lecture № 10

1. Topic: Legal bases of medical prevention. Covid-19 preventive measures.

2. Purpose: Improving students' knowledge about the legal aspects of disease prevention.

3. Lecture thesis: Sanitary and epidemiological well-being of the population is the state of health of the population, the human habitat, in which there is no harmful effect of environmental factors on a person and favorable conditions for his life are provided. To date, the implementation of anti-epidemic and sanitary measures is regulated by the Health Code, as well as other laws and regulations of the Republic of Kazakhstan.

The legal basis of the state policy in the field of immunoprophylaxis of infectious diseases is established by the Law "On Immunoprophylaxis of infectious Diseases".

This law reveals the basic concepts in the field of immunoprophylaxis:

− immunoprophylaxis of infectious diseases – a system of measures carried out to prevent, limit the spread and eliminate infectious diseases through preventive vaccinations;
− the national calendar of preventive vaccinations is a regulatory legal act that establishes the terms and procedure for carrying out preventive vaccinations to citizens;
− post–vaccination complications caused by preventive vaccinations included in the national calendar of preventive vaccinations and preventive vaccinations for epidemic indications, - severe and (or) persistent health disorders due to preventive vaccinations;
− certificate of preventive vaccinations – a document in which preventive vaccinations of a citizen are registered.

The State policy in the field of immunoprophylaxis is aimed at preventing, limiting the spread and eliminating infectious diseases.

In the field of immunoprophylaxis, the State guarantees:

− availability of preventive vaccinations for citizens;
− free preventive vaccinations included in the national calendar of preventive vaccinations and preventive vaccinations for epidemic indications in organizations of the state health system;
− social protection of citizens in the event of post-vaccination complications;
− state control of the quality, effectiveness and safety of medical immunobiological preparations.

Citizens in the implementation of immunoprophylaxis have the right to:

− receiving complete and objective information from medical professionals about the need for preventive vaccinations, the consequences of refusing them, possible post-vaccination complications;
− the choice of public or private healthcare organizations or citizens engaged in private medical practice;
− free preventive vaccinations included in the national calendar of preventive vaccinations and preventive vaccinations for epidemic indications;
− free medical examination, and if necessary, a medical examination before preventive vaccinations;
− free treatment in case of post-vaccination complications;
− social protection in case of post-vaccination complications;
− refusal of preventive vaccinations.

The absence of preventive vaccinations entails:

− a ban for citizens to travel to countries where, in accordance with international health regulations or international treaties of the Republic of Kazakhstan, specific preventive vaccinations are required;

− temporary refusal to admit citizens to educational and health institutions in the event of mass infectious diseases or the threat of epidemics;

− refusal to accept citizens for work or removal of citizens from work, the performance of which is associated with a high risk of infectious diseases.

The list of works, the performance of which is associated with a high risk of infectious diseases and requires mandatory preventive vaccinations, is established by the Government of the Republic of Kazakhstan.

When carrying out immunoprophylaxis , citizens are obliged to:

− follow the instructions of medical professionals;

− to confirm in writing the refusal of preventive vaccinations.

The financing of immunoprophylaxis is carried out at the expense of the state budget.

The national calendar of preventive vaccinations includes preventive vaccinations against hepatitis B, diphtheria, whooping cough, measles, rubella, polio, tetanus, tuberculosis, mumps. These preventive vaccinations are carried out to all citizens of the Republic of Kazakhstan within the time limits established by the national calendar of preventive vaccinations. The national Calendar of preventive vaccinations is approved by the Ministry of Health.

Preventive vaccinations for epidemic indications are carried out to citizens at the threat of infectious diseases. Decisions on preventive vaccinations for epidemic indications are made by the Chief State Sanitary Doctor of the Republic of Kazakhstan.

Requirements for preventive vaccinations. Preventive vaccinations are carried out to citizens in public or private healthcare organizations or to citizens engaged in private medical practice, if they have licenses for relevant activities in the field of immunoprophylaxis.

Preventive vaccinations are carried out with the consent of citizens, parents or other legal representatives of minors and citizens recognized as incapacitated in accordance with the procedure established by the legislation of the Republic of Kazakhstan. Preventive vaccinations are given to citizens who do not have medical contraindications. The list of medical contraindications to preventive vaccinations is approved by the Ministry of Health.

For immunoprophylaxis, domestic and foreign medical immunobiological preparations registered in accordance with the legislation of the Republic of Kazakhstan are used. Medical immunobiological preparations used for immunoprophylaxis are subject to mandatory certification.

4. Illustrative material: slides

5. Literature: see appendix-1

6. Control questions (feedback):

1. Name the main document according to which the prevention of the disease is carried out.
2. What is the importance of medical examination in the prevention of the disease?
3. What is the purpose of disease prevention?
4. What types of prevention do you know?

Lecture № 11

1. Topic: International medical law: history and prospects of development.

2. Purpose: Improving students' knowledge of the prospective development of international law.

3. Thesis of the lecture: The right of citizens to health, unlike other human rights, has relatively recently become legislatively enshrined in legal acts, including constitutions, of the countries of the world community. Until the middle of the last century, there was no mention of the right of citizens to health in the constitutions of states around the world, although many other human rights had already been proclaimed.

The right to health, as one of the basic human rights, first found its legal consolidation in international legal acts after the end of the Second World War. The Conference of the Association of International Law, held in 1956 in Dubrovnik (Yugoslavia), established the Committee on International Medical Law. The Committee considered the main content of this branch of law to be norms aimed at the humanization

of war, at providing medical assistance to victims of war. In the most concentrated form, this point of view is expressed in the resolution adopted by the 47th Conference of the Association of International Law. The resolution emphasizes that the main goal of international medical law "is to strengthen the legal guarantee of more effective protection of victims of armed conflicts."

International medical law is a part of international law that regulates interstate relations on health and medicine. The main task is to create a health care system regulated by the basic legislation and other legal acts, allowing to provide the necessary medical care to the entire population and providing prevention and diagnosis of diseases, special measures to protect the health of mothers, children and the elderly, as well as general measures aimed at "preventing air and water pollution, protection from radiation and noise, food quality control and environmental conditions, and the fight against alcoholism and drug addiction."

The tasks of ensuring the right to health also include the protection of the health of people living in the immediate vicinity of nuclear power plants; measures to prevent the spread of AIDS; the creation of a health education system; the provision of advisory and educational services to promote health and develop people's sense of personal responsibility for their health; prevention, as far as possible the spread of epidemic, endemic and other diseases; as well as the availability of general medical services in all primary and secondary schools. The objects of control are also the quality standards of medical care, including the quality of food, etc.

International legal documents of the United Nations, protecting the guaranteed right to health and equal access to medical services, are devoted to the protection of individual subjects of law, for example, the "Declaration on the Rights of Mentally Retarded Persons" (1971), "Declaration on the Rights of Persons with Disabilities" (1975), "Declaration of the Rights of the Child" (1989).

Adopted in 1948 . The Universal Declaration of Human Rights has established a specific list of rights and freedoms that must be respected by all members of the world community. According to art . 25 of the Declaration, everyone has the right to a standard of living, including food, clothing, housing, medical care and necessary social services, which is necessary to maintain the health and well-being of himself and his family, and the right to security in the event of unemployment, illness, disability, widowhood, old age or other loss of means of subsistence existence due to circumstances beyond his control. Article 25 of the Universal Declaration of Human Rights identifies two components of a decent standard of living - health and well-being. Obviously, human health is impossible without food, clothing and housing, that is, a certain level of well-being. At the same time, human health is directly provided with medical care, and the guarantee of proper restoration of health in the event of its loss is primarily medical care.

4. Illustrative material: slides

5. Literature: see appendix-1

6. Control questions (feedback):

1. What international legal acts do you know that regulate public health?
2. What is the main task of international medical law?
3. When was the Universal Declaration of Human Rights adopted?

Lecture № 12

1. Topic: Legal bases of medical activity on transplantation of human organs and tissues.

2. Purpose: Formation of students' knowledge about the science of transplantation and the peculiarities of its legal regulation.

3. Lecture thesis: One of the most progressive and rapidly developing branches of medicine is transplantology – the science dealing with the problems of transplantation (transplantation) of organs and tissues. As a method of treatment, transplantation is indicated for a large number of various diseases. One-year survival rates are a reflection of the clinical effectiveness of this treatment method. In leading clinics, this indicator is equal to: for the kidney – 90 ... 95%; for the heart – 85%; for the liver - 80%. According to generalized data, the current global demand is at least one million clinical transplants of kidney, heart, liver, not counting other organs. This tendency tends to progress.

The founder of transplantation was the Russian scientist V.P. Demikhov. In 1951, he transplanted a donor heart to a dog for the first time in the world. In 1967, a surgeon from South Africa K. Barnard, having previously completed an internship with V.P. Demikhov, was the first in the world to carry out a

successful human heart transplant. Since then, more than several tens of thousands of similar operations have been performed.

Laws of the Republic of Kazakhstan on transplantation. Transplantation of human organs or tissues is a means of saving life and restoring health and should be carried out on the basis of compliance with the legislation of the Republic of Kazakhstan and human rights in accordance with the humane principles proclaimed by the world community. The provisions of the Law are consonant with art . 2 Convention on the Protection of Human Rights and Dignity in Connection with the Use of Advances in Biology and Medicine (Convention on Human Rights and Biomedicine) – the interests and welfare of an individual take precedence over the exclusive interests of society and science. The Law ensures the most important of the constitutional human rights – the right to life and health.

In Kazakhstan, the following organs are named as legal objects of transplantation: heart, lung, heart-lung complex, liver, kidney, pancreas with duodenum, spleen, endocrine glands. This list is

exhaustive. Meanwhile, it is possible to learn from the mass media about organ transplants performed in Kazakhstan. Among the tissues included in the transplants: blood and its components, sperm, bone marrow. Taking into account the differences of a medical nature and the peculiarities of legal regulation that are inherent in organ and tissue transplantation, it is necessary to separately consider transplantation using cadaveric organs and tissues and transplantation with the donation of living persons. This is due to the fact that, along with similar problems, there are a number of signs peculiar to only one of the types of transplantation presented.

Transplants, i.e. organs and tissues that are removed for medical purposes for further transplantation. The removal of these organs and tissues entails a temporary or permanent deterioration of health and (or) the risk of such deterioration. According to the Law "On Transplantation" and Article 19 of the Convention on Human Rights and Biomedicine, the removal of organs or tissues from a living donor for their transplantation can be carried out solely for the purpose of treating the recipient, provided that there is no corresponding organ or tissue obtained from the corpse and it is impossible to equally effective treatment with alternative methods. According to the legislation in force in Kazakhstan, a living donor can be an adult and capable citizen. Involvement of minor children in bone marrow donation is allowed with the consent of parents. When withdrawing blood, the donor must be no older than 60 years, when withdrawing sperm – at the age of 20 to 40 years.

A living donor must be in a genetic relationship with the recipient, except in cases of donation of blood, sperm, bone marrow. Before the operation, the donor undergoes a medical examination, the results of which should confirm that his health will not be harmed. During organ and bone marrow transplantation, a consultation of specialist doctors is held. Blood and sperm donation can be both gratuitous and paid. The Law "On Transplantation" stipulates that organs and tissues (other than blood) cannot be the subject of purchase and sale. Only public health institutions are allowed to carry out the collection and harvesting of organs and tissues. By signing a donation contract, a citizen becomes the bearer of a whole set of relative rights and obligations (the right to information about the upcoming procedure and its consequences, the right to refuse donation at any time, the obligation to provide information about past or existing diseases, etc.). A distinctive feature of transplantation with donation of living persons is the nature of surgical intervention, in which the interests of two people – a donor and a recipient. In this case, the donor provides an opportunity for medical personnel to implement the introduction into their body, thereby violating bodily integrity. This intervention is not aimed at the actual therapeutic purposes in relation to the donor, so here we are talking about harming human health. Taking into account that donors are people who can provide a viable organ, harm is inflicted on a potentially healthy person. Unfortunately, the level of modern medicine does not allow predicting the outcome of surgery for a donor with extreme accuracy. Therefore, the main conditions, the presence of which is mandatory for the donation of living people, are voluntary consent in combination with a sufficient level of physical and mental health. The guarantees that must be provided to the donor cannot be expressed in the form of any imperatives. Nevertheless, the donor should be guaranteed:

− preliminary comprehensive comprehensive medical examination;
− removal of only a pre-determined paired organ, part of an organ or tissue;
− absence of significant harm to health after removal of the transplant from the body;
− organ or tissue transplantation to a pre-determined recipient (who is genetically related to the donor);

− dispensary dynamic monitoring of the state of health after transplantation.

The recipient, as a person who has applied for medical care, should be guaranteed:

− preliminary comprehensive comprehensive medical examination;
− prevention of infection from the donor with systemic or infectious diseases (AIDS, hepatitis, etc.)
− provision of specialized medical care in the early post-transplant period;
− dispensary dynamic monitoring of the state of health for a long time after transplantation.

Donation is not allowed:

− minors (except in cases of bone marrow transplantation);
− incapacitated persons;
− persons with a disease dangerous for transmission;
− people who are in service or otherwise dependent on the recipient.

4. Illustrative material: slides

5. Literature: see appendix-1

6. Control questions (feedback):

1. What legal document sets out the legal framework of medical services for the transplantation of human organs and tissues?
2. What is the purpose of the Ministry of Health Order No. 13 of March 26, 2019?
3. What documents are required to obtain tissues or organs from a living donor?
4. Who makes the decision on transplantation?

Appendix-1

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6. Medical Law of the Republic of Kazakhstan [text]: ucheb. "I don't know," I said, " but I don't know, I

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8. Buleshov M. A. Public Health and healthcare: textbook / M. A. Buleshov.- Almaty: Evero, 2020. - 244 pages. https://www.elib.kz/ru/search/read_book/674/
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