

REPUBLIC OF AZERBAIJAN

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ABSTRACT

of the dissertation for the degree of Doctor of Philosophy

**BIOETHICAL ASPECTS OF AZERBAIJAN
LEGISLATION IN THE FIELD OF MEDICAL
INSURANCE, DEVELOPMENT PERSPECTIVES
AND INTERNATIONAL EXPERIENCE**

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GENERAL CHARACTERISTICS OF DISSERTATION

Relevance of the research topic and degree of scientific elaboration of the theme. The reforms leading to the implementation of consistent, purposeful measures that lay the foundation for the decision-making of the fundamental principles of democratic, legal state building, human rights and freedoms in Azerbaijan formed the basis of the national leader Heydar Aliyev's political line. In parallel with the achievement of independence, the Azerbaijan state, for the first time in history, faced the need to implement the tasks of nation-state, democratic and legal state-building in a short period of time. When we look at history, we see that the countries of the world have been able to go through each of these stages corresponding to different periods of state building, gradually, through evolution, over a long period of time. Under the leadership of the great leader H. Aliyev, followed by his worthy successor, Mr. President I. Aliyev, the Republic of Azerbaijan managed to cross this path resolutely and quickly, remained faithful to universal values such as democracy and human rights, social progress, confidently moved forward on the path of legal state building, and provided people with a decent has achieved important achievements in the direction of ensuring living conditions, including life and health.

The conceptual political-legal basis of this successful activity was undoubtedly laid in the first national Constitution, which was developed under the direct leadership of the genius H. Aliyev and adopted on November 12, 1995. In the preamble of the Constitution, provision of a decent standard of living for everyone in accordance with fair economic and social rules is established as one of the main provisions. Article 12 of the Constitution defines human and citizen rights and freedoms, as well as their decent standard of living, as the supreme goal of the state. Paragraph 1 of Article 16 of the Basic Law stipulates that the state of Azerbaijan takes care of improving the welfare of the people and every citizen, its social protection and a decent standard of living. In addition to these, Article 27 of the Constitution stipulates the right to live, Article 31 the right to live

safely, and Article 39 the right to live in a healthy environment. The right to health protection is also reflected in the Constitution. Thus, according to Article 41 of the Basic Law, everyone has the right to protect their health and receive medical assistance. The state takes necessary measures for the development of all types of healthcare operating on the basis of different types of ownership, ensures sanitary-epidemiological safety, and creates opportunities for various types of medical insurance. Officials who hide facts and circumstances that endanger people's lives and health are held accountable under the law. In our opinion, these mentioned norms of the constitution create important bases for the legal regulation of relations in the field of medical law and medical insurance. Health insurance is one of the important components of the social infrastructure of developed countries. This type of insurance is almost the leader in terms of both the volume of financing and the number of insured persons. The purpose of medical insurance is to provide medical assistance and preventive measures to people at the expense of financed funds in the event of an insured event. In Azerbaijan, which has regained its independence, as in all areas, the healthcare system has undergone changes in accordance with the requirements of a new type of economic relations. One of the features characterizing the fourth global industrial revolution is the synthesis and integration of sciences during this period. The synthesis of sciences in the 21st century is largely reflected in the reconciliation of natural and artificial, organic and inorganic, natural and social principles of existence. Biomedical technologies, digitization can change the fundamental foundations of our life, even the physical and spiritual existence of a person. In cases of introducing new achievements of scientific and technical progress into practical medicine, it is necessary to be careful and careful, and the decisive role in the regulation of these issues belongs to the provisions of bioethics. In this regard, bioethics in modern times includes a very complex phenomenon, and its main goal is to provide decent living conditions for people through doctors, lawyers, biologists and other specialists.

The modern achievements of medical science, the

identification of new diagnostic and treatment methods for various diseases, and the considerable expansion of the range of medical services provided to the population in recent years, undoubtedly determine the need for improvement in the field of legal regulation of this field. It is a fact that a certain part of the relations occurring in social life, in particular, medical activity and the elements that make it up, have a bioethical content. In modern times, there are a number of threats that threaten humanity, among which, at the same time, some experiments carried out on microorganisms, the appearance of new types of diseases through various tests, or even their artificial creation, can be noted. In modern times, humanity has entered such a period of development that it fears not only nuclear weapons, but also biomedical "weapons". The discussions surrounding the COVID-19 pandemic, which has gripped the whole world, and the different opinions put forward about its origin have given enough reason to think in this way. In this regard, the protection of people's life and health, along with medical activity as one of the measures to prevent the occurrence of problems in this field, the observance of ethical aspects (values, principles) in scientific researches, legislative regulation and all other related relations acts as one of the important conditions. One of the characteristics of social relations developing in the field of medical care is the inclusion of not only legal but also bioethical provisions as a mechanism of regulatory influence in this sphere. Many legislative provisions first appeared as bioethical principles and were later incorporated into the legal structure. The Convention on Bioethics and Human Rights (October 19, 2005) provides for two groups of guarantees: 1) States' obligations to ensure the implementation of the provisions of the Convention at the national level; 2) international legal mechanisms for the protection of human rights. Providing adequate judicial protection of human rights to the first group, the victim's right to receive fair compensation, provision of sanctions in national legislation for violation of the norms of the convention, the opportunity to give advisory opinions on legal issues related to the interpretation of the Convention on Bioethics by the European Court of Human Rights to the second group, Council of

Europe General At the request of the secretary, the obligation to provide explanations on how to ensure the effective implementation of all the provisions of the Convention, the establishment of a special body that combines information on Bioethics, and the discussion of the provisions of the Convention under its auspices are included. However, the application of this international document is limited only to the European territory. Although Article 34 of the Convention envisages the possibility of non-member states of the Council of Europe to join it, not even all the members of the Council of Europe have joined it.

In general, the rapid development of genetic engineering, pharmacology and bioethics dictates the need to study the legal basis of medical activity. At the same time, in the context of modern bioethical provisions, the observance of the principle of patients' autonomy and for this purpose the creation of effective legal mechanisms in the process of providing medical care to them is among the high priorities of bioethical policy, especially in developed countries. It has been correctly shown in the literature that in order to achieve higher goals in the field of medical law and bioethics in our country, it is necessary to realize the principles of medical law and bioethics that have been proven in both health legislation and science, education and practice.¹ In modern times, regardless of the level of economic development, no country in the world undertakes completely free treatment of its citizens, so the health insurance system is increasingly confirming its reality as the most optimal solution in this field. What has been mentioned determines that the topic of the dissertation is quite relevant. It should also be noted that the development of both medical insurance and bioethics in post-Soviet countries, including Azerbaijan, is new and has not been conducted in a thorough scientific study of both fields. Legal science has studied bioethics as a rule, and individual problems have been studied. For example, the legal regulation of relations in the field of transplantation, M.I.Avdeyev, I.I.Gorelik,

¹ Mammadov, V. Q. *The Formation of Medical Law and Bioethics in the Republic of Azerbaijan and Modern Development Trends*. Abstract of the dissertation for the degree of Doctor of Law. Baku, 2022, p. 5.

The criminal aspects of euthanization have been highlighted in the works of S.Q.Stetsenko, N.A.Marqatskaya, V.P.Salnikov, and others, as well as in the works of A.N.Krasikov, G.N.Borzenkov, O.S.Ivchenko, and others, as well as the legal regulation of biotech research, N.S.Malein, M.N.Maleina, S.Q.Stetsenko, and others.

In our country, research in this field has not been complicated and has mainly covered specific topics. However, some authors have conducted rigorous monographic studies on individual aspects of the subject. Meanwhile, to obtain a doctorate in legal sciences, A.I.Mustafayeva's dissertations on "Bioethics and Human Rights: Ethical and Experimental Problems" (2014)² and V.Q.Mandov's "Development and Modern Development Trends in the Republic of Azerbaijan" (2022). However, the bioethic aspects of the law in the field of medical insurance have not been the predecessor of complex and monographic research, and scientific papers have reflected only individual aspects of the subject.

The Object and Subject of the Research. The object of the research consists of the relationships concerning the bioethical principles and development perspectives of national and international legislation in the field of health insurance. The subject of the research, on the other hand, consists of the norms of national and international legislation regulating the social relations arising in the field of health insurance and bioethical relations in terms of the protection of human rights, comparative research materials, and the experience of foreign countries.

Research goals and objectives. The aim of the research is the comprehensive, monographic-level study of the bioethical aspects of Azerbaijani legislation in the field of health insurance, its development perspectives from the viewpoint of protecting human rights, and the existing scientific-theoretical and practical issues in international practice in this field, along with the development of well-grounded proposals and recommendations for the optimal application and improvement of norms regulating these types of

² Mustafayeva, A. I. *Bioethics and Human Rights: Theoretical and Practical Problems*. Abstract of the dissertation submitted for the degree of Doctor of Law. Baku, 2014

relations in national and international legislation.

To achieve this aim, the following objectives have been set:

- To review the historical development of the legal regulation of social relations in health insurance within the context of protecting human rights;
- To investigate the legal foundations of the application of health insurance in the Republic of Azerbaijan;
- To identify the main development trends in the interrelationship between bioethical provisions and medical services;
- To examine the main principles and challenges of bioethics in the modern era and context from a human rights perspective;
- To study the conditions for applying bioethical principles in the provision of medical services;
- To research modern global health insurance systems through the prism of bioethical principles;
- To explore the development perspectives of the bioethical aspects of international health insurance legislation in the context of protecting human rights.

Research methods. The methodological basis of the research was the teaching of dialectics, which allowed to understand the development regularities of the objective reality. In the process of dissertation research, general categories of social development and dialectic training, basic propositions of cognitive theory, comparative-legal analysis, statistical, generalization, systematic analysis, historicity and other scientific methods characteristic of social and humanitarian science fields were used. During the research, general legal theory, international law, as well as special methods of bioethics were used.

The main provisions for the defense. The following new scientific provisions are presented for defense, expressing the scientific novelty of the research:

1.The necessity of implementing existing international legal norms in this field at the national level necessitates the implementation of corresponding substantive and procedural legal measures. The integration of the Oviedo Convention for the Protection of Human Rights and Human Dignity with regard to the Application of

Biology and Medicine, adopted by the Council of Europe on April 4, 1997, into the legal system of the Republic of Azerbaijan is of particular importance, as it grants everyone the equal opportunity to receive medical care.

2.The need to eliminate fragmentation in the provision of healthcare services in our country, reduce the state's burden in the sphere of social relations, and directly channel funding for state programs related to the examination and treatment of oncological, chronic kidney failure, and diabetic patients in the near future towards Compulsory Medical Insurance is essential.

3.The necessity to prevent financial violations, including criminal acts, in medical institutions operating within the country's compulsory medical insurance system necessitates the implementation of palm-reading, iris recognition, or fingerprint reading systems, which are successfully used in modern practice, in the Republic of Azerbaijan.

4.The need for effective and efficient resolution of disputes related to medical insurance necessitates the existence of out-of-court dispute resolution mechanisms within the national legal framework.

5.The unification of legislation on the protection of public health is deemed necessary to ensure the observance of bioethical principles during the provision of medical services and to facilitate the correct and optimal resolution of legal disputes in the sphere of public relations.

6.Given that the majority of the population in need of treatment are outpatients, it is crucial to include pharmaceutical coverage for this area in the "Benefits Package" of Compulsory Medical Insurance.

7.It is established that the right to informed consent is intended to protect the patient's life and health, based on the state's recognition of individual autonomy, and human personal and physical integrity. Formalistic approaches and indifference to the patient's perspective are excluded in informed consent, which must contain detailed information about both positive and negative potential outcomes of medical intervention. It is determined that while national legislation lists medical interventions requiring informed

consent, the form for obtaining consent for procedures performed on the patient is not sufficiently regulated.

8. Although there is no single universal model for doctor-patient relationships, legal, bioethical, and ethical principles appropriate to the specific situation should be flexibly applied when medical intervention is necessary. Since laws adopted in this field worldwide have certain strengths and weaknesses, the national approach should reflect the social and medical traditions of the society. However, in all cases, the primary criterion for justifying their application must be respect for patient autonomy and the right to choose.

9. Regardless of the diversity of situational contexts, the provision of medical services should be based on the following bioethical principles: 1) respect for personhood; 2) recognition of personal autonomy; 3) adherence to the principle of justice.

10. The need for a financially sustainable and effective social health insurance system necessitates the following insurance system models: 1) healthcare funding volume amounting to no less than 5% of GDP; 2) participation of multiple social partners in management and self-regulation of social health insurance systems; 3) joint financing by the state, employers, and employees.

Scientific novelty of the study. Medical insurance is essentially aimed at providing people with medical services and protecting them from the risk of unexpected and high health costs. In this regard, international experiments have studied medical insurance systems and have studied programs aimed at protecting the social welfare of the population in a number of developed countries around the world.

2. A review of the development of legal regulation of public relations for medical insurance has been reviewed, and the legal basis for the implementation of medical insurance in Azerbaijan has been examined.

3. In terms of human rights protection, the fundamental developmental trends of interaction between bioethic principles and medical services have been reviewed.

4. Medical insurance systems and the bioethic principles of law

have been studied in the world today.

5. In the context of medical and health law, the principles, key periods, and coverage of bioethics have been identified.

6. In the field of medical insurance, the bioethic aspects of Azerbaijan's law, the prospects for development have been studied at a complex and monographic level, and proposals and recommendations have been made in national and international law for the optimal application of standards that regulate such relationships.

Theoretical and practical significance of the study. The theoretical significance of the study is expressed in enriching scientific concepts in the field of bioethic principles and development prospects of national and international law enforcement on medical insurance. The duration of the certificate may be useful for the preparation of lectures, seminars, monographs, and teaching tools in international law, medical law, and other fields of science. The study's experimental significance is expressed in the development of national law enforcement and in the development of bioethics in the field of health insurance.

Approbation and application. The dissertation work was discussed at the " UNESCO Chair of Human Rights and Information Law" department of the law faculty of Baku State University. The chapters and paragraphs of the research work, as well as the obtained results, were presented at seminars and conferences of different scientific and higher education institutions, and brought to the attention of researchers and the legal community. The main content of the dissertation and the proposals and recommendations on relevant law enforcement activities were reflected in separate articles and conference materials published by the author.

The name of the organization in which the dissertation work is performed. The dissertation work was performed at the Department of "UNESCO Chair of Human Rights and Information Law " of the Faculty of Law of Baku State University.

The structure of the research work. The dissertation consists of an introduction (17,146 characters), Chapter I (70,192

characters), Chapter II (64,623 characters), Chapter III (74,509 characters), a conclusion (18,816 characters), and a bibliography (27,232 characters, 164 sources). The total volume is 274,200 characters, comprising 153 pages.

THE MAIN CONTENT OF THE DISSERTATION

The introduction to the certificate identifies the current subject of research, the degree to which the problem is scientific, the purpose and functions of the study, the objective, the methodological basis, the scientific innovation, theoretical and experimental significance, the duration of the research, and the structure of the dissertation.

The first chapter of the certificate is entitled "Historical and Legal Fundamentals of Medical Insurance" and consists of two paragraphs. The first paragraph is devoted to the development of legal regulation of public relations in health insurance. As one of the most effective research methods in the fields of public and humanitarian science, it provides a more detailed picture of the process, the development of an object, whether positive or negative, the identification of its distinctive characteristics at different times, and the proper evaluation. Research shows that the historical roots of professional medical care go back to ancient times. In the ancient Greek and Roman empires, there were special institutions for collecting and paying funds specifically to help people in the event of accidents, any injury, or long-term illness. In the Middle Ages, this process was further developed at the expense of church donations. In some developed countries (the United States of America, Japan, etc.), a medical insurance system existed until World War II. Historically, modern health insurance takes its beginnings from the second half of the 19th century. England and Germany were the first pilot countries in this field.

During the period when the national bourgeoisie was formed and developed in Azerbaijan, certain business representatives of our people did some work in the direction of the insurance business and the organization of its market. In the period of the Republic, in

the meeting of the Parliament of Azerbaijan on December 18, 1918, along with a number of issues, it was envisaged to implement the tasks of insuring workers and organizing medical services in enterprises. During the Soviet rule, the state undertook the task of providing free medical care to the population, although it had certain shortcomings, the rights of citizens in the field of medical activity were quite high during that period.

Establishing the right to health at the constitutional level in the independent Republic of Azerbaijan is considered a guarantee of the development of the health care system and social security of citizens in the country. With the adoption of the Law "On Medical Insurance" in 1999, special impetus was given to the organization of this work in our country. By the President's Decree No. 418 dated December 20, 2018 "On a number of measures related to the implementation of compulsory medical insurance in the Republic of Azerbaijan", the State Agency for Compulsory Medical Insurance was authorized to establish the public legal entity of the Union for the Management of Medical Territorial Units (TABIB). In the first stage, the population of Mingachevir and Yevlakh cities, and later Agdash city, were provided with compulsory medical insurance. With the Decision No. 5 of the Cabinet of Ministers of the Republic of Azerbaijan dated January 10, 2020, the Service Envelope for Medical Insurance was approved, and finally, from April 1, 2021, compulsory medical insurance was introduced throughout the country. As a conclusion of the paragraph, it is concluded that one of the two institutions (Ministry of Health or TABIB) has been abolished in order to clearly define the boundaries in the issue of responsibility, and it is appropriate to transfer its powers to a structure with a more effective management model.

The second paragraph of the first chapter is entitled "Legal bases of the application of health insurance in the Republic of Azerbaijan". Article 41 of the Constitution of the Republic of Azerbaijan reveals the necessity of implementing measures necessary for the protection of citizens' health. In addition to the Law "On Protection of Population Health" (June 26, 1997), "On

Donation of Blood and its Components" (March 26, 1996), "On the Disease Caused by the Human Immunodeficiency Virus (on preventing the spread of AIDS" (April 16, 1996), "On pharmaceutical activity" (November 5, 1996), "On radiation safety of the population" (December 30, 1997), "Human organ and (or) on tissue transplantation" (October 28, 1999), "On private medical activity" (December 30, 1999), "On immunoprophylaxis of infectious diseases" (April 14, 2000), "On tuberculosis in the Republic of Azerbaijan on the struggle" (May 2, 2000), "On psychiatric assistance" (June 12, 2001), "On drug treatment and control" (June 29, 2001), "For the purpose of mass prevention of iodine deficiency diseases "On salt iodization" (December 27, 2001), "On state care for people with diabetes" (December 23, 2003), "On medicines" (December 22, 2006) and other laws regulated.

There are two forms of medical insurance in Azerbaijan: 1. voluntary medical insurance; 2.Executive medical insurance. Executive health insurance has been a form of social insurance, funded by budget allocations, and voluntary health insurance is funded by business benefits and citizens' personal funds. It is commendable that the Executive Medical Insurance Services Encyclopedia included some expensive operations, diseases that people suffer the most or have a random frequency. There are a number of diseases - oncology, chronic kidney failure and special government programs for the screening and treatment of diabetes patients - and their treatment is not included in the executive health insurance package. We believe that in the future, it is appropriate to focus on direct executive health insurance to finance these programs aimed at improving health care in a phased way. It will also help reduce the social burden of government somewhat.

Basic and additional types of medical insurance services are distinguished. Supplementary health insurance services provide an additional insurance plan to cover health expenses not covered by a person's mandatory health plan. Private insurance is traditionally associated with supplementary health insurance services, while

public insurance is associated with basic health insurance services. In most OECD countries, a package of additional health insurance services is purchased from private insurance companies as voluntary insurance, while basic health insurance services are considered mandatory for certain groups of the population. Public insurance always partially meets public needs for insurance, as it mainly covers limited medical services and covers the elderly, socially vulnerable and poor. As the economic indicators increase, as the level of employment of people increases, the financing of health care, in turn, has the opportunity to increase. From this point of view, the introduction of compulsory health insurance is only one of the steps taken in the direction of health care financing in our country, and the planned reform process in health care will not be enough.

The second chapter of the dissertation is dedicated to the main development trends of interaction between bioethical provisions and medical services and consists of two paragraphs. The first paragraph discusses the basic principles of bioethics and contemporary challenges. From the second half of the last century, a new system of ethical standards began to be formed, concepts such as "morality of death" and "living with dignity - dying with dignity" were used. In general, it is noted that bioethics emerged as a complex phenomenon of contemporary culture in the United States in the late 60s - early 70s of the last century. In the next period, bioethics quickly spread to Western Europe and was accepted in Eastern Europe and Asian countries already in the 90s of the last century. In 1975, the World Health Organization, taking into account the achievements of biology, medicine and biochemistry, decided to protect the human personality and its physical and intellectual integrity.

Bioethics is the field of interdisciplinary studies, scientific and public discussions, including political and legal decision-making, on understanding and solving the interaction of moral problems with the achievements of biological and medical science, health care practice. Bioethics is also a field of science that needs complex legal regulation. From this point of view, in

the structure of bioethics, it is necessary to separate the system that includes the norms of different fields of law. This system includes constitutional law norms in terms of the right to life, the right to protect health, the right to a dignified life, the right to receive medical assistance, the norms of international law in terms of the practice of recognizing the results of clinical trials of medicinal products, the norms of labor law in terms of obtaining and losing the status of a medical worker, the object of the attack is a human being. includes the norms of criminal law in terms of solving the responsibility for the crimes committed as a bioethical crime or a medical crime in cases where life, health, dignity, personal freedom and other interests are involved. The main principles of bioethics, as in medical ethics, are not reflected in the doctor's duties, but in the expression of the patient's rights.

The application of executive medical insurance is directed to foster a transparent and fair competitive environment. Given that state hospitals serve a larger population group, the creation of a healthy competitive environment in this sphere could lead to growth. It is widely known that health is changing day by day and that the constant overhaul of equipment, devices and medical equipment that meets today's requirements is a lab. These types of devices and medical equipment are provided for healthcare facilities thanks to funding allocated from the state budget. Given the large number of state health hospitals and the high prices of such equipment, companies that can provide these devices have been found, and paying them for each use can help relieve government agencies of serious financial burdens in this area. In this way, services, not devices or equipment, will be purchased and will allow the government's financial resources to be diverted to another area where they are needed. Government hospitals, on the other hand, will be able to compete with private health professionals, and the provider will have the chance to have medical equipment that is constantly in harmony with the company.

In recent times, legal theory has been actively discussing the unification of legislation on the protection of public health.

According to supporters of the adoption of a unified codified act in this field, this will allow for the formation of the mechanism of legal responsibility for the damage caused to human life and health during the implementation of various medical interventions and manipulations, in addition to determining the basic rules for the provision of medical assistance, regulating its individual types. The main argument of the authors against the codification is that there is no single normative act in this field in the countries of the world, and the legal regulation of the protection of human life and health can be implemented by a complex of legal fields. In the literature, the possibility of successful unification in the legal regulation of social relations included in this system is treated with hesitation due to the complex and mixed nature of the subject of the protection of public health and the implementation of medical activities. However, we are also in favor of the unification of the legislation on the protection of public health in terms of the expectation of bioethical provisions during the provision of medical services. This can also help in the correct and optimal resolution of legal disputes in the sphere of public relations.

The implementation of the right to informed consent is designed to ensure the protection of the patient's life and health. The basis of informed voluntary consent is the recognition by the state of the freedom of personality, personal and physical integrity of a person. The established procedure for consenting to medical intervention is designed to ensure that the patient is properly informed of the potential risks. According to the position of the European Court of Human Rights, failure to comply with the requirement of informed consent is a violation of the requirements of Article 8 of the European Convention on Human Rights, which provides for the right to respect for private life. Informed consent excludes formality, indifference to the patient's feelings, contains detailed information about not only positive, but also negative consequences of medical intervention. The doctor's approach to the patient, the information provided should reflect moral values such as compassion, empathy, hope for

health improvement. The goal of informing the patient is also to achieve mutual understanding with him. The list of medical interventions for which it is necessary to obtain informed voluntary consent is reflected in the legislation. However, the form of obtaining consent to medical interventions performed on the patient has not been defined in the legislation at the appropriate level. We believe that the form of providing information should be complete, objective and comprehensive.

Studies have shown that while there is no single universal model of relationships between a doctor and a patient, legal, bioethic and ethical principles that are consistent with a specific situation should be used in cases where health care is necessary. Adequate correct behavior should be exhibited when it comes to informing a passenger about the unpleasant end of the disease. In all cases, a doctor needs to maintain his professionalism, be able to manage the situation, and take into account the psychological state of the passenger. Such a situation requires a doctor to be knowledgeable in the field of bioethics, along with communication culture, clinical psychology.

The second paragraph of chapter two describes the bioethics of the provision of medical services. One of the characteristics of a developing social relationship in the field of medicine is the inclusion of not only legal but also bioethic periods as a regulatory mechanism. It is understood that a number of legislative periods initially emerged as bioethic principles and were later incorporated into the legal structure. Bioethical principles are widely applied in the field of medicine, and ethical norms such as truthfulness, confidentiality, loyalty, and competence form the basis of those provisions. Among the bioethical aspects of the legislation in the field of medical insurance, the patient's consent to the treatments performed on him acts as one of the important provisions. The patient's informed voluntary consent to medical intervention follows from the essence of his right to personal and physical integrity. From this point of view, the patient's autonomy in treatment acts as one of his main bioethical principles. One of the documents regulating

the subject of medical experimentation and informed voluntary consent is the Declaration of Helsinki (1964) of the World Medical Association on "Ethical Principles of Medical Research on Human Subjects". In the declaration, 12 principles guiding doctors with ethical considerations related to conducting biomedical research were established. Article 24 of the Law No. 360-IQ dated June 26, 1997 of the Republic of Azerbaijan "On Protection of the Health of the Population" provides for the right of the patient to give verbal or written voluntary consent to medical intervention. The law also includes medical operations that are prohibited without a person's consent and the cases of providing medical assistance to a person without his consent.

Given that the medical service provided in hospitals is paid for by the Executive Insurance Fund, the patient's name raises the risk of being listed when the hospital is not referred for a medical service. The fact that executive health insurance pays a certain amount for every such "patient" should actually be seen as a financial fraud aimed at the state budget. The application of successful hand-to-hand, eye-reading, or fingerprint reading systems in our country will help prevent the ownership of government budget funds. The application of such a system will enable people to analyze the statistical landscape of the disease, which diseases are more common in the country, the intensity of infection, the growth of diseases, and the dynamics of decline, which will help to take precautions.

One of the urgent problems of the modern world, which is directly under the influence of bioethics, is the fact that citizens who cannot pay for treatment due to financial incapacity are forced to agree to free experimental treatments whose negative impact on human health cannot be determined in advance. In order to prevent such cases in the future, it is proposed to add such diseases to the insurance coverage. According to the Law of the Republic of Azerbaijan "On Medical Insurance", compulsory medical insurance for employees in the state and oil sectors, non-state and non-oil sectors, individuals performing work (services) based on civil-legal contracts, and individuals engaged in

entrepreneurial activity fees are collected. The insurance fee is one of the main financial sources of compulsory medical insurance in the Republic of Azerbaijan, and the amount paid for this purpose varies depending on the amount of the employee's salary. However, the medical services included in the envelope of services provided to the population with the compulsory health insurance system are equally applicable to all insured persons.

Health insurance can be grouped as follows: 1) State health insurance (which includes tax-based public health insurance and social security schemes); 2) Private health insurance.

These health insurance schemes are as follows:

- Mandatory private medical insurance, which is considered mandatory by law;
- Individual employment health insurance when provided with employment;
- Risky private health insurance (where insurers apply insurance premiums according to risks).

Public health insurance is insurance schemes funded by tax or payroll deductions to social security systems. In determining the amount of the insurance premium to be paid for the state health insurance, it is considered appropriate to take into account 2 criteria: 1) health status of the employee; 2) the amount of the employee's wages and income.

It is understood that only medicines for staging treatments have been included in the Base Envelope of Executive Medical Insurance. Given the need for more ambulance treatment by the country's population, we believe that in the near future, the inclusion of ambulance treatment in the medicine supply service package will insure people's access to initial medical care.

At the same time, new technologies make regulating the pharmaceutical market and monitoring their safety and quality more accessible in modern times. By applying the already successful Drug Tracking System in Turkey, it is possible to determine the export date and distribution times of medicines. Using specialized electronic code technology, it is possible to monitor drug preparations in a chain from

manufacturing to export history and to the sequence of distribution in pharmaceutical organizations located in the country. Monitoring the movement system of drug preparations will make it easier to control the circulation of counterfeit, sales-prohibited preparations.

The last - third chapter of the research work, consisting of two paragraphs, is called "Prospects of development of health insurance and its bioethical aspects in international practice". The first paragraph is dedicated to the health insurance systems existing in the modern world, and for this purpose, a comparative analysis of the health insurance systems of several developed countries of the world was conducted. Acquaintance with the health system of foreign countries and health insurance policy in general suggests that no country in the world, regardless of its economic development, undertakes completely free treatment of its citizens. In modern times and conditions, the formation of the Compulsory Medical Insurance system seems to be the only solution for this. Analysis of foreign experience also shows that the most effective and financially sustainable social health insurance systems are the following models:

- the volume of healthcare financing should not be less than 5% of GDP;
- participation of many social partners in management and high level of self-regulation of social health insurance systems;
- joint implementation of financing by the state, employers and employees.

Three main models of health funding are identified in the world:

- 1) The budget-insurance model - employers, employee funds and budget funds - is an insurance fund. This is a model that is especially prevalent in developed countries such as Germany, Switzerland and others;
- 2) The budget model — the insurance fund — is funded by budget funds (Britain, Finland, and so on).
- 3) The commercial model - the insurance fund - is supported by voluntary medical insurance. One of the most outstanding examples is the United States and Singapore.

Given that some countries have a mixed funding structure, the following variations of the health insurance system are also presented:

- a budget model based on government funding and joint taxation (Britain, Australia, Canada, and so on).
- a social health insurance model funded by government, employers, and employees (Germany, France, Japan, Korea, and so on);
- private health insurance model - financed by voluntary funds of employers or employees (USA, Singapore, etc.).

The second paragraph of the third chapter is called "Prospects of development of bioethical aspects of international legislation on health insurance". The World Health Organization and the World Bank recommend an insurance-based healthcare system in many countries. It should be noted that competition between healthy and paying patients is one of the main features of insurance companies. Since the probability of insurance events is high at this time, elderly people with serious illnesses, pregnant women and young children are left out. In such cases, they may lose access to the medical services they need due to high medical costs. To overcome the above disparity, the World Health Organization recommends the creation of joint funds. Such funds exist in Korea, Hungary, Japan and other countries with social health insurance.

With the introduction of compulsory health insurance in our country, a new path opens in the doctor-patient relationship. In accordance with the rules of compulsory health insurance application, the information is sent to ITSDA to verify the compliance of all medical services provided to the patient with the accepted protocols and to request payment of the cost of the provided service. The mentioned clinical protocols, which are applied in the same way in world practice, are approved by the Ministry of Health. Conducting medical services on the basis of clinical protocols accepted in the world prevents possible misunderstandings between doctor and patient and regulates bioethical relations. However, it should be noted that only

medicines for inpatient treatments are included in the service package of the Basic envelope of the Compulsory Medical Insurance. Considering that the country's population needs more outpatient treatment, we believe that in the near future, including outpatient treatment in the service package of drug provision will ensure people's access to primary medical care.

Given that the absolute majority of health spending is paid by the State Agency for Executive Medical Insurance, it is a label for controversial issues that could arise between the population and the Agency, disagreements. However, the platform for resolving these disputes may not be considered an optimal approach to arguing only in the judiciary because of existing legislation. We propose that the Institute for Insurance Ombudsman, which is widely used in some foreign countries, be established in our country. As another option, the Office of the Attorney-General for Human Rights (Ombudsman) of the Republic of Azerbaijan may consider the creation of a department or sector that deals with medical insurance disputes without going to court or going to court. There is no doubt that this is important for the relevant Ombudsman or partners to have a theoretical and expertise in health insurance or health care, and to take a neutral stance in neutrality and debate. It will also help reduce the burden of courts and judges, make fairer, more grounded decisions, and prevent time wasted, bureaucracy.

The paragraph concludes that issues of protecting human life and health are among the values that the government strives to ensure, even at a minimum, in undeveloped countries. In modern reality, the Executive Medical Insurance System seems to be a mechanism that can deliver it equally, fairly, efficiently and addressably to all people. The initiatives of influential international organizations, the programs they have developed, undoubtedly play a bridge to ensure the right of the world's population to health services, health care. In this regard, the fact that states have impeached those international legal acts will help to develop a national executive health insurance bill.

The results of the certificate concluded the study, the main ideas and positions of the study were universal, and recommendations and suggestions were made to improve law enforcement and law enforcement.

**THE FOLLOWING SCIENTIFIC WORKS WERE
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1. The Death Penalty as a Violation of the Right to Life Principle. Scientific News of the Police Academy, No. 3 (8), -2013, p. 65-69.
2. The Relevance of the Right to Access Information in the Modern Era. Strategic Analysis – Analytical Journal on the Internal and Foreign Policy of the Republic of Azerbaijan and International Relations, No. 4 (11), -2014,- p. 133-141.
3. Bioethics and the Case-Law of the European Court of Human Rights. International Law and Integration Problems – Scientific, Analytical and Practical Journal, No. 4 (44), -2015,- p. 107-110.
4. “A Simpler Form of Punishment than Torture” or Combating Statelessness. In: Proceedings of the XI Republican Scientific-Theoretical Conference on Modern Problems of Legal Science: New Trends in the Protection of Human Rights and Freedoms in the Republic of Azerbaijan dedicated to the 93rd Anniversary of National Leader Heydar Aliyev and the 70th Anniversary of the Institute of Philosophy and Law of ANAS. Baku, 5–6 May, -2016, -p. 301-303.
5. The Transition to Mandatory Health Insurance in Azerbaijan. Transport Law – Scientific, Theoretical, and Practical Journal, No. 2–3, -2016, -p. 178-180.
6. The History of Health Insurance. In: International Scientific-Practical Conference on Heydar Aliyev and the Building of a Legal State in Azerbaijan, dedicated to the 93rd Anniversary of the National Leader of the Azerbaijani People, Heydar Aliyev.

- Baku, -2016, p. 65-67.
7. The Harmony of Development in the Application of Multicultural Traditions to Family Relations in Modern Azerbaijan. // Scientific News of the Police Academy, No. 1–2, -2016, -p. 99-104.
 8. The System of Health Insurance in the Countries of the World: Main Trends and Directions of Development. Education and Law, Moscow, No. 5, -2018, - pp. 87–89.
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 10. Some Bioethical Aspects of Azerbaijani Medical Legislation and Human Rights. In: International Conference Contemporary Problems of Human Rights dedicated to the 74th Anniversary of the Universal Declaration of Human Rights. -Baku, -2022, -p. 401-405.
 11. The Debate over health insurance and access to health care services. The Health Insurance System in Azerbaijan. Health Law and Policy from East to West: Analytical Perspectives and Comparative Case Studies. Co-funded by the Erasmus+ Programme of the European Union. THOMSON REUTERS Proview, -2022. -Page. 253, Chapter 14.
 12. Criminal aspects of organ transplantation // - Bakı: Hüquq elmləri və Təhsil jurnalı, - 2022. № 69. – s.17-22
 13. Health insurance system in Azerbaijan // - Bakı: Nəqliyyat hüququ jurnalı, - 2023. № 1. – s. 40-44
 14. Modern Doctrine of International Law: Concept and Formation. - Baku, Azerbaijan. -2025. “Transport Law” Journal, No. 1, -P.10-18
 15. The Azerbaijani Victory of November 8, 2020: A New Era in International Legal Practice. -2025. “Legal Dimension”- Scientific, Theoretical, and Practical Journal, No. 1, pp. 88–94.
 16. Surrogacy in Medical Law: Legal and Ethical Perspectives.

International Law and Integration Problems, -2025. No. 1 (70), -pp. 46–53.

17. Castration as a Punitive Measure Applied to Individuals Committing Sexual Offenses and Its Place in Medical Law. 29th World Congress on Medical Law – Vulnerability in the 21st Century: Respect and Protection. Istanbul, Türkiye. - 2025. -Pp 110-112.

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