EUROPEAN ASSOCIATION of HEALTH LAW

July 2025

EAHL Newsletter

ISSN: 2708-2784

Issue № 1

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Message from the President

EAHL President
Prof. Dr. Stefania Negri

Dear Members, dear Colleagues,

it is my great pleasure and honour to introduce this Newsletter as the newly elected President of the European Association of Health Law.

First and foremost, I wish to pay a special tribute to former President Steven Lierman, Vice-president Joaquin Cayon de Las Cuevas and the whole Board of Directors for their excellent work and the significant successes achieved so far. We are all deeply indebted to them for their tireless commitment to the Association and their impactful efforts to make it thrive and develop even during challenging times.

Building on their meaningful legacy and looking ahead, the current Board of Directors and I are fully committed to take a proactive approach to ensure the Association's continued influence and relevance in Europe and beyond, and to foster growth and positive advancements. We intend to further strengthen and broaden our partnerships, to expand our collaboration with European institutions (both within the European Union and the Council of Europe), to promote new relationships with academic and professional networks, and to build bridges with relevant European and international associations operating in health-related fields.

Following the path set by the former governance team, we intend to champion the next generation of health lawyers and experts in Europe. We will engage in creating conditions that may enable young scholars and professionals to broaden their vision, reach their full potential and achieve success. To this end, we are planning to offer them a broad range of opportunities to build their expertise and skills, as well as new research and training tools, including new thematic interest groups and a dedicated webinar series interviewing authoritative voices from the field. And in so doing, we firmly refuse to leave anyone behind, so we will support and promote any initiative of academic solidarity towards those students and colleagues who are enduring difficult times and may need our help and support. We want to see challenges as opportunities for resilience and growth!

With this future vision in mind, I address my warmest welcome to our new Members and to the newly appointed National Contact Points for France, Italy, Poland, and Romania.

Last but not least, I wish to express my most sincere gratitude to the members of the Executive Board and the whole Board of Directors for their invaluable support and amazing team spirit, and my deepest appreciation to our incomparable Lala Jafarova for her hard work and dedication.

Salerno, 31 July 2025

Stefania Negri

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Update on the Austrian Jurisdiction

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**NCP for Austria*

1. Medical guidelines as evidence of the state of scientific knowledge

The Civil Supreme Court (OGH 20.02.2024, 4 Ob 183/23z) confirmed its principles regarding the legal significance of medical guidelines and made the two following key statements:

1. The assessment of whether a particular medication complies with the rules of medical practice must be made ex ante.
2. Medical guidelines issued by scientific societies are, at best, hinting at and cannot replace the determination of whether a procedure was performed lege artis or whether medical malpractice occurred in a specific case.

2. Duty to inform about alternative treatment methods

In its ruling the Civil Supreme Court (OGH 18.06.2024, 6 Ob 91/24m) confirmed that treatment alternatives must be explained if they are 1. state of the art, 2. common—in particular, not fringe methods—and 3. accessible, i.e., offered in an appropriate setting. The decisive factor for the duty to provide information is whether it is a realistic alternative for an informed and reasonable patient. The more likely the choice of alternative treatment is, the more extensive the duty to provide information is, and vice versa. In any case, methods requested by the patient must be explained.

3. Constitutional Court Ruling on the Dying Disposition Act

In its ruling (VfGH 12.12.2024, G 229-230/2023-57) the Constitutional Court repealed the constitutional invalidity of a dying disposition after one year of its enactment. This repeal will take effect at the end of May 31, 2026. The right to assisted suicide as part of the fundamental right to self-determination was confirmed in the ruling.

Date of submission: 08 July 2025

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Salaries during Specialisation: Limits of Reimbursement and Systemic Interpretation of Law – Commentary on the Supreme Court of Federation of Bosnia and Herzegovina Judgment No. 58 of 20 March 2025

Ervin Mujkic

NCP for Bosnia & Herzegovina

1. Introduction

The Judgment of the Supreme Court of the Federation of Bosnia and Herzegovina No. 58 0 P 220129 24 Rev of 20 March 2025, raises a significant legal question concerning the scope of costs that a healthcare institution may claim from a medical professional who terminates their employment before the end of the contractual period following specialisation.

The central issue was whether salaries and other financial benefits received during the period of specialisation could be considered "specialisation costs" subject to reimbursement. The Court firmly answered in the negative, holding that salaries and allowances are regular components of the employment relationship, not specific investments by the employer into the employee's education.

This judgment was rendered on the basis of the new legal interpretation adopted by the Civil Department of the Supreme Court of the Federation of Bosnia and Herzegovina on 19 March 2025, according to which gross and net salaries or other employment-related allowances paid during specialisation are **not** included among the costs of specialisation.

This commentary analyses the legal significance of the decision, its systemic and teleological interpretation of relevant laws, and the implications for the practice of contracting and reimbursing specialisation-related expenses within the healthcare system of the Federation of Bosnia and Herzegovina.

2. Factual and legal background

The medical professional entered into a specialisation agreement with a healthcare institution. The agreement specified the duration of the specialisation, an obligation to remain employed with the institution after its completion, and a reimbursement clause in case of early contract termination.

After completing the specialisation, the employee resigned before the expiry of the agreed period. The institution sought reimbursement, including the salaries and contributions paid during the specialisation. Lower courts partially upheld the claim, but the Supreme Court reversed these decisions, ruling that salaries and allowances cannot be considered reimbursable "specialisation costs."

3. Legal question: do salaries constitute "specialisation costs"?

The key legal issue in the case was the interpretation of the term "specialisation costs" under the relevant legal framework. The Supreme Court held that salary payments stem from the employment contract, not from the

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fact that the employee is undergoing specialisation. Even while undergoing professional training, the medical worker remains employed and is entitled to wages in accordance with general labour laws.

The Court stressed that treating salaries as educational investments would be a mischaracterisation of the employment relationship and inconsistent with the fundamental nature of remuneration for work performed.

4. Systemic and teleological interpretation

The Court's decision relies on a systemic interpretation of labour and healthcare legislation, thereby reinforcing legal certainty and preventing arbitrary outcomes. The Labour Law clearly establishes the right to remuneration as a fundamental element of the employment contract. The fact that the employee undertook specialisation during working hours does not alter their employment status, nor does it convert earnings into educational expenses.

The Court also adopted a teleological approach: the purpose of reimbursement clauses is to protect the employer's investment in professional development that exceeds ordinary employment obligations – such as tuition, course fees, accommodation, or training materials. Salaries, in contrast, are a standard budgetary obligation of public healthcare institutions and do not represent an additional cost. This interpretation aligns with decisions from other entity-level courts and reflects principles of fairness.

5. Practical and legal implications

This decision carries several important consequences for legal and contractual practice:

Healthcare institutions can no longer include salary reimbursement clauses in specialisation contracts, as salaries are not legally considered "specialisation costs";

Contracts must clearly define which additional expenses are subject to reimbursement (e.g., tuition fees, administrative charges, educational materials);

There is a need to harmonise practice with principles of fairness and proportionality, particularly in light of the prohibition of unjust enrichment and the role of the public sector in developing medical personnel.

The ruling also encourages lawmakers to more precisely regulate the rights and obligations associated with medical specialisation, in order to avoid legal ambiguities and inconsistent practices. Although current regulations provide a framework, there is no comprehensive standard that governs all elements of specialisation in relation to employment status and funding mechanisms.

6. Conclusion

With this decision, the Supreme Court of the Federation of Bosnia and Herzegovina makes an important contribution to clarifying the boundary between employment rights and actual investments in education. Treating earned wages as a reimbursable cost would set a dangerous precedent in which employees bear financial consequences for exercising ordinary employment rights.

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This judgment thus reinforces broader principles of worker protection in the context of public-sector professional training. It affirms legal certainty, contractual equality, and a more sustainable model for medical specialisation – one that respects the rights of employees while safeguarding legitimate employer interests.

The Court also implicitly highlights the need for a comprehensive reform of the specialisation system in the Federation of Bosnia and Herzegovina – one that would include greater financial transparency, mutual accountability, and realistic expectations between public institutions and healthcare professionals. In this light, the ruling presents an opportunity to recalibrate the balance between public interest and individual rights – a balance that is essential to the long-term stability of the healthcare system.

Date of submission: 22 July 2025

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Current Issues in the field of health law in Denmark

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1. Introduction

Over the last year, national focus has been on reforms in psychiatric treatment in Denmark and on making sure that access to hospitals is (more) equal across the country. Though Denmark is a very small country we have a lot of problems getting medical professionals to move to the lesser populated areas. In order to remedy the problem, it has been decided that the five regions will be reduced to four. The regions oversee hospital care, and the idea is that the change will increase mobility among the medical professionals, as they can be hired to work for all hospitals within the region.

2. New legislation

Abortion

As of 1 June 2025, new abortion legislation has entered into force. The right to an abortion without permission has been extended from week 12 to week 18, the age of consent has been lowered from 18 years to 15 years (and the main rule about information of the custody holder in matters regarding the patient's health does not apply), and the regional "abortsamråd" has been replaced by an abortion board that will – hopefully – ensure that cases are treated evenly across Denmark. It should be added that the Faroe Islands (part of the Danish Realm) still does not have a right to abortion, and that their parliament just voted against a bill making free abortion legal. In Greenland (which is also part of the Danish Realm) the right to abortion is regulated in rules that are based on the Danish rules that applied until 1 June 2025.

3. Societal focus

On a national level there has been some focus on a number of issues regarding access to healthcare in Denmark.

- Last fall it was announced that a number of psychiatric patients had received treatment that did not meet the standard of care prescribed by law. The case has resulted in a decision to inform all involved patients (around 1,500) about their right to complain and seek damages.
- In Denmark it is free to visit a general practitioner. In some areas there is a shortage of general practitioners which leads to long waiting lists. A new development is that some general practitioners have started offering consultations to paying patients after hours, which has been widely criticized for widening inequality in healthcare.

Date of submission: 09 July 2025

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Exploring Vulnerability: Insights from CCNE's Recent Opinions on Healthcare and Society

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1. Introduction

The French National Consultative Ethics Committee for Health and Life Sciences (CCNE) has recently published two significant advisory opinions, each addressing critical issues in contemporary healthcare and societal dynamics. These opinions, 148 and 149, provide a comprehensive exploration of vulnerability and ethical considerations in the context of medical advancements and current socio-economic challenges. In both opinions, the CCNE employs the concept of vulnerability as a central tool for reflection. Vulnerability is depicted as a multifaceted and evolving condition influenced by physical, psychological, social, and environmental factors. This concept is crucial for understanding the complexities introduced by medical advancements and socio-economic changes.

2. Opinion 148: Vulnerability in the Context of Medical Advancements

Opinion 148, adopted in January 2025[1], focuses on the ethical issues related to vulnerability situations arising from medical advancements and the limitations of the healthcare system (p. 7-9). The CCNE acknowledges the significant strides made in medical and technological fields, which have saved lives and enhanced the quality of life for many patients. However, these advancements have also introduced complexities and exacerbated vulnerabilities for certain individuals. This paradox of medical progress, where advancements can simultaneously save lives and induce suffering or dependency, is a central theme of the advisory opinion (p. 11-16).

The CCNE highlights how the healthcare system itself can sometimes intensify these vulnerabilities due to its complexity and inaccessibility for certain populations. Inequalities in access to care, administrative procedures, digitalization, and lack of coordination among healthcare professionals are identified as significant barriers (p. 22-30). The advisory opinion puts forth several ethical recommendations aimed at fostering a more attentive approach to vulnerability in medicine. These include enhanced training for healthcare professionals to better recognize and support vulnerable individuals, an interdisciplinary approach to ensure fair and patient-centered decisions, and the development of a capability approach to empower patients to transcend their vulnerability. Additionally, it calls for a reform of the healthcare system to ensure better accessibility and smoother patient care pathways (p. 37-49).

[1] https://www.ccne-ethique.fr/sites/default/files/2025-03/Avis%20148.pdf

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3. Opinion 149: Declining Birth Rates and Fertility

Opinion 149, adopted in February 2025[2], delves into the ethical issues surrounding the decline in birth rates and fertility (p. 7-9). This document explores the multifaceted nature of these issues and proposes a series of reflections and recommendations to address them. The CCNE identifies several socio-economic and cultural factors contributing to the decline in birth rates, including economic instability, changing roles of women in society, and environmental concerns (p. 11-16).

The CCNE also discusses the concept of vulnerability in depth, highlighting how medical advancements, while beneficial, can also lead to increased complexities and vulnerabilities in patient care. It emphasizes the importance of respecting individual autonomy in decisions regarding parenthood and calls for enhanced solidarity to support those facing obstacles to having children. The CCNE underscores the necessity of comprehensive public policies that address both the socio-economic determinants and the medical aspects of infertility (p. 27-30).

Furthermore, the advisory opinion addresses the medical challenges associated with infertility, noting that about 17.5% of the global adult population is affected by this issue. It calls for improved access to medically assisted reproduction techniques and stresses the importance of ongoing research to better understand and address the causes of infertility. The CCNE advocates for public policies that provide better support for childcare and improve the accessibility and affordability of childcare options (p. 38-41).

4. Conclusion

Both opinions underscore the necessity of an ethics of medical progress that not only focuses on extending life but also considers the quality of life and respects the wishes of patients. They urge all stakeholders in the healthcare system to adopt a more just, supportive, and humane approach, fostering a practice of collective deliberation (Opinion 148, p. 50; Opinion 149, p. 56-64).

In conclusion, the CCNE's use of vulnerability as a central reflexion tool highlights the interconnectedness of medical, social, and ethical considerations. The advisory opinions provide valuable insights into the ethical and practical challenges posed by medical advancements and socio-economic changes. They offer a foundation for informed policy-making and public discourse on these critical issues, emphasizing the importance of a thoughtful and ethical approach to address the needs and rights of vulnerable populations.

Date of submission: 02 July 2025

[2] https://www.ccne-ethique.fr/sites/default/files/2025-03/Avis%20149.pdf

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Hungary

Varga Orsolya
NCP for Hungary

In 2025, Hungary introduced several important changes to its health care regulations, with the goal of improving how patients access services, particularly through digital tools and diagnostic imaging. One of the central pieces of legislation was Government Decree 29/2025. (III. 5.), which brought targeted amendments to existing laws and reshaped certain procedures in the public health system.

A major provision of the decree updated Government Decree 217/1997. (XII. 1.), which implements the Act on Compulsory Health Insurance Benefits (Act LXXXIII of 1997). Under the revised framework, appointments made through the national digital booking system are now considered as implied consent for treatment. This removes the need for patients to sign a separate declaration—a small but meaningful simplification. In addition, patients are no longer restricted to booking appointments with the provider listed in their referral or assigned by location. Instead, they can choose from any provider offering time slots through the digital platform. When a new appointment is booked for the same referral, the system will automatically cancel any previous booking to avoid duplication.

The decree also places new obligations on outpatient specialist care providers. They are now required to make all non-urgent time slots available through the national booking system, although certain exceptions remain—for example, internal referrals, follow-up visits, or services requiring highly specialized expertise. To ensure sufficient availability, providers must offer at least 60% of the volume of appointments handled in the same three-month period the previous year. In the case of imaging services like X-rays, ultrasounds, CT scans, and MRIs, the minimum availability is set at 20%. These rules do not apply to national-level institutions, such as university clinics or national specialty centres. Crucially, providers may not refuse care if an appointment has been booked through the electronic system. The new requirements must be fully implemented by the start of the second month following the decree's entry into force.

Separately, new restrictions on pharmaceutical marketing were introduced through amendments to the Drug Economy Act (Act XCVIII of 2006). These changes came into effect early in the year and aim to tighten oversight of promotional activities. The revised rules expand the definition of "promotion," place stricter conditions on sponsored events and hospitality, and require more transparent reporting. While the first wave of rules took effect on January 1, others followed on February 1, 2025.

Another noteworthy development is the introduction of a named-patient reimbursement framework under Act XXIX of 2024. This law established the Batthyány–Strattmann László Foundation, which now works alongside the National Health Insurance Fund (NEAK) to assess individual reimbursement requests for medicines and medical devices that fall outside the standard funding scheme. The Foundation does not make

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binding decisions but offers discretionary opinions, giving patients an additional route for accessing otherwise non-covered treatments.

Decree 123/2025 (VI. 2.) brought updates to the financing rules under Decree 43/1999, with a stronger emphasis on chronic care. These changes promote structured, guideline-based treatment pathways for chronic conditions, encourage earlier screening, and support more proactive outpatient care.

Date of submission: 02 July 2025

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Ireland

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1. Organ Donation

The law in Ireland regarding organ donation and transplantation has recently changed to a soft opt-out system of consent.[3] Commencement of Part 2 of the Human Tissue (Transplantation, Post-Mortem, Anatomical Examination and Public Display) Act 2024 on 17th June 2025 establishes a legislative framework for organ donation and transplantation.[4]

From 17th June 2025, any person over the age of 18 will automatically be deemed to have consented to donation of relevant organs upon their death except where the person registers their objection to organ donation on the national register, or if the person is excluded from organ donation.[5] This change applies only to those organs defined in the legislation as "relevant organs" which are the liver, lung, pancreas, heart or kidney.[6]

Section 18(2) details the categories of person who will not be deemed to consent to organ donation upon their death. Section 18(2) stipulates that section 18(1) is not applicable:

> "(a) to a person who has not been ordinarily resident in the State for a period of at least 12 months immediately before the date of his or her death,
>
> (b) to a person who, for a significant period before his or her death, lacked the capacity to understand that his or her consent would be deemed to be such if he or she did not register an objection to the donation of his or her organs on the Register,
>
> (c) to a person in respect of whom a designated family member cannot be identified or confirmed, or
>
> (d) to a child."

Any person who does not wish to become an organ donor can apply to register to opt out of organ donation.[7] Once a person registers to opt out of organ donation, this remains for their lifetime unless they decide to withdraw from the register.[8]

Unless the relevant person has formally registered to opt out of organ donation, consent must still be sought from the deceased person's family before organ removal for the purposes of transplantation can take place.

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[3] https://www.gov.ie/en/department-of-health/campaigns/the-human-tissue-transplantation-post-mortem-anatomical-examination-and-public-display-act-2024/
[4] Available at https://www.irishstatutebook.ie/eli/2024/act/5/enacted/en/html
[5] Part 2, Section 18(1), Human Tissue (Transplantation, Post-Mortem, Anatomical Examination and Public Display) Act 2024
[6] Part 2, Section 9(1), Human Tissue (Transplantation, Post-Mortem, Anatomical Examination and Public Display) Act 2024
[7] Section 33(1)-(3), Human Tissue (Transplantation, Post-Mortem, Anatomical Examination and Public Display) Act 2024. Details on how to register to opt out of organ donation are available online at https://www2.hse.ie/services/organ-donation-opt-out-register/opt-out-of-organ-donation/
[8] Section 33(6), Human Tissue (Transplantation, Post-Mortem, Anatomical Examination and Public Display) Act 2024.

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There is a statutory obligation on the registered medical practitioner to consult with the designated family member of the deceased person to confirm that there are no objections to donation of their relevant organ(s).[9] The 'designated family member' who can provide consent to organ donation on behalf of the deceased person includes:

> "(a) a spouse or civil partner of the relevant person,
> (b) a cohabitant of the relevant person,
> (c) a child of the relevant person,
> (d) a parent of the relevant person or a person who was a guardian of the relevant person before that relevant person attained 18 years,
> (e) a brother or sister (whether of the whole or half blood) of the relevant person,
> (f) a grandparent of the relevant person,
> (g) a grandchild of the relevant person,
> (h) an uncle or aunt (whether of the whole or half blood) of the relevant person,
> (i) a niece or nephew of the relevant person, or
> (j) a close friend of the relevant person who can demonstrate to the satisfaction of the person seeking consent or confirmation, as the case may be, that he or she can determine and accurately convey the wishes of the relevant person concerned."[10]

There are certain exclusions on who can provide consent as the 'designated family member', for example, consent cannot be given in circumstances where a deed of separation or decree of judicial separation has been issued; or the family member lacks capacity to provide valid consent; or the family member is under 18.[11] Detailed guidelines on identification of the designated family member and their role in the organ donation process and the consent requirements are available at https://www.gov.ie/en/department-of-health/campaigns/the-human-tissue-transplantation-post-mortem-anatomical-examination-and-public-display-act-2024/

2. Living donors

The Human Tissue (Transplantation, Post-Mortem, Anatomical Examination and Public Display) Act 2024 now permits non-directed altruistic donations from adults which would allow a living donor to donate an organ to the transplantation system (where the donor does not know the recipient). The legislation sets out certain restrictions on non-directed altruistic donations, including the requirement for informed consent, and prohibition on provision of financial compensation or non-financial inducements to donate. [12]

Date of submission: 25 July 2025

[9] Designated Family Member Guidelines are available at https://www.gov.ie/en/department-of-health/campaigns/the-human-tissue-transplantation-post-mortem-anatomical-examination-and-public-display-act-2024/
[10] Section 7(2), Human Tissue (Transplantation, Post-Mortem, Anatomical Examination and Public Display) Act 2024.
[11] For further details, see Section 7(3) (a)-(e), Human Tissue (Transplantation, Post-Mortem, Anatomical Examination and Public Display) Act 2024.
[12] See Section 24(1)-(5), Human Tissue (Transplantation, Post-Mortem, Anatomical Examination and Public Display) Act 2024.

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Lithuania

Dr. Salomėja Fernandez Montojo

NCP for Lithuania

Here is the overview of key health law changes and policy highlights from Lithuania:

- In April 2025, the Constitutional Court of Lithuania ruled that limiting access to assisted reproduction to married couples or those in registered partnerships violates the Constitution. The Court's decision obliges the Parliament to amend the relevant legislation within a year to allow unmarried women to access assisted reproductive treatment. While the ruling is grounded in constitutional principles of equality and the right to healthcare, critics within civil society argue that the emphasis on expanding adults' reproductive autonomy neglects the best interests of the child—interests that should be central to any regulatory framework in this domain. These critics caution that removing requirements related to family structure and social stability may undermine the welfare of children born through assisted reproduction. The debate underscores the ethical and societal complexities surrounding assisted reproduction, which extend beyond questions of healthcare access.

- The Ministry of Health has announced a reform that will ban additional co-payments for healthcare services already covered by the National Health Insurance Fund (PSDF), starting in 2026. The reform aims to reduce patients' financial burden, ensure more equal access to care, and enhance transparency in the public health system. Currently, patients pay millions of euros annually for services that should be free. However, the proposal has drawn criticism from patient organizations, private healthcare providers, and opposition politicians. Critics argue that the ban will limit patients' ability to choose higher-quality materials or services they are willing to pay for, potentially leading to more informal payments, lower service quality, and longer wait times. They also contend that the reform is being rushed without sufficient consultation with healthcare professionals or assessment of its potential impact. The Ministry maintains that the measure is essential to uphold fairness and integrity in the public healthcare system.

- The Ministries of Health and Education have adopted binding regulations for the clinical training of dentistry and oral care students. The rules define the rights and duties of students and supervisors, aiming to improve patient safety, clarify accountability, and ensure service quality. Only licensed professionals with sufficient experience may supervise students and must oversee all procedures. Developed with input from academic institutions and the Lithuanian Dental Chamber, the framework outlines supervision conditions, delegation limits, and liability mechanisms. It fills a previous regulatory gap, enhances legal clarity, and aligns training with ethical and legal standards. Though specific to oral health, it may serve as a model for other clinical training programs.

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- International researchers have confirmed that Lithuania's alcohol control policies, implemented in 2008–2009 and 2017–2018, significantly improved public health and well-being. The measures included tax increases on alcoholic beverages — 112% on beer, 111% on wine, 93% on intermediate products, and 23% on spirits in 2017 — raising the minimum legal drinking age to 20 from 2018, limiting sales hours, and introducing an almost complete ban on alcohol advertising. In the year following these reforms, per capita alcohol consumption dropped by about one liter, and over 1,400 deaths were prevented in Lithuania alone. Notable reductions were also observed in male mortality from external causes on Sundays and cardiovascular-related deaths on Mondays, following restricted alcohol availability during weekends. Moreover, advertising bans contributed to a visible decline in alcohol abuse among adolescents. The World Health Organization has recognized Lithuania's approach as a model of effective alcohol policy, promoting both public health and state budget benefits.

- The Ministry of Health has amended regulations to allow pharmacies to sell over-the-counter (OTC) medicines via online marketplaces and mobile apps, in addition to their own websites. Pharmacies must notify the State Medicines Control Agency and clearly display the EU's official online pharmacy logo, ensuring legal compliance and consumer safety. The change aims to increase access while maintaining regulatory oversight, as only licensed and registered pharmacies are permitted to sell OTC medicines through these digital platforms under the updated legal framework.

- The Lithuanian Parliament has recently approved a tax reform that will increase the cost of employer-sponsored private health insurance policies. As a result, employers may scale back employee benefit packages. While the measure aims to adjust taxation on corporate health coverage, it raises concerns that workers could face reduced access to supplemental health services due to higher costs and diminished benefits under the revised legal framework.

Main sources:

The Ministry of Health of Lithuania: https://sam.lrv.lt/

The Parliament of Lithuania: https://www.lrs.lt/

Constitutional Court of the Republic of Lithuania: https://lrkt.lt

Date of submission: 14 July 2025

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Recent Developments in Health Law in Luxembourg

Mike Schwebag
NCP for Luxembourg

1. Adoption of a Law abolishing the mandatory reflection period for termination of pregnancy, banning hymenoplasty, and banning virginity testing and issuing of a virginity certificate.

Luxembourg adopted on 8 July 2025 a Law which aims to strengthen women's rights and their protection against discriminatory attitudes to their sexuality based on gender stereotypes and religious considerations.[13] First, it abolishes the mandatory reflection period ahead of a voluntary termination of pregnancy. Second, it bans hymen repair surgery and, third, it bans virginity testing and issuing of virginity certificates.

Abolishment of the mandatory reflection period ahead of a voluntary termination of pregnancy.

Until 1978, voluntary termination of pregnancy (abortion) was prohibited in Luxembourg on pain of criminal penalties for the pregnant woman and the physician or any other third party involved. Following the liberalisation in France ('Loi Veil' of 1975) and Germany (1976), voluntary termination of pregnancy was regulated by the Law of 15 November 1978 on sexual information, the prevention of clandestine abortion and the regulation of termination of pregnancy. The Law of 15 November 1978 was amended and further liberalised in 2011 and in 2014. The amended Law of 15 November 1978 currently governs the matter.

Since the 2014 liberalization, a voluntary termination of pregnancy may freely be decided by a pregnant woman before the end of the 12th week of pregnancy (14th week of amenorrhea), no medico-social indication being necessary. A resolution to extend the legal time limit mentioned from the 12th to the 14th week of pregnancy has been rejected 2025.[14] Abortion after the 12th week of pregnancy is possible but is subject to a medical indication.

Even though before the 12th week of pregnancy women legal age were free to decide an abortion, a pregnant woman had to consult a physician specialized in gynaecology and obstetrics and wait at least three days before undergoing the actual procedure. This mandatory three-day reflection period has now been abolished, allowing for a quicker access to abortion and a strengthening adult women's autonomy in decision making. Specific conditions continue to apply to non-emancipated minor women requesting a termination of pregnancy. Minor women remain obliged to consult a psycho-social assistance service after the consultation of the gynaecologist.

[13] Projet de loi portant modification : 1° du Code pénal ; 2° du Code de procédure pénale ; 3° de la loi modifiée du 15 novembre 1978 relative à l'information sexuelle, à la prévention de l'avortement clandestin et à la réglementation de l'interruption de la grossesse, https://www.chd.lu/fr/dossier/8490

[14] https://www.chd.lu/de/motion_resolution/4521

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Ban of hymen repair surgery, of virginity tests and of virginity certificates.

Hymenoplasty is a procedure that aims to restore the hymen with the goal of causing bleeding during the next sexual intercourse, thereby creating the appearance of no previous sexual intercourse. Hymenoplasty and virginity testing are often linked because some women may undergo surgery after 'failing' a virginity test. These practices can also be precursors to child marriage, forced marriage, or other forms of coercive behaviour. From a medical point of view, hymenoplasty is associated with a high risk of infection, a risk of acute haemorrhage, a risk of scarring and narrowing of the vaginal opening, as well as sexual difficulties. The newly adopted Law therefore provides for the prohibition and criminalisation of hymenoplasty and incitement to hymenoplasty through introducing a new Article 409ter to the Criminal Code prohibiting hymenoplasty and a new Article 409quater prohibiting incitement thereof.

According to the World Health Organisation there is no medical or biological means of proving virginity, as the hymen can be broken for reasons other than sexual activity. The legislator considered that issuing a virginity certificate constitutes a serious violation of women's dignity and can have dramatic consequences (physical and psychological violence, even honour killings) for women, particularly in contexts where virginity is socially valued. The newly adopted Law therefore makes it an offence to carry out or encourage virginity testing and to issue or deliver a virginity certificate. To that end, the Law introduces a new Article 378-1 to the Criminal Code prohibiting virginity testing, it introduces a new Article 378-2 prohibiting incitement to undergo a virginity test, and it introduces a new Article 378-3 prohibiting establishing or issuing a certificate attesting to virginity.

The Law finally amends Article 5-1, paragraph 1, of the Code of Criminal Procedure such as to provide for extraterritorial jurisdiction for the newly introduced offences prohibiting hymenoplasty and incitement thereof, as well as of establishing or issuing a certificate attesting to virginity or incitement to undergo a virginity test.

2. Legislative outlook: criminalization of obstruction to voluntary termination of pregnancy and constitutionalizing the right to voluntary termination of pregnancy?

Criminalization of obstruction to voluntary termination of pregnancy.

During the parliamentary debate, a very majority of 55 out of 60 votes adopted a motion calling the Government to deposit a Law proposal that would incorporate the criminal offence of 'obstruction of abortion' into Luxembourg law, prohibiting the act of preventing or attempting to prevent, by any means, the practice of or the access to information on voluntary termination of pregnancy.[15]

[15] https://www.chd.lu/fr/motion_resolution/4603

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Debate on constitutionalizing the right to voluntary termination of pregnancy and access to contraception.

A proposal enshrining the right to abortion and the right to contraception in the Luxembourg Constitution was brought into Parliament in May 2024 and has been advised by the Council of State in July 2025[16]. Luxembourg safeguards the dignity and autonomy of women by its current legislation and free access to contraception is guaranteed since 2023. The Council of State considered that enshrining the right to abortion in the Constitution would however guarantee a superior legal protection, preventing regressions in this fundamental right, such as those recently observed in certain states, especially since the right to voluntary termination of pregnancy is insufficiently protected in international law.

The abolishment of the right to voluntary termination of pregnancy is currently demanded by no political party and the support of the Council of State is creating an important momentum. It nevertheless remains to be seen whether the proposal brought into Parliament by an opposition parliamentarian will gain the necessary support of a two-thirds majority. It will be discussed in Parliament after the summer break.

Date of submission: 15 July 2025

[16] Proposition 8739 de révision de l'article 15 de la Constitution, https://www.chd.lu/fr/dossier/8379.

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Current Legal Issues in the Field of Health Law in the Republic of Latvia

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The amendments to the Cabinet of Ministers of the Republic of Latvia Regulation No. 803 of 25th October 2005, titled "Rules on the Principles Governing the Pricing of Medicinal Products" entered into force on 1 January 2025.

On 1st January 2025, amendments to the Cabinet of Ministers of the Republic of Latvia Regulation No. 803 of 25th October 2005, titled "Rules on the Principles Governing the Pricing of Medicinal Products" entered into force. The main objective of the amendments is to provide more affordable prescription medicines to patients with more affordable prescription medicines by modifying the current mark-up model, which has also been highlighted by the Competition Council, the World Health Organisation, and the World Bank. The revision of the pricing model for medicines is one of the ways to enhance the affordability of medicines, as outlined in the Informative Report on measures to reduce the cost of medicines in the Republic of Latvia, adopted by the Government of the Republic of Latvia.

Amendments have been made to the pricing model for all prescription medicines, reducing the final price for patients by introducing a fixed markup, including the principle of pricing pharmacy care services, and decreasing pharmacies' dependence on wholesalers.

A new markup model was developed for all prescription medicines, aiming to reduce the final price for patients by introducing a fixed markup, including a principle for setting pharmacy service fees, and reducing pharmacies' dependence on wholesalers.

There is a standard markup mechanism for all prescription medicines.

The price of prescription medicines listed in the Latvian Medicines Register are not to exceed the manufacturer's selling price or the wholesale price in the Republic of Estonia and the Republic of Lithuania.

See here for more information: https://likumi.lv/ta/id/353805-grozijumi-ministru-kabineta-2005-gada-25-oktobra-noteikumos-nr-803-noteikumi-par-zalu-cenu-veidosanas-principiem

The amendments to the Medical Treatment Law entered into force on 18th June 2025, establishing that emergency medical personnel are permitted to defend themselves to enhance safety and protection during calls.

In the Republic of Latvia, a situation developed where emergency medical personnel more frequently faced aggressive behaviour from patients or bystanders during emergency calls, which often threatened their safety. Daily work experience showed that the aggressive behaviour of patients or bystanders was unpredictable and

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could manifest not only as verbal abuse (insults, explicit threats of revenge, violence, or even shouting), but also as escalation to physical violence (being hit, punched, scratched, trapped, or property damaged). The negative and significant impact of these attacks was manifested both in endangering the health and lives of staff, complicating the provision of emergency medical services, and causing financial losses to the state. The legal framework until 18th June 2025 did not provide sufficiently effective mechanisms for protecting emergency medical personnel.

To address this situation, amendments to the Medical Treatment Law were made by supplementing Articles 47.1 and 47.2, which entered into force on 18th June 2025. According to these legal norms, during the execution of an emergency medical call, an emergency medical personnel have the right to use:

a gas canister (special device) to protect themselves or others against an attack or threats;

audio and video recording devices (personal body cameras) if there are grounds to believe that the life or health of the emergency medical personnel may be at risk, to document the incident and, if necessary, submit the recording to competent authorities for legal assessment.

See here for more information: https://likumi.lv/ta/id/360947-grozijums-arstniecibas-likuma

The amendments to the Law on the Rights of Patients entered into force on 1st July 2025, establishing that inpatient medical institutions and multi-profile outpatient institutions must develop a patients' rights implementation plan and ensure its implementation.

Starting from 1st July 2025, Article 3, Paragraph 7 of the Law on the Rights of Patients entered into force, establishing that all hospitals and multiprofile outpatient medical treatment institutions are obliged to promote the observance of patients' rights, ensure their protection and implementation in every healthcare situation, and develop and establish a patients' rights implementation plan.

According to Article 3, Paragraph 7 of the Law on the Rights of Patients, healthcare institutions are required to systematically and consistently promote the observance of patients' rights, ensuring their protection and implementation in every healthcare situation. Inpatient medical institutions and multiprofile outpatient medical treatment institutions must develop a patients' rights implementation plan and ensure its execution.

The aim of the patients' rights implementation plan is to integrate the protection of patients' rights as an essential part of the healthcare institution's operations – from internal normative documents to training healthcare personnel and involving patients in decision-making. The plan should serve as a systematic tool to ensure the observance, reinforcement, and oversight of patients' rights in daily practice, fostering a respectful and patient-centred healthcare environment.

Each inpatient medical institution and multiprofile outpatient medical treatment institution must be able to demonstrate whether and how it implements patients' rights in practice.

The Ministry of Health of the Republic of Latvia, in cooperation with health rights experts and scientists, has developed guidelines on what should be included in a patients' rights implementation plan.

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(This does not mean that other medical treatment facilities should neglect patient rights. It just means that they do not need to have develop a special patients' rights implementation plan and ensure its execution.)
See here for more information:
https://likumi.lv/ta/id/203008-pacientu-tiesibu-likums
https://www.vm.gov.lv/lv/jaunums/pacientu-tiesibu-nodrosinasanai-no-1julija-arstniecibas-iestadem-bus-jaievies-pacientu-tiesibu-istenosanas-plans-izstradatas-vadlinijas-atbalstam
https://www.vm.gov.lv/lv/vadlinijas-pacientu-tiesibu-istenosanas-plana-ieviesanai-arstniecibas-iestades

The amendments to the Medical Treatment Law entered into force on 16th July 2025, establishing legal procedures for the admission and assessment of minor patients in inpatient medical institutions and ensuring the provision of narcological assistance.
On 16th July 2025, amendments by supplementing Articles 64.[1] and 68.[1] of the Medical Treatment Law entered into force.
The aim of these amendments is to establish procedures for the admission and assessment of minor patients in inpatient medical institutions, including, if necessary, involving the courts, and to ensure the continuity of compulsory narcological assistance for minors with excessive or harmful substance use disorders or diagnosed addiction.
The amendments aim is to improve the procedures for compulsory narcological assistance and treatment for minors with substance abuse issues or diagnosed addiction, based on the report of the Ombudsman of the Republic of Latvia No. 1 of 8th August 2024 — 12/9 of 8th August 2024, titled "On the Provision of Assistance to Children Who Use Addictive Substances." The Ombudsman's report identified several shortcomings in the provision of narcological services to minors with addiction problems, including the fact that the legal mechanisms established to protect the rights of minors and provide for their compulsory treatment are currently not functioning in the Republic of Latvia.
See here for more information:
https://likumi.lv/ta/id/361614-grozijumi-arstniecibas-likuma
https://www.tiesibsargs.lv/resource/palidzibas-nodrosinasana-berniem-kuri-lieto-atkaribu-izraisosas-vielas/

Amendments to Cabinet of Ministers of the Republic of Latvia Regulation No. 330 of 26th September 2000, titled "Vaccination Regulations" have been developed and submitted for public consultation.
In the Republic of Latvia, the rights of minor patients are strictly regulated by national legal framework including the Law on the Rights of Patients. Despite the seemingly clear legal framework on the protection of the rights of minor patients in the Republic of Latvia, practice shows that legal challenges to balancing the rights of minor patients, legal representatives of minor patients and the public health protection do arise in various practical situations. These legal challenges arise mainly when the legal representatives of minor patients implement their right to refuse the mandatory vaccination of minor patients. For example, in the

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Republic of Latvia in 2024, there was a public case of the death of a minor patient whose legal representatives had decided not to vaccinate him against diphtheria or a disease for which vaccination is mandatory under national legal acts. Following this case, several questions have been raised about possible amendments to the national legal framework, including potential educational issues for the legal representatives of minor patients, possible liability issues for waiving compulsory vaccination of minor patients, possible exclusion from educational institutions and other issues.

To address this situation, amendments to the Cabinet of Ministers of the Republic of Latvia Regulation No. 330 of 26th September 2000, titled "Vaccination Regulations" have been developed and submitted for public consultation. According to the amendments, if the person to be vaccinated or the patient's legal representative refuses vaccination, the healthcare professional is obliged to explain to that person the importance of the preventive measure for both individual and public health. If the person or their legal representative does not change their decision to refuse vaccination, the medical practitioner shall:

prepare an informed refusal of vaccination – the completed refusal form shall be signed by the person to be vaccinated or the patient's legal representative;

despite the written informed refusal of vaccination by the person or the patient's legal representative, the medical practitioner shall continue to provide the person or his or her legal representative with information on the safety of the vaccine and the importance of vaccination.

See here for more information: https://tapportals.mk.gov.lv/legal_acts/295b7fdb-6b85-4426-9927-2932b7ffe267

Date of submission: 16 July 2025

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Slovakia: Developments in Health Care Legislation (December 2024 – June 2025)

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A number of health-related law developments have emerged in the end of 2024 and first half[17] of 2025. This report is focusing new legislative acts and most important changes in national legislation. Main issues adressed relate to balance economic harsh reality with need for health care and need for modernization. Many other changes are expected through 2025.

In December 2024, several acts were adapted, amendiding significantly the regulatory landscape: Acts No. 360/2024[18], 361/2024[19] 362/2024[20] a 363/2024[21] of Collection of Laws of the Slovak Republic. Their provisions began to enter into force on January 1 and later in 2025. They brought several changes to all key laws that regulate healthcare in Slovakia.

Amending Act No. 360/2024 Coll. brought significant changes in the definition and functioning of the public minimum network of healthcare providers, which is key aspect of the patients right to access and the duty of the state. The public network of general outpatient care providers is now more precisely defined – it includes those providers who operate at least one publicly accessible outpatient clinic, have a contract with at least one health insurance company and have a general practitioner with a valid license to practice. The law also introduces accessibility criteria that take into account the temporal and geographical availability of outpatient clinics, as well as the minimum number of providers in individual regions according to the number of inhabitants and age structure. The Ministry of Health gains the authority to continuously update the list of public network providers based on the capacity of outpatient clinics, the number of patients and the availability of specialized care. The amendment also deepens the connection with electronic systems – data on public network providers are recorded in the central register of healthcare professionals and the availability of care is monitored through electronic tools such as the national eZdravie (eHealth) system, operated by the National Health Information Centre[22].

Act No. 576/2004 Coll. on health care had been changed extensively by the amending act 360/2024 Coll. Its § 2 is supplemented by paragraphs 36, 41 to 46, which impose new elements in health care delivey and their

[17] E.g., the Slovak Republic called for a vote on the Pandemic Agreement at the WHO and did not support it (together with 10 more states) at the World Health Assembly (WHA78) in May 2025, although its representatives did not vote against it.
[18] https://www.slov-lex.sk/ezbierky/pravne-predpisy/SK/ZZ/2024/360/
[19] https://www.slov-lex.sk/ezbierky/pravne-predpisy/SK/ZZ/2024/361/20250301.html
[20] https://www.slov-lex.sk/ezbierky/pravne-predpisy/SK/ZZ/2024/362/20250101.html
[21] https://www.slov-lex.sk/ezbierky/pravne-predpisy/SK/ZZ/2024/363/20241218.html
[22] https://www.ezdravotnictvo.sk/en/

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legal definitions: Support team, Community health care, Cross-disciplinary care, Multidisciplinary team, Intervention health team. "Comprehensive care" is defined as a set of jointly organized activities carried out by health professionals and members of the support team, which consists of health care and cross-disciplinary care carried out on the basis of a treatment plan. The new concepts enable improvements in preventive, curative or follow-up care for vulnerable and socially disadvantaged patients.

To protect dignity of patients, new §9b establishes strict rules for the use of vvariosu types of restraints on hospitalised patients.

For the first time, telemedicine in Slovakia is regulated at the level of the law and has explicit legal definition on §2 art.46: "Telemedicine is healthcare and nursing care provided remotely through information and communication technologies, which includes the transmission of information in audio, video or audio-visual form or data form for the purposes of

a) consultation between a person and a healthcare professional in the form of teleconsultations or videoconsultations,

b) consultation between healthcare professionals in the form of teleconsultations or videoconsultations,

c) remote diagnostics,

d) monitoring, analysis and evaluation of bodily functions and the health status of a person,

e) drawing up treatment plans and monitoring their compliance,

f) performing diagnostic tests remotely,

g) support in decision-making about treatment, including electronic prescription of medicines, dietary foods and medical devices.".

This will have huge practical impact on the future implementation of novel forms of organization of work, liabilities, remuneration etc. Other provisions of the law specify the rules for the provision of remote healthcare and its recording in the patient's medical records, which supports data sharing with health insurance companies and National Health Information Centre.

Amending Act No. 361/2024 Coll., which entered into force on 1 March 2025, brought fundamental changes to Act No. 153/2013 Coll. on the National Health Information System (NHIS). These changes respond to the need to modernise electronic healthcare and increase data quality in health information systems and data interoperability, while also enabling more efficient use of data by health insurance companies and the state. Insurance companies are authorized to process electronic health records before they are entered into the electronic health record. They can use this data to: monitor the effectiveness of healthcare, assess the effectiveness and economy of expenditures, ensure the availability of care, provide consulting services to providers. An important change is also the terminological harmonization, which brings Slovak legislation closer to European standards in the field of cybersecurity. Act No. 361/2024 Coll. thus creates the prerequisites for a data-driven healthcare system, in which data will not only be recorded but also actively used to improve the quality of care, optimize costs, and support decision-making at all levels of the system.

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Amending Act No. 362/2024 Coll., effective from 1 January 2025, brings in particular a significant amendment to Act No. 580/2004 Coll. on health insurance. It brings several systemic measures that are intended to strengthen public trust in health insurance companies and improve their management. Stricter rules are now being introduced for the management of public resources managed by insurance companies. The Act specifies the conditions under which insurance companies may conclude contracts with healthcare providers and emphasizes equal access for patients to healthcare regardless of the insurance company. An important innovation is also the expansion of the supervisory powers of the Health Care Surveillance Authority[23], which will be able to more effectively review contractual relationships, insurance company expenditures and compliance with legal obligations. The Act also regulates mechanisms for evaluating the effectiveness of healthcare, thereby strengthening data analytics in the public insurance system.

Amending Act No. 363/2024 Coll., effective from 18 December 2024, adopted during period when over 3.300 physicians in Slovakia, supported by medical trade unions, were since October 2024 filing mass resignations to weekend and night shifts and overtime, some also terminated employment in hospitals[24], and demanding reform changes in the healthcare sector in accordance to the Memorandum between medical trade union LOZ and the Ministry of Health from 2022[25]. This Act represents a legislative response to the need to strengthen the functionality of the healthcare system during emergency situations, such as crisis situations or mass dismissals of healthcare workers. A key element is the expansion of the Criminal Code to include new criminal offenses that affect intentional failure to fulfill obligations during crisis situations. This mainly concerns cases where healthcare workers or other persons consciously refuse to fulfill legally imposed obligations, thereby endangering the health or lives of others. At the same time, the powers of the state are also being adjusted - the law allows for more flexible deployment of healthcare personnel, including the possibility of ordering work to be performed in specific health care facilities in the crisis situations.

Act No. 23/2025 Coll.[26] of 5 February 2025, "Act amending certain laws in relation to ensuring patient protection and establishing social harmony in healthcare", is effective from 1 March 2025. It introduced changes to several acts amended by Amending Act 363/2024 Coll., some of tem are revoked such as changes to healthcare crisis management (e.g. the Criminal Code and Act No. 42/1994 Coll. Civil Protection Act). The goal is to ensure patient protection, improve working conditions for healthcare professionals[27] and

[23] https://www.udzs-sk.sk/en/abouth-the-hcsa/
[24] https://www.etui.org/sites/default/files/2025-01/Collective-bargaining-2024.12-December-2024_1.pdf
[25] https://www.health.gov.sk/Clanok?memorandum-lekari-vlada
[26] https://www.slov-lex.sk/ezbierky/pravne-predpisy/SK/ZZ/2025/23/
[27] As Mária Nováková pointed out earlier in her monograph, significant differences persist in Slovakia in liabilities and remuneration stemming from individual employment status (contract type) of doctors who are hospital employees, the situation in academic medical centers which have the status of a teaching hospitals is specifically problematic. See: Nováková, Mária : Zdravotnícki pracovníci univerzitných pracovísk. 1. vyd. Praha: Leges, 2019. Another chronic problem is the regulation of working hours and the large amount of overtime work by doctors and its control. The problem ca be tracked long in the past, as

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establish social reconciliation in a sector that has faced long-term tension and staff shortages. An important part of the law is the improvement of working conditions in the healthcare sector, including working hours and wage claims of physicians regulation.

Decree of the Ministry of Health of the Slovak Republic No. 62/2025 Coll.[28] of March 27, 2025 defining the conditions of reimbursement according to the classification system for a defined part of diagnostic and therapeutic groups (DRG) was long awaited and came into force on April 1, 2025.

Amending Act No. 69/2025 Coll. of March 27, 2025, which will enter into force in several stages, introduces a new model for the organization and financing of the emergency medical service. It modifies the criteria for the deployment and staffing of stations. A fundamental change is also the expansion of the competencies of rescuers - now they can independently perform a wider range of services, including the administration of some medications without the direct supervision of a doctor. At the same time, emphasis is placed on continuous education and professional assessment of rescue personnel. The law also strengthens the digital integration of the emergency service - each intervention must be electronically documented and connected to the national health information system. This will allow for better continuity of care when the patient is transported to the hospital, and at the same time provide valuable data for planning and evaluating the quality of services. In the event of emergencies, the law allows for central management of trips, temporary assignment of other entities to perform the emergency service, and flexible transfers of personnel and equipment.

Amending Act No. 69/2025 Coll.[29] of March 27, 2025, which will enter into force in several stages, introduces a new model for the organization and financing of the emergency medical service. It modifies the criteria for the deployment and staffing of stations. A fundamental change is also the change in the remuneration of patient transport assistants and paramedics, the expansion of the competencies of paramedics - now they can independently perform a wider range of services, including the administration of some medications without the direct supervision of a doctor. At the same time, emphasis is placed on continuous education and professional evaluation of paramedics. The law also strengthens the digital integration of the emergency service - each intervention must be electronically documented and connected to the national health information system. This will enable better continuity of care when the patient is transported to the hospital, and at the same time provide valuable data for planning and evaluating the quality of services. In the event of

documented by studies such as Nováková, Mária: Výkon ústavných pohotovostných služieb. In: Pracovné právo a sociálna legislatíva po novele Zákonníka práce. 1. vyd. Sládkovičovo: Vysoká škola Danubius, Fakulta práva Janka Jesenského, 2014.p. 66-73 which pointed to disobedience of law in health care settings (p.63) and Freel, Lenka : Zamestnávanie zdravotníckych pracovníkov. 1. vyd. - Bratislava : Právnická fakulta Univerzity Komenského, 2020.

[28] 62/2025 Z.z. - Vyhláška Ministerstva zdravotníctva Slovenskej republiky, ktorou sa definujú podmienky úhrady a úhrada podľa klasifikačného systému pre definovanú časť diagnosticko-terapeutických skupín

[29] https://www.slov-lex.sk/ezbierky/pravne-predpisy/SK/ZZ/2025/69/

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emergencies, the law allows for central management of trips, temporary assignment of other entities to perform the emergency service, and flexible transfers of personnel and equipment.

Act 176/2025 Coll.[30] amending Act No. 245/2008 Coll. on Education (School Act) and on amending and supplementing certain acts, as amended, and amending certain acts, brings also new feature to make access to spiritual care compulsor: amends Act No. 578/2004 on healthcare providers by adding paragraph 23 to § 79, which reads: "A provider of institutional healthcare is obliged to allow a person authorised to perform clerical activities to enter the institutional healthcare facility, if the presence of such a person does not disrupt or disrupt the provision of healthcare." The Ministry of Health may impose a fine of up to EUR 500 on a provider of institutional healthcare if it breaches the above obligation. Although existing legislation stipulated a patient right for religious services in certain extent, the health care providers did not have any explicit duty to alllow presence of clerics.

By the amendment to the Act 576/2004 Coll. on healthcare, the right of a child to be accompanied in hospital was legislatively enshrined in Act 176/2025 Coll., effective from 1 September 2025. The Act expressis verbis stipulates that „a minor child has the right to be accompanied during hospitalization“, in the same way as a person with disability, regardless of the child's age. This was a change for a decade long desired by parents and wide public.

Date of submission: 22 July 2025

[30] https://www.slov-lex.sk/ezbierky/pravne-predpisy/SK/ZZ/2025/176/

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Health Law Developments in Spain during the First Half of 2025

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This report on legislative developments in Spain focuses on general laws passed and currently in force over recent months. Additionally, there are certain bills currently undergoing parliamentary procedures, as well as a second section addressing a new ruling by the Spanish Constitutional Court on legislation related to public health crises and the division of powers between the national legislature and the autonomous communities.

1. Legislative Developments

First of all, the Law 6/2024, of December 20, aimed at enhancing protection for living donors of organs or tissues for subsequent transplantation has come into force. This law classifies these procedures as special cases of temporary incapacity, with a specific protection regime designed to provide broad coverage. The intention is to ensure that individuals who altruistically donate an organ or tissue—saving or improving another person's life—are not financially disadvantaged as a result. Accordingly, the revised text of the General Social Security Law, approved by Royal Legislative Decree 8/2015 of 30 October, is amended so that no prior contribution period is required, alongside modifications to other special laws on the matter.

Further amendments have been made to the Workers' Statute Law, approved by Royal Legislative Decree 2/2015, of 23 October, and the revised text of the Public Employee Statute Law, approved by Royal Legislative Decree 5/2015, of 30 October, in order to introduce paid leave for the time necessary to carry out the aforementioned acts.

The law aims to remove economic and occupational barriers that might discourage individuals from becoming living donors, thereby promoting donation and improving the quality of life for transplant recipients. Its key provisions include:

- The creation of a special temporary incapacity status for common contingencies for workers who donate organs or tissues.
- Full protection for donors: economic benefits during this period will amount to 100% of the regulatory base, with no prior contribution period required.
- Coverage of both continuous and non-continuous days during which the donor is unable to work due to medical or surgical preparation, including hospital admission for the transplant and up to medical discharge.

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- Paid leave is included for pre-donation acts, such as medical consultations or diagnostic tests, and for giving informed consent, provided these take place during working hours.

Secondly, it is worth noting Royal Decree 1303/2024 of 23 December, which amends the Regulation implementing Organic Law 11/2021 of 28 December, on anti-doping in sport, previously approved by Royal Decree 792/2023 of 24 October. Of particular relevance is the regulation of Therapeutic Use Exemptions (TUEs) to better align with the International Standard (ISTUE). The exceptional nature of retroactive TUEs is also emphasised, with precise clarification of the circumstances under which they may be granted, considering the need to protect athletes with medical conditions.

Thirdly, the Royal Decree 391/2025 of 13 May establishes quality and safety criteria for radiotherapy care units. This regulation complements Royal Decree 601/2019 of 18 October, which governs the justification and optimisation of the use of ionising radiation for radiological protection during medical exposures.

Radiotherapy units provide treatment using ionising radiation alone or in combination with other therapeutic modalities for oncological and certain non-neoplastic conditions. The new regulation sets quality standards to ensure appropriate justification and optimisation of radiotherapy treatments and the radiological protection and safety of patients.

The main innovations include:

- The mandatory implementation of a quality and safety assurance programme in each unit, including provision of patient information.
- Each centre must establish a commission responsible for the design, development, and monitoring of the programme.
- Detailed regulation of the responsibilities of the healthcare facility's holder, including file management, reports, backup copies, and regular evaluations.
- Regulation of both general and specific patient information, for example, regarding pregnant patients or cases of clinically relevant accidental exposure.
- Definition of the minimum required healthcare personnel during treatment sessions.
- Regulation of professional training requirements and external audits.

Fourthly, several national regulations affecting healthcare professionals in Spain and published this year should be noted:

- Royal Decree 101/2025 of 18 February, which establishes the title of Specialist in Clinical Laboratory, and repeals the titles of Specialist in Health Sciences in Clinical Analysis and Clinical Biochemistry.
- Royal Decree 203/2025 of 18 March, amending Royal Decree 589/2022 of 19 July, which regulates cross-disciplinary training in Health Sciences specialisations, the procedure and criteria for proposing

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new specialist titles or specific training diplomas, the review of established ones, and rules governing annual access examinations for training posts in health specialities.

Finally, two particularly relevant draft laws in the field of health law merit brief mention pending their official publication:

- Draft law on the Creation of the State Public Health Agency and amendment of Law 33/2011 of 4 October, General Public Health. This new agency will coordinate the public health surveillance network, assess risks in this area, and manage early warning systems for future health emergencies. It also addresses regulations concerning the reference pricing system.
- In the region of Cantabria, a Digital Health Law is under parliamentary consideration. This is a pioneering initiative in both Spain and Europe, aiming to regulate, among other aspects, the protection of citizens' neuro-rights and neuro-data. It also includes the creation of a regional mandatory register of artificial intelligence systems used in healthcare, applicable to both public and private institutions. This register must include data such as algorithms used, technical managers, known biases, and validation procedures.

2. Case Law from the Constitutional Court

The Spanish Constitutional Court (Judgment 133/2025 of 10 June 2025) has unanimously annulled several provisions of Law 2/2021 of 24 June of the Basque Country, which established measures for managing the Covid-19 pandemic. The ruling begins reaffirming the Court's established doctrine regarding the requirement of an organic law for the regulation of certain fundamental rights.

Accordingly, the Court declared unconstitutional and void the articles regulating exceptional measures. The reasoning is as follows:

- Diagnostic testing, vaccination, and screening affect the right to physical integrity and personal privacy.
- Measures such as isolation, quarantine, and confinement interfere with the right to personal liberty.
- Restrictions on night-time mobility or movement within the Basque Country, as well as limitations on social gatherings and the presence of groups, affect the freedom of movement and the right of assembly.

These measures are imposed in a restrictive or limiting manner, as the law regulates obligations, restrictions, and prohibitions rather than voluntary measures. Thus, they exclude the right to self-determination, which is intrinsic to the aforementioned fundamental rights.

The Court therefore concluded that the Basque law breached the Spanish constitutional system of legal sources, as it regulated fundamental rights through an ordinary law, where an organic law would have been

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required. The ruling reinforces the importance of legal certainty and the correct legislative hierarchy when enacting measures that restrict constitutional rights.

Date of submission: 25 July 2025

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Legislative News in the Field of Health Care of Ukraine

Khrystyna Tereshko

NCP for Ukraine

On 16/07/2025, Ukraine adopted a law on military training of citizens of Ukraine under the program for training reserve officers of the medical service

This law was developed to meet the state's needs in military medical personnel by restoring mandatory military training under the program for training reserve officers of the medical service for applicants for higher education in medical and pharmaceutical specialties.

The law provides for:

a. establishing the mandatory completion of military training under the program for training reserve officers of the medical service for citizens of Ukraine who are pursuing higher education in medical and pharmaceutical specialties, are fit for military service by health status and have passed professional and psychological selection;
b. obligation of higher education institutions of all forms of ownership and subordination, conducting educational activities in medical and pharmaceutical specialties in accordance with the obtained license for the relevant activity, to ensure that applicants for higher education in medical and pharmaceutical specialties undergo military training under the training program for 3 reserve officers of the medical service;
c. granting the Ministry of Health of Ukraine the authority to coordinate the list of military-accounting specialties in which military training of citizens of Ukraine is conducted under the training program for reserve officers, and the volume of training in such specialties in terms of medical and pharmaceutical specialties.

📌 **More details at the link:**

https://itd.rada.gov.ua/billInfo/Bills/Card/56393

On 07/25/2025, a draft law was registered in Ukraine on the introduction of state support for the provision of medical services for the Defenders of Ukraine

The purpose of the bill is to legislatively regulate the issue of ensuring that military personnel and veterans from among the Defenders of Ukraine receive full payment for all medical examinations, medical services and medicines they need from the State Budget of Ukraine at all levels of medical care, including emergency, primary, secondary (specialized), tertiary (highly specialized), palliative medical care, etc.

The state guarantees free passage of all necessary medical examinations, receipt of necessary medical services and medicines at all levels of medical care, including emergency, primary, secondary (specialized), tertiary (highly specialized), palliative medical care, etc.

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📌 **More details at the link:**

https://itd.rada.gov.ua/billInfo/Bills/Card/56914

On 07/25/2025, a draft law on the motivation of individual primary health care specialists was registered in Ukraine.

The purpose of the draft law is to legislatively regulate the issue of creating conditions for financial motivation of such primary health care specialists as obstetricians and paramedics to carry out their relevant professional activities.

The draft law proposes to make amendments to the Fundamentals of Ukrainian Legislation on Healthcare, which would provide that the official salary and all related allowances and additional payments of obstetricians and paramedics of primary health care are increased by 50 percent.

📌 **More details at the link:**

https://itd.rada.gov.ua/billInfo/Bills/Card/56915

On 07/25/2025, a draft law on the motivation of individual primary health care specialists was registered in Ukraine.

The purpose of the draft law is to legislatively regulate the issue of creating conditions for financial motivation of such primary health care specialists as obstetricians and paramedics to carry out their relevant professional activities.

The draft law proposes to make amendments to the Fundamentals of Ukrainian Legislation on Healthcare, which would provide that the official salary and all related allowances and additional payments of obstetricians and paramedics of primary health care are increased by 50 percent.

📌 **More details at the link:**

https://moz.gov.ua/uk/decrees/nakaz-moz-ukrayini-vid-23-07-2025-1177-pro-zatverdzhennya-metodichnih-rekomendaciyi-shodo-nadannya-poslug-u-sferi-ohoroni-zdorov-ya-osobam-sho-perezhili-seksualne-nasilstvo

Date of submission: 30 July 2025

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United Kingdom

Mary Guy
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The first part of 2025 has seen the introduction of potentially significant reforms – this update provides insight into how some of these are developing.

1. Abortion

Debates of the Crime and Policing Bill have engaged with amendments intended to decriminalise abortion. The "Antoniazzi" / NC (new clause) one amendment sought to remove women from long-standing legislation the Offences Against the Person Act 1861 and the Infant Life (Preservation) Act 1929 in relation to their own pregnancies, which criminalise abortion. MPs voted 379 to 137 in favour of the amendment on 17 June 2025. At the time of writing (25 July 2025), the Crime and Policing Bill is awaiting its second reading in the House of Lords. It includes, at clause 191, "Removal of women from the criminal law related to abortion".

2. Assisted Dying

The Terminally Ill Adults (End of Life) Bill for England and Wales makes provision for adults who are terminally ill and reasonably expected to die within 6 months to request, and lawfully be provided with, assistance to end their own life. It passed its third reading in the House of Commons by 314 to 291 votes on 20 June 2025, and is currently (as at 25 July 2025) awaiting its second reading in the House of Lords.

The definition of "terminally ill" in the proposed legislation encompasses a person who has an inevitably progressive illness or disease that cannot be reversed by treatment, and who must also reasonably be expected to die within six months. There are four main criteria that must be met before a terminally ill person can, on request, be assisted to end their own life. The person must have capacity (as defined by the Mental Capacity Act 2005) "to make a decision to end their own life"; be aged 18 or over; be ordinarily resident for at least 12 months in England and Wales; and be registered as a patient with a GP practice in England or Wales.

The Bill requires confirmation that the person has a clear, settled, and informed wish to end their own life, and have made the decision voluntarily. In overview, the process of seeking assisted dying comprises four main stages:

- Preliminary discussion (with a doctor).
- The person makes a "first declaration" (and two medical statements are provided).
- The approval of an Assisted Dying Review Panel (which confirms that specified criteria are met).

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- Referral to this Panel is made by a new Voluntary Assisted Dying Commissioner (as a result of amendments passed in the House of Commons).
- Panels are appointed by the Commissioner and must comprise a lawyer (either a current or former senior judge, or a King's Counsel), psychiatrist and social worker.
- The person makes a "second declaration" (and a medical statement is provided).

Further provision is made by the Bill to cover related matters, inter alia, regarding conscientious objection by doctors.

3. Mental Health

The Mental Health Bill was introduced in late 2024 to amend the Mental Health Act 1983. In general terms it seeks to modernise the approach to mental health, achieve parity between mental and physical health services, reinforce patient autonomy, and expand access to mental health services across the public and private healthcare sectors.

While this Bill is currently still passing through the House of Commons, it nevertheless has engaged with significant reforms such as redefining "mental disorder" so that people with autism or a learning disability will not be detained under the MHA without a coexisting psychiatric disorder. It also raises the threshold for detention and reviews the need for detention more frequently.

4. National Health Service (NHS) Reform Proposals in England

The Leng Review into Physician Associates (PAs) and Anaesthetist Associates (AAs) reported in July 2025 following controversy and uncertainty about the scope of PA and AA roles.

The Department for Health and Social Care published the long-awaited 10-year health plan for the NHS, "Fit for the Future" in July 2025. This sets out three main shifts in NHS focus: from hospital to community; from analogue to digital; and from sickness to prevention.

Change to the NHS oversight landscape emerged in March 2025 with the announcement of plans to abolish NHS England, the wide-ranging oversight body introduced originally by the Health and Social Care Act 2012. It is envisaged that many of NHS England's functions will be incorporated into the Department of Health and Social Care by 2027.

Date of submission: 25 July 2025

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Faculty of Law, Canon Law and Administration of the John Paul II Catholic University of Lublin

Institute of Social Sciences in Belgrad

in Cooperation with the Institute for Self-Government Development

under Honorary Patronage of the Marshal of the Lublin Voivodeship

MARSZAŁEK
WOJEWÓDZTWA LUBELSKIEGO

and Patronage of the European Association of Health Law

Are Honoured to Invite You to an International Scientific Conference

"Covid-19 in Central and Eastern Europe (CEE)- Lessons Learned and Pandemic Preparedness – Five Years Later"

Venue: Lublin Conference Centre, Poland

Date: 2-3 October, 2025

Language of the Conference: English

Hybrid conference. The conference will be hybrid that will run fully in-person and fully virtually.

Introduction to the Conference Topic

Legacy of Covid-19: The Covid-19 pandemic had a significant, multidimensional impact, which occurred in different manner in each society. The most important legacy is introduction of the number of limits to the direct contacts between people in order to limit the spread of virus. The number of other challenging dilemmas has however been open, which are still highly debated by scholars and practitioners, but also in the public. It

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seems that the consequences of the phenomenon will occur in societies over a longer period of time, and they should be explored and the results should serve as the lesson learned for the next health emergencies.

Pandemic treaty (PT) - towards a global response to the future health emergencies: WHO MS have agreed to a global process to negotiate and draft an agreement under WHO Constitution to strengthen pandemic prevention, preparedness and response. Setting out plans for a PT in early 2021, world leaders described it as a legacy to protect next generations. In May 2025, the World Health Assembly formally adopted a historic international pandemic agreement, concluding more than three years of intense negotiations. The PT aims to strengthen global prevention, preparedness, and response (PPR) for future health emergencies. Conference will focus on the national approaches to the PT, deepening the scientific discussion on the issue of global response to the future health emergencies and supporting WHO policies.

The main challenge remains how to deal with a plethora of national approaches both epidemiological, but also legal put in place to protect human rights in the cases of emergency.

Participants of the conference are invited to address two main questions:

1) national responses to the consequences of pandemic in the post-Covid-19 period in different life spheres and national solutions for the new potential emergency situation, and

2) national responses to the PT, and how joint, harmonised response to the new potential emergency situation could be achieved, according to the scientific community.

The conference will result in a thematic issue of a scientific journal.

Organisation

Conference Scientific Committee:

Katarzyna Miaskowska-Daszkiewicz (The John Paul II Catholic University of Lublin, Poland), Marta Sjenicic (Institute of Social Sciences, Belgrade, Serbia), Sofija Nikolic Popadic (Institute of Social Sciences, Belgrade, Serbia), Marko Milenkovic (Institute of Social Sciences, Belgrade, Serbia), Igor Milinkovic (University of Banja Luka, Bosnia and Herzegovina), Andre den Exter (Erasmus University Rotterdam, Netherlands), Denard Veshi (University of New York, Tirana, Albania), Martin Rusnak (Trnava University, Slovakia), Suzana Kraljic (University of Maribor, Slovenia), Claudia Seitz (Private University in the Principality of Liechtenstein), Małgorzata Ganczar (The John Paul II Catholic University of Lublin, Poland), Michał Domagała (The John Paul II Catholic University of Lublin, Poland), Alceste Santuari (University of Bologna), Sławomir Fundowicz (The John Paul II Catholic University of Lublin, Poland).

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Call for Abstracts

The deadline for submission of abstracts is **30 July 2025**. You will be informed on the abstract acceptance by 15 August 2025.

Abstracts (app. 500 words) should be sent to the Chair of the Scientific Committee: katarzyna.miaskowska-daszkiewicz@kul.pl.

Please indicate in the abstract your preliminary preference regarding the form of participation in the conference: in person or remotely.

A short CV should be attached on additional page.

The abstracts will be subjected to a peer review process by the Conference's Scientific Committee.

Those who are selected are expected to present their paper at the Conference.

The presentation time will be 15 minutes.

There is no conference fee.

Registration

Deadline for registration for the conference and for declaration on the form of participation: online or on-site is 1 September 2025.

Potential topics:

1) Follow up of the responses of governments and health systems to crisis;
2) National pandemic preparedness measures;
3) National PT implementation strategies in Central and Eastern Europe (CEE)
4) Prioritization in medicine and vaccination allocation in times of pandemics;
5) New balance of the right to health vs/ or in line with other human rights;
6) New measures to enhance position of vulnerable groups in emergency situations;
7) Public health challenges, public reaction and the role of the media.
8) Economic and other measures in emergency situations.
9) Other topics related to the consequences of the pandemic crisis
10) The balance between state sovereignty and international legal obligations
11) Legal, political, and ethical challenges in implementing the WHO Pandemic Treaty

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EAHL Young Scholars Workshop
"*European Health Law and Governance*"
School of Law, University of Salerno, 6-7 May 2025

The second edition of the EAHL Young Scholars Workshop was held at the School of Law of the University of Salerno (Italy) on 6-7 May 2025.

The Workshop was co-organised and co-sponsored by the European Association of Health Law (EAHL), the University of Salerno, the Department of Legal Sciences, the Jean Monnet Centre of Excellence "New Visions of the European Union's Role in Global Health" (EU4GH) and the Jean Monnet Module "One Health: Global and EU Perspectives" (1HEALTH) (both co-funded by the European Union under the Erasmus + Programme).

The event was planned with the invaluable contribution of the whole EAHL Board and the Chairs of the Young Scholars Interest Group, Dr. Sofia Palmieri and Dr. Mirko Dukovic. The academic programme was particularly intense and included four plenary sessions and five thematic panels. The Workshop was attended by twenty EAHL young scholars from Belgium, Czeck Republic, China, Germany, Italy, Poland, Spain, The Netherlands and Turkey, who presented their research projects and discussed future career developments with senior academics and experts from the health field.

On the 6th of May, two keynote speeches were delivered at the opening and closure of the day by Dr. Pedro A. Villarreal Lizárraga (German Institute for International and Security Affairs) and Dr. Tomislav Sokol (European Parliament), who respectively addressed topical issues concerning the future of the European Health Union and the European Health Data Space. Four thematic panels focused on *Equity, Digital Health, and Decision-making in the European Health Union* (chaired by former EAHL President, Prof. Steven Lierman), *European Pharmaceutical Law* (chaired by former Board member Dr. Annagrazia Alvavilla and Dr. Emanuele Cesta, from the Italian Medicines Agency), *Secondary Use of Health Data and Data Governance* (chaired by Prof. Giacomo Di Federico, newly elected EAHL NCP for Italy), *One Health and Healthcare Organisation* (chaired by Prof. Magdalena Flatscher-Thöni, currently EAHL Secretary and Prof. Stefania Negri, former EAHL NCP for Italy).

On the 7th of May, two plenary sessions were dedicated to research methodology and professional expertise. The first one, titled "*Health Law in Context: Exploring Empirical and Interdisciplinary Approaches*" was animated by Prof. Flatscher-Thöni and Drs. Altavilla, Palmieri and Dukovic and offered valuable insights on research methodology and interdisciplinarity. The second, iconically titled "*Voices from the field*", consisted

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in four interviews to health law experts working within national and European institutions, who shared their professional experience and gave useful inputs to explore institutional opportunities to work on field at high level of expertise. The four invited speakers were Dr. Marco Marsella, Head of DG SANTE.C, Digital, EU4Health and Health Systems Modernization; Dr. Emanuele Cesta, Chair of the European Committee on Pharmaceuticals and Pharmaceutical Care, Council of Europe; Dr. Francesco Maraglino, Italian Ministry of Health, Italian representative within EU institutions and Agencies; Dr. Sandro Bonfigli, Italian Ministry of Health, Italian NCP for Surveillance at ECDC.

The Workshop offered a very important opportunity for young scholars to engage in constructive and mind-opening scientific debate, productive interactions, exchange of experience and personal growth.

More information on the event and a photo gallery will be soon available on the EAHL Website.

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Jean Monnet EU4GH Summer School
"*The European Union and Global Health*"
School of Law, University of Salerno, 3-6 June 2025

The School of Law of the University of Salerno (Italy) hosted from 3 to 6 June 2025 the second edition of the Jean Monnet Summer School "*The European Union and Global Health*", organised by the Jean Monnet Centre of Excellence "New Visions of the European Union's Role in Global Health" (EU4GH) (co-funded by the European Union under the Erasmus + Programme).

The Summer School was coordinated by Prof. Stefania Negri, director of the Jean Monnet Centre EU4GH and newly-elected President of the European Association of Health Law, and organised in collaboration with and under the patronage of the EAHL, the Jean Monnet Module "One Health: Global and EU Perspectives" (1HEALTH), the Global Health Law Consortium (GHLC), the Interest Group on International Health Law of the European Society of International Law (ESIL-SEDI) and the Observatory on Human Rights: Bioethics, Health, Environment.

The summer course consisted of 20 hours of lectures taught by internationally renowned scholars with a recognised expertise in the fields of European Union health law and global health law. The faculty included former EAHL President and Vice-President, Professors Steven Lierman (University of KU Leuven) and Joaquín Cayon de Las Cuevas (IDIVAL, University of Cantabria); GHLC Chair Prof. Benjamin Mason Meier (University of North Carolina at Chapel Hill), and Consortium members Prof. Gian Luca Burci (Graduate Institute of International and Development Studies), Dr. Pedro A. Villarreal Lizárraga (German Institute for International and Security Affairs), Dr. Mark Eccleston-Turner (King's College London) and Dr. Katrina Perehudoff (University of Amsterdam), as well as key staff members from the EU4GH Centre, Prof. Giacomo Di Federico (University of Bologna and newly appointed EAHL National Contact Point for Italy) and Dr. Sandro Bonfigli (Italian Ministry of Health).

In line with the EU4GH Centre's focus, the course addressed the European Union's role as global actor in the international health security scenario, while discussing the pillars of EU health law and its interactions with global health law. Special emphasis was placed on legal tools for prevention, preparedness and response to public health emergencies and serious cross-border health threats under EU law, the WHO International Health Regulations and the Pandemic Agreement, with an eye to the operationalization of the One Health approach. Other major legal issues of topical interest for EU health law concerned access to pharmaceuticals and the new Pharmaceutical Strategy for Europe, digitalization and artificial intelligence, and the governance of health data according to the European Health Data Space.

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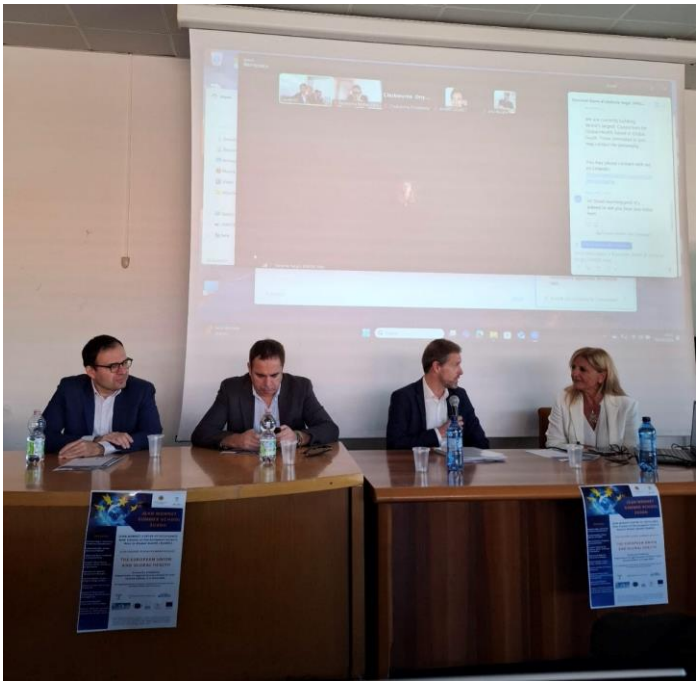
The main target audience of the EU4GH Summer School was represented by LLM, Ph.D. and postgraduate students from the faculties of Law and Medicine, but the course was also open to other interested participants including lawyers and health professionals. The course was offered in hybrid form to allow the widest possible participation and was attended by 60 students and professionals from Italy, Brazil, Germany, Poland, Bulgaria, Tunisia, Portugal, Kazhakistan, Philippines, India, and Nigeria.



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EAHL

Membership of the EAHL is open to health lawyers in Europe and health lawyers from other countries can become associate members.

To become a member of the EAHL, please, send your electronic application to

eurohealthlaw@gmail.com

EAHL secretariat organizes decision on admission and informs applicants about further procedure.

EAHL membership prices:

- Regular one year membership – 76 EUR;
- Regular two-year membership – reduced fee of 130 EUR!
- Student/PhD student membership – 38 EUR;
- Associate (for non-Europe resident only) – 38 EUR.

For more information, please, visit:

http://www.eahl.eu/membership

We are on LinkedIn:

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EAHL members are eligible to subscribe (printed and electronic versions) to the European Journal of Health Law at a reduced annual fee of 88 euros!

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ISSN 2708-2784

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