

Legal Guarantees for Healthcare Workers During Epidemics and Emergencies

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Abstract

The article examines the legal guarantees for healthcare workers both in historical periods and in the modern world, with a focus on their protection during epidemics and emergencies. Particular attention is paid to international legal norms, such as the Universal Declaration of Human Rights, ILO Convention No. 155, and WHO International Health Regulations, which form the foundation for protecting healthcare workers. Examples of national regulations in Uzbekistan, the USA, and EU countries are discussed, highlighting major challenges such as resource shortages, legal insecurity, and professional burnout. The conclusion outlines proposals to strengthen legal protections, including the development of an international document regulating healthcare workers' rights during crises.

Keywords: Legal guarantees, healthcare workers, epidemics, emergencies, international law, labour protection, ILO convention, human rights, burnout, personal protective equipment (PPE).

Introduction

During pandemics and emergencies, healthcare workers are the first to step into the fight for people's health and lives. Their work demands immense dedication and is fraught with constant risks to their life and health. Nevertheless, the rights and guarantees of healthcare workers often remain overshadowed, especially in times of severe crises.

Epidemics throughout human history have not only posed challenges to public health but also brought to light the urgent need to protect healthcare workers. From the Medieval Black Death to the "Spanish flu" in the 20th century, measures aimed at ensuring the safety of medical personnel have evolved.

In the 14th century, the bubonic plague pandemic, known as the "Black Death," swept through Europe, claiming the lives of millions. At that time, legal guarantees for healthcare workers were virtually non-existent, and their work came with enormous risks.

Healthcare workers, including the so-called "plague doctors," performed their duties without any state regulation to ensure their protection. They were provided with minimal protective equipment,

such as long leather cloaks and bird-shaped masks filled with herbs. These measures symbolized an attempt at protection rather than providing real safety¹.

During plague epidemics, the first acts of sanitary safety began to emerge. For example:

Venetian Decree of 1348: Introduced quarantine measures for the first time, regulating the interaction of doctors with infected patients. This act can be considered the first example of state intervention in epidemiological matters².

Sanitary Statutes in Italy and France: These statutes required doctors to visit patients in designated zones and described procedures for disinfection.

Although these documents were more focused on protecting the population than the medical staff, they laid the foundation for future regulation. With the advancement of science in the 17th and 18th centuries, more sophisticated approaches to health protection for both the population and healthcare workers began to emerge.

Sanitary Code of France (1720): Introduced during a plague outbreak in Marseille, this code provided for the establishment of isolated hospitals for the sick, where doctors and medical staff worked under high-risk conditions. The government began allocating resources for their protection, including clothing and special medications³.

Quarantine Laws in Great Britain: Starting in the mid-18th century, Britain introduced laws regulating the activities of doctors in ports, which reduced the risk of infection among healthcare workers.

The "Spanish flu" pandemic became the largest epidemic of the 20th century, infecting about 500 million people. It drew significant attention to the issue of protecting healthcare workers. Healthcare workers faced a lack of protective equipment and high mortality rates. The mass mobilization of doctors, nurses, and volunteers was not accompanied by adequate support. Working shifts lasted 12–16 hours, and state assistance was limited to minimal payments in the event of their death⁴.

Formation of the League of Nations (1919): This marked the first attempts to create international health standards, including the protection of healthcare workers. The Hygiene Committee of the League began developing recommendations to protect medical workers during epidemics, which later formed the basis for WHO documents⁵.

National Laws: In several countries (e.g., the USA, Great Britain, Germany), acts began to emerge that required employers to provide healthcare personnel with at least minimal protective equipment.

The modern COVID-19 pandemic demonstrated how crucial legal protection is for healthcare workers and exposed significant gaps in this area. When we think of healthcare workers during epidemics, we picture images of doctors and nurses in protective suits, working tirelessly without rest. The rights of doctors require special protection due to the high professional workload, constant risks to health and life, and the stigmatization that healthcare workers face during epidemics and emergencies. Their rights need robust protection because:

¹ Health, Safety and the "Plague Doctors": Historical Perspective on Medieval Epidemics // Historical Medical Journal, 2015.

² Venice Sanitation Decree of 1348 // State Archive of Venice, 1348.

³ Code sanitaire de Marseille // Bibliothèque Nationale de France, 1720.

⁴ Barry J.M. The Great Influenza: The Story of the Deadliest Pandemic in History. Penguin Books, 2004.

⁵ The League of Nations and Global Health // Geneva Historical Review, 1919.

Physical risk: During the COVID-19 pandemic, many healthcare workers lacked necessary protective equipment, leading to high mortality rates among medical personnel. According to the World Health Organization (WHO), approximately 115,000 healthcare workers died from COVID-19 during the first 18 months of the pandemic⁶.

Psychological pressure: Working under stressful conditions with limited resources, coupled with fear for their own lives and those of their loved ones, leads to emotional burnout.

Stigmatization: In some countries, healthcare workers faced discrimination. People feared that medical staff might be a source of infection and avoided contact with them.

Protecting healthcare workers' rights is not just an ethical obligation of society aimed at recognizing their work and caring for their health. It is also a fundamental component that ensures the stability and effectiveness of the entire healthcare system. Without proper legal guarantees—such as safe working conditions, access to protective equipment, adequate compensation, and psychological support—the healthcare system becomes vulnerable during epidemics and emergencies, which can lead to its collapse.

International legal instruments play a crucial role in protecting healthcare workers' rights, particularly during epidemics and emergencies. These documents include:

The Universal Declaration of Human Rights (1948):

Article 23 of this document guarantees the right to work in safe conditions. During epidemics, this includes ensuring healthcare workers have access to personal protective equipment (PPE), healthcare services, and adequate rest⁷.

ILO Convention No. 155 on Occupational Safety and Health (1981):

This convention emphasizes the need to create safe working conditions for all employees, including healthcare workers. Article 4 mandates that states provide occupational health protection⁸.

WHO International Health Regulations (2005):

These regulations oblige countries to protect the health of healthcare workers during emergencies, including providing timely PPE and organizing training⁹.

International Covenant on Economic, Social, and Cultural Rights (1966):

Article 12 enshrines the right to "the highest attainable standard of health," which also implies the protection of healthcare workers¹⁰.

These documents provide a framework for international and national regulation of healthcare workers' rights, aiming to strengthen healthcare systems during crises.

⁶ World Health Organization. "The Impact of COVID-19 on Health and Care Workers: A Closer Look at Deaths." WHO, 2021.

⁷ United Nations. Universal Declaration of Human Rights, 1948.

⁸ International Labour Organization. Convention No. 155 "On Occupational Safety and Health," 1981.

⁹ World Health Organization. International Health Regulations, 2005.

¹⁰ United Nations. International Covenant on Economic, Social and Cultural Rights, 1966.

International organizations also emphasize the ethical aspects of protecting healthcare workers. For instance:

The Geneva Declaration of the World Medical Association (1948, revised in 2017):

This declaration highlights the obligations of states to protect healthcare workers from occupational risks¹¹.

The WHO Code of Practice on the International Recruitment of Health Personnel (2010):

This code requires equal rights for all healthcare workers, including migrant medical staff¹². Different countries adopt unique approaches to protecting healthcare workers during emergencies, considering their legal systems, resource capacities, and social policies.

For Example:

- In the USA, healthcare workers' rights are regulated by the "Occupational Safety and Health Act" (OSHA). This law requires employers to ensure safe working conditions. During the pandemic, OSHA developed guidelines for medical institutions, including PPE requirements and measures to prevent staff overwork¹³.
- In the European Union, Directive 89/391/EEC obliges member states to ensure workplace safety and hygiene. During the pandemic, the European Commission recommended strengthening insurance for healthcare workers, allowing them to receive compensation in cases of illness or injury¹⁴.
- In Uzbekistan, healthcare workers' legal protection during emergencies is governed by general and specific legislative norms. The primary document defining healthcare workers' rights is the Law of the Republic of Uzbekistan "On the Protection of Citizens' Health," which obliges the state to provide safe working conditions for medical personnel, including PPE and necessary medical supplies during epidemics and emergencies¹⁵.

During the COVID-19 pandemic, the Uzbek government implemented several measures to support healthcare workers. Additional financial allowances were introduced for doctors, nurses, and junior medical staff working in the "red zone," approved by a Cabinet of Ministers resolution¹⁶. Healthcare workers infected with COVID-19 during their professional duties received one-time compensation payments, and in case of death, their families were eligible for state support¹⁷. To ensure safety, PPE deliveries to medical institutions were organized, COVID-19 testing became free for medical staff, and psychological support programs were launched¹⁸.

¹¹ World Medical Association. Geneva Declaration, Revised in 2017.

¹² WHO. Code of Practice on the International Recruitment of Health Personnel, 2010.

¹³ The Occupational Safety and Health Act (OSHA), USA, 1970.

¹⁴ European Commission. Directive 89/391/EEC, 1989.

¹⁵ The Law of the Republic of Uzbekistan "On the Protection of Citizens' Health".

¹⁶ Resolution of the Cabinet of Ministers of the Republic of Uzbekistan dated March 26, 2020, No. 176 "On Additional Measures to Support Healthcare Workers During the Pandemic".

¹⁷ Ministry of Health of the Republic of Uzbekistan. Information on Compensation Payments for Healthcare Workers, 2020.

¹⁸ Press Service of the Ministry of Health of the Republic of Uzbekistan. "Psychological Assistance to Healthcare Workers During COVID-19".

Despite the existence of international and national norms aimed at protecting healthcare workers, serious challenges remain that limit their effectiveness:

1. **Resource shortages:** Even in developed countries, there were PPE shortages, exposing healthcare workers to infection risks.

2. **Overload:** Healthcare workers often work without breaks during emergencies, leading to physical and emotional exhaustion. These overloads are exacerbated by the lack of adequate rest and psychological support.

3. **Legal insecurity:** In some countries, healthcare workers face prosecution for professional mistakes made under overload and resource scarcity conditions. Instead of receiving support, they become targets of public pressure and legal claims.

To improve the legal and social protection of healthcare workers during emergencies, several steps can be considered:

1. **Development of a Universal Legal Document:**

Creating a "Charter of Healthcare Workers' Rights in Emergencies" would establish minimum protection standards, including mandatory PPE provision, adequate working conditions, financial compensation for high-risk work, and access to healthcare services.

2. **Improving Transparency:**

Enhancing transparency in informing healthcare workers is crucial. This includes timely and comprehensive clarification of their rights and responsibilities, as well as providing up-to-date information on protection measures and available resources. Awareness would enable healthcare workers to feel secure and confident in legal support.

3. **Healthcare Worker Incentives:**

Providing additional payments for work in challenging conditions and access to free psychological support could help address emotional burnout and stress. Such measures would not only improve working conditions but also enhance healthcare workers' motivation.

4. **Promoting International Cooperation:**

Programs for sharing experiences between countries would allow the dissemination of effective practices, improve standards, and enable faster adaptation to new challenges such as epidemics and natural disasters. Collaborative efforts by governments, international organizations, and professional communities would help create a safer and more sustainable environment for healthcare workers.

Healthcare workers are those who fight for our health in the most challenging times. Their work is often undervalued, and their rights insufficiently protected. International norms, such as ILO conventions and WHO regulations, offer fundamental mechanisms of protection, but their implementation depends on the efforts of national governments.

The future demands a deeper understanding and respect for the role of healthcare workers. Building an effective system of legal and ethical protection will not only improve their working conditions but also strengthen the entire healthcare system.

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