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ЕЖЕМЕСЯЧНЫЙ НАУЧНЫЙ ЖУРНАЛ

Медицинские новости Грузии

საქართველოს სამედიცინო სიახლენი

GEORGIAN MEDICAL NEWS

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GMN: Georgian Medical News is peer-reviewed, published monthly journal committed to promoting the science and art of medicine and the betterment of public health, published by the GMN Editorial Board since 1994. GMN carries original scientific articles on medicine, biology and pharmacy, which are of experimental, theoretical and practical character; publishes original research, reviews, commentaries, editorials, essays, medical news, and correspondence in English and Russian.

GMN is indexed in MEDLINE, SCOPUS, PubMed and VINITI Russian Academy of Sciences. The full text content is available through EBSCO databases.

GMN: Медицинские новости Грузии - ежемесячный рецензируемый научный журнал, издаётся Редакционной коллегией с 1994 года на русском и английском языках в целях поддержки медицинской науки и улучшения здравоохранения. В журнале публикуются оригинальные научные статьи в области медицины, биологии и фармации, статьи обзорного характера, научные сообщения, новости медицины и здравоохранения. Журнал индексируется в MEDLINE, отражён в базе данных SCOPUS, PubMed и ВИНИТИ РАН. Полнотекстовые статьи журнала доступны через БД EBSCO.

GMN: Georgian Medical News – საქართველოს სამედიცინო სიახლენი – არის ყოველთვიური სამეცნიერო სამედიცინო რეცენზირებადი ჟურნალი, გამოიცემა 1994 წლიდან, წარმოადგენს სარედაქციო კოლეგიისა და აშშ-ის მეცნიერების, განათლების, ინდუსტრიის, ხელოვნებისა და ბუნებისმეტყველების საერთაშორისო აკადემიის ერთობლივ გამოცემას. GMN-ში რუსულ და ინგლისურ ენებზე ქვეყნდება ექსპერიმენტული, თეორიული და პრაქტიკული ხასიათის ორიგინალური სამეცნიერო სტატიები მედიცინის, ბიოლოგიისა და ფარმაციის სფეროში, მიმოხილვითი ხასიათის სტატიები.

ჟურნალი ინდექსირებულია MEDLINE-ის საერთაშორისო სისტემაში, ასახულია SCOPUS-ის, PubMed-ის და ВИНИТИ РАН-ის მონაცემთა ბაზებში. სტატიების სრული ტექსტი ხელმისაწვდომია EBSCO-ს მონაცემთა ბაზებიდან.

WEBSITE

www.geomednews.com

К СВЕДЕНИЮ АВТОРОВ!

При направлении статьи в редакцию необходимо соблюдать следующие правила:

1. Статья должна быть представлена в двух экземплярах, на русском или английском языках, напечатанная через **полтора интервала на одной стороне стандартного листа с шириной левого поля в три сантиметра**. Используемый компьютерный шрифт для текста на русском и английском языках - **Times New Roman** (**Кириллица**), для текста на грузинском языке следует использовать **AcadNusx.** Размер шрифта - **12**. К рукописи, напечатанной на компьютере, должен быть приложен CD со статьей.

2. Размер статьи должен быть не менее десяти и не более двадцати страниц машинописи, включая указатель литературы и резюме на английском, русском и грузинском языках.

3. В статье должны быть освещены актуальность данного материала, методы и результаты исследования и их обсуждение.

При представлении в печать научных экспериментальных работ авторы должны указывать вид и количество экспериментальных животных, применявшиеся методы обезболивания и усыпления (в ходе острых опытов).

4. К статье должны быть приложены краткое (на полстраницы) резюме на английском, русском и грузинском языках (включающее следующие разделы: цель исследования, материал и методы, результаты и заключение) и список ключевых слов (key words).

5. Таблицы необходимо представлять в печатной форме. Фотокопии не принимаются. **Все цифровые, итоговые и процентные данные в таблицах должны соответствовать таковым в тексте статьи**. Таблицы и графики должны быть озаглавлены.

6. Фотографии должны быть контрастными, фотокопии с рентгенограмм - в позитивном изображении. Рисунки, чертежи и диаграммы следует озаглавить, пронумеровать и вставить в соответствующее место текста **в tiff формате**.

В подписях к микрофотографиям следует указывать степень увеличения через окуляр или объектив и метод окраски или импрегнации срезов.

7. Фамилии отечественных авторов приводятся в оригинальной транскрипции.

8. При оформлении и направлении статей в журнал МНГ просим авторов соблюдать правила, изложенные в «Единых требованиях к рукописям, представляемым в биомедицинские журналы», принятых Международным комитетом редакторов медицинских журналов - http://www.spinesurgery.ru/files/publish.pdf и http://www.nlm.nih.gov/bsd/uniform_requirements.html
В конце каждой оригинальной статьи приводится библиографический список. В список литературы включаются все материалы, на которые имеются ссылки в тексте. Список составляется в алфавитном порядке и нумеруется. Литературный источник приводится на языке оригинала. В списке литературы сначала приводятся работы, написанные знаками грузинского алфавита, затем кириллицей и латиницей. Ссылки на цитируемые работы в тексте статьи даются в квадратных скобках в виде номера, соответствующего номеру данной работы в списке литературы. Большинство цитированных источников должны быть за последние 5-7 лет.

9. Для получения права на публикацию статья должна иметь от руководителя работы или учреждения визу и сопроводительное отношение, написанные или напечатанные на бланке и заверенные подписью и печатью.

10. В конце статьи должны быть подписи всех авторов, полностью приведены их фамилии, имена и отчества, указаны служебный и домашний номера телефонов и адреса или иные координаты. Количество авторов (соавторов) не должно превышать пяти человек.

11. Редакция оставляет за собой право сокращать и исправлять статьи. Корректура авторам не высылается, вся работа и сверка проводится по авторскому оригиналу.

12. Недопустимо направление в редакцию работ, представленных к печати в иных издательствах или опубликованных в других изданиях.

При нарушении указанных правил статьи не рассматриваются.

REQUIREMENTS

Please note, materials submitted to the Editorial Office Staff are supposed to meet the following requirements:

1. Articles must be provided with a double copy, in English or Russian languages and typed or compu-ter-printed on a single side of standard typing paper, with the left margin of **3** centimeters width, and **1.5** spacing between the lines, typeface - **Times New Roman** (**Cyrillic**), print size - **12** (referring to Georgian and Russian materials). With computer-printed texts please enclose a CD carrying the same file titled with Latin symbols.

2. Size of the article, including index and resume in English, Russian and Georgian languages must be at least 10 pages and not exceed the limit of 20 pages of typed or computer-printed text.

3. Submitted material must include a coverage of a topical subject, research methods, results, and review.

Authors of the scientific-research works must indicate the number of experimental biological species drawn in, list the employed methods of anesthetization and soporific means used during acute tests.

4. Articles must have a short (half page) abstract in English, Russian and Georgian (including the following sections: aim of study, material and methods, results and conclusions) and a list of key words.

5. Tables must be presented in an original typed or computer-printed form, instead of a photocopied version. **Numbers, totals, percentile data on the tables must coincide with those in the texts of the articles.** Tables and graphs must be headed.

6. Photographs are required to be contrasted and must be submitted with doubles. Please number each photograph with a pencil on its back, indicate author's name, title of the article (short version), and mark out its top and bottom parts. Drawings must be accurate, drafts and diagrams drawn in Indian ink (or black ink). Photocopies of the X-ray photographs must be presented in a positive image in **tiff format**.

Accurately numbered subtitles for each illustration must be listed on a separate sheet of paper. In the subtitles for the microphotographs please indicate the ocular and objective lens magnification power, method of coloring or impregnation of the microscopic sections (preparations).

7. Please indicate last names, first and middle initials of the native authors, present names and initials of the foreign authors in the transcription of the original language, enclose in parenthesis corresponding number under which the author is listed in the reference materials.

8. Please follow guidance offered to authors by The International Committee of Medical Journal Editors guidance in its Uniform Requirements for Manuscripts Submitted to Biomedical Journals publication available online at: http://www.nlm.nih.gov/bsd/uniform_requirements.html
http://www.icmje.org/urm_full.pdf
In GMN style for each work cited in the text, a bibliographic reference is given, and this is located at the end of the article under the title "References". All references cited in the text must be listed. The list of references should be arranged alphabetically and then numbered. References are numbered in the text [numbers in square brackets] and in the reference list and numbers are repeated throughout the text as needed. The bibliographic description is given in the language of publication (citations in Georgian script are followed by Cyrillic and Latin).

9. To obtain the rights of publication articles must be accompanied by a visa from the project instructor or the establishment, where the work has been performed, and a reference letter, both written or typed on a special signed form, certified by a stamp or a seal.

10. Articles must be signed by all of the authors at the end, and they must be provided with a list of full names, office and home phone numbers and addresses or other non-office locations where the authors could be reached. The number of the authors (co-authors) must not exceed the limit of 5 people.

11. Editorial Staff reserves the rights to cut down in size and correct the articles. Proof-sheets are not sent out to the authors. The entire editorial and collation work is performed according to the author's original text.

12. Sending in the works that have already been assigned to the press by other Editorial Staffs or have been printed by other publishers is not permissible.

Articles that Fail to Meet the Aforementioned Requirements are not Assigned to be Reviewed.

ავტორთა საყურადღებოდ!

რედაქციაში სტატიის წარმოდგენისას საჭიროა დავიცვათ შემდეგი წესები:

1. სტატია უნდა წარმოადგინოთ 2 ცალად, რუსულ ან ინგლისურ ენებზე,დაბეჭდილი სტანდარტული ფურცლის 1 გვერდზე, 3 სმ სიგანის მარცხენა ველისა და სტრიქონებს შორის 1,5 ინტერვალის დაცვით. გამოყენებული კომპიუტერული შრიფტი რუსულ და ინგლისურენოვან ტექსტებში - **Times New Roman (Кириллица)**, ხოლო ქართულენოვან ტექსტში საჭიროა გამოვიყენოთ **AcadNusx.** შრიფტის ზომა – 12. სტატიას თან უნდა ახლდეს CD სტატიით.

2. სტატიის მოცულობა არ უნდა შეადგენდეს 10 გვერდზე ნაკლებს და 20 გვერდზე მეტს ლიტერატურის სიის და რეზიუმეების (ინგლისურ, რუსულ და ქართულ ენებზე) ჩათვლით.

3. სტატიაში საჭიროა გაშუქდეს: საკითხის აქტუალობა; კვლევის მიზანი; საკვლევი მასალა და გამოყენებული მეთოდები; მიღებული შედეგები და მათი განსჯა. ექსპერიმენტული ხასიათის სტატიების წარმოდგენისას ავტორებმა უნდა მიუთითონ საექსპერიმენტო ცხოველების სახეობა და რაოდენობა; გაუტკივარებისა და დაძინების მეთოდები (მწვავე ცდების პირობებში).

4. სტატიას თან უნდა ახლდეს რეზიუმე ინგლისურ, რუსულ და ქართულ ენებზე არანაკლებ ნახევარი გვერდის მოცულობისა (სათაურის, ავტორების, დაწესებულების მითითებით და უნდა შეიცავდეს შემდეგ განყოფილებებს: მიზანი, მასალა და მეთოდები, შედეგები და დასკვნები; ტექსტუალური ნაწილი არ უნდა იყოს 15 სტრიქონზე ნაკლები) და საკვანძო სიტყვების ჩამონათვალი (key words).

5. ცხრილები საჭიროა წარმოადგინოთ ნაბეჭდი სახით. ყველა ციფრული, შემაჯამებელი და პროცენტული მონაცემები უნდა შეესაბამებოდეს ტექსტში მოყვანილს.

6. ფოტოსურათები უნდა იყოს კონტრასტული; სურათები, ნახაზები, დიაგრამები - დასათაურებული, დანომრილი და სათანადო ადგილას ჩასმული. რენტგენოგრამების ფოტოასლები წარმოადგინეთ პოზიტიური გამოსახულებით **tiff** ფორმატში. მიკროფოტოსურათების წარწერებში საჭიროა მიუთითოთ ოკულარის ან ობიექტივის საშუალებით გადიდების ხარისხი, ანათალების შეღებვის ან იმპრეგნაციის მეთოდი და აღნიშნოთ სურათის ზედა და ქვედა ნაწილები.

7. სამამულო ავტორების გვარები სტატიაში აღინიშნება ინიციალების თანდართვით, უცხოურისა – უცხოური ტრანსკრიპციით.

8. სტატიას თან უნდა ახლდეს ავტორის მიერ გამოყენებული სამამულო და უცხოური შრომების ბიბლიოგრაფიული სია (ბოლო 5-8 წლის სიღრმით). ანბანური წყობით წარმოდგენილ ბიბლიოგრაფიულ სიაში მიუთითეთ ჯერ სამამულო, შემდეგ უცხოელი ავტორები (გვარი, ინიციალები, სტატიის სათაური, ჟურნალის დასახელება, გამოცემის ადგილი, წელი, ჟურნალის №, პირველი და ბოლო გვერდები). მონოგრაფიის შემთხვევაში მიუთითეთ გამოცემის წელი, ადგილი და გვერდების საერთო რაოდენობა. ტექსტში კვადრატულ ფჩხილებში უნდა მიუთითოთ ავტორის შესაბამისი N ლიტერატურის სიის მიხედვით. მიზანშეწონილია, რომ ციტირებული წყაროების უმეტესი ნაწილი იყოს 5-6 წლის სიღრმის.

9. სტატიას თან უნდა ახლდეს: ა) დაწესებულების ან სამეცნიერო ხელმძღვანელის წარდგინება, დამოწმებული ხელმოწერითა და ბეჭდით; ბ) დარგის სპეციალისტის დამოწმებული რეცენზია, რომელშიც მითითებული იქნება საკითხის აქტუალობა, მასალის საკმაობა, მეთოდის სანდოობა, შედეგების სამეცნიერო-პრაქტიკული მნიშვნელობა.

10. სტატიის ბოლოს საჭიროა ყველა ავტორის ხელმოწერა, რომელთა რაოდენობა არ უნდა აღემატებოდეს 5-ს.

11. რედაქცია იტოვებს უფლებას შეასწოროს სტატია. ტექსტზე მუშაობა და შეჯერება ხდება საავტორო ორიგინალის მიხედვით.

12. დაუშვებელია რედაქციაში ისეთი სტატიის წარდგენა, რომელიც დასაბეჭდად წარდგენილი იყო სხვა რედაქციაში ან გამოქვეყნებული იყო სხვა გამოცემებში.

აღნიშნული წესების დარღვევის შემთხვევაში სტატიები არ განიხილება.

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CORRELATION BETWEEN THE RIGHT TO HEALTH CARE AND THE RIGHT TO HOUSING WITHIN MEDICAL AND LAW-ENFORCEMENT PRACTICE IN TERMS OF THE COVID-19 PANDEMIC

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Abstract.

Aim: The purpose of the article is to identify the correlation between the right to health care and the right to housing in medical and enforcement practices in terms of the COVID-19 pandemic.

Materials and methods: The materials of the research were the legislation of the EU, Georgia, Ukraine, as well as information from World Health Organization, the World Bank, the media, and statistical data related to the COVID-19 pandemic. Dialectical, axiological, statistical, comparative and legal methods were applied during the research.

Results: Having studied the experience of Georgia, Ukraine and the EU countries allowed us to conclude that individual self-isolation in the housing is a necessary preventive tool in the fight against the COVID-19 pandemic. The essence of self-isolation in terms of COVID-19 pandemic has been determined; its legal regimes have been singled out.

Conclusions: It has been concluded that the self-isolation of a person in a dwelling (individual self-isolation) led to the emergence of a phenomenon in the form of a correlation between the right to health protection and the right to housing. In fact, there is a situation when the maintenance of public health has become possible, in particular, due to the self-isolation of a person in a dwelling.

Key words. Housing, right to housing, isolation, self-isolation, health, right to health care.

Introduction.

A lot of things have changed in the system of public relations in terms of the COVID-19 pandemic. In particular, the approach of evicting from housing has been completely changed. A moratorium on forced eviction from housing in the UK [1], the USA [2], Ukraine [3] and other countries was introduced during the quarantine period. Its introduction was due to a decrease in the socio-economic development of both certain countries and regions within countries. Against the backdrop of quarantine restrictions many people became unemployed, lost a stable income and, as a result, there was a process for increasing poverty [4]. According to the estimates of the World Bank, 97 million people were in extreme poverty in 2021, while the COVID-19 pandemic negatively affected the growth of poverty in the world [5]. The recent crises have pushed the world further off track from the global goal of ending extreme poverty by 2030. Given current trends, 574 million people—nearly 7 percent of the world's population—will still be living on less than $2.15 a day in 2030 [6].

Poverty is one of the negative factors directly affecting the state of both the health of society and an individual. A moratorium on eviction from housing can stop the spread of poverty and it is also aimed at preventing the spread and limiting cases and deaths from COVID-19 [4]. Prevention of COVID-19 under quarantine restrictions is possible only if a person has a dwelling, that is, stable living in one isolated residential area. Such a property of a dwelling as ensuring the isolation of a person was an element of ensuring privacy prior to the COVID-19 pandemic. However, home isolation has become a basic component in the COVID-19 prevention system since the introduction of quarantine measures.

The Australian Government Department of Health has clarified that home isolation for people with suspected or confirmed diagnosis of a new coronavirus COVID-19 is appropriate when: they are well enough to receive care at home; they have appropriate guardians at home; there is a separate bedroom where they can recover without sharing the adjacent space with others; they have access to food and other essentials; they (and everyone living in the same household) have access to recommended personal protective equipment (at least gloves and a mask); and they do not live with family members who may be at increased risk of complications from a new coronavirus infection (for example, people over 65, young children, pregnant women, people who are immunocompromised or with chronic heart, lung or kidney diseases) [7].

The Ministry of Health of Georgia also recommends home isolation for COVID-19 [8]. A 14-day mandatory quarantine was introduced in December 2021 for those arriving from eight countries in Southern Africa (South Africa, Botswana, Zimbabwe, Namibia, Lesotho, Eswatini, Mozambique and Malawi) due to the threat of the spread of a new coronavirus strain "Omicron" [9]. Consequently, a correlation has actually emerged between the right to health care and the right to housing. At the same time, it is necessary to identify the structural dependence of these categories within medical and law-enforcement practice, since both the socio-economic development of the state and society and the strategy of preventive measures in the healthcare system in the context of the COVID-19 pandemic depend on this.

The purpose of the article is to identify the correlation between the right to health care and the right to housing within medical and law-enforcement practice in terms of the COVID-19 pandemic. In accordance with the purpose the following objectives have been defined: to describe the essence of self-isolation and its legal regimes in terms of the COVID-19 pandemic, to

determine the concept and significance of housing in the system of preventive measures in terms of the COVID-19 pandemic, to reveal the content of the right to health care and the right to housing, to establish specific features of home isolation taking into account the existing experience and legislative norms in Ukraine, Georgia and other states.

Materials and methods.

The materials for identifying the correlation between the right to health care and the right to housing within medical and law-enforcement practice in terms of the COVID-19 pandemic were the legislation of the EU, Georgia, Ukraine, as well as information from the WHO, the World Bank, the mass media, statistical data related to the COVID-19 pandemic.

The solution of the set objectives is possible on the basis of using the system of general (philosophical) and special methods. Thus, the use of the dialectical method made it possible to establish the importance of having a home in the context of quarantine measures, to identify different approaches to home isolation in the EU, Georgia, Ukraine, and other countries. The axiological method provided an opportunity to emphasize the value of having a home for a person in terms of the COVID-19 pandemic. The comparative and legal method made it possible to identify differences in the legal regulation of quarantine measures. The statistical method was used to analyze statistical data on the spread of global poverty and COVID-19.

Results and Discussion.

As we know, the WHO announced the coronavirus as a pandemic in March 2020. It was caused by the mutated SARS-CoV-2 coronavirus. The pandemic had persistent features from that moment that prevented the change in the legal regime of health care both in a certain country and in the world. May 5, 2023, the WHO declared an end to the emergency phase of the COVID-19 pandemic, days ahead of when a similar emergency in the United States is also set to expire. Both moves are likely to usher the world into a new phase of disease monitoring with a scaling back of surveillance and available resources to fight COVID-19 [10]. As of July 18, 2023, there were 276,850,473 disease cases and 2,248,916 deaths from COVID-19 in the European region [11,12].

So, the threat to global health has reached alarming proportions in 2021 and revealed a lack of national preparedness and international solidarity [13]. The world was not ready to fight against a new infection, as a result, many methods of protecting the population were accepted and recommended for use without experience in understanding the intensity of the disease and its consequences.

The outbreak of the coronavirus COVID-19 revealed significant gaps in national and international plans to control the pandemic [14]. The COVID-19 pandemic has become an international problem in the healthcare sector and has significantly affected all aspects of life in countries. The COVID-19 pandemic has forced many changes in public life, in particular amendments in the legislation on the regulation of human rights in the healthcare sector [15].

To overcome the spread of that disease, measures were introduced at the international, national and individual levels (every human being). In particular, to prevent the spread of the pandemic, the WHO recommended the introduction of isolation, which was considered as a general (centralized) one in the form of quarantine, which provided restrictions on visiting or closing public places and individual isolation (self-isolation), when a person isolates himself in his dwelling.

Home isolation while choosing isolation measures has become the best option for the psychological recovery of patients [16], maintaining his health. It should be emphasized that with the increase in population's vaccination and the spread of COVID-19 (it is necessary to take into account the speed rate of infection with the Omicron strain), general isolation has no sense. At the same time, self-isolation continues to be relevant. Besides, long-term general self-isolation in the form of quarantine leads to a decrease in the general mental health of the population. Thus, they began to study the effect of general isolation on the mental health of the country's population in Italy, which became one of the first European countries where COVID-19 was actively spreading, and the first lockdown was introduced from March 9 to May 3, 2020. As a result, we have made conclusions about the negative impact of restrictions on the psyche of people. However, isolation remains the only effective method to overcome the pandemic. Therefore, it is effective and expedient to apply individual or local isolation in certain regions of the country [17].

The WHO recommendations for the population regarding infection caused by coronavirus (COVID-19) provide the need for self-isolation [18]. Such a measure is individual in nature, is aimed at stopping a person's contacts with other people. The complexity of this tool is due to the fact that it involves restrictions on certain human rights and the availability of material resources for its implementation, in particular housing. The restriction of the rights was perceived by society ambiguously, as a result, the countries faced protests from certain groups of citizens. Thus, 44,000 people protested against vaccination and lockdown in Austria on December 12, 2021 [19]. There are also protests in other European countries, but no one is protesting against self-isolation in case of illness or contacts with COVID-19 infected patients or arrival from countries, where new strains of COVID-19 have been recorded.

A person during self-isolation can independently limit himself in contacts with others and freely choose his location [20]. It should be noted that the term of "isolation'' is broadly understood in the International Health Regulations (2005) and means "separation of sick or infected persons, or contaminated containers, conveyances, baggage, goods or postal parcels from others in such a way as to prevent the spread of infection or contamination" [21]. The isolation provision is provided in the Art. 11 of the Law of Georgia "On Public Health'' [22]. Thus, the decision to isolate a person and placing him in quarantine is ensured by the Emergency Management Department of the Ministry of Internal Affairs of Georgia in case of an emergency. Such actions can be appealed; the principles of the European Convention for the Protection of Human Rights and Fundamental Freedoms may be applied to a person during the period of isolation.

The concept of "self-isolation'' is enshrined in paragraph 13 of the Art. 1 of the Law of Ukraine "On the Protection of the

Population from Infectious Diseases'' and is defined as the person's, in whose respect there are reasonable grounds for the risk of infection or the spread of an infectious disease, being in a place (premises) determined by him in order to comply with anti-epidemic measures on the basis of the obligation of the person [23]. In accordance with paragraph 14 of the Resolution of the Cabinet of Ministers of Ukraine dated from December 9, 2020 No. 1236 "On establishing quarantine and introducing restrictive anti-epidemic measures in order to prevent the spread of acute respiratory disease COVID-19 caused by SARS-CoV-2 coronavirus in Ukraine": persons needed self-isolation are obliged to constantly stay in a place of self-isolation determined by them, to refrain from contacts with other persons, except for those with whom they live together [24]. Analyzing these provisions, it can be argued that the legislator has not clearly defined what should be understood under the term "place of self-isolation". At the same time, such a place should ensure the isolation of a person from others, and it is chosen independently by the person.

Georgia provides specific features of self-isolation in the Art. 12 of the Decree of the Government of Georgia dated from May 23, 2020, No. 322 "On Approving the Rules for Isolation and Quarantine". Thus, when isolating a person, contacts with other people in a residential area should be minimized. Close contact between people is limited, communication must be at a distance of more than 1 meter. A person is provided with separate utensils (a cup, plate, spoon, etc.), a towel and bed linen, and disposable equipment for the period of isolation. The isolated person is obliged to refrain from the use of tobacco and alcohol, he is prohibited from using psychoactive substances without a doctor's prescription. At the same time, it is not allowed for an isolated person to leave a place of isolation, except when it is necessary to provide him with medical services [25]. It should be noted that each individual state independently determines the features of individual isolation.

Rules for the self-isolation of children are separately established. Self-isolation in Ukraine for children under 18 years old entering the territory of Ukraine is not provided. Mandatory self-isolation has been established for foreign citizens, in particular those who have been in Russia and India for more than 7 days [26]. The period of self-isolation for persons who have had contacts with a patient with COVID-19 is 14 days in accordance with the clarifications of the Ministry of Education and Science of Ukraine. If COVID-19 disease is confirmed in one of the students, all other students of the corresponding classes or groups are recognized as requiring self-isolation [27]. Thus, the following legal regimes of self-isolation should be distinguished depending on: 1) goals: self-isolation of patients; self-isolation of persons who were in contact with a patient with COVID-19; foreign citizens entering the country (entry quarantine); 2) the person's contact group: self-isolation of the labor collective; class or group of educational institution; individual citizens; families, including children; 3) isolation period: up to 7 days; up to 14 days; during the illness; 4) places of self-isolation: self-isolation at the place of permanent or temporary residence.

The place of self-isolation according to the established practice is correlated with a dwelling adapted for the stay of a person and having the property of self-isolation. Attention should be paid to the different understanding of the notion of the concept of "dwelling", since the essence is the internal content of a subject matter expressed in the unity of various and contradictory forms of its being [28]. Housing is a place where a person lives. The term of "housing" in the interpretation of the European Court of Human Rights means primarily a place where a person has a "home". This conclusion suggests itself as a result of the analysis of the semantic meaning of this term in accordance with the official languages of the Convention. Thus, the English text has "home", which means house, housing; homeland; at home – being home; French has "domicile" – housing; a place of living; and domicile – being home. That is, the emphasis is on the aspect of the importance of the object (house) for a person, meeting his needs, but not on the characteristics of the object itself, for example, its compliance with certain requirements. Housing is divided into permanent and temporary in accordance with its aim. Permanent residence is a dwelling that is suitable and intended for permanent residence of a person (a flat, a room in an apartment, a house, a room in a hostel). Temporary housing is dwelling intended for a person to live for up to 1 year, which has the minimum conditions of suitability to ensure the safe living of a person (hotels, boatels).

It should be emphasized that self-isolation can also be carried out in temporary housing. Most often, self-isolation in temporary housing is implemented during the entry quarantine. For example, all persons entering Norway from red, dark red, purple and gray countries or zones must generally go into a 10-day quarantine from the day they arrive in Norway. Entry quarantine can be carried out in own house or in another place suitable for living, not to invite guests and not to visit public places [29]. It is suggested to undergo entry quarantine in Thailand by the method of self-isolation in hotels, while the quarantine terms are as follows: fully vaccinated guests – quarantine for 7 days; not fully vaccinated guests – quarantine for 10 days; guests from African countries – quarantine for 14 days [30]. A person in the course of entry quarantine cannot leave the premises, the necessary food is served to the room in disposable containers, tests are carried out. At the same time, we should note the self-isolation in boats, sometimes entire cruise ships are isolated. For example, it became known on June 11, 2021 that the cruise operator of the US-Norwegian company Royal Caribbean reported that two guests aboard the famous ship Millennium had tested positive for COVID-19. Their disease was asymptomatic, the patients were in isolation. The most famous is the case of the Diamond Princess liner, where more than 600 people were infected with the coronavirus. As a result, the ship was isolated for a long time in the Japanese port of Yokohama [31].

The main criterion for a dwelling as a place of self-isolation is its isolation. The concept of isolation from housing should be taken into account in medical and law-enforcement practice, since self-isolation of a person is under control. The government can monitor self-isolation. For example, a "green" level of epidemic danger was introduced in Ukraine from July 17, 2021. According to this level, in particular, it is prohibited: to arbitrarily leave places of self-isolation, observation. The system and a mobile application are used in order to counteract

the spread of COVID-19 and monitor self-isolation. Current control over a person's stay in a place of self-isolation is carried out by the employees of the National Police, the National Guard in accordance with the internal procedure for self-isolation control measures, state institutions of the Ministry of Health of an epidemiological profile, officials authorized by local self-government agencies [24].

A person cannot be in a hostel within individual self-isolation, since there is contact with other people. Isolation provides the isolation of a person, which arises due to the planned design of a dwelling, in particular, a separate location of the entrance to the premises, separation of the premises from other apartments, rooms by walls, ceiling, floor. This property of a dwelling provides an opportunity for persons living there to set up their housekeeping, to carry out private, family life independently and separately from other people. The isolation of a dwelling before the COVID-19 pandemic was a necessary element in the system of confidentiality of a human being's personal life, then since the introduction of self-isolation this feature of housing has become fundamental for preventing the spread of coronavirus infection. It should be emphasized that the isolation of a separate dwelling can only be ensured if the dwelling meets the sanitary and technical standards and requirements that are provided by building regulations. In particular, the dwelling must have natural insolation, water supply and sewerage, electricity, heating, etc. The presence of these conditions allows a person not to leave a dwelling and limit contacts with other people as much as possible.

Based on the foregoing, we can conclude that the essence of a person's self-isolation in terms of the COVID-19 pandemic is as follows. It is aimed at limiting contacts of an infected or possibly infected person with COVID-19; it is designed to help in stopping the expansion of COVID-19; it is one of the quarantine measures in the system of sanitary and preventive fight against COVID-19; it also provides an opportunity to identify a potentially infected person. Housing in terms of the COVID-19 pandemic should be considered in a broad sense. It has become correlated with the concept of a place of self-isolation and is included into the mechanism of preventive measures in fighting against COVID-19. Housing as a place of self-isolation, from this point of view, can be permanent or temporary and represent a dwelling, sanitary and technically adapted for isolated living and private life, which is independently chosen by a person.

Self-isolation of a person in a dwelling (individual self-isolation) has led to the emergence of a phenomenon in the form of a correlation between the right to health care and the right to housing. Housing conditions have a significant impact on both individual and public health. International human rights law recognizes this correlation and establishes minimum requirements that governments must respect, protect and fulfill in accordance with law, whose fulfillment will create healthier living conditions for everyone and everywhere [32]. The correlation between the right to health care and the right to housing can be traced in the content of Part 1 of the Art. 25 of the Universal Declaration of Human Rights: "Everyone has the right to a standard of living adequate for the health and well-being of himself and his family, including food, clothing, housing, medical care and necessary social services, and the right to security in case of unemployment, illness, disability, widowhood, old age or other loss of livelihood due to circumstances beyond his control" [33]. The specified correlation is separately emphasized in paragraph 3 of the CESCR General Comment No. 14: The Right to the Highest Attainable Standard of Health (Art. 12) [34]. Paragraph 9 of the CESCR General Comment No. 4: The Right to Adequate Housing (Art. 11 (1) of the Covenant) also states that it is impossible to consider the right to housing outside of other fundamental human rights [35]. Mutual consideration of the right to housing and the right to health care is due to the fact that a person's standard of living can be ensured if there are certain, guaranteed material conditions. Housing is a material resource that creates a condition for protecting human health.

The first researchers of the housing sector drew attention to the correlation between housing and public and individual health back in the XIXth century. Thus, the German economist L. Verein published a systematic study of the living conditions of the population (31 Volumes) in 1886. The purpose of the work is to state the actual housing problems for the development and further formation of German legislation. That work has established the housing need for Germany, and it was proved that the housing need could not be solved in the state only at the expense of the wages of the population. It was pointed out that poor living conditions threatened both the physical and to the moral development of a person. This conclusion remains relevant for modern society. In particular, there is currently the issue about the creation of certain principles and standards of housing, which would be aimed at ensuring the protection of human health. At the same time, housing quality control could become an element of the healthcare system [36]. Housing is the basis for a healthy human life. This feature must be taken into account in medical and law-enforcement practice. Thus, the physician must find out the living conditions of a person, the isolation of a dwelling and possible contacts of a person with other personalities while clarifying an infectious disease. At the same time, it is necessary to find out the availability of another dwelling, the possibility of moving, the presence of chronic diseases within judicial practice in cases about eviction from residential premises. This approach provides an opportunity to form the direction of the correlation between the right to health care and the right to housing in the healthcare sector.

The specified direction in terms of the COVID-19 pandemic has acquired practical significance. The dwelling of a person has become both a material means of human life support and a place of individual self-isolation. The COVID-19 pandemic has changed not only the foundations of society, approaches to the healthcare system, but also fundamental human rights and freedoms. In fact, there is a situation when the maintenance of public health has become possible, and, in particular, due to the self-isolation of a person in a dwelling. At the same time, self-isolation was recommended by attending physicians, and its establishment, monitoring and control were entrusted to law enforcement authorities. We emphasize that a moratorium was introduced on evictions from housing in terms of the COVID-19 pandemic. We trace the phenomenon of the emergence of the

correlation between the right to housing and the right to health care.

Conclusion.

Based on the conducted research, taking into account the set tasks, we received the following conclusions:

1. We suggest to consider the essence of self-isolation in the context of the COVID-19 pandemic as a quarantine measure that is part of the system of sanitary and preventive control against COVID-19. It is aimed at: limiting the contact of an infected person or a possibly infected person with COVID-19; contributing to temporary suspension of the COVID-19 spread; provision, strengthening of individual and public health.

2. The following legal regimes of self-isolation have been identified depending on: 1) purpose: self-isolation of patients; self-isolation of persons who were in contact with a patient with COVID-19; foreign citizens entering the country (entry quarantine); 2) range of persons: self-isolation of the labor collective; school class or educational institution; individual citizens; a family, including children; 3) isolation period: up to 7 days; up to 14 days; during the illness; 4) place of self-isolation: self-isolation at the place of permanent or temporary residence.

3. It has been determined that the importance of housing in the system of preventive measures in the context of the COVID-19 pandemic was changed. If housing was considered earlier as a person's place to live, to exercise personal life there, then housing in the context of the COVID-19 pandemic began to perform the function of isolating a person. Therefore, housing, in the context of the COVID-19 pandemic should be considered in a broad sense and correlated with the concept of a place of self-isolation, i.e., the material resource within the mechanism of preventive measures while fighting against COVID-19. Thus, housing should be considered as a place of permanent or temporary residence, which is a premise, sanitary and technically adapted for isolated living and private life, which is independently chosen by a person.

4. It has been established that the right to housing is directly related to the right to health; and the content of the right to health protection and the right to housing has been revealed. Thus, the phenomenon of self-isolation of a person in housing in the context of the COVID-19 pandemic has highlighted the relationship between the right to healthcare and the right to housing, since housing conditions significantly affect both individual and public health. Availability of housing is the basis for a healthy human life. This feature must be taken into account in medical and law enforcement practice.

5. The following features of home isolation of a person have been revealed: it is introduced by the state, it has a mandatory character, person's independent choice of a place of self-isolation. It has been established that the concept of "place of self-isolation" is not defined in the legislation of Ukraine and Georgia.

6. We believe that it is expedient to carry out further scientific research on the properties of housing. Thus, it began to perform several functions: to provide a person with a place to live; to provide a person with the opportunity to exercise and protect the private life that takes place there; to act as a mean of self-isolation during diseases and pandemics.

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REFERENCES

1. Dray S. Covid-19: housing evictions. House of Lords Library. 2020.
2. Nande A, Sheen J, Walters EL, et al. The effect of eviction moratoria on the transmission of SARS-CoV-2. Nature communications. 2021;12:2274.
3. Про внесення змін до деяких законодавчих актів України, спрямованих на запобігання виникненню і поширенню коронавірусної хвороби (COVID-19): Закон України від 17.03.2020 № 530-IX.
4. Leifheit K, Linton SL, Raifman J, et al. Expiring Eviction Moratoriums and COVID-19 Incidence and Mortality. American Journal of Epidemiology. 2021;190:2503-2510.
5. Gerszon D, Yonzan M, Lakner Ch, et al. Updated estimates of the impact of COVID-19 on global poverty: Turning the corner on the pandemic in 2021?. Worldbank. Blogs. 2021.
6. Poverty. Overview. Worldbank. Blogs. 2022.
7. Home isolation guidance when unwell (suspected or confirmed cases). Australian Government: Department of Health. 2020.
8. ხშირად დასმული კითხვები კორონავირუსთან დაკავშირებით. საქართველოს შრომის, ჯანმრთელობისა და სოციალური დაცვის სამინისტრო. 2021.
9. Правила въезда в Грузию для иностранцев – обновляемая информация. Эхо Кавказа. 2023.
10. It's still killing and it's still changing.' Ending COVID-19 states of emergency sparks debate. 2023.
11. Ситуация с COVID-19 в Европейском регионе ВОЗ по состоянию на 18.07.2023, 10:00 (CET). Европейское региональное бюро ВОЗ. 2022.
12. Coronavirus disease (COVID-19) pandemic (COVID-19). WHO Regional Office for Europe. 2020.
13. Teremetskyi VI, Duliba YV. Role of the WTO in Regulating World Trade in Medicinal Products and Equipment during the COVID-19 Pandemic. Pravo bezpeka. 2020;76:146-152.
14. Teremetskyi V, Duliba Ye, Kroitor V, et al. Corruption and strengthening anti-corruption efforts in healthcare during the pandemic of Covid-19. Medico-Legal Journal. 2021;89:25-28.
15. Блащук Т. Право на медичну допомогу та його реалізація в умовах пандемії COVID-19. Підприємництво, господарство і право. 2020;11:5-12.
16. Ju Y, Chen W, Liu J, et al. Effects of centralized isolation vs. home isolation on psychological distress in patients with COVID-19. Journal of Psychosomatic. 2021;143:1-6.
17. Pancani L, Marinucci M, Aureli N, et al. Forced social isolation and mental health: A study on 1006 Italians under COVID-19 lockdown. Front Psychol. 2021;12:663799.
18. Recommendations to the Population Regarding to New Coronavirus Infection (COVID-19). World Health Organization. 2020.
19. Около 44 тыс. человек вышли на протесты против вакцинации от COVID в Вене. Интерфакс. 2021.
20. Дзюбенко ОЛ. Поняття карантину та його співвідношення з суміжними категоріями. Вісник Харківського національного університету імені В.Н. Каразіна. Серія «Право». 2020;30:91-98.

21. International health regulations. 2nd ed. World Health Organization. II. Title: IHR. 2005:82.
22. საზოგადოებრივი ჯანმრთელობის შესახებ: საქართველოს კანონი No. 5069-вс. 2007 ივნისი 27 მაისი. საქართველოს საკანონმდებლო მაცნე.
23. Про захист населення від інфекційних хвороб: Закон України від 06.04.2000 No. 1645-III.
24. Про встановлення карантину та запровадження обмежувальних протиепідемічних заходів з метою запобігання поширенню на території України гострої респіраторної хвороби COVID-19, спричиненої коронавірусом SARS-CoV-2: постанова Кабінет Міністрів України від 09.12.2020. 2020.
25. იზოლაციისა და კარანტინის წესების დამტკიცების შესახებ.: საქართველოს მთავრობის დადგენილება No. 322 2020 წლის 23 მაისი. 2020.
26. Режим в'їзду в Україну іноземців та громадян України! Генеральне консульство України в Мюнхені (Федеративна Республіка Німеччина). 2021.
27. Після самоізоляції через контакт з хворим на COVID-19 учні не зобов'язані проходити тест і подавати до школи документи про стан здоров'я. Міністерство освіти і науки України. Published 2020 September 24. 2020.
28. Савченко А. Техніко-правова сутність об'єкта незавершеного будівництва в контексті його просторово-часової визначеності. Мала енциклопедія нотаріуса. 2014;6:113-119.
29. International travels to Norway. The Norwegian Directorate of Health. 2022.
30. Забронируйте отель для прохождения карантина в Таиланде!
31. На лайнере Royal Caribbean выявили случаи заражения COVID-19. Интерфакс. 2021.
32. Thiele B. The Human Right to Adequate Housing: A Tool for Promoting and Protecting Individual and Community Health. Am J Public Health. 2002;92:712-715.
33. Universal Declaration of Human Rights. Paris. 10 December 1948, resolution 217 A.
34. CESCR General Comment № 14: The Right to the Highest Attainable Standard of Health (Art. 12). Adopted at the Twenty-second Session of the Committee on Economic, Social and Cultural Rights, on 11 August 2000. 2000.
35. CESCR General Comment № 4: The Right to Adequate Housing (Art. 11 (1) of the Covenant). Adopted at the Sixth Session of the Committee on Economic, Social and Cultural Rights, on 13 December 1991. 1991.
36. Krieger J, Higgins D. Housing and Health: Time Again for Public Health Action. American Journal of Public Health. 2002;92:758-768.

რეზიუმეკორელაცია ჯანდაცვის უფლებასა და საცხოვრებლის უფლებას შორის სამედიცინო და სამართალდამცავი პრაქტიკის ფარგლებში Covid-19 პანდემიის თვალსაზრისით

ტერემეცკი VI,[1] რუსნაკ ლ.მ.,[2] ავრამოვა ოიე,[3] ჰორბენკო ას,[3] კირიჩენკო ც.[3]
[1]აკადემიკოსი ფ.ჰ.ბურჩაკის კერძო სამართლისა და მეწარმეობის სამეცნიერო კვლევითი ინსტიტუტი, უკრაინის იურიდიულ მეცნიერებათა ეროვნული აკადემია, კიევი, უკრაინა.
[2]კერძო უმაღლესი საგანმანათლებლო დაწესებულება "ბუკოვინის უნივერსიტეტი", ჩერნივცი, უკრაინა.
[3]ხარკოვის შინაგან საქმეთა ეროვნული უნივერსიტეტი, ხარკოვი, უკრაინა.

სტატიის მიზანია გამოავლინოს კორელაცია ჯანმრთელობის დაცვის უფლებასა და საცხოვრებლის უფლებას შორის სამედიცინო და სააღსრულებო პრაქტიკაში COVID-19 პანდემიის თვალსაზრისით.
კვლევის მასალები იყო ევროკავშირის, საქართველოს, უკრაინის კანონმდებლობა, ასევე, ჯანდაცვის მსოფლიო ორგანიზაციის, მსოფლიო ბანკის, მედიის ინფორმაცია და სტატისტიკური მონაცემები COVID-19-ის პანდემიასთან დაკავშირებით. კვლევისას გამოყენებული იყო დიალექტიკური, აქსიოლოგიური, სტატისტიკური, შედარებითი და სამართლებრივი მეთოდები.
საქართველოს, უკრაინისა და ევროკავშირის ქვეყნების გამოცდილების შესწავლამ საშუალება მოგვცა დავასკვნათ, რომ ინდივიდუალური თვითიზოლაცია საცხოვრებელში აუცილებელი პრევენციული ინსტრუმენტია COVID-19 პანდემიასთან ბრძოლაში. დადგინდა თვითიზოლაციის არსი COVID-19 პანდემიის კუთხით; გამოიყო მისი სამართლებრივი რეჟიმები.
დადგინდა, რომ პირის თვითიზოლაციამ საცხოვრებელში (ინდივიდუალური თვითიზოლაცია) გამოიწვია ფენომენის გაჩენა ჯანმრთელობის დაცვის უფლებასა და საცხოვრებლის უფლებას შორის კორელაციის სახით. ფაქტობრივად, არის სიტუაცია, როდესაც საზოგადოებრივი ჯანმრთელობის დაცვა გახდა შესაძლებელი, კერძოდ, საცხოვრებელში პირის თვითიზოლაციის გამო.
საკვანძო სიტყვები: საცხოვრებელი, საცხოვრებლის უფლება, იზოლაცია, თვითიზოლაცია, ჯანმრთელობა, ჯანმრთელობის დაცვის უფლება.

Резюме

Связь права на охрану здоровья с правом на жилище в медицинской и правоприменительной практике в условиях пандемии COVID-19

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Целью статьи является выявление соотношения права на охрану здоровья и права на жилище в медицинской и правоприменительной практике в условиях пандемии COVID-19.

Материалами исследования послужило законодательство ЕС, Грузии, Украины, а также информация Всемирной организации здравоохранения, Всемирного банка, СМИ и статистические данные, связанные с пандемией COVID-19. Во время исследования применялись диалектический,

аксиологический, статистический, сравнительно-правовой методы.

Изучение опыта Грузии, Украины и стран ЕС позволило сделать вывод, что индивидуальная самоизоляция в жилище является необходимым профилактическим средством в борьбе с пандемией COVID-19. Определена суть самоизоляции в условиях пандемии COVID-19; выделены ее правовые режимы.

Сделан вывод о том, что самоизоляция человека в жилище (индивидуальная самоизоляция) привела к возникновению явления в виде соотношения права на охрану здоровья и права на жилище. Фактически сложилась ситуация, когда сохранение здоровья населения стало возможным, в частности, за счет самоизоляции человека в жилище.

Ключевые слова: жилище, право на жилье, изоляция, самоизоляция, здоровье, право на охрану здоровья.