ISSUES ON MEDICAL SERVICES IN UZBEKISTAN LEGISLATION

Jaloliddin Askarov,
Senior Lecturer of the Department of Business Law at Tashkent
State University of Law, Tashkent, Uzbekistan,
j.askarov@tsul.uz, businesslawmaster@gmail.com

Abstract
In this article, the medical service, licensing history of medical service, artificial intelligence on healthcare, contracts on medical service and its specific features were analyzed. The role of medical service in the legislation of Uzbekistan was discussed by the author, its types were explained and conclusions were given. Besides that, the author discusses the issue of the regulation of the activities of medical services by legal norms, proposes the classification of existing acts in the field of healthcare activity, as well as telemedicine and business activity on healthcare fields were analyzed.

Key words: medical service, licensing, artificial intelligence, legislation, law, telemedicine, history, contract,

INTRODUCTION

The history of medical licensing and the fact that the features of legal regulation were regulated differently in different periods led to the social contract that medical professionals made with society. According to Sigerist, the medical license dates back to Hammurabi, and the first medical legislation in Western Europe from Antiquity dates back to the 13th century under the influence of King Roger of Sicily, the Church, medieval guilds, and early universities. The principle of "non-harm and competence" was considered the main requirement for the doctor. Under the influence of subsequent processes, the practice of taking examinations for obtaining a license from doctors in England and the adoption of laws related to Medicine in the XVIII-XIX centuries were implemented in a legal manner [1]. If you look at the history of Central Asia, it can be said that medicine lived together with the emergence of man. It should be noted that in the Middle Ages, it was an important period of development of medicine and regulation based on the teachings of Islam, because to become a doctor, it was necessary to receive education from a specialist and get his written permission. In addition, strict liability measures were also defined in the case of the patient. Of course, at different times, state doctors have been operating in connection with the provision of medical services [2].

Describing the historical elements of medical licensure as a form of professional regulation practiced by many professions, this regulation can be characterized as: legal processes; as sociological phenomena; as a professional obligation. It should be said that the beginning of self-regulation began in England in the 16th century with the Royal College of Physicians [3]. There are also other models besides the self-regulatory model. Possible models of regulation can be shown as follows: self-regulation; regulation by the state.

Artificial intelligence

Stuart Russell and Peter Norving mention two main elements in their definition of SI. On the one hand, it is related to the processes of thinking and motivation, and on the other hand, it is related to behavior. According to Russell and Norving, artificial intelligence can be defined as systems that think and rationalize like humans [4].

In general, the historical formation of artificial intelligence does not go back very long. The concept of using computers to simulate intellectual behavior and critical thinking was first described by Alan Turing in 1950. In his book Computers and Intelligence, he described a simple test (known as the Turing test) to assess computers' ability to perform human intelligence. Six years later, John McCarthy defined the term artificial intelligence (SI) as "the science and engineering of creating intelligent machines." [5] Machine learning is a method in medicine that uses neural networks and deep analytics to model, fit data, and connect models to data. In 2018, the US Deloitte company conducted a survey of 1,100 managers and found that 63% of companies are using artificial intelligence in their business [6].

DeepQA technology can be used to obtain medical conclusions based on the patient's electronic medical history and other electronic resources. Additionally, in 2017, Bakkar et al successfully identified novel RNA-binding proteins altered in amyotrophic lateral sclerosis using Watson [7].

In addition, patients have a number of priority rights when using medical services, in particular, the Law "On Health Care of Citizens" stipulates that citizens of the Republic of Uzbekistan have inviolable rights to health care. it is established that the health of citizens is ensured regardless of their social origin, faith, personal and social status. Citizens have the following rights in the field of health care:
- the right of citizens to receive information about factors affecting health;
- the right of citizens to receive medical and social assistance;
- the rights of minors;
- rights of military personnel;
- the rights of citizens of retirement age;

- rights of disabled people;
- the rights of citizens affected by emergency situations;
- patient's rights;
- the rights of citizens to receive information about their health;
- the right to consent to medical intervention;
- the right to refuse medical intervention;
- the right to provide medical care without citizens' consent [8].

The rights of citizens in the field of health care can be conditionally divided into two groups, if we include the rights of citizens in the field of health care in the first group, we can include the rights of patient-citizens in the field of health care in the second group.

They are as follows:

Right to preventive measures

Right of use

Right to information

The right to consent

The right to free choice

Privacy and patient rights Right to confidentiality

The right to respect patients' time

The right to comply with quality standards

Security right

The right to innovation

The right to be free from unnecessary pain and suffering

The right to individual treatment

Right of appeal

Right to recover damages.

Therefore, it is proposed to establish the right to comply with quality standards in our national legislation, i.e. the draft of the Public Health Code, and to exercise the right to apply to court in the exercise of this right without paying a state fee.

By P. Moffett and G. Moore, the history of treatment standards and its legal nature is interrupted, and in the early period, the custom, in the 20th century, was evaluated as a medical standard that is usually performed, if not routinely performed, but whose consequences are considered reasonable. According to the modern definition, the medical standard is a qualified doctor. The medical treatment method performed by the doctor is the minimum standard performed by another medical worker [9].

Also, the introduction of digital medicine and various services in electronic form, especially telemedicine, cyber medicine and remote services, have opened the way.

The expansion of opportunities makes it more necessary to protect the rights of patients and legal regulation in medical care, because the possibility of technological development is always the same and may not be able to ensure the rights of everyone. It should be said that human health is at the center of medical services, and it is important to develop regulatory mechanisms in the legal field in terms of eliminating possible risks of digital development. In the implementation of these works, first of all, it is necessary to determine the legal status, rights and obligations of medical service subjects. According to Daniel Braun, Elena Scepankova, Patrick Hall and Florian Matthes, it is important to analyze and legalize the terms of service of direct websites in the protection of consumer rights in the era of digitization and to protect them with the support of consumer protection bodies [10]. In addition, the authors emphasize the use of Legal Tech tools.

It should be said separately that it is appropriate to determine the use of innovation and digital rights by patients based on the legal procedure and principles of law [11], the mechanisms of their implementation, the limits of the application of the right, and the prospects of its application in medical responsibility.

However, it should be noted that behavior and motivation are characteristics of living beings, especially humans and animals, and it is abstract whether they exist in a robot or in AI.

It should be emphasized that the social responsibility of medical personnel, medical institutions and other auxiliary personnel in the medical service is of social importance and is regulated by social norms, while legal responsibility is inextricably linked with the obligations of the state, legal norms, citizens and their associations, and illegal behavior [12].

From the point of view of scientific-theoretical analysis and study, in the center of private legal relations, civil legal responsibility is in the main place, and the responsibility of business entities in the field of medical services is also decided in this legal field [13].

According to the legal literature, civil liability means the imposition of property sanctions against the offender. In accordance with the general principles of civil law, civil-legal liability has a property character and is applied to both contractual obligations and non-contractual obligations. However, liability in contractual obligations is secondary. Civil liability "follows" contractual obligations and applies only when the obligation is breached. If the obligation is properly fulfilled, the question of liability does not arise [14]. To conclude, licensing is one of the important events in the provision of medical services. therefore, the transition to the practice of

licensing doctors is beneficial in every way. it is also necessary to strengthen the use of artificial intelligence capabilities in medical services.

REFERENCES

1. Dauphinee, W. Dale. "Licensure and certification." International handbook of research in medical education. Springer, Dordrecht, 2002. 835-882.

2. Qodirov A.A. Oʻzbekiston tibbiyoti: O'zbekistonda tibbiyotning kelib chiqishi, shakllanishi va rivojlanishi. — Qayta ishlangan va to'ldirilgan 2- nashri. T.: Abu Ali ibn Sino nomidagi tibbiyot nashri, 2004. 104 b

3. Klein, R. (1990). The state and the profession: the politics of the double bed. Canadian Medical Journal, 301, 701-702.

4. Stuart Russell, Peter Norving, Artificial Intelligence: A Modern Approach. (3rd edition, NJ Prentice Hall 2009) 1-2.

5. Kaul V, Enslin S, Gross SA, The history of artificial intelligence in medicine, Gastrointestinal Endoscopy (2020), doi: https://doi.org/10.1016/j.gie.2020.06.040

6. Deloitte Insights State of AI in the enterprise. Deloitte, 2018. www2.deloitte.com/content/dam/insights/us/articles/4780_State-of-AI-in-the-enterprise/AICognitiveSurvey2018_Infographic.pdf.

7. Bakkar N, Kovalik T, Lorenzini I, et al. Artificial intelligence in neurodegenerative disease research: use of IBM Watson to identify additional RNA-binding proteins altered in amyotrophic lateral sclerosis. Acta Neuropathol 2018; 135:227-47.

8. "Fuqarolar sogʻligʻini saqlash toʻgʻrisida"gi qonun // https://lex.uz/docs/-26013

9. Moffett, Peter, and Gregory Moore. "The standard of care: legal history and definitions: the bad and good news." Western Journal of Emergency Medicine 12.1 (2011): 109.

10. Braun, Daniel, et al. "Consumer protection in the digital era: The potential of customer-centered legaltech." INFORMATIK 2019: 50 Jahre Gesellschaft für Informatik–Informatik für Gesellschaft (2019).

11. Аскаров, Жалолиддин. "Onlayn tibbiy xizmatlar va ularning o ʻziga xos xususiyatlari." *Общество и инновации* 3.6/S (2022): 293-300.

12. Исломов З.М. Давлат ва ҳуқуқ назарияси/ Масъул муҳаррирлар: Ҳ.Раҳмонқулов, академик, ю.ф.д. проф; Ҳ.Бобоев, ю.ф.д. проф. – Т.: Адолат, 2007. – 872 б.

13. Askarov, Jaloliddin. "DIGITAL MEDICINE AND LAW." International Journal Of Law And Criminology 3.01 (2023): 11-15.

14. Раҳмонқулов Ҳ. Мажбурият ҳуқуқи. –Тошкент: ТДЮИ, 2005. 139-б.

15. Doniyor Abduazizov. (2023). Anti-Monopoly Compliance System: New Law, New System. Eurasian Research Bulletin, 22, 62–69. Retrieved from https://geniusjournals.org/index.php/erb/article/view/4692