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CONSTITUTIONAL PERSPECTIVE ON THE RIGHT TO PERSONAL HEALTH SOVEREIGNTY AND THE RIGHT TO PERSONAL HEALTH CARE DECISION-MAKING (COMPARATIVE ASPECT OF EUROPEAN PRACTICE)

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The purpose is to provide a comprehensive constitutional analysis of health sovereignty, emphasising the evolution of individual autonomy in healthcare decision-making, while considering state responsibilities in collective health policies. A multidisciplinary methodology combines constitutional law methods, comparative legal studies, and doctrinal analysis, focusing on international frameworks like the ECHR, the Oviedo Convention, and jurisprudence from constitutional review bodies in Germany, Italy, and beyond. The study identifies key constitutional approaches to balancing personal autonomy and public health imperatives. These include the balancing rights approach, which evaluates individual and collective health rights in conflict, such as in mandatory vaccination cases; the proportionality test, ensuring state restrictions on health choices are necessary and minimally intrusive; and substantive due process, safeguarding fundamental rights like bodily integrity and privacy against unjustified state intervention. The findings highlight informed consent as a procedural cornerstone of health sovereignty, ensuring individuals receive sufficient information to make autonomous health decisions. Comparative analysis of European practices offers models for legislative improvements, incorporating proportionality, non-discrimination, and relevant procedural safeguards. Ultimately, this research advances the understanding of health sovereignty as a constitutional principle. It emphasises the dual imperatives of respecting individual autonomy and meeting public health objectives, particularly in the face of global crises and the digitalisation of healthcare systems. The normative framework outlined affirms health sovereignty as a vital aspect of human dignity and democratic governance, requiring harmonised approaches to protect both personal freedoms and societal resilience.

Key words: health sovereignty; constitutional autonomy; bodily integrity; informed consent; public health governance; proportionality principle; human rights law; privacy in healthcare; European human rights standards.

Background, scope and the relevance of the issue researched. In recent decades, the concept of bodily sovereignty has taken on profound new dimensions. Framing the body as a “sovereign nation” introduces a compelling metaphor: if each individual is the ultimate authority of his/her own “territory”, who, then, holds the right to determine its laws, impose its restrictions, or make decisions within its borders? This question underpins complex legal (primarily, constitutional), ethical, and

philosophical debates surrounding autonomy, informed consent, and the governance of personal health.

The balance of authority and autonomy has been particularly challenging even in the European Union, where health-related competencies are often shared between member states and EU institutions, leading to a diverse regulatory landscape. The contemporary relevance of this topic is underscored by recent collective crises, including the COVID-19

pandemic, which have intensified debates around personal autonomy, bodily integrity, and the role of the state in health issues regulation.

Recent global health crises thus have underscored the need for legal frameworks that balance public health with individual rights. Ukrainian healthcare legislation does not currently provide a clear balance between state intervention and personal autonomy during health crises – it lacks comprehensive mechanisms to empower individuals with full autonomy over personal health choices. Namely, while informed consent is a legal requirement, its application is often superficial, with limited emphasis on respecting patient autonomy. Comparative constitutional studies from other European countries, particularly, the case law developed by the respective constitutional review bodies, can offer models for structuring both Ukrainian legislation and national constitutional jurisprudence that respects individual rights while enabling effective crisis responses.

Overview of relevant publications and scientific approaches employed within the health sovereignty understanding. Research on the evolution of health sovereignty in law reveals a clear trajectory from state-centered authority to enhanced personal autonomy in health-related decision-making. At the same time, in the context of existing publications, the analysis highlighted a prevailing focus on medical research within studies on the “right to make decisions about health”, “informed consent”, and “bodily autonomy” (for example, academic papers written by Ch. Foster, E. Wicks, J. Lewis, S. Holm, L.C. Edozien, S. Reis-Dennis, M.J. Walker, R. Huxtable, *etc.*). This emphasis often leads to an underrepresentation of constitutional aspects, which are crucial to the normative framework governing these concepts (it is fair to assert that such studies do indeed occur, often forming a critical component of broader academic and policy-oriented research; yet such studies relate to broader contexts, including the constitutional right to a healthcare). In the realm of Ukrainian legal scholarship, it is noteworthy that, apart from the author of this work, no constitutional scholar in Ukraine has thus far undertaken a thorough and comprehensive examination of the topic under discussion.

Core material presentation. From the broadest perspective, the right to make health decisions encompasses the fundamental autonomy of individuals to make choices regarding their own medical care, encompassing a wide range of decisions, *i.e.* from preventive measures to treatments, interventions, to end-of-life care. It affirms that individuals have the inherent right to decide on matters affecting their physical, mental, and emotional well-being, based on their personal values, beliefs, and preferences. This right includes the ability to consent or to refuse medical treatments, procedures, medications, and therapies, with a focus on informed decision-making that considers relevant medical information, risks, benefits, and alternatives. It also acknowledges the importance of respecting diverse cultural, religious, and ethical perspectives in healthcare decision-making. Furthermore, this right extends to the right to access comprehensive healthcare information, seek second opinions, and participate in shared decision-making with healthcare providers. It is grounded in principles of human dignity, bodily integrity, and the pursuit of health and well-being, while recognising the responsibility of healthcare professionals and institutions to support and facilitate individuals in exercising this right.

This right emanates from the broader doctrine of individual liberty and privacy, as enshrined within international legal frameworks, most notably the European Convention on Human Rights. Article 8 of the Convention guarantees the right to respect for private and family life, home, and correspondence, thus encapsulating the intrinsic value accorded to personal autonomy and the sanctity of private affairs against arbitrary state intervention [1]. Furthermore, the Charter of Fundamental Rights of the European Union reinforces these principles through Articles 7 and 8, which delineate the inviolability of personal data and mandate its protection [2]. Together, these instruments manifest the European legal tradition’s steadfast commitment to safeguarding individual freedoms, human dignity, and democratic values within a structured and principled framework.

Within the international human rights instruments, the normative construction of the right to make health-related decisions can be systemati-

cally analysed through several distinct **components**. These include, but are not limited to:

- *right to informed consent*; individuals are entitled to provide or withhold voluntary and informed consent to medical interventions, ensuring respect for their autonomy and dignity, as codified in instruments such as Article 5 of the Convention on Human Rights and Biomedicine (Oviedo Convention) [3] and reflected in the Universal Declaration on Bioethics and Human Rights [4];

- *freedom to choose healthcare providers*; individuals have the right to select healthcare providers and services based on their preferences and needs, grounded in principles of accessibility, non-discrimination, and equality, as outlined in General Comment No. 14 (2000) of the UN Committee on Economic, Social and Cultural Rights on the right to the highest attainable standard of health under Article 12 of the International Covenant on Economic, Social and Cultural Rights [5];

- *right to access medical information*; envisages the ability of individuals to access to personal medical records, right to receive comprehensive information about treatment (including information about diagnoses, treatment options, risks, benefits, and potential side effects), in accordance with Article 10 of the Oviedo Convention [3] and international privacy standards such as the General Data Protection Regulation [6].

In the context of traditional European human rights practices, relevant constitutional review bodies play a pivotal role in safeguarding fundamental rights, particularly concerning the autonomy of individuals in health-related decisions. These bodies employ various structural approaches to interpret and uphold constitutional guarantees, ensuring that individuals retain the right to make autonomous choices regarding their health. In most general terms, constitutional courts (or relevant institutions implementing constitutional review functions) place their “interpretational focus” on:

- a framework of legal analysis that *balances individual autonomy with public health imperatives*, often employing principles of proportionality and necessity; this entails assessing the extent to which state intervention is justified in light of public health objectives *vis-à-vis* individual liberties;

- the importance of *procedural safeguards* such as informed consent, which requires that individuals receive adequate information to make autonomous decisions about their health;

- legislative frameworks and administrative practices to ensure compatibility with constitutional guarantees, thereby preventing *undue restrictions on individual rights*;

- *comparative analysis* with other European jurisdictions and international human rights standards to enrich their legal positions.

The analysis of the decisions of the European constitutional review bodies has made it possible to identify three specific **approaches** that may contribute to the relevant legal position.

1. The *balancing rights approach* involves evaluating the right of individuals to make health-related decisions to competing rights or interests, such as public health or societal concerns. This approach is typically employed by constitutional courts or bodies tasked with analysing cases that involve the clash between an individual’s autonomy in health decisions and broader public interests. For instance, in a scenario concerning a mandatory vaccination law, a court would assess whether this law violates an individual’s right to bodily integrity and personal autonomy. This evaluation includes weighing it against the state’s interest in preventing a spread of infectious diseases and safeguarding vulnerable populations [7]. By balancing these factors, courts aim to reach decisions that uphold fundamental rights while also addressing compelling societal interests.

2. The *proportionality test* is a method used to determine if restrictions on the right to make health-related decisions are proportional to their intended aims. Constitutional bodies apply this test to assess the necessity and proportionality of health-related laws or regulations. This evaluation involves scrutinising whether a state-imposed restriction is justified and whether it exceeds what is essential to achieve a legitimate goal. For example, during a public health emergency, a court might analyse whether a government’s imposition of lockdown measures is proportionate to the threat posed by the disease. This includes considering whether less restrictive alternatives were adequately considered and whether the measures imposed align

appropriately with the severity of the public health risk [8]. In essence, the proportionality test ensures that governmental actions regarding health-related decisions are carefully weighed to strike a balance between safeguarding public health and respecting individual rights and freedoms.

3. The *substantive due process approach* involves focuses on whether the right to autonomy, dignity, and self-determination in health-care decisions is constitutionally protected and whether the regulation conflicts with these fundamental values. This principle helps to answer the question of whether the law or government action inherently violate the right to make health-care decisions? By comparison, the principles of proportionality and necessity allow the constitutional review body to determine whether the limitation or restriction on the right to make health-care decisions serve a legitimate purpose, and is it justified (that is, with their help constitutional judge address the extent to which the right can be restricted in specific circumstances; for instance, uring a public health crisis, courts may uphold temporary restrictions on non-essential medical procedures to prioritise critical care, *etc.*). For example, courts apply substantive due process to determine if laws restricting access to specific medical procedures, such as abortion or end-of-life choices [9], violate fundamental rights such as privacy, bodily autonomy, or dignity. That is, a law banning access to certain reproductive health services may be struck down if it violates a woman's fundamental right to make decisions about her body. This examination focuses on whether such restrictions are justified by a compelling state interest and whether they are precisely tailored to achieve their goals without unnecessarily limiting constitutionally protected freedoms.

Simultaneously, one cannot disregard the specific interpretative **methods** that underpin the understanding and application of constitutional and legal provisions governing health decision-making in various contexts.

Specifically, *textualism* emphasises the interpretation of the constitution based on the original meaning of the text at the time it was written. Decisions are grounded in the literal wording and historical context of the constitutional provisions. This method seeks to preserve the intent of the framers

and maintain consistency and predictability in constitutional interpretation. Considering, *inter alia*, the hypothetically constructed constitutional formula “*Every person has the right to make decisions regarding his/her own healthcare*”, the textualist would ensure that the interpretation respects personal autonomy as understood at the time the provision was written.

In European constitutional practice, the principle of textualism can be observed in various contexts, including the interpretation of rights related to healthcare decisions. For example, in Germany, the Basic Law (*Grundgesetz*) includes provisions that protect human dignity and personal autonomy. Article 2(1) of the Basic Law states, “Every person shall have the right to free development of his/her personality insofar as he/she does not violate the rights of others or offend against the constitutional order or the moral law” [10]. This provision has been interpreted by the German Federal Constitutional Court (*Bundesverfassungsgericht*) to encompass decisions regarding healthcare and medical treatment. In cases concerning medical treatment decisions, the Court has upheld the principle that individuals have the right to self-determination and autonomy over their bodies. This includes the right to refuse medical treatment, as long as the decision does not endanger public health or the rights of others [11]. The Court's interpretation respects the foundational principles of human dignity and personal autonomy as understood and intended at the time the Basic Law was adopted in 1949, while also acknowledging the evolving societal norms and medical advancements over the decades.

Another method that is similarly widely accepted for interpreting the constitutional meaning of the right to make health decisions is *purposive interpretation*. Unlike textualism, which focuses primarily on the literal text and historical context, purposive interpretation seeks to discern and give effect to the underlying purpose or objective that the constitutional provision was intended to achieve. This approach acknowledges that constitutional texts are often drafted in broad and abstract terms, necessitating an exploration of their intended goals and societal implications. An illustrative example can be seen in the jurisprudence of the Constitutional Court of Italy regarding end-of-life decisions. The

Court has addressed issues related to patient autonomy and the right to refuse medical treatment in several landmark cases. One significant case is the decision on the constitutionality of Law 219/2017, which regulates advance directives and treatment decisions for patients nearing the end of life. In its ruling, the Court applied a purposive interpretation of constitutional rights, particularly the right to health (Article 32 of the Italian Constitution) and the right to personal autonomy (implied in various provisions including Articles 2 and 13 of the Constitution). The Court emphasised that the right to health includes not only the right to receive medical treatment, but also the right to refuse treatment or decide on the course of medical care following one's own values and wishes. This purposive interpretation aligned with the evolving societal understanding of dignity, autonomy, and the ethical implications of medical decisions at the end of life. The Court recognised that individual autonomy in healthcare decisions is fundamental to respecting human dignity and personal integrity, reflecting the broader constitutional values of the Italian legal framework [12].

Final reflections and overarching conclusions. The concept of health sovereignty should be viewed as an extension of the constitutional rights to privacy and human dignity. Substantially, this right includes personal control over medical decisions and the refusal of certain treatments, framing health sovereignty as an aspect of personal autonomy, thus being a substantial predominator of the right to make health-care decisions.

Historically, European constitutional law often placed limits on individual rights in favor of public health objectives, citing reasons such as the prevention of disease outbreaks or ensuring minimum standards of care. This approach was evident in early cases where state interventions in health matters were deemed justifiable to protect public welfare. Over the decades, there has been a notable transformation driven by evolving social attitudes and legal doctrines. The recognition of human rights under international treaties and EU constitutional law has played a crucial role in shaping this evolution. Specifically, the intersection between individual freedoms and constitutional protections reveals a complex legal landscape where personal rights to

autonomy, privacy, and bodily integrity are carefully balanced against the state's responsibility to protect public welfare.

At the heart of this intersection lies the right to medical autonomy, a cornerstone of personal freedom in health-related decisions. Autonomy grants individuals the power to make personal choices about their health, such as consenting to or refusing medical treatment. This principle underscores the importance of informed consent in healthcare, which serves as a legal and ethical safeguard for individual control over medical decisions. The right to bodily integrity, often enshrined in constitutional and human rights law, further reinforces this autonomy by asserting that individuals have a fundamental right to make decisions affecting their bodies without undue interference.

Another essential component of health-related individual freedoms is the right to privacy. Decisions concerning health inherently involve sensitive personal information, making privacy protections indispensable. Constitutional guarantees of privacy protect against unauthorised disclosures of medical information and uphold confidentiality in healthcare settings. This privacy dimension is foundational not only to individual dignity but also to maintaining trust in the healthcare system. Many legal frameworks, including the European conventional instruments, protect privacy as an essential aspect of personal freedom, establishing a legal basis for safeguarding health-related information.

Yet, despite the strong protections for autonomy and privacy, these rights may be curtailed in the interest of public health. The state's duty to protect the health and welfare of its population sometimes justifies interventions that limit personal freedoms. The principle of proportionality serves as a critical standard in this context, guiding courts and lawmakers in determining when restrictions on individual rights are constitutionally permissible. Proportionality requires that any limitations on rights be necessary, effective, and reasonably balanced against the individual interests involved. This principle is particularly relevant in public health situations, where the state must justify that its measures, such as mandatory vaccinations or other preventative measures, are constitutionally sound and not excessive relative to the public health benefits they

achieve. These measures must be viewed as necessary steps, adopted only when less restrictive alternatives would be ineffective in addressing public health emergencies. Against this backdrop, constitutional review is deemed to be a key institutional element in preserving individual freedoms in health-related contexts. Constitutional courts (or other relevant bodies authorised to exercise the function of constitutional review) play a fundamental role in ensuring that public health regulations and state interventions adhere to constitutional standards. This judicial safeguard maintains a balance between individual rights and public health needs, affirming that state actions remain within constitutional bounds. Constitutional principles ensure that individual autonomy is respected, while also permitting necessary, well-regulated state interventions that serve the public good.

To summarise, the right to make health decisions encompasses the *entitlement of individuals to autonomously determine matters related to their medical treatment, care, and bodily integrity, including the right to give or refuse consent to medical interventions, choose healthcare providers, access medical information, and make end-of-life decisions*. Under constitutional frameworks, this right extends beyond mere access to healthcare. Expressly, it is framed by dual imperatives: the preservation of individual autonomy and the fulfillment of public health goals. At its core lies the recognition that individuals must retain sovereignty over decisions affecting their bodies, encompassing medical treatments, reproductive rights, participation in clinical trials, and end-of-life care.

Within the substantial perspective, the right entails both positive and negative dimensions. Positively, it obligates states to ensure access to healthcare services, facilitate informed decision-making, and protect individuals from coercive practices. Negatively, it restricts state and third-party interventions that infringe upon personal autonomy. However, this right is not absolute; its exercise may be subject to limitations imposed by public health necessities, such as compulsory vaccinations or quarantine measures during pandemics. The normative framework also underscores the procedural dimension of this right, particularly the role of informed consent. Informed consent serves as a pro-

cedural guarantee ensuring that individuals are provided with comprehensive and comprehensible information about the medical procedures they face. It transforms the relationship between patient and healthcare provider into one characterised by mutual respect and shared decision-making.

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Юлія Ремінська

КОНСТИТУЦІЙНИЙ ВИМІР ПРАВА НА МЕДИЧНИЙ СУВЕРЕНІТЕТ ТА ПРАВА НА ПРИЙНЯТТЯ РІШЕНЬ ЩОДО ВЛАСНОГО ЗДОРОВ'Я (ПОРІВНЯЛЬНИЙ АСПЕКТ ЄВРОПЕЙСЬКОЇ ПРАКТИКИ)

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У пропонуваному до уваги дослідженні розглянуто концепцію медичного суверенітету, представлену метафорично як здатність людини керувати своїм тілом з позиції «суверенної нації». В основі аналізу покладено ключове питання: «Якщо тіло людини – це суверенна нація, то хто має найвищу владу керувати її законами і політикою?», враховуючи конституційні та етичні аспекти автономії, принципу інформованої згоди та засадничих ідей у сфері охорони здоров'я та прав людини. У роботі вивчено питання пошуку конституційно-правової рівноваги між державним втручанням в інтересах громадського здоров'я та індивідуальною автономією у прийнятті рішень щодо власного здоров'я, а також розглянуто правові відповіді на глобальні виклики, зокрема, пандемічних захворювань. Метою дослідження є надання комплексного конституційно-правового аналізу поняття суверенітету у сфері охорони здоров'я з акцентом на еволюцію індивідуальної автономії у прийнятті відповідних рішень, а також на обов'язки держави у колективному управлінні системою охорони здоров'я. Доктринальний методологічний інструментарій охоплює методи конституційного права, порівняльного правознавства та аналітичного аналізу з акцентом на міжнародні документи, зокрема ЄКПЛ, Конвенцію Ов'єдо та практику органів конституційного контролю в Німеччині, Італії та інших державах. У статті визначено ключові конституційні підходи до збалансування особистої автономії та імперативів інституту громадської охорони здоров'я. До них, зокрема, належать: оцінка співмірності реалізації індивідуальних та колективних прав на охорону здоров'я, наприклад, у випадках обов'язкової вакцинації; тест на пропорційність, який гарантує, що державні обмеження свободи прийняття рішень є необхідними і мінімально

інтрузивними; субстантивний принцип належної правової процедури, який захищає такі фундаментальні права, як фізична недоторканність і право на приватне життя. **Результати дослідження** підкреслюють, що інформована згода є процедурним критерієм забезпечення медичного суверенітету, оскільки вона гарантує, що людина отримує достатню інформацію для прийняття самостійних рішень щодо власного стану здоров'я. Порівняльний аналіз європейських практик дозволяє запропонувати моделі для вдосконалення вітчизняного законодавства, в тому числі щодо забезпечення принципів пропорційності, недискримінації та дотримання процедурних гарантій. Крім того, результати проведеного аналізу сприяють розумінню медичного суверенітету як конституційного принципу. Автор підкреслює дуалістичний характер вимог щодо поваги до індивідуальної автономії та досягнення цілей суспільного добробуту, насамперед в умовах глобальних криз. Окреслена міжнародна нормативна база підтверджує потребу в законодавчому утвердженні принципу медичного суверенітету людини як невід'ємного складника людської гідності та демократичного врядування у цілому, що вимагає вироблення злагоджених підходів до захисту як особистих свобод, так і цінностей громадянського суспільства.

Ключові слова: медичний суверенітет; персональна автономія; фізична недоторканність; інформована згода; управління охороною здоров'я; принцип пропорційності; права людини; невторчання у приватне життя у сфері охорони здоров'я; європейські стандарти у сфері прав людини.

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