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Original Scientific Paper
DOI: 10.47152/ns2025.23

THE RIGHT TO HEALTH – BETWEEN LAW, MORALITY, AND REALITY

The right to health is a complex, multidimensional concept that encompasses legal, moral, social, and spiritual dimensions. This paper analyzes international and national legal standards – particularly within the framework of the Republic of Serbia – based on definitions provided by the World Health Organization and the United Nations. It identifies a significant gap between normative commitments and their practical implementation, with a particular focus on vulnerable groups, especially the elderly, whose needs are frequently overlooked in institutional settings.

The analysis is structured around the AAAQ framework (Availability, Accessibility, Acceptability, and Quality) and addresses key contemporary challenges including the COVID-19 pandemic, healthcare privatization, mental health, digitalization, and the ethical-legal discourse on euthanasia. Systemic shortcomings such as discrimination, insufficient service access, and lack of adaptability to specific population needs point to the necessity of an integrated policy approach.

The paper proposes concrete measures to enhance the realization of the right to health, emphasizing improved institutional coordination, active participation of citizens and civil society, and greater consideration of ethical and spiritual dimensions that are often marginalized in public health discourse. Ultimately, the study underscores the imperative to understand health not merely as a service, but as an essential component of the sanctity and dignity of human life.

Keywords: *right to health, healthcare, human rights, elderly, mental health, medical ethics, dignity, spiritual health, civil society.*

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1. Introduction

According to the World Health Organization, health is defined as a state of complete physical, mental, and social well-being, and not merely the absence of disease or infirmity (World Health Organization, 1946: 100). On the other hand, the right to health is the right to enjoy the highest attainable standard of physical and mental health (UN Committee on Economic, Social and Cultural Rights, 2000). This does not mean the right to perfect health, but rather the right to conditions that allow people to live a healthy life, including:

- Availability of healthcare institutions, services, and medicines (healthcare facilities, goods, services, and programs must exist in sufficient quantity within the state. This includes hospitals, clinics, medicines, and healthcare personnel, as well as basic public health services such as clean water, sanitation, vaccination, etc.);
- Accessibility for all individuals, without discrimination (healthcare must be accessible to everyone, without discrimination, in the following ways: physically – within reasonable reach for all, including rural and marginalized areas; economically – financially affordable with special protection for poor groups; and informationally – the right to access health-related information);
- Adaptability to culture, gender, age, and special needs (this legal concept means that the healthcare system, services, and programs must be flexible and capable of responding to: cultural specifics, gender differences, age-related needs, the needs of persons with disabilities, as well as changing social, economic, and epidemiological conditions);
- Acceptability in line with ethical standards and the right to privacy[1] (health services must comply with: medical ethical standards, cultural norms and religious beliefs of users, and the patient's right to privacy, dignity, and informed consent); and
- Quality (health services must be scientifically and medically appropriate and technically sound – with trained personnel, sterile instruments, and safe medicines).

[1] Although *adaptability* is not explicitly mentioned in General Comment No. 14, it has developed as a supplement to the AAAQ framework through the practice of agencies such as WHO, UNICEF, and UN Special Rapporteurs on the right to health. See: UN Committee on Economic, Social and Cultural Rights (2000) *General Comment No. 14*, UN Doc. E/C.12/2000/4; World Health Organization (2007) *Everybody's Business: Strengthening Health Systems to Improve Health Outcomes*.

2. The Right to Health

The right to health is formally recognized in Article 12 of the International Covenant on Economic, Social and Cultural Rights, which states:

"The States Parties to the present Covenant recognize the right of everyone to the enjoyment of the highest attainable standard of physical and mental health." (UN, 1966: Art. 12, Sec. 1)

Section 2 of the same article further details the measures states should take to implement this right in practice. These measures include:

- Reducing infant and child mortality,
- Improving all aspects of environmental and hygienic conditions,
- Preventing, treating, and controlling endemic, epidemic, and occupational diseases, and
- Ensuring medical services for everyone in case of illness.

This sets the foundation for understanding the right to health not only as an individual right but also as a structural one, requiring active state involvement in creating a health-safe environment.

The right to health is one of the fundamental human rights and includes the enjoyment of the highest possible standard of physical and mental well-being. This right – just like the concept of health itself – does not refer only to the absence of disease, but to access to conditions that allow for a healthy life.

One of the earliest and most important international documents establishing the social dimension of the right to health is the Universal Declaration of Human Rights (1948), which states in Article 25:

"Everyone has the right to a standard of living adequate for the health and well-being of himself and of his family, including food, clothing, housing and medical care and necessary social services." (United Nations, 1948: Art. 25)

This provision emphasizes that the right to health is not limited to access to healthcare facilities but includes broader social determinants of health, such as adequate nutrition, housing, and social security.

Thus, health is defined as a result of the complex interconnection of rights, obliging states to ensure dignified living conditions for all through public policies. This approach forms the basis of the integrated right to health, linking economic, social, and cultural rights as inseparable from overall well-being.

The standard of living becomes an integrative concept in which health is the outcome of the cumulative realization of multiple rights – to food, housing, social assistance, and services. In this way, health gains the status of a complex, interdisciplinary

right, which states must support through all forms of public policy – from urban planning to social protection.

Moreover, this understanding is key for evaluating whether state measures align with human rights principles. If even one of the listed social conditions is unavailable – e.g., limited access to safe housing or drinking water – the state indirectly undermines the realization of the right to health.

The 2006 Constitution of the Republic of Serbia guarantees the right to health as a basic human right. Article 68 states:

"Everyone has the right to the protection of their physical and mental health. Health care shall be provided to everyone under equal conditions, in accordance with the law." (Constitution of the Republic of Serbia, "Official Gazette RS," no. 98/2006)

This article lays a constitutional foundation for exercising the right to health, which includes the state's obligation to develop a non-discriminatory health system accessible to all citizens.

In line with international standards, especially ICESCR and General Comment No. 14, what matters is how this right is implemented in practice.

Key laws regulating the right to health in Serbia include:

- Law on Health Care (2019),
- Law on Health Insurance (2019),
- Law on Patients' Rights (2013),
- And various strategies (e.g., Public Health Strategy, Strategy for Aging, etc.).

These regulations formally follow the AAAQ framework (Availability, Accessibility, Acceptability, Quality): they define minimum standards, prohibit discrimination, and obligate the state to provide services in rural areas as well. There are also mechanisms for patient protection, including the Patient Rights Ombudsman.

However, while the legal framework is largely aligned with international documents, numerous studies point to persistent practical challenges:

- Unequal access to healthcare between urban and rural areas,
- Discrimination against vulnerable groups (e.g., gypsies, elderly, persons with disabilities),
- Long waiting times for specialist care and limited access to new therapies,
- Insufficient adaptability of the system to patients' cultural, gender, or age-related needs.

Thus, despite formal compliance, a normative–practical gap persists, highlighting the need for the state to not only formally but substantively implement the standard of "the highest attainable standard of health," as defined in General Comment No. 14.

2.1 The Right to Health of Older Persons

Older people are among the most vulnerable groups in terms of access to the right to health. Although the Constitution of the Republic of Serbia and associated laws do not formally differentiate rights based on age, practice shows that the elderly often face structural discrimination, healthcare neglect, and social isolation.

An insightful publication highlights the importance of healthcare for elderly individuals in the prison system (Milićević, 2023). The author examines the specific position of older prisoners in the context of the right to health, emphasizing that prison systems are largely not adapted to the age-related and medical needs of the elderly. This severely hinders the fulfillment of the AAAQ criteria. The lack of specialized geriatric care in prisons drastically reduces quality of life.

Another author (Weisselberg, 2023) explores the legal framework and practices regarding the release of elderly prisoners, with a focus on life sentences and related procedures. He analyzes varying approaches in the United States, where life sentences are common but decisions about releasing elderly inmates are inconsistent and often ad hoc. The study discusses the additional support and healthcare needs of this population, noting that failure to adapt procedures can worsen inmates' health, violating their right to health.

The UN and WHO stress the need for an integrated approach to elderly healthcare. General Comment No. 14 notes that states have an obligation to ensure equal and appropriate access to healthcare services for vulnerable groups, including the elderly.

According to the document *"Elderly People and Discrimination: Prevention and Reaction"* (IKSI, 2023), healthcare systems must be not only available and accessible, but also adapted to the functional, psychosocial, and cultural needs of the elderly. This involves improving geriatric services, integrating health and social care, and combating ageism.

In *Protection of the Rights of the Elderly in the Light of Criminal Law* (Kambovski, 2023), the author analyzes the current status and legal gaps in protecting elderly people under criminal law from a human rights and anti-discrimination perspective. He argues that criminal law rarely treats the elderly as a distinct category, despite demographic and sociological data showing they are a growing group in need of specific protections.

Kambovski points out that while European legal frameworks – such as the ECHR and the European Social Charter – do not support direct discrimination, indirect discrimination against the elderly in criminal proceedings remains visible. This is particularly evident in:

- Limited access to justice and crime reporting,
- Barriers to trial participation,

- Lack of procedure adaptation for disabilities or age-related needs,
- Disproportionate defense costs.

The author stresses the need for courts and prosecutors to provide special support measures for elderly defendants, such as adapted communication, access to information and consent, and fair trials in accordance with non-discrimination and human dignity.

This work is directly relevant to the right to health because it:

- Confirms that the elderly must have equal access to legal mechanisms to protect their well-being and health;
- Emphasizes that criminal law must uphold the principle of *lege artis* – acting in line with professional and ethical standards toward elderly citizens;
- Clearly shows that the principle of *extrema ratio* (last resort) applies in the context of criminal prosecution and healthcare for older persons.

Another author (Signorato, 2023) provides a legal perspective connecting age-based discrimination and healthcare. While he finds no direct discrimination in criminal proceedings, indirect discrimination is evident through:

- Inaccessibility of legal mechanisms for the elderly (e.g., filing criminal complaints),
- Difficulties participating in trials,
- Limited access to fair trial and defense rights,
- Financial challenges related to legal costs.

The author concludes with recommendations:

- Adapt criminal procedure for the elderly (in terms of language, logistics, medical needs),
- Require state institutions to ensure accessibility and fairness of proceedings,
- Integrate protections for elderly rights into health and judicial policy.

3. The Situation in the Republic of Serbia

In Serbia, over 21% of the population is older than 65, making this group increasingly significant in both demographic and healthcare policy (RZS, 2023). However, according to available analyses:

- Geriatric medicine is underdeveloped,
- Many healthcare institutions lack age-appropriate approaches,
- A large number of elderly people, especially in rural and impoverished areas, do not have regular access to healthcare services,

- There is insufficient training of healthcare personnel for working with the elderly and patients with chronic conditions.

In addition, institutional care (nursing homes) often fails to meet even minimum standards, while non-institutional forms of support (e.g., home care) are underdeveloped. A lack of coordination between the healthcare and social welfare systems further hinders access to comprehensive care.

According to the recommendations from the *Yearbook of Human Rights Protection* (IKSI, 2022), the following actions are needed:

- Adoption of a dedicated national strategy for elderly health,
- Development of geriatric infrastructure,
- Introduction of mandatory training for healthcare workers on elderly care,
- Improvement of the integration between health and social services, and
- Establishment of control and oversight mechanisms in social welfare institutions.

4. The Right to Health Care

In addition to health and the right to health, another scientific-legal concept arises – the right to health care. Although these terms are often used interchangeably in everyday language, the concepts of the right to health and the right to health care differ in scope and legal substance.

This distinction is especially emphasized in international legal interpretations, such as General Comment No. 14 of the UN Committee on Economic, Social and Cultural Rights (UN CESCR, 2000).

The right to health care represents a specific but narrower segment of the right to health and refers to:

- Access to medical services,
- Availability of hospitals and medical institutions,
- Access to medicines and therapies,
- Availability of vaccination,
- Preventive measures and early diagnostics,
- And emergency medical assistance (World Health Organization, 2008).

This is typically regulated within national legal systems through laws on health insurance and health care services.

In short, the right to health encompasses a broad range of life conditions that affect health (e.g., water, housing, employment, education, environment), while the right

to health care includes medical services (treatment, diagnostics, hospital care, vaccinations, etc.).

Inequality in any of these elements – whether it be lack of access to a doctor or poor housing and nutrition – constitutes a violation of the right to health as a whole (Forman et al., 2016).

5. Challenges

As a fundamental human right, the right to health in the 21st century faces numerous new challenges arising from global health crises, changes in socio-economic systems, and environmental impacts. These challenges demand adaptation of existing policies and strengthening of institutional capacities in order to fully realize the right to health for all segments of society.

5.1 COVID-19 Pandemic: Challenges of Access and Restrictions

The COVID-19 pandemic represents one of the most significant challenges to the right to health in recent decades. Public health systems were under immense pressure due to mass infections, leading to disruptions in the provision of regular health services (Gostin et al., 2020). In addition, public measures such as quarantine, movement restrictions, and vaccination raised important questions about balancing the right to health and individual freedoms.

Access to vaccines during the pandemic exposed global and local inequalities affecting the realization of the right to health. Vaccine access is an essential part of fulfilling the right to health care, but in many countries, **inequitable distribution** was recorded, resulting in violations of this right in less developed regions and among vulnerable groups (Bollyky, Gostin, and Hamburg, 2021).

5.2 Mental Health as an Integral Part of the Right to Health

Mental health is increasingly recognized as a fundamental component of the right to health, in line with the WHO's definition, which includes physical, mental, and social well-being (WHO, 1946). However, mental health services remain limited in many countries, and stigma further complicates access (Patel et al., 2018). This points to the need for improved national policies and enhanced protection in this area.

5.3. Health Care Privatization and Service Accessibility

The rise of healthcare privatization poses a major challenge to equal access to the right to health. When the private sector dominates, healthcare becomes inaccessible to poorer segments of the population, undermining the principle of universality of the right to health (Waitzkin, 2014). States must regulate this sector to ensure a fair balance between public and private providers, protecting the rights of all citizens.

5.4 Environmental Factors: Clean Air and Healthy Living

The right to health cannot be fulfilled without a healthy environment. Air and water pollution, as well as climate change, directly affect public health, increasing the incidence of respiratory and chronic diseases (Landrigan et al., 2018). Any policy to protect the right to health must include environmental standards, such as ensuring clean air and safe drinking water.

5.5 Ethics and Law: Limits of Medical Intervention

Medical intervention represents a complex intersection of ethical and legal issues, affecting patient autonomy, medical responsibility, and the role of the state in regulating health care. Modern challenges require careful consideration and balance between individual rights and societal interests.

In this context, the work of Laura Maria Stanila (Stanila, 2024) is notable. It analyzes the protection of the right to bodily integrity, health, and life through the case law of the European Court of Human Rights (ECHR) in cases against Romania. Stanila shows that the Court emphasizes the positive obligation of the state to protect life (Article 2 ECHR), while also recognizing the importance of personal autonomy and decision-making in matters of health and the body (Article 8 ECHR).

She notes that the ECHR develops a necessity and proportionality test in cases of medical intervention and life protection, particularly regarding forced or non-consensual procedures on people with disabilities or patients lacking full decision-making capacity.

Stanila also argues that a decision to end life – if made freely and with full information – should not be subject to criminal penalties, as this would violate individual dignity and the right to bodily autonomy. According to her analysis, such state interference is acceptable only if the state's obligation to protect life is breached – consistent with the extrema ratio doctrine.

5.6 The Question of Patient Consent

The process of informed consent is one of the core principles of modern medicine and the right to health. It ensures that patients have the right to make decisions about their own treatment based on complete and clear information (Beauchamp and Childress, 2013).

The absence of consent may constitute a violation of patient rights and grounds for legal liability. Consent must be freely given, informed, and made by a person capable of making decisions, with full respect for their autonomy and dignity.

5.7 The Right to Refuse Treatment

Legal systems increasingly recognize the right of patients to refuse medical intervention, even if doing so may endanger their life (Gillon, 2003). This right is a core element of personal autonomy and freedom of choice, but it often raises ethical and legal dilemmas in practice, particularly when refusal of treatment may affect third parties or the public interest.

6. Euthanasia and Palliative Care: Where Is the Line Between Rights and Law?

The issue of euthanasia represents one of the most complex ethical and legal challenges in modern medicine. While some countries have legalized euthanasia or assisted suicide under strictly regulated circumstances, others prohibit it and treat it as a criminal offense (Quill and Battin, 2004).

An insightful work by the Italian author Mario Caterini (Caterini, 2024) explores the ethical and legal dilemmas surrounding end-of-life decisions, particularly in the context of Italian constitutional practice and the right to euthanasia.

Palliative care aims to alleviate pain and suffering in patients with incurable diseases without the intention of hastening death, thereby establishing a clear boundary between treatment and potential legal overreach.

There is a pressing need for clear legal and ethical frameworks to protect both patients' rights and the ethical values of medical practice.

7. Digitalization of Healthcare and Patient Data Protection

The development of information technologies has led to the digitalization of healthcare services, enabling faster and more efficient exchange of information, but also

raising concerns regarding privacy and the protection of patient data (De Hert and Papakonstantinou, 2019).

Legal frameworks must ensure the security of health data and prevent its misuse, while respecting the right to privacy, which is an integral part of the right to health. The ethical and legal challenges of the digital era require continuous regulatory updates and education for all actors in the healthcare system.

The boundaries of medical intervention represent a continuum between patient autonomy and legal limitations, where ethical principles and rights must be carefully aligned. Informed consent, the right to refuse treatment, the regulation of euthanasia and palliative care, as well as the digitalization of healthcare, are just some of the issues that define the modern relationship between ethics and law in healthcare.

8. Realizing the Right to Health

The realization of the right to health depends not only on society and institutions but also on individual and collective responsibility – through preventive measures, health literacy, and civil society engagement.

8.1 Prevention and Responsibility (e.g., Vaccination)

Prevention is a cornerstone of the right to health and requires active participation from individuals and communities. Vaccination, as one of the most effective public health measures, ensures collective immunity and protects the rights of the most vulnerable (Gostin, Wiley, and Friedman, 2020). Civil society and NGOs organize into coalitions that support public mobilization and education (e.g., the "VAX Uganda" model), demonstrating that the engagement of local organizations is crucial for ensuring fair access to vaccines (Gostin, Wiley, and Friedman, 2020).

8.2 Education and Health Literacy

Health literacy enables individuals to understand, evaluate, and use health information to promote and preserve their health. This skill is foundational to the human right to informed decision-making and equitable access (Council of Europe). Why it matters: it influences participation in preventive measures, understanding of risks, and health-related decision-making. In the context of sustainable development goals, health literacy is considered an invaluable tool for strengthening health systems. Local "health literacy champions" drive change through education, dialogue, and collective community action.

8.3 The Role of NGOs and Civil Society in Protecting Rights

Civil society and non-governmental organizations (NGOs) play a crucial role in promoting, monitoring, and delivering healthcare services, as well as advocating for the right to health. Through a global network, international NGOs mobilize resources and act as a voice for marginalized groups. In Serbia, NGOs and local initiatives improve access to health information and support for vulnerable populations (ICRS publications).

Initiatives like the People's Health Movement encourage community participation in health policymaking and exemplify the integration of the right to health with activism for equality. In the field of immunization, NGOs like the Gavi Alliance and local partners provide critical infrastructure and community trust, which significantly affects the success of programs.

9. How to Strengthen the Right to Health?

The right to health must not be understood solely as a passive service delivered by the state to its citizens. It requires a comprehensive approach in which responsibilities and roles are shared among the state, institutions, civil society, and individuals themselves.

Strengthening this right involves not only increasing the availability and quality of healthcare services, but also creating a social and legal environment in which health is recognized as a fundamental human right.

10. Recommendations for the State and Institutions

The state plays a key role in ensuring the conditions necessary for the full realization of the right to health. First and foremost, it is essential to align legal and institutional frameworks with international standards, such as the Universal Declaration of Human Rights (Art. 25) and the International Covenant on Economic, Social and Cultural Rights(Art. 12) (UN, 1948; UN, 1966). The following measures are needed:

- Ensure universal health coverage,
- Invest in primary healthcare and mental health,
- Respect the principle of non-discrimination and adapt health services to different population groups,
- Support health education activities and publicly accessible information.

As stated in *The Right to Life and Body Integrity* (ICSR, 2024), institutions must protect the physical and mental integrity of citizens, even in times of epidemics – ensuring that any restrictions are proportionate and in accordance with human rights.

11. The Role of Citizens and Civil Society

The right to health cannot be fully realized without the active participation of citizens. Active citizenship entails:

- Participating in preventive programs (e.g., vaccination),
- Demanding transparency in healthcare institutions,
- Engaging in public debates and monitoring health policy-making.

Non-governmental organizations (NGOs) play a key role in mediating between the state and citizens, improving access to services, educating marginalized groups, and acting as guardians of rights.

Examples from the publication *Elderly People and Discrimination: Prevention and Reaction* (ICSR, 2023) show that NGO initiatives significantly improve access to healthcare for older people in rural areas of Serbia.

12. Health as a Fundamental Human Right – A Call to Activism

Strengthening the right to health must not remain an isolated topic within professional circles. It requires the engagement of all sectors of society in affirming health as a universal and inseparable human right (Gruskin et al., 2007). This includes:

- Preventive public campaigns,
- Advocacy for fair distribution of resources,
- Systematic oversight of privatization and the impact of economic interests on healthcare accessibility (Waitzkin, 2014).

Practice shows that systems which recognize health as a right, rather than a commodity, are more resilient and equitable (UNDP, 2021). In this context, activism for the right to health becomes not only a political issue, but also an ethical imperative for a sustainable society.

13. Instead of a Summary

At the end of this study, we would like to highlight one more essential aspect of the human person that is not mentioned in the World Health Organization's definition of health. From the perspective of Christian anthropology, and indeed the anthropologies of all other monotheistic religions, a human being consists not only of a physical (bodily, somatic) and mental (psychic) component but also of a spiritual one. The body is a biological and physical entity, while spirituality is a metaphysical category, as it cannot be examined by available experimental scientific methods – it is not accessible to the physical human senses. The psyche lies somewhere on the boundary between the physical and metaphysical dimensions of human existence, as this immaterial part of human identity is, to some extent, accessible to gnoseological understanding (psychiatry, psychology).

All three aspects (body, soul, spirit) give the human person inherent dignity, a concept that invisibly threads its way through the previous chapters of this work. When we speak of human dignity, it implies both rights and responsibilities. Every person has a right to health and healthcare. The right to health is a very specific and, in a way, paradoxical concept. Why? Because birth, life, health, illness, and death are "givens" – or rather, gifts and/or temptations given or allowed by God. A person does not choose when to be conceived, born, whether they will be healthy or sick, nor when they will die. Thus, everything that happens to a person is, in some sense, a gift and/or a temptation.

For this reason, this study also aims to point to the existence of yet another key category of human life – alongside physical, mental, and social well-being (i.e., quality of life) – and that is the sacredness of human life. In addition to the right to health and healthcare, a person also has a right to the sacredness of life. All these ontological categories are both givens and temptations (from God). A person must constantly care for their bodily, psychological, and spiritual health. Life is a gift, one that must somehow be justified – it is a task to be fulfilled during one's earthly existence. Eschatologically, one is obliged to fulfill it.

On the other hand, there is also a responsibility of others to help each individual realize their rights – in this case, the right to the sacredness of life. These "others" include all of us (family, neighbors, the state, society) who are responsible for caring for God's creation – for the human being. We must never be in a position to experiment on human life or to take it away, regardless of the stage of life involved (morula, (pre-)embryo, fetus, child, adult, "brain-dead" person, mentally ill individual).

In doing so, we form a cross-shaped, transcendent-immanent support for each individual in realizing their right to life, health, healthcare, and the sacredness of life.

14. Conclusions

The right to health, as outlined in international and national documents, is a complex and dynamic concept at the intersection of law, morality, and reality. From the WHO definition and General Comment No. 14 of the UN Committee on Economic, Social and Cultural Rights, to the Constitution and legislation of Serbia, it is clear that the right to health encompasses not only access to medical care, but also the creation of conditions that allow for a dignified and healthy life for the entire population.

In theory, the state is obliged to apply the AAAQ principle: ensuring Availability, Accessibility, Acceptability, Adaptability, and Quality of healthcare services in line with international standards. In practice, Serbia has a formal framework, but implementation and efficiency face major challenges – including regional disparities, discrimination against vulnerable groups, long waiting lists, and low adaptability of services to citizens' specific needs.

Older persons, as one of the most vulnerable groups, illustrate the "normative-practical gap." Although legislation formally ensures equal access, studies show that prison systems, legal processes, and healthcare services are often not tailored to the age-related and social specificities of this group.

Recent global challenges, such as the COVID-19 pandemic, have highlighted the tension between public interest and individual freedoms. Ethical and legal dilemmas surrounding restrictions, vaccination, and the right to bodily autonomy demand nuanced state policies that respect the principles of proportionality and continuity in protecting the rights to life and health.

Legal frameworks in Serbia and Europe define not only the right to physical protection, but also the right to ethical reflection in medical decision-making, and the obligation of states to ensure clear, transparent, and non-discriminatory healthcare practices.

The key to strong and effective realization of the right to health lies in the synergy of legal regulation, institutional ethical and professional review, and active engagement of citizens and civil society. Only a comprehensive approach – integrating prevention, health education, public-private partnerships, and NGO support – can overcome the visible gaps between law and reality.

The ontological threefold nature of the human being grants a unique dignity that directly points to the sacredness of life. Life, as a given, is often experienced as an ontological task – a person is called to manage their physical, mental, and spiritual well-being, as well as their social and moral responsibility toward others. In addition to family, loved ones, the state, and society, institutions and individuals must protect and support each

person in realizing their right to life and the sacredness of life, without engaging in experiments or taking life at any stage – from conception to natural death.

Ultimately, the right to health remains a fundamental human right, but its true realization depends on the system's ability to recognize the complexity of social determinants and the integrated role of the state, the community, and the individual in safeguarding physical, mental, social, and spiritual well-being.

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