THE LEGAL FRAMEWORK FOR ENSURING INTERNATIONAL HEALTH SECURITY. ALERT AND RESPONSE IN CASE OF EPIDEMIC

Lucian CHIRIAC[*]
Sonia COMAN[**]

ABSTRACT:*The adoption of the International Health Regulations in 2005 at the 58th World Health Assembly, a real code in this area, involved the subsequent adoption of legal rules in its application for the protection of public health, respecting the fundamental rights and freedoms of citizens and also public order at international and national level.*
Taking measures to prevent and combat pandemics should have been the main task, proportionate to the situation which gave rise to them, limited in time and applied in a non-discriminatory manner, without affecting fundamental rights and freedoms in one way or another.
Today's global health crisis requires legal, economic, health and social measures to combat the effects of the Covid-19 pandemic, and, why not, to prevent such situations in the future. The only certainty we have at this moment is that humanity is not prepared to respond effectively and promptly to the spread of the disastrous effects of such infectious eruptions. Many of the measures adopted proved to be meaningless, without legal, medical, social or economic basis. Furthermore, we believe that law must be manifested not as an adjunct to the health system, but as a "weapon of destruction" to ensure the democratic framework needed to fight this war, either on the front lines or behind the front.
The authors of the paper find it appropriate to understand that the general public interest requires the adoption of normative measures, even exceptional ones, in order to be able to intervene operatively and with adequate means for crisis management. But, it turned out that the lack of a flexible, combative regulatory framework, based on a factual and informative reality, in the absence of an action plan, we will have only a phenomenon of rejection, of refusal by citizens to participate at this common goal
.

KEYWORDS: *safety; health; pandemic; legislative framework; measures; prevention*
JEL code: *K32, K33*

[*] University professor PhD, George Emil Palade University of Medicine, Pharmacy, Science and Technology of Targu-Mureş, Lawyer at Mureş Bar, ROMANIA.
[**] Teaching assistant, PhD candidate, George Emil Palade University of Medicine, Pharmacy, Science and Technology of Targu-Mureş,Lawyer at Mureş Bar, ROMANIA.

1. PRELIMINARIES

The protection of public health requires the existence of an effective legislative framework, as well as the concern of the legislator to prevent and improve, to take over and reconcile their own norms with the norms of other Member States of the United Nations, in compliance with the 1948 Universal Declaration of Human Rights. It can be stated that the purpose of this reference document is to stimulate the homogenization of national legal systems in order to create common values and an institutional jurisprudential system. (Chiriță , 2008)

Undoubtedly, we live in a society in a continuous pursuit of globalization, and this has a consequence on a fundamental right, the right to health. Health, an inestimable human value, is currently under a hidden pandemic threat, the states of the world being in full "sanitary war" against the SARS-Cov2 virus.

On March 11, 2020, the walls of Jericho fell and sealed the fate of the states for a long time, when the World Health Organization (WHO) officially announced the Coronavirus pandemic.

In this context, countries have been "called in to intervene" and to take measures to control and combat this pandemic. International cooperation and solidarity between states are the key to restoring global health security. However, the states did not show this collective diligence, as they manifested themselves in a national individualism. Therefore, a rapid, collective, effective response from all states, which could adopt a series of restrictive or punitive measures, would have been necessary.[1] (Bodea, 2020) For example, we mention: restrictions on the freedom of movement of individuals, quarantine in areas or in the entire territory, publication and transparency of data on infected persons, imposing sanctions for breaches of obligations, compulsory wearing of a mask, limiting hours of movement, etc (Manu & Predescu, 2020). All this and much more translates into fundamental rights and freedoms, even if all measures focus on better protection of the fundamental right to health.

Unfortunately, the trajectory of the epidemic is still on an upward slope, and in the absence of a common vision on the protection of the population's right to health and the implementation of measures to combat the spread of the virus, the results are and will remain modest.

The question we have to ask - are the states of the world, the international bodies, prepared from a normative point of view? The reflection of the legal norm, its efficiency will be translated into practice.

Is the right to health guaranteed? For example, by regulating this right in the Romanian Constitution, it acquires a sacred character of fundamental right, which obliges the ruling political class to take urgent and preventive action. Ultimately, guaranteeing the right to health is mandatory for the state and governments. (Valea, 2010)

[1] In this way, the regulatory framework is seen as a set of mandatory provisions designed to regulate certain aspects of life in society.

2. SOME GENERAL LANDMARKS OF THE RIGHT TO HEALTH

We have already stated that the health of the population embodied in a right is one of the essential values of the society. Even if it is a relatively new right, in order to fulfill this value, there are multiple normative acts that regulate the activity in the sanitary field, including the rights and obligations of the patients, but also of the medical staff. (Moldovan, 2006)

But what is a right? According to DEX, this notion is defined as "the totality of rules and legal norms governing the conduct of people in social relations, in a determined political community, likely to be imposed by the coercive force of the state." The more important the social relationship, the greater the protection offered by society.

Another common notion is "fundamental rights", found in the European Convention on Human Rights itself, which refers to "fundamental rights and freedoms." The scientific literature states that "internally, fundamental rights have been defined as those subjective rights of citizens considered essential for their life, freedom and dignity, indispensable for the development of human personality, rights that are established by the Constitution and guaranteed by it as well as the relevant laws." (Bîrsan, 2005)

The question that arises is whether the two phrases 'fundamental rights' and 'human rights' are equivalent. Of course, fundamental rights also refer to human rights. We also consider, along with other authors, that the answer is an affirmative one "as they appear inherent in the development of the human personality and are considered that way by the international community and are protected by instruments of international law." (Bîrsan, 2005) Therefore, they are so indispensable to every human being that without these so-called fundamental rights one cannot assert his life, his physical and moral inviolability. (Valea, Consacretion on the concept of the „constitutional democraty" and „supreme values" provide in article 1 of the Romanian Constitution republished and also through the Constitutional Court of Romania, 2014)

The notion of "fundamental rights" appeared for the first time in the Constitution of the R.F.G., later being found in other international documents, "emphasizing precisely the constitutional source of these rights." (Heymann-Doat, 2002)

Regarding the right to health, the international regulatory framework brings together many documents that guarantee it. A first notable international instrument in this regard is the Universal Declaration of Human Rights (1948), which states in art. 25 that "Everyone has the right to a standard of living adequate for the health and well-being of himself and of his family, including adequate food, clothing, housing, medical care and social services." At the same time, art. 8 of the same normative act also provides the possibility of a person to apply to the competent courts in order to obtain damage compensation in case of violation of the fundamental rights, by default the right to health. Therefore we ask a question- as long as it is considered that the governments have not taken the necessary basic protective measures, can you go to court for damages? The answer can only be positive.

The second important act in the field is the Convention on Economic, Social and Cultural Rights (1966) which states in art. 12 that "States Parties to the present Convention recognize the right of every person to enjoy the highest standard of physical and mental health."

The Alma-Ata Declaration, which brings into discussion the issue of healthcare for the first time, was also signed at an international conference in Kazakhstan on the 6-12th of September 1978, following a partnership between WHO and UNICEF as an essential element of the community and a responsibility of international bodies.

A series of other normative acts adopted at European level followed, such as: Decision no. 1082/2013 / EU of the European Parliament and of the Council on serious cross-border threats to health and repealing Decision No. 2119/98 / EC[2], EC Regulation no. Regulation (EC) No 851/2004 of the European Parliament and of the Council establishing a European Center for the Prevention and Control of the disease[3], International Health Regulations (IHR), 2005[4], which aims to prevent, protect and act "through a public health response against the international spread of the disease ".

Moreover, the Treaty on the Functioning of the European Union (TFEU) states in art. 168 the need to ensure a higher level of protection of human health, and the Charter of Fundamental Rights of the European Union provides in art. 35 (marginally referred to as "Health Protection") that "Everyone has the right to receive medical care under the conditions established by national laws and practices. A high level of human health protection shall be ensured in the definition and implementation of all Union policies and activities." Also in its content, at art. 52, regulates the conditions under which this right may be restricted or limited: "Any restriction on the exercise of the rights and freedoms recognized by this Charter must be provided by law and respect the substance of these rights and freedoms. In accordance with the principle of proportionality, restrictions may be imposed only where they are necessary and only if they actually meet the general interest objectives recognized by the Union or the need to protect the rights and freedoms of others. " From reading this text of law, we can see, that even at European level, any restriction of fundamental rights and freedoms must be provided by law, as it is identically stated in art. 53 of the Romanian Constitution. Moreover, the Court of Justice of the European Union is sovereign in ensuring the protection of fundamental rights at Union level, as provided in the Charter.

Last but not least, the recognition of the right to health through its regulation in the various Constitutions of the states has contributed, we can say, to the provision of additional guarantees for its protection. (Young, 2013) For example, we mention the Spanish Constitution which provides the assurance of a right to health in the art. 43, the Italian Constitution which proclaims in art. 32 the protection of a right to health, and last but not least, this right is also recognized by the Constitution of France in art. 34.

Moreover, the preamble of the WHO Constitution states that "the enjoyment of the highest standard of health is one of the fundamental rights of every human being without distinction on race, religion, political belief, economic or social status."

All this "regulatory assurance" has been created in order to set standards of quality and security of the right to health, in order to prepare states and population for a prompt response in case of an international public health emergency.

[2] Adopted on the 22nd of October 2013, published in JOUE L.293/1 on 5.11.2013
[3] Adopted on the 2st of April 2004, published in JOL nr. 142 on 30.04.2004
[4] Adopted on the 23rd of May 2005 and enteres into force on the 31st of August 2009

In art. 52 of the Charter, there are set out some criterias in order to restrict the exercise of certain rights: to be provided by law, to be proportionate and necessary to correspond to the objectives of general interest.

The national medical legislative framework on patient rights is determined by Law no. 46/2003.[5] This law is modeled on the recent legislation at European level, taking over principles and novelties with a beneficial effect on the legal regulations of the Romanian medical life. (Popa & Harosa, 2003) From this point of view there can be deduced the following rights of patients: the right to medical care, the right to information and the binding nature of the patient's consent, rights deriving from the fundamental right to life and respect for privacy.

At the same time, the Romanian Constitution protects the right to health of the human being and proclaims in article 34 that "The right to health care is guaranteed. The state is obliged to take measures to ensure hygiene and public health. The organization of medical assistance and the social insurance system for illness, accidents, maternity and recovery, control of the exercise of medical professions and paramedical activities, as well as other measures to protect the physical and mental health of the person are established by law." Therefore, it can be observed that, at the level of Romania, the right to health is guaranteed, therefore the state undertakes to respect it, to take all measures to safeguard it. But how is this "guarantee" realized? The state is the one that must submit the necessary diligence for the implementation of art. 34 of the Constitution by drafting laws to constitute the "guarantor" that citizens will have the right to medical services and the observance of their right to health. If we make a comparison, those that are scrupulous with human rights were dissatisfied that in the Romanian Constitution of 1991, before its revision, the right to private property was only protected, not guaranteed. Thus, the right to property, after the revision of the Constitution in 2003, was "guaranteed", but even today it has not been doctrinally clear "for whom", as it has not been found out by what methods the executive proceeds accordingly. "Guarantee" means both an economic and an institutional guarantee.

The criminal law enshrines the right to health by criminalizing the acts of hitting and injuring body integrity or health, within articles 193-194 of the Romanian Criminal Code, but also regulates crimes against public health (foiling disease prevention) in Article 352 of the Criminal Code. (Bodea & Bodea, Drept Penal. Partea Specială, 2018) It should be noted that in the criminal law of other countries, there is also provided the criminalization of non-compliance with the right to health. For example, the Austrian Criminal Code provides in art. 178 (intentional creation of a state of a danger regarding the spread of communicable diseases to humans) that "the person who commits an act likely to cause the danger of spreading a communicable disease to humans is punishable by imprisonment for up to 3 years, if the disease belongs to the category of diseases that must be declared." Such a provision is also found in the Czech Criminal Code: "The spread of contagious human diseases consists in the act of the person who causes or increases the danger of importing or spreading a contagious human disease and who will be sentenced to imprisonment, prohibition of activity or when confiscating an object or other valuable asset." (art. 140-418) or in the Criminal Code of Croatia, which regulates in art. 180 "spread and transmission of contagious diseases": "(1) A person who does not

[5] Published in the Official Journal of Romania, part I, nr. 51 on 29th of January 2003

act in accordance with regulations or orders by which the competent national authority has ordered the control, disinfection, disinsection, rodent control, isolation of patients or other measures human beings, respectively for the prevention and control of infectious diseases in animals from which humans can also become ill, and therefore the risk of contagious diseases among humans or the transmission of infectious diseases from animals to humans, will be punished with imprisonment of up to two years. 2. A person who fails to comply with protective measures and infects another person with a serious contagious disease shall be punished by imprisonment of up to three years."

The right to health is a private and absolute right. Thus, it belongs to all persons, regardless of gender, race, ethnicity, social origin, spoken language, denomination, political choice, etc. Man is the only bearer of this right, which cannot be forbidden, excluded or limited. (Moldovan, Tratat de drept medical, 2002) Health always has a carrier endowed with individual personal qualities, not being recognized to legal persons. On the other hand, one cannot speak of a socialization of health by attributing it to a group of people, because it is an individual, personalized right.

From the examination of some doctrinal sources and international regulations there can be deduced the idea according to which the health of the individual represents the state of an organism, from a physical, mental and social point of view, as a result of a balance with the environment. (Sadovei, 2002) It was also stated that "public health is what we, as a society, do to ensure the conditions for people to be healthy." (Massé, 2003) From the content of these definitions it can be deduced that there is "a mutual and common obligation based on cooperation, as well as a collective responsibility, ensured in particular by governments and communities." (Gostin, 2013)

In the analysis of this right it is necessary to specify that it is not part of the civil circuit, so that it cannot be alienated in any form, because it does not represent a property of the person in the purely legal meaning of this term. Even if certain parts of the human body are noticeable, still, from a legal point of view, they enjoy the same rights as health. But it is true that its damage can attract the legal liability of the guilty person.

Another aspect that needs to be discussed is the distinction between the concepts of "being healthy" and "holder of the right to health". Thus, the law is not able to ensure access to a vital right, such as health. But this is related to the human body, which is the bearer, in physical terms, and the holder, in legal terms, of the right to health. The holder of the right to health may have his own body, but the right to health cannot be a real right. (Gostin, 2013) The right to health cannot be borrowed, sold, cannot be the object of an exchange contract, so there is no way it can be alienated.

The concept of health includes both physical health, which implies a state of well-being from a physical point of view, and mental health, based on the relationship and harmonization of the individual's inner feelings with the community in which he lives. (Popescu, 2007)

It should also be mentioned that the right to personal inviolability, which includes two components: physical and mental inviolability, succeeds the right to health. Thus, the autonomy of a person is given by these two components and cannot be neglected in private relations, unless it is allowed by its owner.

In conclusion, the entire fulfillment of this fundamental right of any human being is not only a correlative obligation of law, but also an important political and social responsibility of each state, of the rulers who have assumed the attribute to decide for

others. The question is - to what extent are they responsible for the decisions they take? Would it be a tort civil liability or would it have as source the social contract of Jean Jacques Rousseau?

3. SANITARY ACTS AND BODIES AT EUROPEAN LEVEL

Nine months after the WHO declared the Covid-19 pandemic, states are in various stages of responding regarding an effective control of the disease.

We are far from considering the current pandemic a mere national health risk, with all states equally affected by infection with this "common enemy." Consequently, it is up to each of them to comply with an international obligation of prevention, of diligence. In other words, States have both a duty of care, in the sense of taking all necessary measures to combat the pandemic, and a specific obligation of outcome, such as to react promptly and to transmit appropriate information to other States.

It is said that "history teaches us", but humanity was not prepared for the Spanish flu epidemic in 1918 and remained equally ignorant in 2020. All the abstract legal rules existing at national and international level have proved to be ineffective and in the absence of a concrete action plan, they remain illusory.

If we take a look, on one hand, at the measures adopted by the Member States and, on the other hand, the regulatory support under which they were regulated, we will see that, in reality, their content is similar, but the legislative framework is different. In this regard, we will mention, for example, the situation in Belgium, Germany, France, Italy and Spain. We will note below that while the constitutions of some EU Member States contain specific provisions on declaring a state of emergency (France, Germany), others (Italy, Belgium) only "tolerate" certain changes and interferences in the balance of state powers. However, the whole set of laws, decrees, decisions adopted during this pandemic raises the issue of time limits, proportionality and legal certainty. (Coman, 2020)

Regarding the health regulatory framework of Belgium, we point out that the Belgian Constitution does not have any special provisions on the state of emergency. However, art. 115 refers to some certain 'special powers', used only for good cause and for a limited period of time, through which the Belgian Parliament may confer legislative powers on the Government. What did the Belgian legislator want by regulating these powers? To ensure a quick response in the case of an emergency, instead of the ordinary legislative procedure. However, these decrees adopted under special powers must be subject to judicial review by the Council of State, unless they are ratified by the Parliament.

Thus, on the 27th of March, 2020, two enabling laws were adopted through which the Belgian Government was able to adopt measures to combat this pandemic.

Unlike Belgian constitutional law, the French Constitution regulates three categories of provisions that cover emergencies: exceptional presidential powers, state of siege and state of emergency. All these have in common the existence of an exceptional event. Pursuant to art. 16 of the French Constitution, the President may take the necessary measures using these "exceptional powers."[6] The exceptional nature does not remove the

[6] The state of emergency law of April 3, 1955 was applied in 1961 by President Charles de Gaulle during the French military uprising in Algiers or on November 8, 2005, by decree following urban violence in France.

condition of legality of the administrative measures that are taken. (Morand-Deviller, 2015)

In addition to the constitutional provisions, on March 23, 2020, there was adopted Law no. 290/2020 (Public Health Code) in response to the Covid-19 pandemic, and the President declared a "public health emergency." The content of this law defines the phrase "public health emergency" as representing the existence of "a health catastrophe that endangers, by its nature and severity, the health of the population."

In Germany, there were no legal provisions on emergencies in the original 1949 Constitution. These were subsequently introduced in 1968 to enable crisis management, such as the current context. The German Constitution provides two categories of states of emergency: external (which includes the state of tension, regulated in art. 80, respectively the state of defense contained in art. 115) and internal (art. 35 and art. 91). Although these texts of law do not explicitly mention the situation of an epidemic, they can still be applied in the event of a coronavirus crisis. What is specific to Germany is that on its territory the management of a disaster is given to the Länder. However, given the dramatic increase in cases of Covid-19 infection, the German Federal Parliament (Bundestag) said on March 25, 2020 that this crisis is of national importance.

Looking at Italian law, nor the Italian Constitution does not contain any rules on emergencies. Despite this omission, the legal framework is more permissive regarding to the need for adopting measures in exceptional circumstances (art. 77 of the Constitution). As a practical application of this fact, we mention, on one hand, that the Italian Government has the possibility to exercise powers belonging to local entities, and on the other hand, it can adopt "decree-laws" that have the same legal force as the laws.

Thus, a series of measures were adopted based on the orders of the Italian Minister of Health, such as: imposing a quarantine for a period of 14 days, suspending public activities, banning entry and exit from an affected region, etc. Although in some cases these measures were not clear and transparent, they were nevertheless implemented through the Prime Minister's decrees, introducing restrictive measures in a rapid succession to the so-called "red zones".

In Spain, similar to the situation in France, Article 116 of the Constitution provides three measures that can be adopted in emergency situations: the state of alarm, the state of emergency and the state of siege. In the context of the current pandemic, on March 14, 2020, a state of alarm was declared on Spanish territory. The state of emergency and the state of siege have not been declared so far.

All this normative set that the states have at their disposal in this epidemiological fight reveals only a general framework, so it is left to the discretion of each state the way it creates its own regulatory system in this field. What else can we observe from this legislative reaction of the states? That they have initiated a division of competences in situations that require prompt and effective intervention, that in many cases the European interest has taken precedence over the general national interest.

4. THE SANITARY NORMATIVE FRAMEWORK IN ROMANIA

At national level, there are a number of normative acts that have been adopted in the past or present, applicable in the case of exceptional circumstances. For example, it is

known that Romania has implemented the International Health Regulation (IHR) by adopting the Decision no. 758/2009.[7]

Therefore, IHR has become part of the national regulatory system. In its content, in part II, under the name "Public health information and response", two essential elements are provided in preventing and combating the pandemic, namely the alert and the response of the state to it. Thus, this exchange of information between the state and the WHO involves the occurrence of an "unexpected or unusual event in its territory, which may constitute a public health emergency of international importance" and "the WHO's provision of all relevant public health information."

Considering the implementation of IHR by Government Decision no. 758/2009, Romania has assumed the obligation to implement in a transparent and non-discriminatory manner all the necessary measures regulated by it in the event of an exceptional situation. Of course, there is nothing to prevent further action if it is necessary, but at a higher level or at least identical to those in the IHR.

Also, more recently, in the context of this pandemic which, unfortunately, becomes inversely proportional to the measures implemented (Cassella, 2019), not only nationally but also internationally, there was adopted Law no. 55/2020 on some measures to prevent and combat the effects of the Covid-19 pandemic.[8]

Reading the Decision no. 758/2009 regarding the implementation of the International Health Regulations 2005, we can observe the first national regulations as they were harmonized with European norms. In essence, in order to guarantee a rapid response in case of an epidemic, the National Focal Point was designated within the Bucharest Institute of Public Health, with clearly delimited attributions: to coordinate communication with WHO, to ensure the transmission and receipt of information operatively with all competent authorities, to receive any alert for communicable disease as soon as possible and to recommend that the necessary measures that must be taken.

So, we could say that Romania had a legal framework, which regulated in the primary stage the protection of the right to health (forms of alert, restriction of rights, etc.).

Despite the existence of all these normative sources, national and international, as well as the support offered by the WHO, Romania was late when the issue of a concrete action plan was raised. Only in a rather advanced stage of the pandemic, inspired by the example of other states, Romania, initiated a series of measures through Government Decisions or through Decisions of the National Committee for Emergency Situations, such as those on taking and prolonging the state of alert, imposing the national quarantine, limiting the development of public activities, isolating people returning from abroad, etc.

Thus, we consider that the prompt reaction was completely lacking in the conditions in which the rulers had the legal instruments of action, could declare the state of alert, according to the provisions of the IHR, and limit the access of people returning from abroad, to take the necessary measures to test population and isolation of those infected, to transmit WHO information and recommendations to national authorities, etc.

[7] It entered into force on the 31st of August 2009

[8] It entered into force on the 18th of May 2020, published in Official Journal of Romania, Part I nr. 396 on 15 May 2020

Moreover, the measures taken were in a total lack of knowledge of the Constitution, so the question of their constitutionality was raised. In this sense we mention the Decision of the Constitutional Court of Romania no. 152/2020 in which the constitutional court "admitted the exception of unconstitutionality and found that the Government Emergency Ordinance no. 34/2020 for the amendment and completion of the Government Emergency Ordinance no. 1/1999 on the state of siege and the state of emergency is entirely unconstitutional." The Court stated that 'Regarding the critics brought by the author of the exception of unconstitutionality, (…), which states that the exercise of fundamental rights or freedoms may be restricted only by law, the Court notes that the President's decree is a normative administrative act, so we discuss about an act of secondary regulation that implements an act of primary regulation. The restriction of the exercise of certain rights is not achieved by the decree of the President, the provisions of art. 14 lit. d) of the Government Emergency Ordinance no. 1/1999 constituting only the norm through which the primary legislator empowers the administrative authority (the President of Romania) to order the execution of the law, respectively of the provisions of art. 4 of the same normative act which expressly provides the possibility of restricting the exercise of rights. " It follows that the restriction or limitation of fundamental rights and freedoms, even in exceptional circumstances, can be achieved only by organic law, and it is not within the competence of other authorities or institutions to adopt laws in this field (Article 73 (3) (g) and Article 115 (6) of the Constitution).

5. PRACTICAL CONCLUSIONS

Distinct from the obligation of each country to react as effectively and quickly as possible in combating this "epidemiological war", there is also a common duty of them to defend public health.

But, as far as Romania is concerned, any measure taken can only be in the spirit and letter of the fundamental act, otherwise, the Constitution would remain a form without substance.

The entire arsenal of international documents, as well as the guarantee of their rights, will remain only at an ideal level in the absence of a plan that, under the umbrella of respecting the Constitution, will truly lead to a more efficient protection of the right to health.

This confirms what we stated in this paper, in the sense that neither Romania, nor the other states, nor the World Health Organization were prepared for this critical situation and as a consequence did not do their duty to the citizens.

In this situation, we deduced that both international bodies and nation states do not have a regulatory framework in the event of a pandemic, or if they do, it is far too poor.

Therefore, the first obligation of international bodies, of states, is to ensure a general international regulatory framework and, at the same time, to build a national framework for preventive purposes and last, but not least, to effectively combat situations such as the Covid-19 pandemic.

REFERENCES

Bîrsan, C., 2005. *Convenţia Europeană a Drepturilor Omului. Comentariu pe articole.* Bucureşti: Editura All Beck.

Bodea, B., 2020. A critical analysis of establishing the judicial truth. Issue 3, p. 70.

Bodea, B. & Bodea, R., 2018. *Drept Penal. Partea Specială.* Bucureşti: Editura Hamangiu.

Cassella, S., 2019. Responsabilité(s) de l'État pour le risque global lié aux changements climatiques. *Revue générale de droit international public,* Issue 2, pp. 363-389.

Chiriță , R., 2008. *Convenţia Europeană a Drepturilor Omului.* Bucureşti: Ed. C.H.Beck.

Coman, R. M., 2020. Use of mobile location data in the context of the COVID-19 pandemic. *Revista română pentru protecția datelor cu caracter personal,* Issue 2.

Gostin, L. O., 2013. The Core Values of Public Health Law and Ethics. In: *Public Health Law and Policy in Canada.* 3e ed. ed. Markham (Ontario): LexisNexis, p. vi.

Heymann-Doat, A., 2002. *Libertés publiques et droits de l'homme,.* 7ème éd ed. Paris: Editura LGDJ.

Manu, G. & Predescu, O., 2020. Libertatea de exprimare vs. Combaterea dezinformării în contextul stării de urgență. *Revista Universul Juridic,* Issue 6.

Massé, R., 2003. *Éthique et santé publique – Enjeux, valeurs et normativité.* Saint-Nicolas (Québec): Les Presses de l'Université Laval.

Moldovan, A. T., 2002. *Tratat de drept medical.* Bucureşti: Editura All Beck.

Moldovan, A. T., 2006. Dreptul medical-ramură distinctă de drept,. *Revista Dreptul,* Issue 7, p. 136.

Morand-Deviller, J., 2015. *Droit administratif.* 14 edition ed. Montchrestien: LGDJ.

Popa, I. F. & Harosa, L. M., 2003. Discuţii în legătură cu Legea nr 46/2003 privind drepturile pacientului,. *Revista Dreptul,* Issue 8, p. 7.

Popescu, O., 2007. *Dreptul la sănătate şi sănătatea acestui drept.* Bucureşti: Institutul român pentru drepturile omului.

Sadovei, N., 2002. Aspecte juridice ale testării voluntare, consimţământul persoanei la efectuarea testului şi comunicarea informaţiei cu privire la virusul HIV-SIDA. *Revista de drept privat,* Issue 4, p. 52.

Valea, D., 2010. *Drept constituțional și instituții politice. În dreptul român și în dreptul comparat.* Bucureşti: Editura Universul Juridic.

Valea, D., 2014. Consacretion on the concept of the „constitutional democraty" and „supreme values" provide in article 1 of the Romanian Constitution republished and also through the Constitutional Court of Romania. *Revista Curentul Juridic,* Issue 3, p. 32.

Young, K. G., 2013. The Comparative Fortunes of the Right to Health: Two Tales of Justiciability in Colombia and South Africa. *Harvard Human Rights Journal,* Issue 1, pp. 179-216.