

THE RIGHT OF PEOPLE WITH DISABILITIES TO HEALTH: WHAT IS EXPRESSED BY THE ARCHITECTONICS OF LEGISLATION?

Ingrida Baranauskienė
Klaipėda University, Lithuania

Abstract

The article formulates *the research¹ problem*: what ideas dominate in architectonics of two laws under scientific analysis (The Human Right to Health of the World Health Organization, Article 12, and parts of the Law on the Health System of the Republic of Lithuania related to the situation of people with disabilities in the healthcare system)? The research methodology is grounded on the ideas of postpositivism and ethnographic approach. The thematic analysis has been chosen as a method of data processing. The findings allow formulating a conclusion that architectonics of legislations of the World Health Organization has a clear jurisprudential foundation; whereas the Law on the Health System of the Republic of Lithuania provides preconditions for various stipulations, which results in people with disabilities facing manifestations of discrimination in Lithuanian system of health care.

Keywords: *jurisprudential foundation, discrimination of people with disabilities, healthcare system.*

Introduction

A special survey of the Eurobarometer No. 317, “Discrimination in the EU States in 2009”, was conducted nine years ago. As Okunevičiūtė-Neveauskienė (2011) has it, the survey “revealed the opinion of Lithuanian people on the spread of discrimination: the respondents treat age-related discrimination as the most widely spread discrimination (59%), next are the **disability (50%)** and sexual orientation (36%) aspects” (Okunevičiūtė-Neveauskienė, 2011). Analysing the situation in her scientific article, Okunevičiūtė-Neveauskienė, grounding on the representative survey conducted by Vilnius in 2008, underlines that “*the problem of discrimination is perhaps faced by individuals who have mental disability the most*” (Okunevičiūtė-Neveauskienė, 2011). Referring to quite a small number of existing articles reflecting the manifestations of discrimination of people with disabilities in health care and other health related institutions under investigation, we can judge that the situation of our state in terms of compliance with the general liabilities of the Convention of the Rights of Persons

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with Disabilities (2009) is not favourable. Šumskienė et al. (2015) have it, “In nineteen member states, including Lithuania, special support programmes for women who experience violence, suffer from multiple discrimination are not provided. Even though when seeking to help women suffering from multiple discrimination, there is no need to found a separate service, especially in those countries with low numbers of inhabitants, the provided services must ensure appropriate quality of such support” (Šumskienė et al., 2015). A complicated situation of people with disabilities in the system of health care has been scientifically proven by other researchers (Krikščiūnas, 2015; Pūras & Šumskienė, 2012; Šumskienė, Mataitytė-Diržienė, Klimaitė, & Petružytė, 2017) and others.

While reflecting on the human dignity from a constitutional perspective, Taminskas observed that there was a “[p]aradox in that the term of human dignity, even though constituting part of numerous international legal acts and national constitutions, is not perceived unambiguously” (Taminskas, 2014). Diversity of perception causes the tension fields and determines many further processes. The instance pointed out by Taminskas clearly demonstrates the determinants of the interaction between dignity and human rights (is dignity the foundation of constitutional jurisprudence or just a mentioned element, which means that it is not the only argument, various stipulations add to it?) (Taminskas, 2014). The legislation approved in Lithuania, including the healthcare system, is formally coordinated with Lithuania’s obligations to the International Law and legislation of the European Union. However, what semantics is held by a law: to paraphrase Taminskas, is it a foundation of jurisprudence, does it send a clear message? Or maybe it provides preconditions for various stipulations (cf. Taminskas, 2014)?

In this context, the article formulates *the research problem*: what ideas dominate in architectonics of two laws under scientific analysis (The Human Right to Health of the World Health Organization, Article 12, and parts of the Law on the Health System of the Republic of Lithuania related to the situation of people with disabilities in the healthcare system)? Do the laws send a clear message? Or perhaps they provide preconditions for some stipulations? The manifestation of the human rights of people with disabilities to health in the said legislation is the object of the research; the research aim is to find out what the architectonics of legislation is: is it the foundation of jurisprudence or perhaps it forms preconditions for various stipulations?

Research Methodology

In this context, Social Sciences like other areas of science, substitute the positivist approach with the postpositivistic one: “Opinions of sociologists or political scientists maintaining postpositivistic approaches are opposite: an investigator cannot view social reality from the outside, he/she can view it from the inside only. First of all, they underline the differences between the social and natural worlds more than majority of positivists do. They emphasise that **people create social reality on the ground of their own ideas**. Human interrelations depend on their opinions about each other. Institutions are a result of implementation of specific ideas” (Nakrašas, 2010). The current article maintains the postpositivist provision, and analysis of the structural parts of the two laws related to participation of people with disabilities in the system of health care, being re-considered in the context of Lithuania and other countries, is viewed through the experience, understanding, knowledge of me as a person and scientist. Grounding on obtained competences, I generate ideas and form the findings.

Ethnography can be called **an approach** which treats social reality from **the postpositivistic point of view**. I can also call **ethnography the way of investigator’s**

thinking. I was learning to create social reality while studying James P. Spradley's works; he is considered to be an ethnography ideologist, wrote or edited dozens of books where he not only searches for the answers how to become familiar with reality while staying together with people, but also provides specific methods. Grounding the ethnographic approach on ethnosemantics, Spradley has developed and practically applied the strategy of 12 steps referred to by contemporary investigators: locating a social situation; participant observation; making an ethnographic record; descriptive observation; making a domain analysis; focused observation; making a taxonomy analysis; making observations of a selected object (practical observation); making a component analysis; discovering cultural themes; cultural inventory (description); writing an ethnography (Spradley, 1980). Spradley (together with David W. McCurdy) has developed ethnography through investigation of public culture (Spradley & McCurdy, 1972). In my research, I employed ethnographic thinking while analysing the legislation and environment that surrounds it. It can be stated that the ethnographic thinking manifested in my research mostly in "creation" of the research field: when the analysis of one document led to another while searching for reciprocal interaction to form new findings.

The choice of the term "architectonics" in formulation of the topic and research problem of the article (this term is frequently used in Bachtin's works, and in the present article the concept contemplated by him is referred to (cf. Baranauskienė, 2018)) as if indicates that the decision to go deeper into the structure of the law and legislative environment, the correlation between its whole and parts is made. However, according to the postpositivistic perception, the term "architectonics" encompasses much more than the structure, correlation of its parts. Architectonics is perceived as the whole of investigation. Such formed attitude influenced the decision to carry out non-formalised thematic analysis.

The thematic analysis (hereinafter referred to as TA) as a **method of data analysis** was chosen, in my view, as the most appropriate method to reveal architectonics of the legislation: "The two main reasons to use TA are accessibility and flexibility. (...) We see this as a strength because it ensures the accessibility and flexibility of the approach" (Braun & Clarke, 2012). Advantages of the thematic analysis in qualitative research as well as analysis of legislation have been revealed by Boyatzis (1998), Guest et al. (2012), and others. After studying the works of the mentioned authors, the investigation proceeded in compliance with the stages indicated in Table 1, grounding on the inductive reasoning.

Table 1. Stages of the thematic analysis

Stages of analysis	Purpose and meaning of the analysis stage
Step one: Familiarisation with the text	First, deeper understanding of the laws proceeded while familiarising myself with the texts in general. This allowed me to perceive the whole of legislation as documents; to understand the structure, become familiar with terminology.
Step two: Selection of relevant parts of the laws	The secondary analysis of the text was carried out while selecting the parts of the legislation which, in my opinion, were related to the research field. This way, I narrowed the search down and made it more specific.
Step three: Emphasis on key statements	During the next stage of analysis, I highlighted, in my opinion, key statements related to the preconditions to receive comprehensive medical support for people with disabilities. It made the research field much narrower.

Continued Table 1

Step four: Naming themes and analysis as well as interpretation of theme-related situations	After reassessment and reconsideration of the key statements, I divided them into thematic groups according to the meanings and analysed, interpreted them. The naming of the groups continued throughout the entire period of conducting the research and writing the present article, correcting, specifying the titles in compliance with the changes in my personal understanding.
Step five: Relation/ separation of themes while employing contrastive analysis	By employing contrastive analysis, the themes were related (or separated) aiming to have a better understand myself and explain it to a reader what is meant by them, what is the content in the context of analysed legislation.

Research results

I started deepening my knowledge on the research field while analysing activities of **the World Health Organization (WHO)**, the most significant health organisation throughout the world implementing the policy of the United Nations, seeking “the highest attainable level of health care in all states of the world” (World Health Organization, <https://www.who.int/home>). Searching for analogues in Lithuanian legislation base, I would name the Law on the Health System of the Republic of Lithuania (hereinafter referred to as **LHS**) (Law on the Health System of the Republic of Lithuania, current consolidated version as of 01.01.2018–31.12.2018) the law reflecting the strivings of the WHO most of all.

I would relate the Article 12 of the Human’s Right to Health of the WHO with my research field the most; this article was explicitly explained in the Comment No. 14 of the Committee of Economic, Social and Cultural Rights (Core Elements of a Right to Health, <https://www.who.int/en/news-room/fact-sheets/detail/human-rights-and-health>). According to the mentioned explanation, the human right to health is ensured by implementation of the following components: **Availability, Accessibility, Acceptability and Quality**. Comparing it with the LHS, Article 5, *Principles for Regulation of the Health Promotion Activities*, the principle No. 5 is named as Acceptability, Accessibility and Suitability of Human Healthcare. Therefore, it can be treated as a fundamental for relating these principles to the elements of the WHO ensuring human right to health (Law on the Health System of the Republic of Lithuania, Article 5, current consolidated version as of 01.01.2018–31.12.2018).

I constructed my investigation grounding on contrastive analysis of the ensuring health components found in documents of the WHO and LHS.

Availability: states need to have sufficient quantity of **functioning public health and healthcare facilities, goods, services and programmes** (Availability, Accessibility, Acceptability, Quality. Infographic, <https://www.who.int/gender-equity-rights/knowledge/aaaq-infographic/en/>). In this context, it is important to achieve that these institutions and programmes ensure the possibilities **to receive services to all groups of population**, including people with disabilities. In the aspect of my research field, infographics of the component under analysis, besides the possibilities to receive the mentioned comprehensive healthcare services for people with disabilities, such aspects as **initiatives of healthcare institutions investigating demands of services, programmes, health promotion goods** for people with disabilities, **qualification of staff working in the healthcare system** and **appropriate quantity of them** are important to provide conditions to obtain high quality services

(Availability, Accessibility, Acceptability, Quality. Infographic, <https://www.who.int/gender-equity-rights/knowledge/aaaq-infographic/en/>). Having carried out the thematic analysis of the infographic text, several themes have been singled out: **Comprehensive offer of public health and healthcare facilities, goods, services and programmes to people with disabilities; Initiatives of healthcare institutions investigating the needs of people with disabilities in the aspect of services, programmes and health promotion goods; Sufficient qualification of staff of the healthcare system to work with people with disabilities; Sufficient quantity of staff working in the healthcare system.**

The summary edition of the LHS does not include the notion “availability” (Lith. galimybių sudarymas). When selecting the notion to be introduced, I perceive it as a potential (im)possibility to receive services, goods, facilities, conditions etc. “Availability” can be also translated as “accessibility”; however, it is possible only when there is no directly translatable English term “accessibility” written next to the word “availability”. To be more specific, in translations of European Union documents into Lithuanian, translation of “availability” is rendered into Lithuanian as “accessibility” (Lith. prieinamumas)², but only in the cases when another term (notion), “accessibility”, is not given adjacently because in such a case both words would be translated by the same Lithuanian word. In the case of my research, there is no sense in generalising both concepts and the meanings within them by one Lithuanian term. In such a way, the meaning of “availability” explained in the WHO infographics, i.e. the “offer” which most precisely generalises the questions, problem aspects provided in the explanatory table and revealing the essence of the notion would be narrowed down. On the other hand, a Lithuanian word “offer” (Lith. pasiūla), as an equivalent to the English “availability” is dissociated from translation of the term “offer” in the economics field, rather bringing it closer to the context of the four concepts: Availability, Accessibility, Acceptability, Quality, rendered in infographics³.

When searching for analogues to the WHO explanation, some weak semantic features can be found in the explanation of the notion No. 43, **enhancement of public health**, in the LHS: “organisational, legal, social and economic measures implemented by state institutions, executing institutions of municipalities, other juridical and physical entities which help to increase and more rationally use healthcare resources, **form the system of social control for solution of public health problems**, stimulates participation of the population in formation of the state and municipal policy of health, contributes to creation of healthy environment, encourages people maintain a healthy lifestyle and increases effectiveness of motivation for a healthy lifestyle, stimulates health insurance organisations and personal healthcare institutions to focus on economically more efficient health promotion measures **based on disease prevention**” (Law on the Health System of the Republic of Lithuania, current consolidated version as of 01.01.2018–31.12.2018, Article 2, Pagrindinės šio įstatymo sąvokos [Core concepts of the law], 43). Having carried out analysis of the LHS, Article 2, I have pointed out the following themes: **Strengthening of public health; Formation of the system of social control for solution of public health problems; Health promotion measures are oriented towards prevention of diseases.**

Accessibility: in the explanation of the WHO, **accessibility** is treated as a state guarantee that health facilities, goods and services are **physically accessible and affordable**. The

² <https://lt.linguee.com/angl%C5%B3-lietuvi%C5%B3/vertimas/availability+of.html>

³ Availability, Accessibility, Acceptability, Quality. Infographic, <https://www.who.int/gender-equity-rights/knowledge/aaaq-infographic/en/>

concept of accessibility also includes **information**. Information (on treatment, medications, including technical information) must be accessible to all disability groups, constantly updated, understandable. **Accessibility must be ensured by the law**, without any discrimination (cf. Availability, Accessibility, Acceptability, Quality. Infographic, <https://www.who.int/gender-equity-rights/knowledge/aaaq-infographic/en/>).

The highlighted themes: *Physically accessible and affordable services; Accessibility of information; Accessibility ensured by the law.*

In the current consolidated version of the LHS, **accessibility** of healthcare is defined as “the healthcare conditions ensuring economic, communicative and organisational acceptability of healthcare services for a person and society set by the order of the state” (Law on the Health System of the Republic of Lithuania, current consolidated version as of 01.01.2018–31.12.2018, Article 2, Pagrindinės šio įstatymo sąvokos [Core concepts of the law], 31). In the Law on the Health System of the Republic of Lithuania, the concept of **accessibility** is supplemented with the notion No. 36: “**Healthcare for an individual ensured (for free) by the state** means services of healthcare for an individual covered by the Compulsory Health Insurance Fund, state or municipality budgets” (Law on the Health System of the Republic of Lithuania, current consolidated version as of 01.01.2018–31.12.2018, Article 2, Pagrindinės šio įstatymo sąvokos [Core concepts of the law], 36).

The discovered themes: *Assurance of economic, communicative and organisational acceptability of personal healthcare services; Personal health care ensured (for free) by the state.*

Acceptability: as displayed in the WHO infographics, “[t]he social and cultural distance between health systems and their users determine acceptability” (cf. Availability, Accessibility, Acceptability, Quality. Infographic, <https://www.who.int/gender-equity-rights/knowledge/aaaq-infographic/en/>). All health facilities, goods and services must be respectful of **medical ethics**, sensitive to gender and age. They must respect confidentiality and **improve the health status of those concerned**. The following questions are raised: “Do you ensure that health facilities, goods, services and programmes are people-centred and cater for **specific needs of different populations**? (...) Do you assure that goods, facilities, services and programmes are realised in accordance with the **international standards of medical ethics**? (cf. Ibid).

The highlighted themes: *Assurance of international standards of medical ethics; Striving to improve the health status of people concerned; Importance of the needs of specific populations.*

In the current consolidated version of the Law on the Health System, **acceptability** is defined as “healthcare conditions set by the state, **ensuring correspondence of healthcare services and medical science principles as well as the requirements of medical ethics**” (Law on the Health System of the Republic of Lithuania, current consolidated version as of 01.01.2018–31.12.2018, Article 2, Pagrindinės šio įstatymo sąvokos [Core concepts of the law], 32). On the other hand, the notion No. 34, **justice**, in the Law on the Health System, Article 2 seemingly would supplement No. 32, **acceptability**: “Justice of health care means **health care conditions** acknowledged by the state procedure to seek health having equal rights and cutting differences among individuals seeking it as much as possible.” (Ibid)

The pointed out themes: *Assurance of correspondence of medical science principles and medical requirements; Cutting of differences among individuals seeking health.*

Quality: The WHO infographics demonstrate that states must ensure that health facilities and their services must be scientifically approved and of good quality (cf. Availability,

Accessibility, Acceptability, Quality. Infographic, <https://www.who.int/gender-equity-rights/knowledge/aaaq-infographic/en/>). The concept of quality is related to the science-proven norms, standards and encompasses not only healthcare institutions in general but also qualification of specialists, quality of services, medical equipment, medications and other factors ensuring health (cf. Ibid).

The highlighted themes: ***The concept of quality is linked to the science-proven norms, standards; Quality is inseparable from qualification of specialists; Multidimensionality of quality.***

In the current consolidated version of the LHS, the notion No. 30 reads that quality of health care is perceived as “the whole of the legislation of the Republic of Lithuania and health care conditions set by the Minister of Health, including suitability and acceptability of health care” (cf. Law on the Health System of the Republic of Lithuania, current consolidated version as of 01.01.2018– 31.12.2018, Article 2, Pagrindinės šio įstatymo sąvokos [Core concepts of the law]).

The underlined theme: ***Health care conditions set by the legislation and Minister of Health.***

Generalisation

In the aspect of **Availability**, it was found that the WHO documents underlined four themes and the LHS emphasised three. After carrying out contrastive analysis it was discovered that at least three themes (*Initiatives of healthcare institutions investigating the needs of people with disabilities in the aspect of services, programmes and health promotion goods; Sufficient qualification of staff of the healthcare system to work with people with disabilities; Sufficient quantity of staff working in the healthcare system*) were not dealt with in the LHS. More details are displayed in Table 2.

Table 2. Generalisation of thematic analysis in the aspect of Availability

Field of legislation	Emphasised themes	Contrastive analysis
WHO	Comprehensive offer of public health and healthcare facilities, goods, services and programmes available to people with disabilities; Initiatives of healthcare institutions investigating the needs of people with disabilities in the aspect of services, programmes and health promotion goods; Sufficient qualification of staff of the healthcare system to work with people with disabilities; Sufficient quantity of staff working in the healthcare system.	The WHO documents focus on comprehensive offer of facilities, goods, services and programmes, scientific research revealing the needs of people with disabilities in the healthcare system, high professional qualification of medical staff to work with people with disabilities and sufficient quantity of healthcare staff. Meanwhile the LHS limits itself with either an abstract theme of strengthening of public health or makes it more specific by revealing the orientation towards prevention of diseases. The scientific aspect, focus on investigation of a situation that were underlined in the WHO documents are substituted in the LHS with creation of the social control system. The LHS does not mention the scientifically-proven system, qualification and appropriate quantity of medical staff.
LHS	Strengthening of public health; Formation of the system of social control for solution of public health problems; Health promotion measures are oriented towards prevention of diseases.	

Analysis of the themes reveals that **provision of possibilities** means that there must be sufficient quantity of healthcare institutions (including a solved problem of geographical determination), needed balance of qualified specialists, provision of required conditions for them to work. The possibilities also encompass research, prevention, health, rehabilitation, medications. Support to future projection, improvement of scientific research focused on health care as a system is of not less importance. The contrastive analysis of the themes reveals that the component of **provision of possibilities** underlined in the WHO documents is important by its semantic meaning; however, it is insufficiently revealed and reasoned in the Law on the Health System of the Republic of Lithuania.

In the aspect of **Accessibility**, it was found out that the WHO documents underlined three themes, the LHS dealt with two. No semantic difference was observed between the themes pointed out in different documents. Cf. Table 3.

Table 3. Generalisation of thematic analysis in the aspect of Accessibility

Field of legislation	Emphasised themes	Contrastive analysis
WHO	Physically accessible and affordable services; Accessibility of information; Accessibility ensured by the law.	Results of the contrastive analysis allow stating that basically both WHO documents and LHS include prevailing themes which are similar in their semantics. Different quantity of the pointed out themes has no essential effect on perception of the component.
LHS	Assurance of economic, communicative and organisational acceptability of personal healthcare services; Personal health care ensured (for free) by the state.	

Semantics of the definition could be considered as quite homogeneously perceived in both documents, if not the procedures set in the LHS, e.g. “in compliance with the procedure set by the state”. The state can set and does set various procedures. It can be clear and meet the needs of people with disabilities. However, it may be quite insufficiently comprehensible, provide preconditions for interpretations and various stipulations. Why could not “the procedure set by the state” be substituted with the compliance with the provisions of ratified international legal documents? Much of ambiguity and confusion can be found in the second theme of the LHS, *Personal health care ensured (for free) by the state*: “(...) covered by the Compulsory Health Insurance Fund, state or municipality budgets” (Ibid). No doubt, there are set procedures when which resources guarantee free health care. Nevertheless, if three financial sources of assurance are a guarantee to provide free health care, it may also happen that there will be no agreement on which source should be used for funding?

In the aspect of **Acceptability**, the WHO documents highlight three themes and the LHS points out two. Detailed information is available in Table 4.

Table 4. Generalisation of thematic analysis in the aspect of Acceptability

Field of legislation	Emphasised themes	Contrastive analysis
WHO	Assurance of international standards of medical ethics; Striving to improve the health status of people concerned; Importance of the needs of specific populations.	Analysis of the underlined themes allows stating that Acceptability is treated in both documents in similar ways. Semantics of the themes is similar in both documents.
LHS	Assurance of correspondence of medical science principles and medical requirements; Cutting of differences among individuals seeking health.	Difference of the quantity of underlined themes has no effect on perception of the component.

Having compared definitions of both documents (at first instance it may seem that it is incorrect to compare the explanation provided by the WHO and the Law on the Health System of the Republic of Lithuania; however, Article 2 aiming at explanation of the concepts is chosen for the comparison), it can be stated that basically the concept is perceived identically. It is obvious that explanation of the WHO is much more detailed: notions encompassing strong semantics, such as “**sensitive to gender and age**”, “**cater for the specific needs of different populations**”, are used (Availability, Accessibility, Acceptability, Quality. Infographic, <https://www.who.int/gender-equity-rights/knowledge/aaaq-infographic/en/>). I would name the definition of the Law on the Health System as holding much weaker semantics, leaving room for discussions and various stipulations, e.g. “health care conditions acknowledged by the state procedure (...)”, (cf. Law on the Health System of the Republic of Lithuania, current consolidated version as of 01.01.2018–31.12.2018, Article 2, Pagrindinės šio įstatymo sąvokos [Core concepts of the law]). There are many procedures which are diverse, valid and out of date, specifically defined and insufficiently detailed, providing room for discussions. The analysis of the themes allows stating that the component in both documents is treated in a similar manner.

In the aspect of **Quality**, it was discovered that the WHO documents emphasised three themes and the LHS pointed out one. In both documents, quality is treated in different ways. Cf. Table 5.

Table 5. Generalisation of thematic analysis in the aspect of Quality

Field of legislation	Emphasised themes	Contrastive analysis
WHO	The concept of quality is linked to the science-proven norms, standards; Quality is inseparable from qualification of specialists; Multidimensionality of quality.	The conducted contrastive analysis allows emphasising that quality is perceived differently in both legal documents. In documents of the WHO, quality is related to science-proven norms and standards, high qualification of specialists and quality is treated as a multidimensional phenomenon. Whereas in the LHS quality is guaranteed by health care conditions set by the minister.
LHS	Health care conditions set by the legislation and Minister of Health.	

The LHS left much room for subjectivity: “(...) health care conditions set by the Minister of Health (...)” (cf. Law on the Health System of the Republic of Lithuania, current consolidated version as of 01.01.2018–31.12.2018, Article 2, *Pagrindinės šio įstatymo sąvokos* [Core concepts of the law]). Why should quality be determined by any minister’s subjective point of view? The explanation of the WHO is much more profound and more acceptable in the investigation case: “science-proven”, “linked to the science-proven norms, standards”; “qualification of specialists, quality of services, medical equipment, medications” (Cf. Availability, Accessibility, Acceptability, Quality. Infographic, <https://www.who.int/gender-equity-rights/knowledge/aaaq-infographic/en/>).

Findings. The thematic analysis grounded on inductive thinking and the contrastive analysis of highlighted themes allow formulating the following findings:

The component **Availability** in the WHO documents is treated as availability, comprehensive offer of facilities, goods, services and programmes, science-proven analysis of the needs of people with disabilities, high professional qualification of medical staff working with people with disabilities and sufficient quantity of staff providing health care. The LHS is limited with either abstract theme, such as strengthening of public health, or makes it more specific revealing orientation towards disease prevention. The WHO documents emphasise the scientific aspect, focus on investigation of a situation, which is substituted in the LHS with creation of the system of social control. The LHS does not mention the system based on scientific research, qualification and appropriate quantity of medical staff. The contrastive analysis of the themes reveals that the WHO documents highlight the component of **provision of possibilities**, which is important for its semantic meaning; however, the Law on the Health System of the Republic of Lithuania insufficiently discloses and substantiates this component.

The component **Accessibility** in both WHO documents and LHS is basically similar. Semantics of the definition could be named as quite comprehensible in both documents, if not the procedures set in the LHS, which provide preconditions for interpretations and various stipulations.

The component **Acceptability** in both documents is treated similarly. Semantics of the themes is similar in both documents. Difference in the quantity of underlined themes has no effect on perception of the component. Nevertheless, it should be noted that explanation of the WHO is much more detailed: concepts holding much stronger semantics are used. And I would name the definition by the LHS as having much weaker semantics leaving room for discussions and various stipulations.

The component **Quality** in both legal documents is treated differently. Documents of the WHO link to quality of science-proven norms and standards, high qualification of specialists and quality is treated as a multidimensional phenomenon. Whereas according to the LHS the quality is assured by the conditions for health care set by the minister. The LHS leaves much room for subjectivity. Here a priori I have it that insufficient perception of quality in the Law on the Health System of the Republic of Lithuania causes largest fields of tension when we talk about health care for people with disabilities.

The findings allow drawing the conclusion that architectonics of legislations of the WHO has a clear jurisprudential foundation; whereas the LHS provides preconditions for various stipulations, which results in people with disabilities facing manifestations of discrimination in Lithuanian system of health care.

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THE RIGHT OF PEOPLE WITH DISABILITIES TO HEALTH: WHAT IS EXPRESSED BY THE ARCHITECTONICS OF LEGISLATION?

Summary

Ingrida Baranauskienė, Klaipėda University, Lithuania

The legislation approved in Lithuania, including the health care system, is formally coordinated with Lithuania's obligations to the International Law and legislation of the European Union. However, what semantics is held by a law: to paraphrase Taminskas, is it a foundation of jurisprudence, does it send a clear message? Or maybe it provides preconditions for various stipulations (cf. Taminskas, 2014)? In this context, the article formulates *the research problem*: what ideas dominate in architectonics of two laws under scientific analysis (The Human Right to Health of the World Health Organization, Article 12, and parts of the Law on the Health System of the Republic of Lithuania related to the situation of people with disabilities in the healthcare system)? Do the laws send a clear message? Or perhaps they provide preconditions for some stipulations? The manifestation of the human rights of people with disabilities to health in the said legislation is the object of the research; the research aim is to find out what the architectonics of legislation is: is it the foundation of jurisprudence or perhaps it forms preconditions for various stipulations? The research methodology is grounded on the ideas of postpositivism and ethnographic approach. The thematic analysis has been chosen as a method of data processing. I would relate the Article 12 of the Human Right to Health under the WHO with my research field the most; this article was explicitly explained in the Comment No. 14 of the Committee of Economic, Social and Cultural Rights (Core Elements of a Right to Health), <https://www.who.int/en/news-room/fact-sheets/detail/human-rights-and-health>). According to the mentioned explanation, the human right to health is ensured by implementation of the following components: **Availability, Accessibility, Acceptability and Quality**.

Findings. The thematic analysis grounded on inductive thinking and the contrastive analysis of highlighted themes allow formulating the following findings:

The component **Availability** in the WHO documents is treated as availability, comprehensive offer of facilities, goods, services and programmes, science-proven analysis of the needs of people with disabilities, high professional qualification of medical staff working with people with disabilities and sufficient quantity of staff providing health care. The LHS is limited with either abstract theme, such as strengthening of public health, or makes it more specific revealing orientation towards disease prevention. The WHO documents emphasise the scientific aspect, focus on investigation of a situation, which is substituted in the LHS with creation of the system of social control. The LHS does not mention the system based on scientific research, qualification and appropriate quantity of medical staff. The contrastive analysis of the themes reveals that the WHO documents highlight the component of **provision of possibilities**, which is important for its semantic meaning; however, the Law on the Health System of the Republic of Lithuania insufficiently discloses and substantiates this component.

The component **Accessibility** in both WHO documents and LHS is basically similar. Semantics of the definition could be named as quite comprehensible in both documents, if not the procedures set in the LHS, which provide preconditions for interpretations and various stipulations.

The component **Acceptability** in both documents is treated similarly. Semantics of the themes is similar in both documents. Difference in the quantity of underlined themes has no effect on perception of the component. Nevertheless, it should be noted that explanation of the WHO is much more detailed: concepts holding much stronger semantics are used. And I would name the definition by the LHS as having much weaker semantics leaving room for discussions and various stipulations.

The component **Quality** in both legal documents is treated differently. Documents of the WHO link to quality of science-proven norms and standards, high qualification of specialists and quality is treated as a multidimensional phenomenon. Whereas according to the LHS the quality is assured by the conditions for health care set by the minister. The LHS leaves much room for subjectivity. Here a priori I have it that insufficient perception of quality in the Law on the Health System of the Republic of Lithuania causes largest fields of tension when we talk about health care for people with disabilities.

The findings allow drawing the conclusion that architectonics of legislations of the WHO has a clear jurisprudential foundation; whereas the LHS provides preconditions for various stipulations, which results in people with disabilities facing manifestations of discrimination in Lithuanian system of health care.

Corresponding author's email: Ingrida.Baranauskiene@ku.lt