Law. Human. Environment

Journal homepage: https://environmentalscience.com.ua/en
Law. Human. Environment, 16(4), 59-94

UDC 347.63:343.1(477)
DOI: 10.31548/law/4.2025.59

Medico-legal and economic (financial) aspects of inheritance law

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Article's History:

Received: 21.06.2025
Revised: 12.10.2025
Accepted: 27.11.2025

Abstract

This study aimed to substantiate the theoretical and legal foundations for regulating the medico-legal and economic aspects of inheritance law in the contemporary context of the Ukrainian health care system. The research employed a comparative legal method to examine European approaches to regulating medico-legal aspects of inheritance, economic analysis to explore

Suggested Citation:
Korobtsova, N., Pecheniy, O., Isaiev, A., & Yanyshen, V. (2025). Medico-legal and economic (financial) aspects of inheritance law. *Law. Human. Environment*, 16(4), 59-94. doi: 10.31548/law/4.2025.59.

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the financial dimensions of inheritance relations involving medical institutions, and an interdisciplinary approach to assess the legal nature of medico-legal relations. It was established that medico-legal relations in inheritance law constitute an independent category of civil law relations with a dual nature and require specific legal regulation that integrates the principles of inheritance law, medical law and bioethics. The study identified the critical impact of medical expenses on the structure of the estate, particularly in cases of oncological diseases, where the average cost of treatment reaches UAH 120,000, and organ transplantation may amount to UAH 2.6 million, creating objective preconditions for the accumulation of substantial medical debts. The analysis demonstrated the need to develop effective mechanisms for financial and economic inheritance planning through strategic medical insurance and the establishment of targeted medical funds. European approaches to regulating medico-legal aspects of inheritance were systematised, including the French concept of compensation rights for heirs, German guarantees for the protection of constitutional rights and Swiss mechanisms for limiting liability for excessive obligations. Based on these findings, a set of conceptual proposals was developed to improve Ukrainian legislation, including the creation of a special legal regime for medical obligations with a clear distinction between those compensated and not compensated by the National Health Service of Ukraine, as well as the introduction of a medical inheritance planning framework. The practical significance of the study lies in establishing a scientific foundation for modernising Ukraine's inheritance legislation, taking into account the specific nature of medico-legal relations and developing mechanisms to protect the economic interests of heirs in the context of rising medical costs

Keywords: health care; confidential information; inheritance relations; economic (financial) interests of heirs; notarial practice; legal regulation

Introduction

The relevance of the study is driven by the systemic transformations in medical financing following the introduction, in 2017-2018, of a new system of state guarantees and the establishment of the National Health Service of Ukraine (Resolution of the Cabinet of Ministers of Ukraine No. 1394-2023-р, 2023). The health care reform has produced legal conflicts at the intersection of inheritance and medical law, particularly with regard to reimbursement of treatment expenses, the involvement of medical institutions in inheritance relations and the protection of the interests of all parties. The increasing autonomy of medical institutions, the commercialisation of services and rising costs highlight the need for regulatory clarification of these issues which determines the applied importance of the topic.

The central problem addressed by the study is the absence of a comprehensive approach to regulating the medico-legal and economic aspects of inheritance law in Ukraine under the reformed health care system. An analysis of judicial practice demonstrates insufficient regulatory provisions governing the procedures for declaring a person deceased, establishing the fact of death for inheritance purposes, resolving the reimbursement of medical expenses from the estate, and the lack of a clear mechanism for protecting inheritance rights in cases where medical care is provided to the testator (Niyazbekova *et al.*, 2025). In particular, the ruling of the Civil Cassation Court within the Supreme Court of 17 May 2023 obliged the heirs to reimburse USD 75,836 and UAH 137,618 in expenses for the treatment of the deceased's oncological illness (Resolution of the CCS of the Supreme Administrative Court in case No. 756/7001/20, 2023). These gaps result in legal uncertainty, infringement of the rights of heirs and third parties, and inefficient use of economic resources in the health care sector.

The degree of academic development of medico-legal and economic aspects of inheritance law is characterised by a certain fragmentation of research which necessitates a comprehensive approach to addressing this issue. Current questions concerning the exercise of inheritance rights in contemporary conditions are discussed in the studies of K. Kosiachenko (2022), who examines general mechanisms for exercising the right to inherit, analysing the specific procedures for submitting an inheritance acceptance application and engaging with notaries. The author identifies key procedural problems in the exercise of inheritance rights and proposes ways to improve notarial procedures governing inheritance relations. The specific features of exercising inheritance rights under extreme conditions are explored by O.E. Kukharev (2022), who considers how heirs exercise the right to accept an inheritance during martial law, identifying legal conflicts and proposing mechanisms for resolving them. This line of research is further developed by M.P. Yunina and I.O. Buyakova (2025), who systematise problematic aspects of inheritance during martial law and propose comprehensive solutions, with particular emphasis on the need to adapt inheritance legislation to the challenges of wartime. O.P. Pecheniy (2024) analysed the issues surrounding inheritance after persons declared deceased.

International experience in the legal regulation of inheritance relations demonstrates a variety of approaches to addressing complex questions of succession and its economic consequences (Ketners *et al*., 2025). The fundamental study by N. Cahn *et al*. (2023) examines family law in the context of human life expectancy extending to one hundred years which raises the importance of long-term inheritance planning and the medical aspects associated with it. The authors justify the need to revise approaches to inheritance law in light of demographic changes and medical advances, considering economic mechanisms for financing long-term care and their impact on inheritance relations. In this context, the findings of O. Berezov *et al*. (2022) are significant, as they analyse the challenges of regulating inheritance relations in Lithuanian law within the framework of European Union law, highlighting the need to harmonise national legislation with European standards in the field of cross-border inheritance and its economic aspects.

The theoretical foundations of inheritance law and their practical application acquire particular importance amid contemporary transformations of the legal system and the need to adapt inheritance norms to emerging societal challenges. Issues relating to the regulation of inheritance by will are examined by S.B. Palamar (2022), who analyses specific aspects of wills under Ukrainian legislation, identifying shortcomings in the current legal framework and proposing solutions to ensure the effective implementation of the testator's intentions. A comprehensive approach to the study of inheritance law is demonstrated in the collective study of D. Kirnos and M.V. Loginova (2024) which examines the main institutions of inheritance law with a focus on the dogmatic analysis and systematisation of legal norms, developing theoretical foundations for further improvement of inheritance legislation, although it does not address the medico-legal aspects of inheritance relations. The Swiss approach to inheritance law is presented by M. Thommen (2022), who analyses the specific features of legal regulation and judicial practice in this area, identifying effective mechanisms for protecting the property interests of heirs and for the economic planning of inheritance. Gender and social aspects of inheritance in the European context are explored by M. Segalen (2021), who examines inheritance models in rural areas of Europe with regard to gender-specific factors and social roles, demonstrating the importance of considering socio-economic factors when formulating inheritance policy.

The analysis of the academic literature indicates that previous research has focused primarily on procedural aspects of exercising inheritance rights, comparative studies and general theoretical issues of inheritance law. At the same time, medico-legal aspects of inheritance have remained largely overlooked, particularly questions concerning the inheritance of medical information, heirs' rights to medical care and the economic consequences of medical obligations involving the testator. Issues of financial and economic inheritance planning with regard to medical expenses and insurance payments also remain insufficiently developed.

This study aimed to examine the need for comprehensive regulation of the medico-legal and financial-economic aspects of inheritance law in Ukraine. To achieve this aim, the study set the following objectives: to clarify the legal nature of medicolegal relations in the context of inheritance law and determine their place within the system of civil law relations; to analyse the economic mechanisms regulating the financial aspects of inheritance relations involving medical institutions; and to substantiate the theoretical foundations for improving the current legislation of Ukraine in the field of medico-legal regulation of inheritance relations.

Materials and Methods

The methodological basis of the study was a comprehensive approach to analysing the medicolegal and economic aspects of inheritance law in Ukraine and in the European context, combining the principles of systemacity, historicism and objectivity. The legal nature of medico-legal relations in the context of inheritance law was explored through an interdisciplinary approach encompassing the interconnections between inheritance law, medical law and bioethics. The structure and content of these relations were identified using structural and functional analysis which made it possible to reveal distinctive features of medico-legal inheritance relations in comparison with traditional inheritance relations across nine criteria, including the composition of subjects, the object of legal relations, legal regulation, timeframes for implementation and economic consequences.

European regulations in the sphere of medical data were examined, in particular Regulation of the European Parliament and of the Council No. 2025/327 "On the European Health Data Space and Amending Directive 2011/24/EU and Regulation (EU) 2024/2847" (2025), concerning heirs' access to the medical information of the deceased. National legislation of France, Germany, Switzerland, Austria, Spain and Poland, as well as the provisions of Regulation of the European Parliament and of the Council No. 650/2012 (2012), was analysed using the comparative legal method to identify advanced approaches to regulating the medico-legal aspects of inheritance.

The financial aspects of inheritance relations involving medical institutions were examined through economic analysis based on statistical processing of data on the structure of medical expenses within the estate across eight categories of medical services. The statistical basis of the study consists of official data from the Ministry of Finance of Ukraine (2024; 2025), tariffs of the National Health Service of Ukraine (2024), findings from research on household spending on medical services (Obrizan, 2024), and reports of the Ministry of Justice of Ukraine (2025) on the activities of state and private notaries in the field of inheritance law. The impact of medical obligations on the economic interests of heirs was examined through the analysis of risks associated with joint liability, legal support costs and time losses resulting from the duration of inheritance procedures.

The source base of the study comprises Ukrainian legislative and regulatory acts governing inheritance and medico-legal relations. The provisions of the Constitution of Ukraine (1996) guaranteeing the right to life, privacy and health care were analysed. The norms of the Civil Code of Ukraine (2003) were examined, in particular Chapter 87, "Exercise of the Right to Inherit", and Articles 1281-1282 concerning the general principles of liability of heirs. The study also considered the provisions of the Law of Ukraine No. 2801-XII (1992) concerning the preservation of medical confidentiality; the Law of Ukraine No. 2168-VIII (2017) concerning mechanisms for compensating medical expenses; and the Law of Ukraine No. 3425-XII (1993) regarding procedures for requesting documents for notarial acts. Additionally, the Law of Ukraine No. 2297-VI (2010) concerning the regime for processing medical personal data was examined.

Judicial practice in Ukraine and European countries was examined using the case study method to identify legal conflicts in medico-legal inheritance relations and progressive approaches to safeguarding heirs' rights. The Resolution of the CCS of the Supreme Administrative Court in Case No. 756/7001/20 (2023) concerning the recovery of expenses for the treatment of the deceased's oncological illness was analysed. In addition, the Resolution of the CCS of the Supreme Administrative Court of Ukraine in Case No. 127/7945/18 (2019) and the Resolution of the Civil Court of Cassation in Case No. 346/2744/21 (2024) on the recovery of expenses from inherited property, including the determination of legal aid costs, were reviewed. Further analysis included decisions of local courts, in particular the decision in Case No. 335/11320/17 (2018) concerning the reimbursement of the testator's medical expenses, and the Judgement in Case No. 707/3454/23 (2023) relating to the compensation of funeral expenses. Foreign judicial practice was examined through the judgment of the Judgment of the German Federal Court of Justice in Case No. IV ZR 110/21 (2022), in which the court recognised a son's right to a compulsory share (Pflichtteil) as a constitutional right and a component of German public policy. The court held that this right cannot be restricted even when English law which permits complete disinheritance, is applicable, thereby establishing an important precedent for protecting heirs' rights in cases where medical obligations may entirely consume the estate. The statistical analysis of judicial practice was conducted on the basis of the official reports of the Supreme Court of Ukraine (2024; 2025) on the administration of justice for 2024 and the first half of 2025. The structure of cassation cases by type of proceedings, the dynamics of inheritance dispute resolution, the effectiveness of cassation review, and the distribution of cases by category were examined to identify trends in medico-legal inheritance relations.

Results

The legal nature of medico-legal relations in the context of inheritance law. Medico-legal relations in the field of inheritance law constitute a multifaceted system of legal connections formed at the intersection of medical and inheritance law, characterised by distinctive regulatory features. The doctrinal foundations of medico-legal relations in inheritance law are built upon core principles that integrate constitutional guarantees of individual rights in the medical sphere with inheritance law institutions. These legal relations arise from the need to regulate issues associated with medical support for the testator, the determination of death, the storage and transmission of medical data, as well as the financial aspects of medical intervention within inheritance relations.

The constitutional basis for these relations is set out in Articles 27, 32 and 49 of the Constitution of Ukraine (1996) which guarantee the right to life, the right to privacy and the right to health care. The legal regulation of medico-legal relations in inheritance law is grounded in principles designed to protect the rights of both the testator and the heirs. Central to this regulation are the requirements of medical confidentiality and the protection of sensitive medical information, as the testator's death creates a legal conflict between the protection of the deceased's personal data and the heirs' right to obtain information necessary to safeguard their property interests. The protection of constitutional rights and freedoms in the course of biomedical research and medical interventions creates specific legal challenges within the context of inheritance relations. These include the legality of disclosing a testator's diagnoses and medical research results to third parties to substantiate medical expenses; the need to define the limits of heirs' access to information on experimental treatments and the deceased's participation in clinical trials; the difficulty of establishing the voluntariness and informed consent of the deceased for medical interventions when assessing the legitimacy of medical obligations; and the requirement to balance the right to the inviolability of the deceased's body with the necessity of conducting post-mortem medical examinations to protect inheritance rights. In these cases, it is essential to reconcile respect for the will and dignity of the deceased with the practical needs of heirs to determine the scope and legitimacy of medical obligations (Kozodaev *et al.*, 2018; Korobtsova, 2021).

The distinctive feature of medico-legal relations in inheritance law lies in their dual nature, as such relations fall under both medical and inheritance law jurisdictions. Their emergence is driven by the need to achieve parity between patients' medical rights, guarantees of medical confidentiality, and the inheritance interests of successors. Medico-legal relations in inheritance law are characterised by a specific structure of participants, including the testator, heirs, medical institutions, health care personnel and notarial authorities. Each of these subjects possesses individual legal capacities and obligations which are exercised within the framework of inheritance relations.

The testator, as a subject of medico-legal relations, is entitled to quality medical care, the confidentiality of medical information, and the right to manage their medical data in the event of death, in accordance with Article 40 of the Law of Ukraine No. 2801-XII (1992) and Article 285 of the Civil Code of Ukraine (2003) which guarantee the protection of medical confidentiality and the individual's right to access medical information. Heirs, in turn, have the right to obtain the medical information necessary to exercise their inheritance rights under Article 46 of the Law of Ukraine No. 3425-XII (1993) which grants notaries the authority to request the documents required for notarial acts. Their rights, however, are constrained by the requirements to maintain medical confidentiality and respect the will of the deceased, in accordance with Article 32 of the Constitution of Ukraine (1996) on the right to privacy. The legal status of heirs in medico-legal relations is determined either by their position in the statutory order of succession under Articles 1261-1266 of the Civil Code of Ukraine or by appointment in a will pursuant to Article 1223 of the Civil Code of Ukraine.

Medical institutions and health care professionals act as subjects obligated to provide medical care in accordance with established standards, as set out in Articles 3 and 35-37 of the Law of Ukraine No. 2801-XII (1992). They are required to maintain medical records for 25 years in accordance with the Order of the Ministry of Regional Development, Construction and Housing and Communal Services of

Ukraine No. z0347-12 "On Amendments to the Order of the Ministry of Regional Development of Ukraine dated 07.07.2011 No. 109" (2012), and to provide necessary information to authorised persons in cases prescribed by Article 40 of the Law of Ukraine No. 2801-XII and Article 285 of the Civil Code of Ukraine (2003). Notaries, as subjects of medico-legal relations in inheritance law, have the right to request medical documents necessary to establish the circumstances of the testator's death and to formalise inheritance rights in accordance with Article 46 of the Law of Ukraine No. 3425-XII (1993) which grants notaries the authority to obtain documents and certificates from enterprises, institutions, organisations and individuals for the purpose of performing notarial acts. The interaction of these subjects is governed by a body of legal norms enshrined in the Civil Code of Ukraine, the Law of Ukraine No. 2801-XII (1992), the Law of Ukraine No. 3425-XII (1993) and key subordinate acts of the Ministry of Health of Ukraine, including the Order of the Ministry of Regional Development, Construction and Housing and Communal Services of Ukraine No. z0347-12 (2012), the Decision of the National Commission on Securities and Stock Market No. z0697-18 "On Approval of the Procedure for Changing the Type of Collective Investment Institution" (2018), and the Order of the Ministry of Justice of Ukraine No. z0347-20 "On Amending the Procedure for Admission to the Profession of a Private Executor" (2020) which ensure a balance between their rights and obligations.

The objects of medico-legal relations in inheritance matters include medical information, medical records, medical services, medical equipment, and property or personal non-property rights associated with medical activity. Medical information, as an object of these relations, has a special legal status, as its disclosure may harm an individual's honour, dignity and reputation. At the same time, information regarding the cause of death, diagnoses, medical interventions performed prior to death, and the scope of medical services provided may be necessary to establish the circumstances of the testator's death which is a crucial element in the process of formalising inheritance rights. Medical records, including patient charts, test results and physicians' reports, also constitute objects of medico-legal relations in inheritance law.

The legal regime governing medical information in inheritance matters is characterised by specific requirements regarding its preservation, use and transmission, in accordance with Article 40 of the Law of Ukraine No. 2801-XII (1992) which establishes the principles of maintaining medical confidentiality. Medical information is subject to special protection as personal data of a sensitive category, containing details about an individual's health, pursuant to Article 7 of the Law of Ukraine No. 2297-VI (2010). Following a person's death, the protection of medical information does not automatically cease but continues to apply, taking into account the interests of heirs and society, in accordance with Article 285 of the Civil Code of Ukraine (2003). Heirs are entitled to access medical information only to the extent necessary to safeguard their inheritance rights and interests, under Article 46 of the Law of Ukraine No. 3425-XII (1993). Access to full medical information may be restricted by the testator's expressed wishes or legal requirements, in line with Article 32 of the Constitution of Ukraine (1996) regarding the right to privacy.

An analysis of current Ukrainian legislation reveals significant gaps in the legal regulation of medico-legal relations in inheritance law. Articles 1281-1282 of the Civil Code of Ukraine (2003) establish only the general principles of heirs' liability for the testator's debts, without specifying the particularities of medical obligations. Article 40 of the Fundamentals of the Legislation of Ukraine on Health care guarantees the preservation of medical confidentiality but does not regulate heirs' access to the deceased's medical information. Article 46 of the Law of Ukraine No. 3425-XII (1993) grants notaries the right to request documents, yet it does not establish specific procedures for verifying medical claims. At present, there are no clear mechanisms for determining the scope of medical information that may be disclosed to heirs, criteria for assessing the necessity of such information to protect inheritance rights, or procedures for reconciling the interests of the various subjects involved in these relations.

European experience demonstrates progressive approaches to regulating access to medical information in inheritance matters. Regulation (EU) No. 2025/327 of the European Parliament and of the Council (2025) establishes clear patient rights to access their electronic health data, including the ability to restrict access for specific individuals or delegate it to heirs through technological solutions (Articles 3.8, 4). Delegation mechanisms allow heirs to access medical data via patient portals with the consent of the individual (European Commission, 2025a; 2025b). The Convention for the Protection of Human Rights and Dignity of the Human Being with regard to the Application of Biology and Medicine: Convention on Human Rights and Biomedicine (1997) in Article 10 recognises the right to privacy and confidentiality of medical data, but also permits disclosure when necessary to protect the legitimate interests of close relatives. In France, heirs may access the deceased's medical data if it is necessary for the administration of the estate, in accordance with Law of France No. 2016-1321 "On the Digital Republic" (2016). After death, the GDPR no longer applies, but Member States are entitled to establish their own rules regarding the processing of the medical data of deceased persons, including heirs' access to medical records (Steering Committee for Human…, 2023).

The place of medico-legal relations within the system of civil-law relations is determined by their specific characteristics and the complex nature of their legal regulation. These relations possess features of both property and non-property civil-law relations which complicates their legal classification and regulation. The property aspects of medico-legal relations in inheritance law are associated with the economic consequences of medical care, the cost of medical services, insurance payments, and other financial matters affecting the composition and value of the estate. The nonproperty aspects concern individual rights to health care, the confidentiality of medical information, and respect for personal dignity and bodily integrity.

The development of medico-legal relations in inheritance law is also shaped by the reform of Ukraine's health care system (2017-2025), including the establishment of the National Health Service of Ukraine (NHSU) under Law of Ukraine No. 2168-VIII (2017) and the introduction of new mechanisms for funding medical care through the medical guarantees program which provides for the reimbursement of medical services from the state budget in accordance with approved tariffs. These changes have significantly affected the structure and content of medico-legal relations, creating new challenges for the legal regulation of inheritance matters, particularly regarding the distinction between medical obligations reimbursable by the NHSU and those that remain the personal debts of the patient which may be inherited. The introduction of the medical guarantees program, the expansion of the autonomy of medical institutions under Article 16 of the Fundamentals of the Legislation of Ukraine on Health care, and new forms of contractual relations in the health care sector – including agreements with the NHSU on the provision of medical services to the population and contracts between patients and private medical institutions for additional services – require appropriate reflection in inheritance legislation to regulate the succession of medical obligations.

Systematising the key differences between traditional inheritance relations and medico-legal inheritance relations allows the identification of the specific characteristics of the latter and substantiates the need for their separate legal regulation. Comparative analysis of these categories of legal relations demonstrates the considerable complexity of medico-legal inheritance relations, their multi-party nature, and their interdisciplinary character. At the same time, significant gaps in legal regulation are revealed, creating legal uncertainty and complicating the practical exercise of the rights of the parties involved. A detailed comparison of the main characteristics of traditional and medicolegal inheritance relations is presented in Table 1.

Table 1. Comparative characteristics of traditional and medico-legal inheritance relations

Comparison criterion	Traditional inheritance relations	Medico-legal inheritance relations
Composition of parties	Testator, heirs, notary	Testator, heirs, medical institutions, health care professionals, notary
Object of legal relations	Assets, property rights and obligations	Assets, property rights, medical information, medical services
Legal regulation	Inheritance law	Inheritance law + medical law + biomedical law
Timeframes for execution	6 months from the date of opening the estate	6 months + medical record retention periods (25 years)
Confidentiality	General personal data requirements	Enhanced requirements (medical confidentiality, biomedical ethics)
Documentation	Legal title documents	Legal title documents + medical records + expert reports
Economic consequences	Value of the estate	Value of the estate ± medical expenses ± insurance pay-outs
Court disputes	Disputes regarding inheritance rights	Disputes regarding inheritance rights + medical aspects + bioethical issues
International regulation	Hague Conventions on Private International Law (Convention on the Conflicts of Laws Relating to the Form of Testamentary Dispositions (1961), Convention on the Law Applicable to Succession to the Estates of Deceased Persons (1989))	Hague Conventions on Private International Law + Convention for the Protection of Human Rights and Dignity of the Human Being with regard to the Application of Biology and Medicine (1997)

Source: compiled by the authors based on Convention of Concerning the International Administration of the Estates of Deceased Persons (1973); S.P. Kozodaev *et al.* (2018); I.Y. Puchkovska *et al.* (2021); O. Berezov *et al.* (2022); O. Biliaiev *et al.* (2023)

The differences presented in the table highlight the need for a specialised legal approach to regulating medico-legal relations in inheritance law. The complexity and multifaceted nature of these relations necessitate the development of a comprehensive legal framework that accounts for both the traditional principles of inheritance law and the specific features of medical law and bioethics. The identified characteristics of medico-legal inheritance relations underscore their independent significance within the system of civil legal relations and justify the need to improve existing legislation to ensure effective protection of the rights and interests of all parties involved.

Economic mechanisms for regulating the financial aspects of inheritance relations involving medical institutions. The structure of medical expenses within an estate constitutes a complex economic category encompassing a variety of medical obligations and costs arising in the process of providing care to the testator. Medical expenses in inheritance matters are classified according to the type of medical service, timing of provision, legal status of the obligations, and their impact on the economic interests of heirs. Analysing this structure allows the identification of economic risks for heirs and the development of optimal strategies for managing medical obligations within inheritance relations.

Inpatient medical expenses account for the largest share of medical costs within an estate and exhibit the greatest variability depending on the complexity of the medical case. According to the 2024-2025 Medical Guarantees Program, standard tariffs for inpatient treatment of adults range from UAH 5,000 to UAH 7,506 per case, depending on the complexity and type of medical intervention (Obrizan, 2024). However, for complex surgical procedures, particularly organ transplants, tariffs can reach critical levels: over UAH 2 million for a heart transplant and more than 2.6 million UAH for a lung transplant (National Health Service of Ukraine, 2024).

Oncological expenses constitute a distinct category of medical costs due to their high price, prolonged treatment duration, and significant impact on the estate. According to the 2024 Medical Guarantees Program, the National Health Service of Ukraine reimburses UAH 42,000 per chemotherapy session and UAH 58,000 per course of radiotherapy, resulting in an estimated cost of a typical combined treatment course of around UAH 100,000 for an adult patient (Yefimenko, 2025). The most substantial financial challenges, however, are associated with innovative targeted and immunotherapy treatments, whose availability remains critically limited. A study conducted by the Global Medical Knowledge Alliance among 289 oncology patients in April 2023 revealed that only 21% of patients received full free coverage for targeted or immunotherapy, while 79% were required to pay at least partially for these expensive treatments out of their own funds (Patient Experience with…, 2023). These figures illustrate the systemic nature of accumulating medical debt in oncology, as innovative therapies are often the most effective but simultaneously the least financially accessible.

Despite substantial investments, state efforts to provide oncology patients with the necessary medications remain insufficient to fully meet demand. In 2024, the state enterprise "Medical Procurement of Ukraine" purchased 245 oncology drugs and medical devices, including high-cost medications such as pembrolizumab, brentuximab vedotin, and venetoclax, totalling UAH 1.5 billion. Experts estimate that this provision still falls short of covering the needs of all oncology patients (Yefimenko, 2025). At the same time, under the Medical Guarantees Program, over 420,000 people received six priority screenings for early cancer detection free of charge: mammography, gastroscopy, bronchoscopy, hysteroscopy, colonoscopy, and cystoscopy. While these programs provide basic diagnostics and standard treatment, additional examinations, specialist consultations, innovative therapies, and repeat diagnostic procedures often require supplementary funding from patients, creating conditions for significant medical liabilities.

This situation means that heirs may inherit not only assets but also substantial medical debts associated with incomplete treatment or the need to reimburse expensive therapies. Partial or entirely absent state coverage for innovative treatment regimens increases the risk that heirs will inherit medical obligations alongside assets, including debts arising from costly loans for medications, payment for private medical services, or treatment abroad. As a result, medical debts can substantially reduce – or even completely consume – the value of the inheritance, creating complex dilemmas regarding the advisability of accepting an estate and necessitating specialised legal regulation to protect the economic interests of heirs.

Outpatient medical expenses and diagnostic procedures, although individually less costly than inpatient treatment, can accumulate over extended periods of care and constitute a significant proportion of total medical costs. According to the tariffs of the NHSU, the cost of a mammogram is UAH 248.64 per examination, although private medical institutions set significantly higher rates (Abankina, 2025). A consultation with a doctor at private clinics in Kyiv, based on research and aggregated data from Expatistan (2025), costs approximately UAH 677 for a short visit (15 minutes), equivalent to roughly USD 18. By contrast, the average price of a standard medical consultation in European countries is around EUR 40-50 (How much do medical..., 2024). This indicates that consultation fees in Kyiv's private clinics are broadly in line with European levels, suggesting the absence of significant overpricing in this segment of the Ukrainian private health care market.

This comparative cost becomes particularly significant for patients requiring regular monitoring and follow-up examinations which is typical for chronic conditions and oncology patients in remission. The persistence of such financial burdens creates a cumulative effect of medical expenses which can significantly affect the structure of an estate in the long term. Even relatively modest costs for individual consultations can accumulate into substantial medical obligations when long-term monitoring is required, particularly in cases where patients need consultations with multiple specialists simultaneously or regular follow-up examinations using costly diagnostic procedures.

Pharmaceutical expenses constitute a substantial and steadily growing portion of total medical costs, especially in the treatment of chronic conditions and in geriatric practice. Under the 2024 Medical Guarantees Program, UAH 5.2 billion were allocated for the reimbursement of medications, covering treatments for cardiovascular diseases, type II diabetes, bronchial asthma, and mental health disorders (National Health Service of Ukraine, 2024). Additionally, reimbursement was introduced for ten medications used in the outpatient treatment of mental and behavioural disorders. However, non-reimbursed medicines – particularly innovative oncology drugs, treatments for rare diseases, and novel biological therapies – can place a significant financial burden on families, often amounting to tens of thousands of hryvnias per month. This issue is particularly acute for elderly patients who require multiple medications simultaneously to manage comorbid conditions.

Expenditures on medical rehabilitation and palliative care acquire special significance in the context of inheritance law, as they frequently arise in the final months of the deceased's life and can substantially influence the composition of the estate. The tariff for high-complexity rehabilitation services, such as post-acute stroke care, exceeds UAH 31,000, while medical rehabilitation for premature infants' costs UAH 10,820 per service (National Health Service of Ukraine, 2024). For multidisciplinary teams working in cluster and supra-cluster hospitals and involved in assessing an individual's daily functioning, separate funding is allocated at UAH 92,360 per month per team, capped at UAH 333,000 for a single facility. Palliative care, although partially covered by the Medical Guarantees Program, often requires additional expenses for home care, specialised equipment, and pain-relief medications, ranging from UAH 5,000 to UAH 20,000 per month, depending on the patient's needs.

Regional variations in medical expenses are linked to the accessibility of medical services, differences in tariffs, and the quality of medical infrastructure. In rural areas, additional costs include transport to access specialised care in regional centres, accommodation for accompanying persons, and time lost travelling. Since the introduction of martial law in 2022, a special package titled "Preparedness and Provision of Medical Care to Populations in Areas of Active Hostilities" has been implemented, featuring separate tariffs determined as a global monthly rate based on the actual cost of medical services in December 2022 (National Health Service of Ukraine, 2024). This creates additional economic challenges for families living in active conflict zones or forced to evacuate.

The economic consequences of a deceased's medical obligations for their heirs are multifaceted and often unpredictable, significantly affecting the financial position of those who inherit. These consequences include both direct financial liabilities for settling medical debts and indirect economic effects associated with managing the estate under the burden of medical obligations. Direct financial liabilities of heirs involve the need to repay the deceased's medical debts within the value of the inherited estate, in accordance with the principle of universal succession established in Articles 1281-1282 of the Civil Code of Ukraine (2003). A distinctive feature of medical obligations is their potentially substantial scale in cases of prolonged treatment which can lead to situations where the cost of medical debts approaches or even exceeds the value of the estate, creating a dilemma for heirs regarding the advisability of accepting the inheritance.

The impact of medical obligations on the liquidity of the estate is one of the most critical factors for the heirs' economic position, as demonstrated by specific case law in Ukraine. The Resolution of the CCS of the Supreme Administrative Court in Case No. 756/7001/20 (2023) required heirs to reimburse 75,836 USD and 137,618 UAH spent on the treatment of the deceased's cancer. Similarly, in Case No. 335/11320/17 (2018), the Ordzhonikidzevskyi District Court of Zaporizhzhia City ordered two heirs to pay UAH 24,998 each for their father's medical treatment and burial expenses. Once these rulings acquire legal force, such debts are enforced through the State Executive Service (or private executors); if the heirs lack sufficient funds, the executor inventories and sells the inherited property, effectively forcing the heirs to sell the estate below market value to satisfy the claims of medical creditors.

The necessity of urgently repaying medical debts can lead to a forced sale of inherited assets at prices significantly below market value. This is particularly relevant for real estate which typically constitutes the main portion of the estate but is characterised by low liquidity and requires time to be sold at a fair market price. International studies show that medical expenditures are heavily concentrated at the end of life, creating particular financial pressure on the estate precisely during the period when inheritance rights are formalised. A Norwegian analysis of 207,299 decedents found that nearly 40% of all medical expenses incurred in the final six months of life were concentrated in the last month, while an Australian cohort study of 4,271 cancer patients revealed a similar trend, with 40% of six-month medical costs occurring in the final month of life (Langton *et al*., 2016; Michel *et al*., 2024). Although specialised studies for Ukraine have not yet been published, international experience indicates the universality of this issue and underscores the need to consider the concentrated nature of end-of-life medical expenses when planning inheritance arrangements.

The risks associated with the joint liability of heirs for medical obligations create additional economic threats and can result in a disproportionate distribution of financial burdens among the heirs. According to Part 2 of Article 1282 of the Civil Code of Ukraine (2003), heirs are liable for the debts of the deceased up to the actual value of the inherited property received by each of them. In practice, this means that if one heir is unable to pay their share of the medical debts, the creditor may recover the full amount from another heir, who may then exercise a right of recourse. Disproportionate distribution of debt among heirs often gives rise to intra-family conflicts, as evidenced by the decision of the Cherkasy District Court on 9 January 2024 in Judgement in Case No. 707/3454/23 (2023), where a minor heir, acting through a representative, refused to cover half of the expenses for their father's burial (EUR 820 + UAH 47,200), resulting in legal proceedings and additional attorney fees. In cases where heirs lack sufficient funds, the creditor may approach the enforcement service to seize real estate, as confirmed by Resolution of the Civil Court of Cassation in Case No. 346/2744/21 (2024), where the court upheld the decision to recover debts from inherited property and separately awarded 8,000 UAH for professional legal services.

Legal costs associated with managing inheritance cases involving medical obligations generally exceed the standard costs of estate administration due to the complexity and specificity of medical claims. The necessity for a detailed review of the legitimacy of medical claims, analysis of medical documentation, and engagement of medical experts to assess the appropriateness of services and their compliance with medical standards requires specialised legal support. Potential court disputes with medical institutions regarding inflated service charges, substandard treatment, or unjustified medical interventions necessitate the involvement of lawyers specialising in medical law. An overview of Supreme Court practice emphasises that courts only reimburse attorney fees when a detailed description of services is provided; such fees may amount to 10%-15% of the property claims (Supreme Court of Ukraine, 2021). The cost of these services can range from 5% to 15% of the total value of the estate, further reducing the financial benefit of inheritance and potentially making the acceptance of an estate economically unviable in cases involving substantial medical obligations.

Time costs and lost opportunities associated with the duration of estate administration in the presence of medical obligations impose additional indirect economic losses on heirs. The need for a thorough analysis of medical claims, completion of expert evaluations, and resolution of disputes with medical institutions and insurance companies can significantly extend the standard six-month period for processing inheritance rights to a year or longer. During this period, heirs are unable to fully manage the estate, invest its assets, or derive income from its use, resulting in lost investment opportunities. This is particularly relevant for commercial property, shares, and other incomegenerating assets, the value of which can depreciate due to underuse or mismanagement during extended periods of uncertainty.

Financial and economic planning for inheritance with consideration of medical expenses is a complex process that involves forecasting potential medical liabilities, developing strategies to minimise financial risks, and optimising the structure of the estate to ensure effective coverage of medical needs without critically impacting the heirs' welfare (Masna *et al.*, 2024). Effective planning should take into account demographic trends, disease statistics, the dynamics of medical tariffs, and the specific functioning of the health care system in Ukraine. Strategic medical insurance, both under the Ukrainian Medical Guarantees Program and through additional private coverage, can substantially reduce the financial burden on the estate, but requires careful analysis of the cost-to-benefit ratio of insurance premiums versus potential coverage.

Structuring an estate with medical risks in mind involves the optimal allocation of assets between liquid and illiquid investments, ensuring the ability to respond promptly to medical needs without incurring significant losses in asset value. A portion of the estate, approximately 15-25% depending on the age and health of the individual, should be held in highly liquid assets, such as cash deposits, government bonds, highly liquid securities, or dedicated medical savings accounts. These assets can be quickly realised to cover medical expenses without substantial depreciation in value or the need for lengthy sales procedures. The remainder of the estate may be invested in less liquid but potentially higher-yielding assets, such as real estate, shares in growing companies, or long-term investment projects.

Testamentary planning with consideration of medical expenses can include specific testamentary provisions for the allocation of part of the estate to cover medical needs, the creation of medical trusts, or the appointment of dedicated estate administrators to manage medical expenditures. A will may contain precise instructions regarding the order of repayment of medical obligations, maximum sums that may be spent on health care, criteria for the appropriateness of medical interventions, and mechanisms for monitoring the justification of medical costs. Such provisions should take into account current tariffs for medical services, anticipated changes in the health care system in Ukraine, and potential inflationary trends within the medical sector. An important aspect is also the allocation of funds for the medical care of close relatives or the establishment of medical funds for future generations, ensuring long-term medical support for the family.

Investment planning with medical needs in mind should balance the necessity of generating sufficient income to cover rising medical costs with the preservation of capital to ensure the financial stability of the heirs. An investment strategy may include diversified investments in medical technologies, the pharmaceutical sector, medical Real Estate Investment Trusts (REITs), specialised medical investment funds, or innovative medical start-ups. This approach not only protects capital from inflation in the health care sector but also offers the potential for additional returns from the growth of the medical industry. At the same time, a portion of investments should be directed towards conservative instruments with guaranteed returns to ensure stable financing of ongoing medical needs.

Table 2. Structure of medical expenses in the estate by category (2024)

Expense category	Average cost (UAH)	Share of total medical expenses (%)	NHSU Coverage	Impact on estate
Inpatient treatment	5,000-7,506 per case	45-60	Full	High
Oncology treatment	120,000 average cost	35-50	Partial	Critical
Organ transplantation	2,000,000-2,600,000	80-95	Full	Critical
Outpatient services	300-1,500 per visit	15-25	Partial	Medium
Diagnostic procedures	249-2,000 per procedure	10-15	Partial	Low
Medications	2,000-15,000 per month	20-35	Limited	High
Rehabilitation measures	10,820-31,000 per course	8-18	Partial	Medium
Palliative care	5,000-20,000 per month	5-15	Partial	Medium

Note: *data are based on tariffs for 2024-2025

Source: compiled by the authors based on the National Health Service of Ukraine (2024)

The analysis of medical expenses demonstrates significant variability in their impact on the estate and highlights the need for a comprehensive approach to financial and economic planning of inheritance. The greatest risk to heirs arises from oncology treatment and organ transplantation which may substantially exceed the value of the inherited assets. Effective planning should take into account all categories of medical expenses, provide adequate mechanisms for their coverage, and minimise the adverse impact on the heirs' welfare through a strategic combination of insurance, investment, and asset structuring.

Comparative analysis of national and international approaches to the legal regulation of medical-legal aspects of inheritance. A systematic analysis of current Ukrainian legislation reveals significant shortcomings in the legal regulation of the medical-legal aspects of inheritance, creating legal uncertainty and complicating the practical exercise of inheritance rights in cases involving the decedent's medical obligations. Key legislative acts governing inheritance in Ukraine do not contain specific provisions on the regulation of medical liabilities within an estate and fail to consider the particularities of medical services in the context of inheritance relations. Chapter 87 of the Civil Code of Ukraine (2003), "Exercise of the Right to Inherit", establishes only general principles regarding heirs' responsibility for the decedent's debts, without specifying the particularities of medical obligations, their classification according to coverage by state programs, or the procedure for verifying medical claims. Article 1281 of the Code sets a general six-month period for creditors to submit claims, but does not account for the specific nature of medical liabilities which may arise over prolonged periods of treatment or become known after the deadline due to the complexities of medical record-keeping.

Law of Ukraine No. 2801-XII (1992), Article 40, establishes the principles of medical confidentiality but does not regulate heirs' access to the decedent's medical information which is necessary to protect their inheritance rights and determine the scope of medical obligations. The absence of clear criteria for determining which medical information may be disclosed to heirs without violating confidentiality principles creates a legal conflict between the right to protect the personal data of the deceased and the heirs' right to access information necessary to safeguard their property interests. Law of Ukraine No. 2297-VI (2010) likewise does not contain specific provisions on the handling of medical personal data in the context of inheritance relations following the death of the data subject. Law of Ukraine No. 3425-XII (1993), Article 46, grants notaries the authority to request documents necessary for notarial acts, but does not establish specific procedures for verifying the legitimacy of medical claims, their correspondence with services provided, market prices, or medical standards. Law of Ukraine No. 2168-VIII (2017) defines mechanisms for compensating medical expenses through the National Health Service of Ukraine, but it does not regulate the consideration of such compensations when determining the amount of medical obligations within an estate, nor does it provide mechanisms for informing heirs about the extent of compensation for medical services.

European experience in regulating the medical-legal aspects of inheritance demonstrates diverse and innovative approaches to addressing problems similar to those present in Ukrainian legislation and offers valuable guidance for reforming the domestic legal system in line with contemporary trends in the harmonisation of European law. Regulation of the European Parliament and of the Council No. 650/2012 (2012) establishes uniform rules for cross-border inheritance cases within the European Union, ensuring consistency through a single applicable law and a single competent authority. This is particularly significant in cases involving medical obligations of an international nature. An analysis of the provisions of this regulation shows that the introduction of the principle of territorial jurisdiction based on the deceased's last habitual residence under Article 4, alongside the option for individuals to choose the law of their nationality under Article 22, provides legal mechanisms for optimising the management of medical obligations in cross-border inheritance matters. Notably, Article 23 allows for the restriction of the application of foreign law on public policy grounds, thereby protecting heirs from excessive medical obligations that may conflict with the fundamental principles of the forum state's law. Contemporary practice in European countries demonstrates the effectiveness of this regulation in resolving complex cross-border inheritance disputes, including those involving medical obligations (Bariatti *et al*., 2022).

The French legal system exemplifies a particularly progressive approach to regulating inheritance relations through substantial legislative reforms that directly affect the management of medical obligations in succession cases. Amendments to Article 913 of the Civil Code of France (2025), effective from 1 November 2021, introduced a ground-breaking concept of "compensatory rights" (droit de prélèvement compensatoire) for heirs excluded from inheritance under foreign law that does not provide for a forced share (Changes in French inheritance law..., 2024). This reform allows for a balance between the interests of creditors, including medical institutions, and the deceased's relatives, while safeguarding the rights of close relatives to compensation from French assets within the estate (Ramaciotti, 2021). In the context of medical obligations, this means that French heirs may claim compensation even in cases where the applicable foreign law permits the testator to entirely disinherit them in order to cover medical expenses or other obligations.

The German legal system places particular emphasis on protecting the constitutional rights of heirs in the context of applying European inheritance law which directly relates to the management of medical obligations. The Case No. IV ZR 110/21 (2022) demonstrated the readiness of German courts to limit the application of foreign law chosen under Regulation of the European Parliament and of the Council No. 650/2012 (2012) if such law conflicts with German public policy, especially regarding the protection of family rights (Current threats to the..., 2023). In this case, the German court recognised that a son's right to a compulsory share (Pflichtteil) is a constitutional right and a core element of German public policy which cannot be restricted even when English law – allowing total disinheritance – is applied. This approach establishes a significant precedent for protecting heirs' rights in situations where medical obligations could entirely consume the estate, leaving close relatives without means of subsistence.

The Swiss experience in modernising international inheritance law also merits attention in the context of regulating the medical aspects of succession. Recent reforms of Swiss legislation, aimed at adapting to the contemporary challenges of cross-border inheritance, include the enhancement of mechanisms for recognising foreign decisions in inheritance matters and the establishment of specific procedures for managing complex property relations, including medical obligations (Weiss & Müller-Zhang, 2024). Swiss law introduces innovative approaches to protect heirs from excessive liabilities, including medical debts, through mechanisms limiting liability and specialised procedures for estate insolvency.

Austrian legislation demonstrates a pragmatic approach to integrating the principles of the European Succession Regulation with national legal particularities, including specific provisions addressing medical obligations. Austrian law allows the testator to choose the law of their nationality to govern inheritance which can be particularly useful for minimising medical liabilities or optimising their management under a more favourable legal framework, in accordance with Article 22 of Regulation of the European Parliament and of the Council No. 650/2012 (2012) and

Articles 546-547 of the General Civil Code for all German Hereditary Lands of the Austrian Monarchy (1811). A distinctive feature of the Austrian system is the abolition of inheritance and gift taxes which significantly facilitates the management of medical obligations within the estate and reduces the overall financial burden on heirs, allowing them to focus on settling medical debts without additional tax pressures.

The Spanish experience in regulating inheritance is characterised by a complex federal structure, with different legal regimes across the various autonomous communities, highlighting the importance of accounting for regional particularities when addressing the medico-legal aspects of succession. Spanish law establishes clear rules regarding the liability of heirs for the debts of the deceased, including the option to accept an inheritance under inventory (benefit of inventory), whereby the heir is obliged to pay debts only up to the value of the estate's assets, in accordance with Article 1023 of the Civil Code of Spain (1989). This provision is particularly significant for managing medical obligations which may exceed the value of the estate, as it protects heirs from personal liability with their own assets for the deceased's medical debts.

The Polish experience of reforming inheritance law, implemented through amendments to the Civil Code effective 15 November 2023, demonstrates contemporary trends in adapting inheritance legislation to evolving social needs and new forms of property relations, pursuant to the Act Amending the Civil Code and Certain Other Acts (2023). The Polish reforms introduced the possibility of inheriting family funds which can be utilised to establish special medical funds to cover long-term health care needs of the family. They also refined the rules for renouncing an inheritance to protect heirs from excessive liabilities and simplified procedures for parents to renounce inheritances on behalf of their children in cases where the estate includes significant medical debts. Particularly noteworthy is the introduction of new categories of circumstances allowing a court to declare an heir unworthy, including cases involving abuses in the provision of medical care to the deceased.

A systematic comparative analysis of the legal regulation of medico-legal aspects of inheritance in Ukraine and leading European countries has been conducted based on the study of statutory instruments, case law, and international documents. Analysis of court decisions highlights the practical significance of the issue: the Resolution of the CCS of the Supreme Administrative Court in Case No. 756/7001/20 (2023) required heirs to reimburse 75,836 USD and 137,618 UAH for the treatment of the deceased's oncological illness, demonstrating the critical impact of medical expenses on the estate. Similarly, in Case No. 335/11320/17 (2018), the Ordzhonikidzevskyi District Court of Zaporizhzhia City ordered two heirs to pay 24,998 UAH each for their father's medical treatment and funeral costs.

In the international context, the case of the Federal Court of Justice in the Name of the People, Judgment No. IV ZR 110/21 (2022) is particularly illustrative. In this case, a British citizen who had lived in Germany for 53 years applied English law to his inheritance, disinheriting his adopted son, a German national. The son claimed his compulsory share (Pflichtteil) under German law. The Federal Court of Justice ruled that the application of English law violated German public policy (ordre public), as English law does not guarantee a compulsory share for children regardless of their needs, unlike German law. The court emphasised that children's right to a compulsory share constitutes a constitutional right under Articles 14(1) and 6(1) of the Basic Law of Germany, protecting family relationships even after the death of parents. The Inheritance (Provision for Family and Dependants) Act 1975 provides only need-based compensation which contradicts the German principle of a guaranteed compulsory share. This ruling demonstrated the willingness of German courts to limit the application of foreign law in order to protect the constitutional rights of heirs, particularly in cases where medical or other obligations could completely deplete the estate, leaving close relatives without means of subsistence. The results of the comparative analysis are summarised in Table 3.

Table 3. Comparative analysis of the legal regulation of medico-legal aspects of inheritance

Comparison criterion	Ukraine	France	Germany	Switzerland	Spain	Austria	Poland
Protection against excessive medical debts	Limited liability within the estate	Right of compensation when disinherited from French assets	Prohibition on applying foreign law if it violates public policy	Special procedures limiting liability through estate bankruptcy	Benefit of inventory – liability only within estate assets	Simplified procedures through the abolition of inheritance taxes	Simplified renunciation procedures to protect children
Access to medical information	Legal gap (Art. 40 Fundamentals of the Legislation of Ukraine on Health care does not regulate heirs' access)	Delegated access via EHDS[4] patient portals	Protection through public policy principles and constitutional rights	Technological solutions for electronic access with patient consent	Regional regulation in autonomous communities	EU-wide EHDS standards adapted to the national context	EU-wide EHDS standards adapted to the national context
Verification of medical claims	No special procedures	Judicial review of claim validity according to medical standards	Expert assessment of compliance with medical standards and evidence-based medicine principles	Independent medical evaluation involving specialised institutions	Regional verification standards depend on the autonomous community	Simplified verification procedures through unified standards	2023 judicial reform simplified verification procedures
International instruments	Not adapted to European standards	Regulation of the European Parliament and of the Council No. 650/2012 (2012) on cross-border inheritance	European law with national limitations	Bilateral agreements with the EU and national regulations	European law, considering the federal structure	European law with simplified procedures	European law and 2023 reforms
Tax benefits	No special provisions for medical obligations	Limited benefits for compensatory payments	Standard benefits under German tax law	Moderate benefits under Swiss federal law	Regional variations depending on the autonomous community	Full abolition of inheritance and gift taxes	Standard benefits with the option of using family funds

Source: compiled by the authors

European experience highlights the need for a comprehensive legal framework that takes into account the specific nature of medical obligations, balances the interests of all parties involved, and provides effective tools to protect heirs from excessive financial burdens. Progressive European approaches include specialised statutory regulation, multi-level protective mechanisms, technological integration, and international coordination which together create an effective system for safeguarding inheritance rights in the context of medical liabilities.

Statistical analysis and empirical data. The study of judicial practice in inheritance cases is based on official data from the Supreme Court of Ukraine. According to the 2024 report on the administration of justice by the Supreme Court, the total number of procedural appeals and cases amounted to 107,707, of which 87,495 cases were adjudicated (Supreme Court of Ukraine, 2025). Within the civil justice system which encompasses inheritance cases, 26,108 cases were pending in 2024, of which 17,904 were resolved. Specifically, in disputes arising from inheritance relations, 1,210 cases were pending in 2024, with 759 cases adjudicated. This indicates a consistently high level of inheritance-related disputes within the civil justice system.

A comparative analysis with data from the first half of 2025 shows certain trends: the total number of procedural appeals was 65,233, of which 45,993 cases were resolved (Supreme Court of Ukraine, 2025). In civil proceedings during the first half of 2025, 16,481 cases were pending, with 8,590 adjudicated. In the category of disputes arising from inheritance relations, 839 cases were pending in the first half of 2025, of which 399 were resolved. This demonstrates that the intensity of inheritance case proceedings in the first half of 2025 proportionally mirrors the annual figures for 2024, indicating a sustained demand for judicial resolution of inheritance disputes.

It is also worth noting that, in civil proceedings, 18,929 cassation appeals were filed in 2024, of which 17,198 were adjudicated, while in the first half of 2025, 8,878 cassation appeals were filed, with 8,240 resolved. These figures indicate the active use of the cassation instance for addressing complex legal issues in civil cases, including inheritance disputes. A detailed analysis of the structure of cassation cases in 2024 shows that, within civil proceedings, the largest share consisted of disputes arising from contracts – 7,113 cases; noncontractual obligations – 3,542 cases; and property rights – 2,517 cases (Supreme Court of Ukraine, 2025). Inheritance disputes (1,210 cases) occupy a significant place among civil cases, underscoring their practical importance.

This trend reflects the inherent complexity and contentiousness of issues related to the testator's intentions, particularly in the context of medico-legal aspects. The most problematic grounds for contesting wills are disputes concerning discrepancies between the testator's will and its expression which judicial practice recognises as the primary and most common reason for declaring a will invalid. This category of disputes is directly linked to medico-legal aspects of inheritance, as it often involves the testator's mental state, cognitive abilities, or general capacity at the time the will was drawn up. The complexity of resolving such cases is significantly heightened by the absence of the testator at the time of trial which creates objective challenges in establishing their mental state, cognitive abilities, and awareness of the significance of their actions when making the will.

Disputes regarding discrepancies between the testator's intentions and their expressed will require a post-mortem forensic psychiatric examination to determine the testator's mental state and capacity at the time of signing the will. This procedure is not merely a formal requirement but a fundamental reliance on medical expertise to establish the legal fact of capacity. The Resolution of the Supreme Court in Case No. 496/4851/14-ts (2019) emphasised that a forensic psychiatric examination must ascertain the individual's mental state specifically at the moment the will was drawn up. Witness testimony regarding the testator's behaviour may only be considered as corroborative evidence, with the primary basis being the categorical conclusion of the expert. Resolution of the CCS of the Supreme Administrative Court of Ukraine in Case No. 127/7945/18 (2019) documents an instance where court testimony about a depressed state and psychological pressure did not carry decisive weight: the appellate court concluded that the evidence was insufficient, and the will was valid, as the testator's expressed will corresponded to their genuine intentions.

Witness testimony also plays a crucial role in these cases, as it is expected to confirm that the testator understood the significance of their actions, expressed their true intentions without external influence, and personally signed the will. This indicates that the legal system recognises the profound influence of an individual's medical and psychological state on their legal actions, effectively making medical experts' de facto arbiters in these specific legal disputes. A will may be declared invalid if the testator's intentions were not freely expressed and did not reflect their genuine wishes; that is, if the person did not understand the significance of their actions, was subject to physical or psychological pressure, or acted under deception, threat, or coercion.

The issues of access to and interpretation of judicial statistics pose additional challenges for a comprehensive analysis of the medico-legal aspects of inheritance. While the available data provide qualitative insights into court practice and general trends, exhaustive statistical information regarding the number and outcomes of medico-legal inheritance disputes is not fully accessible from official sources (Why a notary when…, 2025).

The economic landscape of health care in Ukraine is characterised by substantial state (budgetary) funding alongside a high proportion of out-of-pocket expenses for the population, creating direct conditions for the accumulation of medical debts within the estate. According to the Ministry of Finance of Ukraine, total health care expenditures in 2023 amounted to UAH 217.4 billion, of which UAH 181.8 billion was allocated from the state budget, with planned increases for 2024 to UAH 238.7 billion, including UAH 204.2 billion from the state budget (Ministry of Finance, 2024, 2025). A substantial portion of these funds is allocated to the Medical Guarantees Program: UAH 139.4 billion in 2023 and UAH 157.3 billion in 2024, covering a wide range of services, including emergency medical care, primary and specialised health care, as well as reimbursement for certain medications. Despite this significant state funding, a notable feature of Ukraine's health care system remains the high proportion of out-of-pocket expenses which in 2021 accounted for 46.3% of total current health care expenditures (Obrizan, 2024). This figure is considerably higher compared with European countries. According to the Organisation for Economic Co-operation and Development (OECD) (2023), Health at a Glance 2023, out-of-pocket expenses in Germany constitute 12% of total health care spending, with voluntary/out-of-pocket costs amounting to 1.7% of GDP, while the average share of personal health care expenditure across OECD countries does not exceed 20% of total medical costs. This creates a clear basis for the accumulation of significant medical debts by individuals over their lifetime. The dynamics of civil case proceedings demonstrate the stability of the judicial system: in 2024, complaints were dismissed and court decisions left unchanged in 3,961 cases; complaints were upheld and court decisions modified in 381 cases; and rulings were overturned in 2,298 cases (Supreme Court, 2025).

The combination of substantial overall health care expenditures and an exceptionally high proportion of out-of-pocket costs creates a direct causal link with the potential presence of significant medical liabilities within the estate. When nearly half of health care expenses are covered directly by individuals, prolonged illness, complex treatment, or emergency medical care can easily result in the accumulation of considerable financial obligations, particularly in cases of cancer, major surgical procedures, or extended rehabilitation. Researchers estimate that health care costs during the last six months of life can account for 25% to 40% of total medical expenditures over the course of an illness, generating concentrated financial pressure on the estate precisely at the time of inheritance proceedings (Obrizan, 2024). After death, these accumulated, unpaid medical expenses are highly likely to form part of the decedent's outstanding debts, directly affecting the value and attractiveness of the estate for potential heirs.

The legal regulation of inherited debts, including medical liabilities, is based on the principle of limited liability for heirs, as established in the Civil Code of Ukraine (2003). Heirs are responsible for the deceased's debts only to the extent of the inherited estate, meaning that if the value of the estate is a certain amount, creditors' claims cannot exceed that sum (Inherited debts, 2025). This principle of limited liability, enshrined in Article 1282 of the Civil Code of Ukraine, serves as a critical protective mechanism for heirs, preventing their personal impoverishment through inherited debts exceeding the value of the assets received. Although medical expenses are not explicitly identified as a separate category of debt, they fall under general financial obligations and, unlike personal fines or alimony, constitute contractual or quasi-contractual liabilities, making them transferable to heirs. This creates a strategic decision point for heirs: to accept the inheritance along with the associated debts up to the estate's value, or to formally renounce it.

Statistical data indicate high activity in the field of inheritance law in Ukraine. According to official data from the Ministry of Justice of Ukraine, notaries performed a total of 12.6 million notarial acts in 2024, representing a 20% increase compared with 2023. Inheritance cases constitute a substantial proportion of notarial activity: 699 state notaries issued 412,533 certificates of inheritance rights in 2024, while 5,568 private notaries issued 638,770 such certificates. In total, state notaries opened 135,876 inheritance cases, and private notaries 248,251 cases. Moreover, in 2024, 131,100 wills were notarised (24,012 by state notaries and 107,088 by private notaries), reflecting active citizen engagement in estate planning (National Health Service of Ukraine, 2024).

Judicial practice in resolving inheritance disputes demonstrates the active role of the Supreme Court in analysing and consolidating legal positions, aimed at ensuring consistency in the application of the law, particularly in complex areas of inheritance (Fedorchenko et al., 2020). A common area of dispute concerns the extension of the statutory six-month period for accepting an inheritance, where courts may grant additional time if the heir encounters objective, insurmountable, and significant obstacles. Recognised justifications include prolonged illness of the heirs, considerable distance between the heir's permanent residence and the location of the estate, demanding work conditions involving longterm assignments, including overseas postings, and service in the Armed Forces of Ukraine. By contrast, reasons generally not considered valid include lack of legal knowledge, ignorance of the existence of inherited property, advanced age, disability, uncertainty among co-heirs, insufficient funds for travel, or simply residing in the inherited property after the estate has opened.

Analysis of judicial practice also highlights the circumstances under which wills may be declared invalid. This may occur if the testator's free will was not properly expressed, if the testator was incapacitated, or if formal requirements for drafting the will were breached. A will is also void if it disposes of property that the testator did not own at the time of drafting, as confirmed by case studies. Courts may interpret wills to clarify ambiguities or inaccuracies, ensuring that the testator's true final intentions are respected; however, this process must not alter the content of the will or substitute the court's interpretation for the testator's genuine wishes. The Supreme Court's consolidated practice also addresses complex issues concerning the proof of familial relationships, particularly for individuals who lived together as a family without formal marriage, and the determination of the place of inheritance opening in cases where the deceased's last registered residence is absent or cannot be established. The court may recognise cohabitation as a factual circumstance without the need for a separate judicial ruling, and if the deceased's last residence is unregistered, the estate opens at the location of the main assets, as noted by O. Kukharev (2022).

Notarial activity occupies a central role in inheritance procedures at the initial stages and functions as a primary barrier against invalid wills and unfounded claims. Notaries are obliged to verify the legality of a will and ensure its registration in the Inheritance Register, and if any legislative violations are identified, the notary must reject the document (Results of the work…, 2024). Notaries must also ensure the presence of documents evidencing familial relationships and the deceased's property rights, and in their absence, they may require the submission of original or notarised documents. Their regulatory role allows numerous legal conflicts to be resolved or prevented at the notarial level before escalating to court proceedings, as evidenced by the high proportion of notarial procedures in inheritance matters relative to court cases. At the same time, although notaries handle the majority of inheritance cases, their findings are subject to judicial review, and courts regularly rely on materials from notarial inheritance proceedings to resolve disputes.

The identified legislative shortcomings and problems in law enforcement create systemic obstacles to the proper regulation of medico-legal issues in inheritance. The Civil Code of Ukraine (2003) does not define or provide a specific interpretation of the concept of "family" which creates difficulties in applying Article 1264 of the Civil Code, establishing inheritance rights for individuals who cohabited with the testator for at least five years prior to the opening of the estate (Efimova *et al.*, 2022). Despite the Supreme Court's clarification that cohabitation can be established as a factual circumstance without a separate judicial act, this key legislative deficiency remains unresolved, delegating interpretative authority to the courts and potentially leading to inconsistent application of the law. Moreover, an analytical study by the DeJure Foundation has revealed cases of manipulation in inheritance disputes, particularly in the absence of alternative claimants who could challenge the decisions made (Why a notary when…, 2025). The researchers documented indirect indicators of such manipulation, including unusually rapid case resolutions, significant delays in publishing decisions in the Unified State Register of Court Decisions, and the absence of references in judicial acts to the reinstatement of inheritance proceedings or the identification of heirs. An additional legal challenge is the difficulty of conducting post-mortem psychiatric examinations to determine the testator's capacity at the time the will was executed. These procedures are characterised by multiple stages, substantial resource requirements, the absence of medical documentation, and reliance on indirect evidence and expert opinions which creates risks of subjective interpretation and may result in prolonged litigation.

Recommendations for improving Ukrainian legislation on the medico-legal regulation of inheritance. Based on the analysis of shortcomings in Ukrainian legislation and a comparative study of European experience, a set of recommendations is proposed for modernising the legal regulation of medico-legal aspects of inheritance. The analysis identified significant gaps in the current legislation, creating legal uncertainty and complicating the practical realisation of inheritance rights where medical liabilities are involved. The main legislative acts regulating inheritance in Ukraine do not contain specific provisions addressing the settlement of medical obligations within the estate and fail to consider the particular nature of medical services in the context of inheritance relationships.

Priority should be given to modernising the Civil Code of Ukraine (2003) by supplementing Chapter 87, "Exercise of the Right to Inherit", with a new Article 1282-1, "Specifics of Liability for the Testator's Medical Obligations". This article should establish a specialised legal framework for medical liabilities, taking into account the French experience of the "right of compensation" (droit de prélèvement compensatoire), introduced through amendments to Article 913 of the Code Civil (2025), and the German guarantees for protecting heirs' constitutional rights, as demonstrated Judgment of the Federal Court of Justice in Case No. IV ZR 110/21 (2022). It is recommended that the article include a clear definition of medical obligations as liabilities arising from the provision of medical care to the testator, their classification into those compensated and not compensated by the National Health Service of Ukraine in accordance with Law of Ukraine No. 2168-VIII (2017), a detailed procedure for the verification of medical claims involving medical experts, and a specified order of satisfaction that takes into account the social significance of medical services.

The second area of modernisation is the establishment of a legal institution of "medical inheritance planning" through the addition of Article 1247-1, "Testamentary Provisions Regarding Medical Expenses and Medical Information" to Chapter 84 of the Civil Code of Ukraine (2003). This recommendation is based on the Polish experience of creating special medical funds to cover the long-term health care needs of families (Act Amending the Civil..., 2023). The article should provide the testator with the ability to determine how part of the estate may be used to cover medical needs, set limits on the types and extent of medical interventions that can be financed from the estate, appoint special administrators to manage the medical aspects of the inheritance, and specify the persons entitled to access the deceased's medical information for the protection of inheritance rights.

The third area concerns the modernisation of the legal regulation of medical information in inheritance relations through systematic amendments to Law of Ukraine No. 2801-XII (1992) and the creation of a balanced mechanism allowing heirs access to the medical information necessary for the protection of their inheritance rights. This recommendation is based on the experience of Regulation of the European Parliament and of the Council No. 2025/327 (2025) which establishes clear patient rights to access their own medical data, including the ability to delegate access to heirs. Article 40 of Law of Ukraine No. 2801-XII (1992) should be supplemented with provisions governing the procedure for providing medical information to heirs, ensuring compliance with principles of confidentiality and the protection of the deceased person's personal data.

Organisational recommendations include the creation of a specialised interagency working group composed of representatives from the Ministry of Justice of Ukraine, the Ministry of Health of Ukraine, the National Health Service of Ukraine, the Ukrainian Notarial Chamber, and leading scholars in inheritance and medical law. This approach follows the Swiss model of establishing dedicated procedures for resolving complex property relations (Weiss & Müller-Zhang, 2024). The working group should conduct consultations with medical associations, patient organisations, international experts, and European institutions to ensure that the drafted legal norms meet European standards.

Procedural recommendations envisage the development of subordinate legislation, including: a procedure for providing medical information to heirs, with detailed definitions of the types of information and methods of provision, modelled on the Austrian experience of optimising the legal regulation of medical obligations under Articles 546-547 of the General Civil Code for all German Hereditary Lands of the Austrian Monarchy (1811), concerning the legal status of the estate, and Article 22 of Regulation of the European Parliament and of the Council No. 650/2012 (2012); methodological guidelines for the professional assessment of medical obligations in inheritance cases, involving medical experts; regulations governing the interaction of notaries with medical institutions in the processing of inheritance rights. The Ministry of Health of Ukraine should develop modern standards for documenting medical services specifically for inheritance purposes, alongside procedures for independent verification of medical claims in accordance with established medical standards and principles of evidence-based medicine.

Technological recommendations concern the creation of a modern technological infrastructure and electronic document management systems to enable efficient interaction between medical institutions, notarial bodies, and heirs, following the European model of implementing electronic estate management mechanisms. A unified electronic platform should be established to record medical obligations, automatically verify medical claims in line with approved NHS Ukraine tariffs, and promptly inform heirs of the scale of medical debts and their coverage under state programs.

Protective mechanisms should include rules for accepting an estate with an inventory, following the Spanish model which shields heirs from personal liability for the deceased's medical debts exceeding the value of the inherited property (Lutska *et al*., 2022). It is also recommended to create liability-limitation mechanisms based on Swiss innovations that protect heirs from excessive obligations through specialised estate bankruptcy procedures (Weiss & Müller-Zhang, 2024). Compensation mechanisms should be developed drawing on the French concept of "droit de prélèvement compensatoire" which allows heirs to claim compensation even where medical obligations might otherwise consume the entire estate, thereby balancing the interests of medical creditors with the rights of close relatives to maintain a livelihood (Ramaciotti, 2021).

International legal recommendations include adapting Ukrainian legislation to the principles of Regulation of the European Parliament and of the Council No. 650/2012 (2012) on cross-border inheritance which will ensure the effective regulation of medical obligations of an international nature, and implementing the standards of the Convention for the Protection of Human Rights and Dignity of the Human Being (1997) regarding the protection of patients' and their heirs' rights. European standards are recommended to be introduced gradually, taking into account the national specificities of the Ukrainian legal system, including through the establishment of specialised procedures for the verification of medical claims based on the German model of protecting heirs' constitutional rights, and the introduction of tax relief mechanisms following the Austrian approach to reducing heirs' financial burdens in settling medical obligations.

The proposed recommendations constitute a comprehensive framework for modernising Ukrainian legislation on the medico-legal regulation of inheritance relations, taking into account both identified gaps in national legal regulation and best international practices from European countries. Implementing these recommendations will create an effective legal foundation for protecting the interests of all participants in medico-legal inheritance relations, ensuring a balance between heirs' rights and the obligations of medical institutions, and promoting the development of innovative mechanisms for financial and economic estate planning that consider medical risks. The practical significance of the proposed recommendations lies in the possibility of their phased implementation, taking into account the institutional capacity of the Ukrainian state and available financial resources. This approach will enable the gradual adaptation of national legislation to contemporary challenges in the field of medico-legal inheritance relations and to European standards of legal regulation.

Discussion

The analysis conducted demonstrated the critical importance of legal regulation of medico-legal relations in Ukrainian inheritance law, revealing significant gaps in legislation and the need for a systematic approach to regulating the economic aspects of medical obligations within the estate. The study's findings indicate that medical expenses constitute a substantial portion of the deceased's debt obligations, with oncological diseases generating the highest financial risks for heirs. The established resumption of court activity in inheritance cases to pre-war levels also underscores the ongoing need for effective legal regulation of inheritance relations.

The identified lack of effective mechanisms for interaction between medical institutions, the National Health Service of Ukraine, notarial authorities, and heirs highlight the urgency of digitalising legal processes in the field of inheritance. This issue is addressed in the research of G.S. Saidakhrarovich *et al*. (2022), who analyse the impact of digitalisation on inheritance law and the prospects for technological modernisation of legal regulation. The researchers argue for the adaptation of traditional legal institutions to the digital era and the creation of electronic systems for managing inheritance processes. The gaps identified in this study confirm the relevance of digital transformation, particularly regarding the establishment of integrated systems for recording medical obligations and automating the verification of medical claims. The implementation of digital technologies could facilitate the creation of a unified electronic platform for recording medical obligations, automatic verification of claims according to the approved tariffs of the NHSU, and timely notification of heirs about the volume of medical debts and their coverage under state programs. At the same time, the study identifies specific challenges associated with the digitalisation of the medico-legal sphere, particularly the need to ensure enhanced safeguards for the confidentiality of medical information which constitutes sensitive personal data. A key issue is the development of secure protocols for transmitting medical information between various participants in inheritance relations, alongside the establishment of an electronic signature system for medical documents.

The international legal aspects of inheriting immovable property involving foreign heirs are examined in the research of L.E.A. Pandiangan (2020) which explores the regulation of property rights of foreigners in inheritance procedures through the lens of civil law. The author emphasises the difficulties in coordinating international inheritance processes and the importance of applying conflict-of-law principles to resolve inheritance disputes. Ukraine's legislative shortcomings in the medico-legal sphere of inheritance are characterised in this study as critically significant for international inheritance law, since medical debts may arise under different legal systems with varying regulatory approaches. The research concludes that the practice of the European Union – particularly the provisions of Regulation of the European Parliament and of the Council No. 650/2012 (2012) – provides substantial methodological guidance for managing such cases through the application of the territorial principle and the right to choose jurisdiction. However, medical debts require a specialised legislative approach that takes into account the specificities of national health care systems and the financial mechanisms for delivering medical care. It is fundamentally important to recognise that medical obligations may acquire an international dimension when medical services are received abroad, necessitating the harmonisation of legal standards between states.

The long-term economic consequences of inheritance are examined in the study of C. Bartels *et al*. (2024) which considers the impact of mechanisms for equitable distribution of estates on economic processes. The researchers find that inheritance legislation significantly influences economic activity and the wealth stratification of the population. Analysis of the medicolegal aspects of inheritance supports this concept, showing that medical debts can profoundly affect the economic viability of intergenerational property redistribution. Statistical data indicate that substantial private medical expenditures in Ukraine (46.3% of total current spending) create real conditions for the accumulation of critical medical debts which may result in situations where the value of medical obligations equals or even exceeds the value of the estate. Such circumstances generate prolonged economic challenges for families and society at large, as they can prompt the forced sale of inherited property at depressed prices or a categorical refusal to accept the inheritance. At the same time, it should be emphasised that, unlike standard inheritance liabilities, medical obligations are not exceptional, as they are correlated with constitutional medical guarantees and state social obligations.

Classical approaches to regulating family, marital, and inheritance relations are discussed in the research of G.A. Azizovich (2024) which examines the historical development of the inheritance institution within the context of socio-economic relations. The study focuses on the evolution of inheritance practices under the influence of socio-economic factors and changing societal needs. The conclusions of this study indicate that Ukraine's contemporary health care system presents fundamentally new challenges for inheritance law which did not exist in a historical context. In particular, the introduction of the Medical Guarantees Program, the establishment of the National Health Service of Ukraine, and new mechanisms for financing medical care have significantly affected the structure and content of medical and legal relations, creating novel challenges for the legal regulation of inheritance. A comparative analysis of traditional medical and legal inheritance relations, presented in the study, highlights their substantial differences, as well as their multistakeholder and interdisciplinary character. The research demonstrates the need to develop a specialised legal approach to the regulation of medico-legal relations in inheritance law – one that accounts for both the traditional principles of inheritance law and the specificities of medical law and bioethics. A structural analysis of the factors influencing inheritance relations is conducted in the research of C. Schiffer *et al*. (2020), who examine the conditionality of inheritance in various contexts.

The researchers emphasise the importance of a systemic approach to understanding the factors that shape the nature of inheritance relations. The findings of the study support the need for a comprehensive approach to regulating the medical and legal aspects of inheritance, given that these relations exhibit a dual nature and are simultaneously governed by norms of both medical and inheritance law. The analysis shows that medical and legal relations within inheritance law possess characteristics of both property and non-property civil law, complicating their legal classification and regulation. The property-related aspects are connected with the economic consequences of medical care, whereas the non-property aspects concern personal human rights to medical treatment and the confidentiality of medical information. A structural approach to analysing these relations allows for the identification of their specific features and underlines the need for specialised legal regulation.

The study by S. Morelli *et al.* (2021) focuses on inheritance, gifts, and wealth accumulation among low-income households. The authors conclude that inheritance mechanisms are critically important for the economic well-being of disadvantaged families. The findings reveal a paradoxical situation in which the most vulnerable segments of the population face the greatest risks in the sphere of medico-legal inheritance relations. Statistical data show that the high proportion of out-of-pocket health care expenditure in Ukraine disproportionately affects low-income families, who lack sufficient resources to cover expensive medical treatment. This can result in situations where the estate is entirely consumed by medical debts, leaving heirs without means of subsistence. The problem is particularly acute in cases of oncological diseases, where only 5% of patients receive innovative therapy free of charge, and 12% are unable to undergo necessary treatment due to lack of funds. The results of the study highlight the urgent need to establish protective mechanisms for such families, including the possibility of limiting medical obligations within the estate and creating social support systems to cover critical medical expenses.

The results of the study demonstrate significant potential for the technological modernisation of medico-legal inheritance relations. This is reflected in the study of R.M. Garcia-Teruel (2020) which examines legal challenges and the prospects of implementing blockchain technologies in the real estate sector, as well as opportunities for the technological enhancement of regulatory frameworks governing property relations. The author highlights the potential of modern technologies to address entrenched legal issues and to optimise legal regulation. The study identifies a lack of effective mechanisms for interaction between medical institutions, notarial authorities, and heirs, emphasising the need for technological transformation in this field, particularly through the development of integrated digital platforms for recording medical obligations and automating the verification of medical claims. The research findings indicate that a major deficiency of the current system is the absence of efficient communication channels among health care providers, the National Health Service of Ukraine, notaries, and beneficiaries. The implementation of technological innovations could establish a transparent platform for recording medical debts, automate the verification of medical claims in accordance with NHSU tariffs, and provide heirs with prompt notifications regarding the extent of medical liabilities and their coverage under state programs (Vazov *et al.*, 2024).

The economic mechanisms identified in the study regarding the accumulation of medical expenses within estates and their impact on the financial position of heirs align with the conclusions of S. Jestl (2021), who conducted a comparative analysis of inheritance taxation systems and reviewed methods employed by different states for fiscal oversight of inheritance processes. The researcher examines both the positive and negative aspects of alternative taxation models and their impact on economic activity. The analysis of the structure of medical expenses within estates confirms the relevance of fiscal regulation, particularly in light of the substantial financial burden imposed on heirs by the medical liabilities of the deceased. It was found that the greatest risks to heirs arise from the costs of cancer treatment (average cost 120,000 UAH) and organ transplantation (up to 2.6 million UAH) which can significantly exceed the value of the estate. A particularly important conclusion drawn by the researcher is the need for coordination across different branches of law to regulate inheritance relations effectively which aligns fully with the identified necessity of synchronising inheritance and medical legislation to address the medico-legal aspects of succession.

The results of the study underscore the urgent need for comprehensive reform of Ukrainian legislation in the field of medico-legal regulation of inheritance, taking into account both the national characteristics of the health care system and international experience in legal regulation. Comparative analysis with other studies confirms the universality of the identified problems and the need for an interdisciplinary approach that integrates legal, economic, and medical aspects of inheritance relations.

Conclusions

On the basis of this comprehensive study of the medico-legal and economic (financial) aspects of inheritance law in Ukraine, it can be concluded that the objective of developing theoretical and legal foundations for regulating this complex area of legal relations has been achieved. The study revealed that medico-legal relations in inheritance law constitute a distinct category of civil-law relations, characterised by a dual nature and requiring specialised legal regulation that integrates principles of inheritance law, medical law, and bioethics. A specific composition of actors within these relations was identified, including not only the traditional participants in inheritance proceedings but also medical institutions, health care professionals, and health authorities, resulting in a considerably more complex structure of legal connections compared with conventional inheritance relations.

Economic analysis demonstrated the critical impact of medical expenses on the composition of estates, particularly in cases of cancer and complex medical procedures, where the average cost of cancer treatment is 120,000 UAH and organ transplantation expenses can reach 2.6 million UAH. Specific court cases confirm the practical significance of this issue: the ruling of the Cassation Civil Court on 17 May 2023 obliged heirs to reimburse 75,836 USD and 137,618 UAH spent on the deceased's medical treatment. It was established that the high proportion of out-of-pocket health care spending in Ukraine (46.3% of total current expenditures) creates objective conditions for the accumulation of significant medical debts which substantially affects the financial interests of heirs and can lead to situations in which they entirely renounce the inheritance.

Statistical analysis also indicated high activity in the field of inheritance law: in 2024, notaries issued 1,051,303 certificates of inheritance, opened 384,127 inheritance cases, and certified 131,100 wills. Judicial practice demonstrates that, within the structure of cassation cases in civil proceedings, disputes arising from inheritance relations accounted for 1,210 cases out of a total of 25,337 civil cases, with the vast majority of these cases requiring post-mortem forensic psychiatric examination.

Comparative analysis of European experience reveals the existence of progressive approaches to regulating the medico-legal aspects of inheritance, including the French concept of compensatory rights for heirs deprived of inheritance under foreign law, the German safeguards protecting the constitutional rights of heirs through limitations on the application of foreign law in cases contravening public policy, and the Swiss mechanisms limiting liability for excessive obligations through specialised procedures for estate bankruptcy. Regulation No. 650/2012 of the European Parliament and of the Council establishes harmonised rules for cross-border inheritance cases and the principle of territorial jurisdiction, ensuring effective resolution of medical obligations of an international nature.

The study's limitations are associated with the lack of official statistics on medico-legal inheritance disputes and the dynamic changes in Ukraine's health care system during the state of war. Prospects for further research include the study of digitalisation of medical data in the context of inheritance, the development of mechanisms for international cooperation in cross-border medicolegal inheritance cases, and the investigation of the impact of demographic changes on the composition of medical expenses within estates.

Acknowledgements

None.

Funding

The study was not funded.

Conflict of Interest

None.

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Медико-правові та економічні (фінансові) аспекти спадкового права

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Анотація

Метою даного дослідження було обґрунтування теоретико-правових засад регулювання медико-правових та економічних аспектів спадкового права в сучасному контексті системи охорони здоров'я України. У дослідженні було використано порівняльно-правовий метод для вивчення європейських підходів до регулювання медико-правових аспектів спадкування, економічний аналіз для дослідження фінансових аспектів спадкових відносин за участю медичних закладів та міждисциплінарний підхід для оцінки правової природи медико-правових відносин. Було встановлено, що медико-правові відносини у спадковому праві є самостійною категорією цивільно-правових відносин з подвійною природою та потребують спеціального правового регулювання, яке інтегрує принципи спадкового права, медичного права та біоетики. У дослідженні було виявлено критичний вплив медичних витрат на структуру спадщини, зокрема у випадках онкологічних захворювань, де середня вартість лікування сягає 120 000 гривень, а трансплантація органів може становити 2,6 млн гривень, що створює об'єктивні передумови для накопичення значних медичних боргів. Аналіз продемонстрував необхідність розробки ефективних механізмів фінансово-економічного планування спадкування шляхом стратегічного медичного страхування та створення цільових медичних фондів. Систематизовано європейські підходи до регулювання медико-правових аспектів спадкування, включаючи французьку концепцію компенсаційних прав спадкоємців, німецькі гарантії захисту конституційних прав та швейцарські механізми обмеження відповідальності за надмірні зобов'язання. На основі цих висновків було розроблено низку концептуальних пропозицій щодо вдосконалення українського законодавства, зокрема створення спеціального правового режиму медичних зобов'язань з чітким розмежуванням між тими, що компенсуються, та тими, що не компенсуються Національною службою здоров'я України, а також запровадження системи планування медичної спадщини. Практичне значення дослідження полягає у створенні наукової основи для модернізації спадкового законодавства України з урахуванням специфіки медико-правових відносин та розробці механізмів захисту економічних інтересів спадкоємців в умовах зростання вартості медичного обслуговування

Ключові слова: охорона здоров'я; конфіденційна інформація; спадкові відносини; економічні (фінансові) інтереси спадкоємців; нотаріальна практика; правове регулювання