

HEALTH ASSESSMENT OF FOREIGN STUDENTS AND PUPILS IN STUDENT AND SCHOOL MEDICAL OFFICES

Dr. Nicoleta Ancața Pinteă,
Dispensar studentesc UBB Cluj-Napoca

Abstract

The assesment of the health status of the students and foreign students in the student and school offices requires a comprehensive approach, includes the recording of patient data, pathological and personal history, the history of vaccinations performed prior to entering the Romania, requesting medical documents regarding the health status of the holther, issued in the country of origin, conducting the objective clinical examination on devices and systems, recording the clinical parameters, assessing the risk for public health, summarizing the examiners' findings regarding the health status of the evaluated ones, recommendations as appropriate of serological tests for the endagered diseases public health, recommendations as appropriate for specialist consultation, possibly treatment indications (within thw competence of evaluators).

The assesment of the health status of foreign students and students and the formulation of the conclusions will have to respect the Patients' Rights, the European Directives, The Deontological Code of the doctor and the medical assistant as well as the law of medical malpractice.

KEYWORDS: **assessment of the health status, foreign students and student, residence permit**

This article proposes an overall approach to assessing the health status of foreign students and pupils that address the students' medical office or school medical office for registration and, in the case of foreign students, for issuing the medical certificate

necessary to obtain a temporary residence visa on the territory of Romania.

The article is based on the European Guide for Assessing the Health of Refugees and Migrants in the European Union. This guide is part of the Guide for Health Professionals, a guide developed by the European Commission and the IOM (International Organization for Migration). [1]

Health assessment consists of an evaluation of the physical and mental health of migrants carried out before departure or at arrival in a country of transit or destination (according to IOM).

The evaluation of the health condition implies a careful anamnesis of the medical history, including the vaccination history, corroborated with the objective clinical examination.

According to the Guide for the Assessment of the Health Status of Refugees and Migrants in the European Union, the notion of **medical examiner** refers to the medical staff that performs the initial health assessment independently of future control exams or treatment points [1].

The term **conditions** means those physical or mental health conditions of the person examined which are identified or reported either by the person concerned or by the examining physician on the basis of medical history and objective clinical examination. [1]

Significant medical condition refers to a condition, illness or disability that is likely to have an impact on the reception and settlement of foreigners within the country.

* **Correspondent author:** Ancața Pinteă, Cabinet medical studentesc Cluj-Napoca, e-mail: ancutapinteă@yahoo.com

Received: 14.02.2020, **accepted:** 2.06.2020, **published:** 20.06.2020

Cite: Pinteă A. Health assessment of students and foreign students in student and school medical cabinets. Journal of School and University Medicine 2020;7(1-2):19-28

At arrival, the presence of such a condition triggers measures that ensure the continuation of medical care such as referrals and other health-related reintegration components. [1]

Particular attention should be paid to medical certificates issued by the medical office to students leaving the country for scholarships abroad or with the Work and Travel program.

We bring into discussion **the concept of travel health**.

Healthcare in this context involves mitigating health risks that may result from travel, risks from the interaction of several factors, including travel duration, nature and conditions of transport, level of access to healthcare during travel and final destination, and pre-existing pathological history. [1]

A travel risk assessment should be considered to enable the person to travel safely [1] and appropriate medical advice should be offered in the presence of a known chronic pathology.

The European Guide for the Assessment of the Health of Refugees and Migrants in the European Union recommends that health assessments be carried out on a voluntary basis, with full respect for patient confidentiality.

Following the assessment of the patients' health status, the **diseases of importance** for public health will be reported, according to the national reporting model, respecting the European Directives.

The objective clinical examination, thorough anamnesis and the vaccinations history of foreign students represent, together with medical counseling and health education, primary prevention measures at the level of the student medical office, with fundamental role in public health.

Based on the guide for assessing the health status of refugees and migrants in the European Union proposes an examination protocol, we will propose a specific protocol for assessing the health of foreign students and pupils who come to the school medical office for the medical certificates necessary to obtain a residence permit on the territory of the country throughout their studies.

According to the General Inspectorate for Immigrants within the Ministry of Internal Affairs: long-stay study visa can be granted upon request to foreigners applying to enter Romania as a student, trainee or

student participating in a student exchange program or educational project. [2]

The institution where he / she will study can be state or private, provided it is accredited according to law. The visa is also granted to foreigners accepted for studies based on the international documents to which Romania is a party.

The residence permit certifies the holder's right of residence on the territory of Romania during the studies.

In order to obtain a visa for a residence permit (both for students and pupils participating in exchange programs), the School Inspectorate requires several documents, including a medical certificate stating that the holder does not suffer from diseases that endanger public health. The certificate can be issued by any public or private health institution. [2]

The Immigration Service may object to the granting of a visa if the foreigner suffers from diseases that endanger public health and is not following the treatment measures established by the competent authorities. [2]

If the illness occurred after obtaining the temporary residence permit, the revocation will be ordered if the foreigner does not comply with the treatment measures established by the competent authorities.

According to the European Council Directive, diseases that can endanger public health are: diseases that require quarantine, active or evolving tuberculosis of the respiratory tract, syphilis, other contagious infectious or parasitic diseases, drug addictions, severe psycho-mental disorders, evidence of psychosis accompanied by agitation, delirium, hallucinations, confusing psychosis. [3]

A particularization of these diseases is also provided by the World Center for Disease Control and Prevention (CDC). [4]

The health assessment process can be performed by the doctor and the nurse (*shared according to their respective responsibilities, according to Health Minister's Order 653*) [5] respecting patient confidentiality and the code of ethics of the doctor and nurse which stipulates (*for the doctor in chapter 1, Article 1 and 2, respectively for the nurse Chapter 5, Section 1, Article 21*) non-discrimination (*the professional act and the whole activity of the doctor and the nurse will be exercised, respectively carried out,*

without any discrimination, including as regards the patient's state of health or chances of healing,, regardless of race, sex, age, ethnicity, national or social origin, religion, political choices) [6,7]

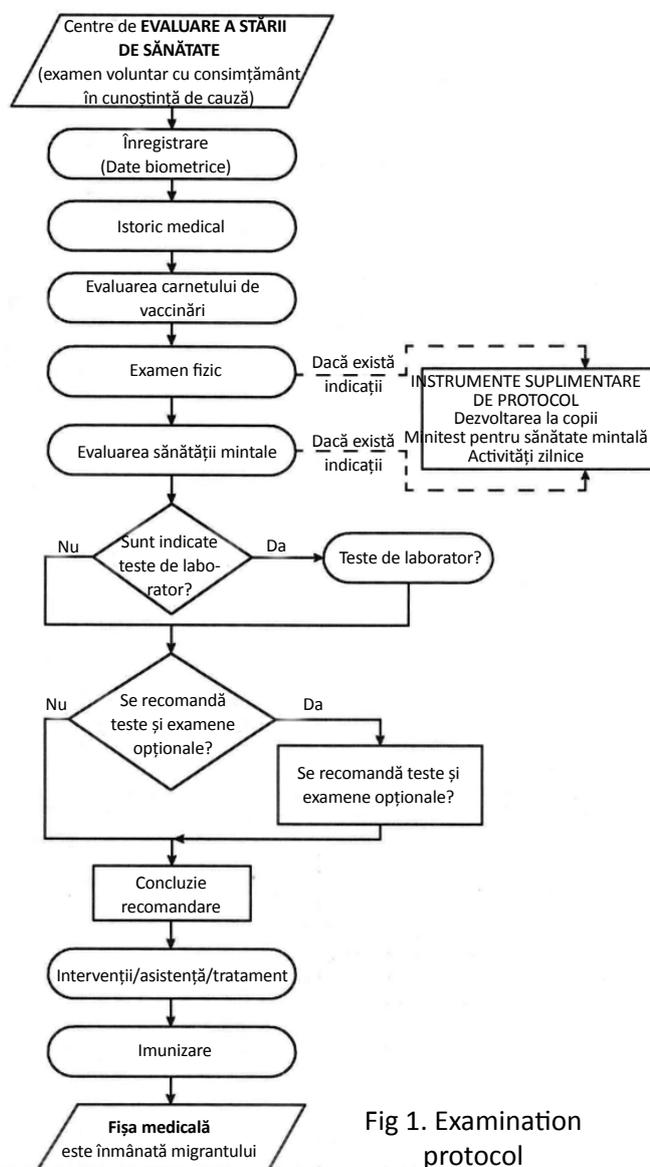


Fig 1. Examination protocol

According to the rights and obligations of the patient, he / she has the right to be informed about his health or about the necessary medical examinations and investigations, in a language that is respectful, clear, with the minimization of medical terminology, and if he does not know in Romanian, the patient will be informed of this information in his mother tongue or in a language of international circulation. [8]

The examination protocol begins with **the registration of the patient**, which involves identification

data (name, surname, country of origin, date of entry into the country, faculty of study, year of study, date of birth, domicile during the years of study, optional address email).

The next step is collecting the data from **the medical history**.

The patient will be questioned (data provided on patient's own responsibility, recorded under the patient's signature) on the possibility of having a chronic condition (diabetes, epilepsy, schizophrenia, depression, bipolar disorder, asthma, tuberculosis, hepatitis, congenital or acquired heart disease, etc.) and any related chronic treatment (with details on doses, method of administration, rhythm).

The foreign student is also required to make available the medical documents issued by the competent institutions of the country of origin, medical documents also necessary for University enrollment, medical documents recording the patient's health, proof of vaccinations, serological tests for infectious diseases depending on the country of origin (HIV, hepatitis B, hepatitis C, syphilis, etc.).

The patient will be asked about other possible conditions (allergies, surgical interventions, recurrent fever in the last six months, gastropathy, other digestive diseases, urological diseases, nephropathy, hematological diseases, endocrine diseases, skin diseases, gynecological diseases, possibility of pregnancy, sexually transmitted diseases, history of blood transfusions, significant weight loss in the last six months, history of physical or mental abuse, alcohol consumption, drugs, smoking, etc.).

The European guide pays special attention to **the immigrant's vaccination history**, in this regard in the vaccinations section it proposes the following scheme (table no. 1) (includes information from the vaccination records or medical documents issued in the country of origin)

The following step is the physical examination, focused on systems and organs, corroborated with the clinical measurements.

Item		Variables
1	Vaccinations records or medical documents attesting the vaccinations	Yes/no
2	The vaccination situation corresponds to age-specific requirements according to the national requirements of the country of residence	If Yes, continue with points 3-24 and indicate the date and age for vaccination
3	Pediatric diphtheria-tetanus (DT) vaccine	Yes/no
4	Diphtheria-tetanus-pertussis vaccine (DTP)	Yes/no
5	Pediatric diphtheria-tetanus-pertussis (acellular) vaccine (DTaP)	Yes/no
6	Tetanus diphtheria vaccine for adults (Td)	Yes/no
7	Acellular tetanus diphtheria vaccine for adults	Yes/no
8	Oral polio vaccine (OPV)	Yes/no
9	Inactivated polio vaccine (IPV)	Yes/no
10	Measles-mumps-rubella vaccine (MMR)	Yes/no
11	Measles vaccine	Yes/no
12	Rubella vaccine	Yes/no
13	Measles-rubella vaccine	Yes/no
14	Mumps vaccine	Yes/no
15	Mumps-rubella vaccine	Yes/no
16	Haemophilus influenzae type B vaccine	Yes/no
17	Hepatitis A vaccine	Yes/no
18	Hepatitis B vaccine	Yes/no
19	Meningococcal vaccine	Yes/no
20	Human papilloma virus (HPV) vaccine	Yes/no
21	Chickenpox vaccine	Yes/no
22	Herpes zoster vaccine	Yes/no
23	Pneumococcal vaccine	Yes/no
24	Influenza vaccine	Yes/no

Table no. 1. Proof of vaccinations

We mention here the codes regarding the vaccination records: completed administration schedule (C), Inadequate for age (A), insufficient time interval (T), contraindicated (F), not available for routine administration (R), unsuitable season for vaccination (S).

The European Guide proposes two simplified schemes for approaching the clinical examination, namely a section in which **clinical measurements** are

recorded and a section in which **the findings of the objective clinical examination** are noted (tables no.2 and 3) [1]

The findings of the objective clinical examination will be noted accordingly but there should also be **a section for observations** detailing significant findings of deviation from the normal state.

Item	Measured parameters	Obtained values
1	Height (cm)	
2	Temperature	
3	Weight (kg)	
4	Body mass index (BMI)	
5	Initial blood pressure: systolic (mmHg)	
6	Initial blood pressure: diastolic (mmHg)	
7	Repeated blood pressure: systolic (mmHg)	Only if the initial value is higher than the normal values
8	Repeated blood pressure: diastolic (mmHg)	
9	Initial pulse (/minute)	
10	Respiratory frequency (/minute)	
11	Repeated pulse (/minute)	Only if the initial value is higher than the normal values
12	Visual acuity in the left eye (uncorrected)	
13	Visual acuity in the right eye (uncorrected)	
14	Visual acuity in the left eye (corrected)	
15	Visual acuity in the right eye (corrected)	

Table no. 2. Clinical measurements used in assessing the health of students

Item	Clinical examination on systems	Obtained values
1	General appearance and nutritional status	Normal/abnormal/was not evaluated
2	Hearing acuity and ears	Normal/abnormal/was not evaluated
3	Eyes	Normal/abnormal/was not evaluated
4	Nose, oral cavity and throat	Normal/abnormal/was not evaluated
5	Heart (heartbeat, murmur, rubs, clicks)	Normal/abnormal/was not evaluated
6	Breasts	Normal/abnormal/was not evaluated
7	Lungs (vesicular breathing, crackles, rubs, rhonchi)	Normal/abnormal/was not evaluated
8	Abdomen (including the liver and spleene)	Normal/abnormal/was not evaluated
9	Genitals	Normal/abnormal/was not evaluated
10	Inguinal region (including lymphadenopathy)	Normal/abnormal/was not evaluated
11	Limbs (including peripheral pulse, edema)	Normal/abnormal/was not evaluated
12	Musculoskeletal system (including walking)	Normal/abnormal/was not evaluated
13	Skin (including findings on self-mutilation, injections, piercings)	Normal/abnormal/was not evaluated
14	Lymph nodes	Normal/abnormal/was not evaluated
15	Nervous system	Normal/abnormal/was not evaluated
16	Mental state (including mood, intelligence, perception, thought processes, behavior during medical examination)	Normal/abnormal/was not evaluated Tip: if there are suspicions regarding memory impairment, the Ministress test must be completed (Mini-Mental-State examination form). If there is a suspicion of a personality disorder, mental illness or substance abuse, a specialist consultation will be recommended.

Table no. 3. Findings of the medical examination

At the physical examination of asymptomatic or symptomatic immigrants (respectively foreign students and pupils) recently arrived in the country, certain infectious diseases could be taken into consideration by the examiner, which have a high incidence depending on the patient's country of origin.

Longer transit from the country of origin to the final destination through a number of countries with different disease epidemiologies will also be taken into account. [1]

Table no. 4 contains information from the European Guide for Assessing the Health of Immigrants from several regions.

Unfortunately data from other regions of interest to us (Morocco, Cameroon, Egypt, Tunisia, Turkey, Israel, etc.), regions from which many foreign students enroll in our faculties, are not provided in this guide.

Disease	Indicator	Syria	Afghanistan	Iraq	Eritrea	Somalia
Diphtheria	Cases reported to WHO in 2012,2013,2014	unavailable	0	3,4 și 5	8	65,7%
Typhoid fever	Risk of typhoid fever	+	+	+	+	+
Cholera	Risk	There have been no recent outbreaks	Recurrent outbreaks	Outbreaks in Baghdad, Babylon, Najaf, Qadisiyyah, Muthanna	unavailable	Endemic
Hepatitis A	Risk	High degree of endemicity	unavailable	High degree of endemicity	High degree of endemicity	High degree of endemicity
Hepatitis E	Risk	unavailable	unavailable	High degree of endemicity	unavailable	High degree of endemicity
Helminthiasis	Risk of helminthiasis transmitted through the soil (ascaris, trichocephalus, ancylostoma) Risk of urinary schistosomiasis	+ +	++	+ +	++ +	++ +
Leishmaniasis	Risk of skin leishmaniasis Risk of visceral leishmaniasis	+ +	+ +	+ +	+ +	+ +
Hepatitis B	Prevalence of chronic Hepatitis B	Intermediate prevalence 5.6%	High 10%	Low 1,3%	High 15%	High 12,4%
Hepatitis C	Prevalence	High 3.1%	High 1,1%	High 3,2%	High 1%	unavailable
HIV	Prevalence	low	unavailable	low	low	low
Malaria	Risk of malaria	Lack of malaria	Higher risk of P.vivax infestation than P.palci-parium	Lack of malaria	Higher risk of P.falciparum infestation than P.vivax	Risk of infection with P. falciparum

Disease	Indicator	Syria	Afghanistan	Iraq	Eritrea	Somalia
Measles	Incidence per 100,000 inhabitants in 2013, 2014	1,84 and 2,68	1,41 and 1,75	2,09 and 3,02	0,77 and 0,02	2,17 and 9,12
Poliomyelitis	Cases reported to WHO in 2012,2013,2014	0.35 and unavailable	46,17,28	0,0 and 2	0	1,195 and 5
Tuberculosis	Incidence per 100,000 inhabitants	Low 17	High 189	Low 25	High Between 40-499	High 285
Antimicrobial resistance	Risk of carrier of multidrug-resistant gram-negative bacteria	unavailable	unavailable	unavailable	unavailable	unavailable
Rabies	Level of risk of contact with rabies in humans	High	High	High	High	High

Table no. 4. Infectious diseases to be considered depending on the country of origin

Returning to the objective clinical examination, the guide brings to our attention a special sequence, namely: infectious diseases that must be considered for **differential diagnosis**. In the following we will discuss the main signs and symptoms that imply differential diagnosis.

Fever can be found in case of malaria, visceral leishmaniasis, typhoid fever, yellow fever, Ebola meningitis, parasitic diseases, typhus, etc.

Respiratory symptoms may be encountered in case of tuberculosis, influenza.

Gastrointestinal symptoms are described in case of cholera, fever, typhoid, helminthiasis (ascariidiosis, ancylostomiasis).

Skin lesions occur in scabies, skin leishmaniasis, skin diphtheria. Eruptive lesions occur in measles, rubella, diseases transmitted by lice. Special attention in case of piercings, they raise the suspicion of viral hepatitis, HIV infection, etc. (theoretically requires serological tests for exclusion).

Meningitis or other **neurological symptoms** may occur in case of rabies, meningococcal meningitis.

The guide proposes in the next section (section G) to perform some laboratory tests namely: urine test (dipstick for albumin, protein, sugar, blood), rapid test for malaria (panmalaria), pregnancy, electrocardiography, mantoux (tuberculin testing) [9]

In section H, the guide discusses diagnostic methods to be considered, as appropriate, depending

on the country of destination, namely: imaging, chest radiography, other imaging examinations (ultrasound, etc.), electrocardiography (if not performed in access point), complete blood count, surface antigen tests (Atg HBs), hepatitis C serology, HIV test, syphilis test, liver function tests, tuberculosis sputum testing, mimimental state screening form, tool for evaluating daily activities, graphic tool for preschool development, other referrals (specialist, pregnancy-related care, hospitalization, etc.).

We also emphasize that following the objective clinical examination performed, at the slightest suspicion the patient (in this case a foreign student or foreign pupil) will be sent to the laboratory for serological tests for infectious diseases, especially if the subject can not prove with medical documents the vaccinations or the serological tests for diseases that endanger public health, documents required to enter Romania.

There is a possibility of having false negative results in tests for infectious diseases that endanger public health, meaning that when entering the country they may be negative but in case of recent infection the antibodies become positive after six months or nine months. Our personal opinion on this situation is that a screening should be performed 6 months or 9 months after the entry of foreign students into the country for a better medical approach to health assessment and for good public health policies. We can thus

exclude any possibility of infectious disease that endangers public health for foreign students and pupils studying in Romania.

Section H of the guide describes the summary of the findings.

ICD codes (International Classification of Diseases), necessary to protect the confidentiality and possible sensitivities of patients, will be used.

If a significant medical condition such as infectious active TB has been identified, ICD codes A15-A19 are used, for non-infectious active TB codes A15-A19, for sexually transmitted diseases codes A50-A64, human immunodeficiency virus codes B20-B24, etc. [10]

The treatment recommendations section will indicate whether or not specific treatment is needed (syphilis, malaria, gastrointestinal parasitosis, for an acute or chronic condition), the duration of the

recommended treatment, whether or not vaccination is recommended.

We mention here again the observance of the patient's rights and the observance of the Medical Code of Ethics regarding the right to health and the best professional treatment of the patient. [6,7]

Vaccination should be indicated as needed, in accordance with national immunization guidelines for the host country. If there is no medical documentation with evidence of vaccinations, or if it seems uncertain, the person will be considered unvaccinated and the first doses of the vaccination schedule will be recommended as soon as possible after entering or registering in the host country.

In Table no.5 we present the vaccinations to be recommended in the absence of documented evidence of previous vaccination according to the European guideline [1].

Disease / Age group	Children and adolescents (under 18 years)	Adults (over 18 years old)
Priority vaccinations		
Measles, mumps, rubella	Administer to individuals ≥ 9 months of age. Two doses of MMR* should be administered at least 1 month apart but preferably longer according to national guidelines. Measles vaccine provided before 12 months of age does not induce protection in all and should be repeated after 12 months of age	Administer to all individuals, one or two doses of MMR according to national guidelines*.
Diphtheria, tetanus, whooping cough, poliomyelitis, Haemophilus influenza type B	Administer to individuals ≥ 2 months, three doses of DTaP-IPV-Hib (Hib component only for children < 6 years unless other national recommendations) containing vaccines at least 1 month apart, followed by a booster dose according to national guidelines. Pentavalent and hexavalent combination vaccines are authorised up to 6 years of age.	Three doses of TdaP-IPV ** vaccines are administered to all adults in accordance with national guidelines.
Hepatitis B	Three doses are administered to children over 2 months of age, according to national guidelines ***.	It is administered to all adults with or without prior screening, in accordance with national guidelines
Meningococcal disease	National guidelines must be followed.	National guidelines for meningococcal vaccination against serogroups A, B, C, W135 and Y should be followed, unless the epidemiological situation suggests otherwise.

* MMR vaccine is contraindicated in immunocompromised individuals and during pregnancy. Pregnancy should be avoided for one month after MMR vaccination

** if the vaccine is insufficient, at least one dose of vaccine containing the pertussis acellular component should be administered.

*** testing for hepatitis B virus infection may be performed prior to administration of the vaccine (HBsAg)

Disease / Age group	Children and adolescents (under 18 years)	Adults (over 18 years old)
Pneumococcal disease	It is administered to children over 2 months of age, 1-3 doses of conjugate vaccine, according to national guidelines	It is administered to people over 65 years of age
Varicella	National recommendations should be followed, except in epidemiological situations	Idem
Influenza	National recommendations should be followed, except in epidemiological situations	idem
Tuberculosis	BCG is administered in accordance with national guidelines	BCG is generally not recommended for adults unless specific reasons suggest otherwise

Table no. 5. Recommended vaccinations in the absence of certainty of previous vaccination

In conclusion, in order to issue the necessary medical certificate to foreign students and pupils in educational exchange programs, doctors in student and school medical offices will have to show real professionalism, will take this situation seriously, will take into account all the necessary information for the elaboration of such a medical certificate, they will assume all the information, so that in the end they do not raise the suspicion of malpractice.

The residence visa is granted for studies (temporary residence visa on Romanian territory) for a period of one year with the possibility of extension.

This means the medical reassessment of foreign students and pupils will be done at least after one year. For this we propose the preparation of medical records in which to store information regarding the registration data, the medical history, vaccinations, serological tests on entry into the country and those recommended by the evaluators, as well as a statement of the student's personal responsibility that he / she doesn't suffer from chronic or infectious diseases (they will be specified in the records: hepatitis B, hepatitis C, HIV infection, syphilis).

We recommend translating the statement on the student's own responsibility into a language of international circulation to avoid any misunderstanding on the part of the foreign student.

The issuance of the medical certificate necessary to obtain the residence permit requires the obligation to perform the objective clinical examination in conjunction with the statement on the student's own responsibility.

The issuance of the medical certificate only on the basis of the foreign student's declaration, without medical documents attesting the state of health prior

to entering the country and without performing the objective clinical examination is a case of medical malpractice. [11]

Finally, the European guide recommends formulating two copies of the conclusions of the medical report on the patient's health and handing one copy to the patient, the other remaining on the medical record.

In the attention of doctors in school medical offices should be the situation of immigrant children who come with their families to our country and who have the right to education and health so that they will be enrolled in schools and will be registered in school medical offices.

We also mention here the importance of respecting patients' rights (the right to health, the right to clear information about health, the patient's right to be informed in their mother tongue or an international language, etc.) and the code of medical ethics by both the nurse as well as the doctor (non-discrimination, respect for the patient, his health and socio-economic situation, confidentiality, professionalism, etc.) as well as respecting the fundamental human rights and freedoms.[12]

Poor socio-economic conditions, crowded shelters and refugee camps can increase the risk of spreading lice and fleas, which in some cases can transmit recurrent fever (caused by *Borellia recurrentis*), typhoid fever (caused by *Rickettsia prowazekii*), and the risk of spread of scabies.

Sporadic cases of recurrent fever have recently been reported among migrants in the Netherlands, Germany, Finland, Belgium. [1]

Meningococcal disease has been reported more in children, but is still a leading cause of meningitis in adolescents, young adults and adults, especially in

overcrowded environments such as refugee camps. Most contact the disease through exposure to asymptomatic carriers. In addition, overcrowding is associated with increased transmission of measles, chickenpox and influenza.

BIBLIOGRAPHY

1. Handbook for health professionals. Health assessment of refugees and migrants in the EU/EEA; European Commission and IOM, Directorate-General for Health and Food Safety. Luxembourg: Publications Office of the European Union, 2015. Reproduction is authorised, provided the source is acknowledged.

2. <http://igi.mai.gov.ro/ro/content/studii>

3. Council Directive 64/221 / EEC of 25 February 1964 on the coordination of special measures relating to the movement and residence of foreign nationals, justified on grounds of public policy, public security or public health

4. [https://ro.wikipedia.org/wiki/Centrul_pentru_Prevenirea_si_Controlul_Bolilor_\(SUA\)](https://ro.wikipedia.org/wiki/Centrul_pentru_Prevenirea_si_Controlul_Bolilor_(SUA))

5. Health Minister's Order number 653/ 2001 regarding the medical assistance of preschoolers, pupils and students published in the Official Gazette of Romania on December 5, 2001

6. The code of medical deontology approved by the Decision of the General Assembly of the Romanian College of Physicians no. 3 / 04.11.2016, published in the Official Gazette, Part I no.981 of December 7, 2016

7. Code of Ethics and Deontology of the generalist nurse, midwife and nurse in Romania approved by Decision no. 2 of July 9, 2009 of the Order of General Nurses, Midwives and Nurses in Romania, published in the Official Gazette no. 560 of 12 August 2009

8. The right to medical information. Law no. 46/2003 and the Application Norms approved by the Order of the Ministry of Public Health no. 386/2004

9. https://en.wikipedia.org/wiki/Mantoux_test

10. International Statistical Classification of Related Diseases and Health Problems, Revision 10, Australian Amendment (ICD-10-AM). Volumes 1–5. Volumes 1 and 2 are based on the International Statistical Classification of Related Diseases and Health Problems, Revision 10 (ICD-10) © Copyright World Health Organization 1992 including WHO 2000 updates. All rights reserved. Modified by permission for the purposes of the Australian Government, where applicable.

11. Law 95 of 2006, malpractice, Civil liability of medical personnel chapter 1 art.642

12. https://ro.wikipedia.org/wiki/Declaratia_Universala_a_Drepturilor_Omului#Bazele_drepturilor_omului