Varðar breytingartillögur efnahags- og viðskiptanefndar við frumvarp til laga um breytingu á lögum um vátryggingasamninga, 387. mál

Beiðni Viðskiptaráðuneytisins um álitsgerð

9. mars. 2007

1. Inngangur

Álitsgerð þessi er unnið fyrir Viðskiptaráðuneytið að ósk Kjartans Gunnarssonar skrifstofustjóra sem hafði samband við mig að kvöldi, 8. mars, og kom til mín gögnum. Það liggur því í hlutarins eðli að álitsgerð þessi byggir að mestu á lestri þeirra gagna[1] sem ég fékk í hendur enda gafst ekki tími fyrir frekari rannsóknir. Þá fékk ég þær upplýsingar frá ráðuneytinu að breytingartillögur þær sem um ræðir í fyrirsögninni hér að framan, samsvari tillögu þeirri sem er að finna í bréfi frá Persónuvernd til Alþingis, dags. 2. mars sl, hér eftir nefnd breytingartillaga.

Nánar um viðfangsefnið

Með bréfi, dags. 6. mars 2007, kom Læknafélag Íslands því á framfæri við Efnahags- og viðskiptanefnd Alþingis að þær tillögur til breytinga á vátryggingasamningalögum nr. 30/2004 sem nú liggja fyrir Alþingi kunni að fara í bága við svokallaðan Oviedo samning um vernd mannréttinda og mannlegrar reisnar með hliðsjón af starfssemi á sviði (hagnýtingu) líffræði og læknisfræði. Í bréfinu eru síðan taldar upp eftirfarandi greinar samningsins: 1., 2., 5., 10., 12., og 26. Þá er einnig vísað til tl. 85 og 86 í skýringum um samninginn.

Hinsvegar er ekki að finna í bréfi Læknafélagins nein frekari rök fyrir því hvaða greinar samningsins félagið telur vera þess eðlis að fyrirliggjandi breytingartillaga gangi gegn þeim.

Ég hef þess vegna valið hér á eftir að fjalla almennt um það hvort frumvarpið gangi gegn Oviedo samningnum.

Í bréfi læknafélagsins er á því byggt að það séu breytingar þær á vátryggingasamningalögum sem frumvarpið gerir ráð fyrir, sem kunni að ganga gegn Oviedo samningnum. Ég mun fyrst nefna stuttlega hvaða breytingar þetta kunna að vera.

2. Breytingartillaga Efnahags- og viðskiptanefndar

a. Í frumvarpinu, sbr. þskj. 429 — 387. mál hljóðar 2. ml. 1. mgr. 1. gr. þannig: „Í þeim tilgangi er félaginu heimilt að óska upplýsinga um sjúkdóma sem vátryggingartaki eða vátryggður, foreldri hans, barn eða systkini eru haldin eða hafa verið haldin."

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[1] Nánar tiltekið byggi ég álitsgerð þessa á eftirfarandi heimildum:
Frumvarp til laga um vátryggingarsamninga. (Lagt fyrir Alþingi á 130. löggjafarþingi 2003–2004.) 130. löggjafarþing 2003–2004. Þskj. 215 — 204. mál.
Frumvarp til laga um breyting á lögum um vátryggingarsamninga, nr. 30/2004.
(Lagt fyrir Alþingi á 133. löggjafarþingi 2006–2007.) Þskj. 429 — 387. mál.
Samningur um vernd mannréttinda og mannlegrar reisnar með hliðsjón af starfsemi á sviði líffræði og læknisfræði: samningur um mannréttindi og líflæknisfræði (Oviedo samningurinn); sjá http://www.utanrikisraduneyti.is/samningar/EvrSamningar/nr/580 (sótt 9. mars 2007)
Skýringar við Oviedo samninginn; sjá http://conventions.coe.int/Treaty/en/Reports/html/164.htm (sótt 9. mars 2007)
Bréf frá Persónuvernd til Alþingis, dags. 2. mars 2007
Bréf frá Læknafélagi Íslands til Efnahags- og viðskiptanefndar, dags. 6. mars 2007

Í breytingatillögunni hljóðar 2. ml. 1. mgr. 1. gr. svo: „Í þeim tilgangi er félaginu heimilt að óska upplýsinga um sjúkdóma sem vátryggingartaki eða vátryggður, foreldri hans, barn eða systkini eru haldin eða hafa verið haldin óháð því hvernig sjúkdómur hefur greinst."

Af lestri greinargerðar með frumvarpinu, sbr. þskj. 429 — 387. mál, verður ekki séð að í þessu felist efnisbreyting frá því sem var í fyrri gerð frumvarpsins. Þannig virðist orðalagið: „...óháð því hvernig sjúkdómur hefur greinst.", koma í stað 2. ml. 2. mgr. 1. gr. frumvarpsins þar sem sagði: „Þetta bann á þó ekki við um upplýsingar sem fengnar eru úr niðurstöðu erfðarannsóknar sem staðfesta að vátryggður sé haldinn tilteknum sjúkdómi þegar upplýsinga skv. 1. mgr. er aflað."

b. Í frumvarpinu, sbr. þskj. 429 — 387. mál, hljóðar 3. ml. 1. mgr. 1. gr. þannig: „Slíkra upplýsinga skal aflað beint hjá vátryggingartaka, eða eftir atvikum vátryggðum, sem skal veita rétt og tæmandi svör við spurningum félagsins.

Í breytingatillögunni hljóðar 3. ml. 1. mgr. 1. gr. svo: „Slíkra upplýsinga skal aflað beint hjá vátryggingartaka, eða eftir atvikum vátryggðum, sem skal, eftir bestu vitund, veita rétt og tæmandi svör við spurningum félagsins.

Ég er ekki með í höndum neinar skýringar á því hver tilgangurinn með þessari breytingu var. Ég efast þó um að um efnislega breytingu sé að ræða frá gildandi rétti, enda verður að telja að ákvæðið í 82. gr. vátryggingasamningalaga hafi ekki gert kröfu um annað en að vátryggingartaki upplýsi um þá sjúkdóma foreldra hans eða systkina sem honum eru kunnir án þess að hann þurfi að rannsaka það frekar. Um áhrif þess að vátryggingartaki uppfyllir ekki þessa skyldu sína fer síðan skv. 83. og 85. gr. laganna.

c. Eins og áður segir hljóðar 2. ml. 1. mgr. 1. gr. frumvarpsins og breytingartillögunnar þannig: „Í þeim tilgangi er félaginu heimilt að óska upplýsinga um sjúkdóma sem vátryggingartaki eða vátryggður, foreldri hans, barn eða systkini eru haldin eða hafa verið haldin.... "

Af lestri greinargerðar með frumvarpinu, sbr. þskj. 429 — 387. mál, verður ekki séð að í þessu felist efnisbreyting frá gildandi vátryggingasamningalögum: Þannig segir eftirfarandi í greinargerðinni: „Lögð er til breyting á 1. mgr. þannig að nýr málsliður, 2. málsl., bætist við málsgreinina. Samkvæmt honum er vátryggingafélagi heimilt að afla upplýsinga um þá sjúkdóma sem vátryggingartaki, eða vátryggður, svo og foreldrar, systkini og börn vátryggðs eru haldin eða hafa haft og félagið telur nauðsynlegt að fá vitneskju um til að geta lagt mat á hina væntanlegu vátryggðu áhættu. Í gildandi lögum er vísað til heilsufars en frumvarpið gerir ráð fyrir að umsækjandi gefi upplýsingar um sjúkdóma. Breyting þessi er lögð til þar sem ekki er hægt að ætlast til að umsækjandi sem ekki býr yfir þekkingu á læknisfræði geti lagt almennt mat á heilsufar sitt eða nákominna ættingja. Með sanngirni er hins vegar hægt að gera þá kröfu til viðkomandi að hann viti um þá sjúkdóma sem máli kunna að skipta við áhættumatið. Heimild vátryggingafélags til upplýsingaöflunar er þó takmörkuð af bannreglu 2. mgr. Efnislega svarar hinn nýi

málsliður til lokamálsliðar gildandi 2. mgr. 82. gr. sem fellur niður."

Af þessu má ráða að ákvæðið um skyldu vátryggingarrtaka til að upplýsa um sjúkdóma foreldra og systkina felur ekki í sér efnisbreytingu á gildandi rétti.

3. Fer breytingartillagan í bága við Oviedo samninginn?

Gildissvið samningsins

Í 1. gr. Oviedo samningsins, tilgangur og markmið, segir:

„Aðilar að þessum samningi skulu vernda reisn og einstaklingseinkenni allra manna og tryggja öllum, án mismununar, að ekki sé gengið á friðhelgi þeirra eða önnur réttindi og mannfrelsi við störf á sviði líffræði og læknisfræði. Hver samningsaðili skal taka í landslög þær ráðstafanir sem nauðsynlegar eru til að hrinda ákvæðum samningsins í framkvæmd."

Í skýringum við samninginn, tl. 10, segir í umfjöllun um orðalagið „.... á sviði líffræði og læknisfræði..." að samningurinn taki til allrar beitingar liffræði og læknisfræði á menn hvort heldur sem er í fyrirbyggjandi eða greinandi tilgangi sem þáttur í meðferð eða rannsóknum.

Þegar horft er til þessa gildissviðs Oviedo samningis fæ ég ekki séð að samningurinn gildi um þá háttsemi sem 82. gr. vátryggingasamningalaga fjallar um eða um vátryggingastarfsemi yfirleitt.

Hér er einnig rétt að hafa í huga að önnur ákvæði Oviedo samningsins verður að lesa í samræmi við gildissvið hans. Það gildir einnig um 10. gr. hans sem tekur á meðferð persónuupplýsinga. Þar er að finna þá meginreglu að gæta skuli að persónuverndarsjónarmiðum við meðferð heilsufarsupplýsinga. Persónuvernd hefur vísað til slíkra meginreglna í bréfi sínu til nefndarinnar og er best til þess fallin að gera nákvæmari grein fyrir þeim. Hér verður því látið við það sitja að slá því föstu að 10. gr. samningsins gildi ekki um 82. gr. vátryggingasamningalaga.

4. Niðurstaða

Ég tel að breytingartillagan gangi ekki gegn Oviedo samningnum einfaldlega vegna þess að gildissvið hans tekur ekki til 82. gr. vátryggingasamningalaga. Þannig fæ ég t.d ekki séð hvernig ákvæði um skyldu vátryggingartaka til að upplýsa um sjúkdóma foreldra sinna og systkina, getur fallið undir...„„ störf á sviði líffræði og læknisfræði" eins og gert er að skilyrði í 1. gr. samningsins.

Ég vil þó taka það fram að þetta er mín skoðun eftir að hafa lesið yfir samningin og önnur þau gögn sem ég vísa til að framan. Ég fullyrði hinsvegar ekki að þetta sé hafið yfir allan vafa.

Ef spurningin um hvort efnahags- og viðskiptanefnd er tilbúin að leggja breytingartillöguna fram sem sína stendur og fellur með afstöðu til bréfs Læknafélagsins frá 6. mars sl., þá er það mín skoðun að það bréf eigi ekki að stoppa málið. Þar vísa ég aftur til þess sem ég hef sagt um gildissvið Oviedo samningsins auk þess sem mér finnst ástæða til að benda aftur á að Læknafélagið gerir í raun ekki tilraun í bréfi sínu til að færa rök fyrir því með hverjum hætti breytingartillagan gengur gegn samningnum

Reykjavík 9. mars 2007

Guðmundur Sigurðsson prófessor
Háskólinn í Reykjavík,Lagadeild

Oviedo - 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

Preamble
The member States of the Council of Europe, the other States and the European Community, signatories here to,
Bearing in mind the *Universal Declaration of Human Rights* proclaimed by the General Assembly of the United Nations on 10 December 1948;
Bearing in mind the *Convention for the Protection of Human Rights and Fundamental Freedoms* of 4 November 1950;
Bearing in mind the *European Social Charter* of 18 October 1961;
Bearing in mind the *International Covenant on Civil and Political Rights* and the *International Covenant on Economic, Social and Cultural Rights* of 16 December 1966;
Bearing in mind the *Convention for the Protection of Individuals with regard to Automatic Processing of Personal Data* of 28 January 1981;
Bearing also in mind the *Convention on the Rights of the Child* of 20 November 1989;
Considering that the aim of the Council of Europe is the achievement of a greater unity between its members and that one of the methods by which that aim is to be pursued is the maintenance and further realisation of human rights and fundamental freedoms;
Conscious of the accelerating developments in biology and medicine;
Convinced of the need to respect the human being both as an individual and as a member of the human species and recognising the importance of ensuring the dignity of the human being;
Conscious that the misuse of biology and medicine may lead to acts endangering human dignity;
Affirming that progress in biology and medicine should be used for the benefit of present and future generations;
Stressing the need for international co-operation so that all humanity may enjoy the benefits of biology and medicine;
Recognising the importance of promoting a public debate on the questions posed by the application of biology and medicine and the responses to be given thereto;
Wishing to remind all members of society of their rights and responsibilities;
Taking account of the work of the Parliamentary Assembly in this field, including Recommendation 1160 (1991) on the preparation of a convention on bioethics;
Resolving to take such measures as are necessary to safeguard human dignity and the fundamental rights and freedoms of the individual with regard to the application of biology and medicine,
Have agreed as follows:

Chapter I - General provisions
Article 1 - Purpose and object
Parties to this Convention shall protect the dignity and identity of all human beings and guarantee everyone, without discrimination, respect for their integrity and other rights and fundamental freedoms with regard to the application of biology and medicine.
Each Party shall take in its internal law the necessary measures to give effect to the provisions of this Convention.
Article 2 - Primacy of the human being
The interests and welfare of the human being shall prevail over the sole interest of society or science.
Article 3 - Equitable access to health care
Parties, taking into account health needs and available resources, shall take appropriate measures with a view to providing, within their jurisdiction, equitable access to health care of appropriate quality.
Article 4 - Professional standards
Any intervention in the health field, including research, must be carried out in accordance with relevant professional obligations and standards.
Chapter II - Consent
Article 5 - General rule
An intervention in the health field may only be carried out after the person concerned has given free and informed consent to it.
This person shall beforehand be given appropriate information as to the purpose and nature of the intervention as well as on its consequences and risks.
The person concerned may freely withdraw consent at any time.
Article 6 - Protection of persons not able to consent
1. Subject to Articles 17 and 20 below, an intervention may only be carried out on a person who does not have the capacity to consent, for his or her direct benefit.
2. Where, according to law, a minor does not have the capacity to consent to an intervention, the intervention may only be carried out with the authorisation of his or her representative or an authority or a person or body provided for by law.
The opinion of the minor shall be taken into consideration as an increasingly determining factor in proportion to his or her age and degree of maturity.
3. Where, according to law, an adult does not have the capacity to consent to an intervention because of a mental disability, a disease or for similar reasons, the intervention may only be carried out with the authorisation of his or her representative or an authority or a person or body provided for by law.
The individual concerned shall as far as possible take part in the authorisation procedure.
4. The representative, the authority, the person or the body mentioned in paragraphs 2 and 3 above shall be given, under the same conditions, the information referred to in Article 5.
5. The authorisation referred to in paragraphs 2 and 3 above may be withdrawn at any time in the best interests of the person concerned.
Article 7 - Protection of persons who have a mental disorder

Subject to protective conditions prescribed by law, including supervisory, control and appeal procedures, a person who has a mental disorder of a serious nature may be subjected, without his or her consent, to an intervention aimed at treating his or her mental disorder only where, without such treatment, serious harm is likely to result to his or her health.

Article 8 - Emergency situation

When because of an emergency situation the appropriate consent cannot be obtained, any medically necessary intervention may be carried out immediately for the benefit of the health of the individual concerned.

Article 9 - Previously expressed wishes

The previously expressed wishes relating to a medical intervention by a patient who is not, at the time of the intervention, in a state to express his or her wishes shall be taken into account.

Chapter III - Private life and right to information

Article 10 - Private life and right to information

1. Everyone has the right to respect for private life in relation to information about his or her health.

2. Everyone is entitled to know any information collected about his or her health. However, the wishes of individuals not to be so informed shall be observed.

3. In exceptional cases, restrictions may be placed by law on the exercise of the rights contained in paragraph 2 in the interests of the patient.

Chapter IV - Human genome

Article 11 - Non-discrimination

Any form of discrimination against a person on grounds of his or her genetic heritage is prohibited.

Article 12 - Predictive genetic tests

Tests which are predictive of genetic diseases or which serve either to identify the subject as a carrier of a gene responsible for a disease or to detect a genetic predisposition or susceptibility to a disease may be performed only for health purposes or for scientific research linked to health purposes, and subject to appropriate genetic counselling.

Article 13 - Interventions on the human genome

An intervention seeking to modify the human genome may only be undertaken for preventive, diagnostic or therapeutic purposes and only if its aim is not to introduce any modification in the genome of any descendants.

Article 14 - Non-selection of sex

The use of techniques of medically assisted procreation shall not be allowed for the purpose of choosing a future child's sex, except where serious hereditary sex-related disease is to be avoided.

Chapter V - Scientific research

Article 15 - General rule

Scientific research in the field of biology and medicine shall be carried out freely, subject to the provisions of this Convention and the other legal provisions ensuring the protection of the human being.

Article 16 - Protection of persons undergoing research

Research on a person may only be undertaken if all the following conditions are met:

i. there is no alternative of comparable effectiveness to research on humans;

ii. the risks which may be incurred by that person are not disproportionate to the potential benefits of the research;

iii. the research project has been approved by the competent body after independent examination of its scientific merit, including assessment of the importance of the aim of the research, and multidisciplinary review of its ethical acceptability;

iv. the persons undergoing research have been informed of their rights and the safeguards prescribed by law for their protection;

v. the necessary consent as provided for under Article 5 has been given expressly, specifically and is documented. Such consent may be freely withdrawn at any time.

Article 17 - Protection of persons not able to consent to research

1. Research on a person without the capacity to consent as stipulated in Article 5 may be undertaken only if all the following conditions are met:

i. the conditions laid down in Article 16, sub-paragraphs i to iv, are fulfilled;

ii. the results of the research have the potential to produce real and direct benefit to his or her health;

iii. research of comparable effectiveness cannot be carried out on individuals capable of giving consent;

iv. the necessary authorisation provided for under Article 6 has been given specifically and in writing; and

v. the person concerned does not object.

2. Exceptionally and under the protective conditions prescribed by law, where the research has not the potential to produce results of direct benefit to the health of the person concerned, such research may be authorised subject to the conditions laid down in paragraph 1, sub-paragraphs i, iii, iv and v above, and to the following additional conditions:

i. the research has the aim of contributing, through significant improvement in the scientific understanding of the individual's condition, disease or disorder, to the ultimate attainment of results capable of conferring benefit to the person concerned or to other persons in the same age category or afflicted with the same disease or disorder or having the same condition;

ii. the research entails only minimal risk and minimal burden for the individual concerned.

Article 18 - Research on embryos in vitro

1. Where the law allows research on embryos in vitro, it shall ensure adequate protection of the embryo.

2. The creation of human embryos for research purposes is prohibited.

Chapter VI - Organ and tissue removal from living donors for transplantation purposes

Article 19 - General rule

1. Removal of organs or tissue from a living person for transplantation purposes may be carried out solely for the therapeutic benefit of the recipient and where there is no suitable organ or tissue available from a deceased person and no other alternative therapeutic method of comparable effectiveness.

2. The necessary consent as provided for under Article 5 must have been given expressly and specifically either in written form or before an official body.

Article 20 - Protection of persons not able to consent to organ removal

1. No organ or tissue removal may be carried out on a person who does not have the capacity to consent under Article 5.

2. Exceptionally and under the protective conditions prescribed by law, the removal of regenerative tissue from a person who does not have the capacity to consent may be authorised provided the following conditions are met:

i. there is no compatible donor available who has the capacity to consent;

ii. the recipient is a brother or sister of the donor;
iii. the donation must have the potential to be life-saving for the recipient;
i>iv. the authorisation provided for under paragraphs 2 and 3 of Article 6 has been given specifically and in writing, in accordance with the law and with the approval of the competent body;
v. the potential donor concerned does not object.

Chapter VII - Prohibition of financiai gain and disposai of a part of the human body

Article 21 - Prohibition of financiai gain

The human body and its parts shall not, as such, give rise to financial gain.

Article 22 - Disposal of a removed part of the human body

When in the course of an intervention any part of a human body is removed, it may be stored and used for a purpose other than that for which it was removed, only if this is done in conformity with appropriate information and consent procedures.

Chapter VIII - Infringements of the provisions of the Convention

Article 23 - Infringement of the rights or principles

The Parties shall provide appropriate judicial protection to prevent or to put a stop to an unlawful infringement of the rights and principles set forth in this Convention at short notice.

Article 24 - Compensation for undue damage

The person who has suffered undue damage resulting from an intervention is entitled to fair compensation according to the conditions and procedures prescribed by law.

Article 25 - Sanctions

Parties shall provide for appropriate sanctions to be applied in the event of infringement of the provisions contained in this Convention.

Chapter IX - Relation between this Convention and other provisions

Article 26 - Restrictions on the exercise of the rights

1. No restrictions shall be placed on the exercise of the rights and protective provisions contained in this Convention other than such as are prescribed by law and are necessary in a democratic society in the interest of public safety, for the prevention of crime, for the protection of public health or for the protection of the rights and freedoms of others.
2. The restrictions contemplated in the preceding paragraph may not be placed on Articles 11, 13, 14, 16, 17, 19, 20 and 21.

Article 27 - Wider protection

None of the provisions of this Convention shall be interpreted as limiting or otherwise affecting the possibility for a Party to grant a wider measure of protection with regard to the application of biology and medicine than is stipulated in this Convention.

Chapter X - Public debate

Article 28 - Public debate

Parties to this Convention shall see to it that the fundamental questions raised by the developments of biology and medicine are the subject of appropriate public discussion in the light, in particular, of relevant medical, social, economic, ethical and legal implications, and that their possible application is made the subject of appropriate consultation.

Chapter XI - Interpretation and follow-up of the Convention

Article 29 - Interpretation of the Convention

The European Court of Human Rights may give, without direct reference to any specific proceedings pending in a court, advisory opinions on legal questions concerning the interpretation of the present Convention at the request of:
* the Government of a Party, after having informed the other Parties;
* the Committee set up by Article 32, with membership restricted to the Representatives of the Parties to this Convention, by a decision adopted by a two-thirds majority of votes cast.

Article 30 - Reports on the application of the Convention

On receipt of a request from the Secretary General of the Council of Europe any Party shall furnish an explanation of the manner in which its internal law ensures the effective implementation of any of the provisions of the Convention.

Chapter XII - Protocols

Article 31 - Protocols

Protocols may be concluded in pursuance of Article 32, with a view to developing, in specific fields, the principles contained in this Convention.
The Protocols shall be open for signature by Signatories of the Convention. They shall be subject to ratification, acceptance or approval. A Signatory may not ratify, accept or approve Protocols without previously or simultaneously ratifying accepting or approving the Convention.

Chapter XIII - Amendments to the Convention

Article 32 - Amendments to the Convention

1. The tasks assigned to "the Committee" in the present article and in Article 29 shall be carried out by the Steering Committee on Bioethics (CDBI), or by any other committee designated to do so by the Committee of Ministers.
2. Without prejudice to the specific provisions of Article 29, each member State of the Council of Europe, as well as each Party to the present Convention which is not a member of the Council of Europe, may be represented and have one vote in the Committee when the Committee carries out the tasks assigned to it by the present Convention.
3. Any State referred to in Article 33 or invited to accede to the Convention in accordance with the provisions of Article 34 which is not Party to this Convention may be represented on the Committee by an observer. If the European Community is not a Party it may be represented on the Committee by an observer.
4. In order to monitor scientific developments, the present Convention shall be examined within the Committee no later than five years from its entry into force and thereafter at such intervals as the Committee may determine.
5. Any proposal for an amendment to this Convention, and any proposal for a Protocol or for an amendment to a Protocol, presented by a Party, the Committee or the Committee of Ministers shall be communicated to the Secretary General of the Council of Europe and forwarded by him to the member States of the Council of Europe, to the European Community, to any Signatory, to any Party, to any State invited to sign this Convention in accordance with the provisions of Article 33 and to any State invited to accede to it in accordance with the provisions of Article 34.
6. The Committee shall examine the proposal not earlier than two months after it has been forwarded by the Secretary General in accordance with paragraph 5. The Committee shall submit the text adopted by a two-thirds majority of the votes cast to the Committee of Ministers for approval. After its approval, this text shall be forwarded to the Parties for ratification, acceptance or approval.
7. Any amendment shall enter into force, in respect of those Parties which have accepted it, on the first day of the

month following the expiration of a period of one month after the date on which five Parties, including at least four member States of the Council of Europe, have informed the Secretary General that they have accepted it.
In respect of any Party which subsequently accepts it, the amendment shall enter into force on the first day of the month following the expiration of a period of one month after the date on which that Party has informed the Secretary General of its acceptance.

Chapter XIV - Final clauses

Article 33 - Signature, ratification and entry into force

1. This Convention shall be open for signature by the member States of the Council of Europe, the non-member States which have participated in its elaboration and by the European Community.
2. This Convention is subject to ratification, acceptance or approval.
Instruments of ratification, acceptance or approval shall be deposited with the Secretary General of the Council of Europe.
3. This Convention shall enter into force on the first day of the month following the expiration of a period of three months after the date on which five States, including at least four member States of the Council of Europe, have expressed their consent to be bound by the Convention in accordance with the provisions of paragraph 2 of the present article.
4. In respect of any Signatory which subsequently expresses its consent to be bound by it, the Convention shall enter into force on the first day of the month following the expiration of a period of three months after the date of the deposit of its instrument of ratification, acceptance or approval.

Article 34 - Non-member States

1. After the entry into force of this Convention, the Committee of Ministers of the Council of Europe may, after consultation of the Parties, invite any non-member State of the Council of Europe to accede to this Convention by a decision taken by the majority provided for in Article 20, paragraph d, of the Statute of the Council of Europe, and by the unanimous vote of the representatives of the Contracting States entitled to sit on the Committee of Ministers.
2. In respect of any acceding State, the Convention shall enter into force on the first day of the month following the expiration of a period of three months after the date of deposit of the instrument of accession with the Secretary General of the Council of Europe.

Article 35 - Territories

1. Any Signatory may, at the time of signature or when depositing its instrument of ratification, acceptance or approval, specify the territory or territories to which this Convention shall apply. Any other State may formulate the same declaration when depositing its instrument of accession.
2. Any Party may, at any later date, by a declaration addressed to the Secretary General of the Council of Europe, extend the application of this Convention to any other territory specified in the declaration and for whose international relations it is responsible or on whose behalf it is authorised to give undertakings. In respect of such territory the Convention shall enter into force on the first day of the month following the expiration of a period of three months after the date of receipt of such declaration by the Secretary General.
b>3. Any declaration made under the two preceding paragraphs may, in respect of any territory specified in such declaration, be withdrawn by a notification addressed to the Secretary General. The withdrawal shall become effective on the first day of the month following the expiration of a period of three months after the date of receipt of such notification by the Secretary General.

Article 36 - Reservations

1. Any State and the European Community may, when signing this Convention or when depositing the instrument of ratification, acceptance, approval or accession, make a reservation in respect of any particular provision of the Convention to the extent that any law then in force in its territory is not in conformity with the provision. Reservations of a general character shall not be permitted under this article.
2. Any reservation made under this article shall contain a brief statement of the relevant law.
3. Any Party which extends the application of this Convention to a territory mentioned in the declaration referred to in Article 35, paragraph 2, may, in respect of the territory concerned, make a reservation in accordance with the provisions of the preceding paragraphs.
4. Any Party which has made the reservation mentioned in this article may withdraw it by means of a declaration addressed to the Secretary General of the Council of Europe. The withdrawal shall become effective on the first day of the month following the expiration of a period of one month after the date of its receipt by the Secretary General.

Article 37 - Denunciation

1. Any Party may at any time denounce this Convention by means of a notification addressed to the Secretary General of the Council of Europe.
2. Such denunciation shall become effective on the first day of the month following the expiration of a period of three months after the date of receipt of the notification by the Secretary General.

Article 38 - Notifications

The Secretary General of the Council of Europe shall notify the member States of the Council, the European Community, any Signatory, any Party and any other State which has been invited to accede to this Convention of:
a. any signature;
b. the deposit of any instrument of ratification, acceptance, approval or accession;
c. any date of entry into force of this Convention in accordance with Articles 33 or 34;
d. any amendment or Protocol adopted in accordance with Article 32, and the date on which such an amendment or Protocol enters into force;
e. any deciaration made under the provisions of Article 35;
f. any reservation and withdrawal of reservation made in pursuance of the provisions of Article 36;
<I<G.< i>any other act, notification or communication relating to this Convention.

In witness whereof the undersigned, being duly authorised thereto, have signed this Convention.
Done at Oviedo (Asturias), this 4th day of April 1997, in English and French, both texts being equally authentic, in a single copy which shall be deposited in the archives of the Council of Europe. The Secretary General of the Council of Europe shall transmit certified copies to each member State of the Council of Europe, to the European Community, to the non-member States which have participated in the elaboration of this Convention, and to any State invited to accede to this Convention.

ETS no. : 164

Treaty open for signature by the member States, the non-member States which have participated in its elaboration and by the European Economic Community, and for accession by other non-member States

Opening for signature:
Place : Oviedo
Date : 04/04/97
Entry into force:
Conditions : 5 Ratifications including 4 member States.
Date : 01/12/99

Additional Protocol (ETS 168)
Additional Protocol (Transplantation) [ETS 186]