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CURRENT STATE OF MEDICAL SUPPORT FOR PSYCHOSOMATIC REHABILITATION IN UKRAINE

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The purpose of the study was to provide a comprehensive analysis of modern legal and ethical challenges that constitute the medical basis of psychosomatic rehabilitation in modern Ukrainian realities. A systematic analysis of studies from 2020 to 2025, taken from the medical databases of V.I. Vernadsky National Library of Ukraine, PubMed, Web of Science, and SCOPUS, outlines main properties of court-ready rehabilitation: main complaints and history, basic clinical and functional status, intervention type, methods of treatment, dose and frequency, time-stamped re-assessments, functional and participation outcomes, adverse events. The authors focus attention on studies published in Ukrainian because they widely showed those aspects that have become extremely relevant in connection with the full-scale war, the changing structure of public demands, and the transformation of the system of medical and psychological care. The authors state that the issue of recognizing the results of psychosomatic rehabilitation as judicial evidence in Ukraine remains a complex interdisciplinary challenge in which legal, clinical, and ethical aspects are intertwined. The main legal conflicts stem from the lack of clear procedural standards for rehabilitation documentation, unresolved issues of admissibility and relevance, insufficient standardization of the form and content of conclusions, and the gap between clinical and forensic practice. Ethical dilemmas center on balancing the right to privacy and the public interest, protecting patient confidentiality, the need for informed consent to disclose rehabilitation results, and maintaining professional standards and the limits of professionals' competence. Insufficient attention to these issues not only reduces the effectiveness of judicial protection of victims, but also undermines trust in the healthcare, rehabilitation, and justice systems in general. The authors conclude that the priority of following actions should concentrate on medical standardization: a unified template with a minimum clinical dataset; mandatory use of validated assessment tools; time-stamped repeated measures; multidisciplinary sign-off; and auditable data trails, with endpoints anchored in clinical significance (pain, function, participation, quality of life).

Key words: psychosomatic rehabilitation, legal and ethical provisions, medical support, ethical framework, patients affected by war.

Морванюк Г.В., Опря Є.В., Єрмуракі П.П., Чернова Т.М., Фучеджи В.Д., Баскіна В.В. СУЧАСНИЙ СТАН МЕДИЧНОГО ЗАБЕЗПЕЧЕННЯ ПСИХОСОМАТИЧНОЇ РЕАБІЛІТАЦІЇ В УКРАЇНІ

Метою дослідження було проведення комплексного аналізу сучасних правових та етичних викликів, що становлять медичну основу психосоматичної реабілітації в сучасних українських реаліях. Проведено систематичний аналіз досліджень за 2020–2025 роки, взятих з медичних баз даних Національної бібліотеки України імені В.І. Вернадського, PubMed, Web of Science та SCOPUS, які окреслюють основні характеристики реабілітації, готової до суду – основні скарги та анамнез, основний клінічний та функціональний стан, тип втручання, методи лікування, доза та частота, повторні оцінки з часовими мітками, функціональні результати та результати участі, побічні ефекти. Автори стверджують, що питання визнання результатів психосоматичної реабілітації як судових доказів в Україні залишається складним міждисциплінарним викликом, у якому переплітаються правові, клінічні та етичні аспекти. Основні правові конфлікти пов'язані з відсутністю чітких процесуальних стандартів щодо статусу документації з реабілітації, не вирішеними питаннями допустимості та релевантності таких доказів, недостатньою стандартизацією форм і змісту висновків, а також розривом між клінічною та судово-медичною практикою. Етичні дилеми зосереджені на балансуванні прав на приватність і суспільних інтересів, захисті конфіденційності пацієнта, необхідності інформованої згоди на розкриття результатів реабілітації, а також підтримці професійних стандартів і меж компетенції фахівця. Недостатня увага до цих питань не лише знижує ефективність судового захисту жертв, а й підриває довіру до систем охорони здоров'я, реабілітації та правосуддя загалом. Автори висловлюють пріоритетність дій, які мають зосередитися на медичній стандартизації: єдиний шаблон з мінімальним клінічним набором даних; обов'язкове використання валідних інструментів оцінки; повторні вимірювання з часовими мітками; міждисциплінарне схвалення; та журнали даних, що підлягають аудиту, з кінцевими точками, закріпленими за клінічною значущістю (біль, функція, участь, якість життя).

Ключові слова: психосоматична реабілітація, правові та етичні положення, медична підтримка, етична база, пацієнти, які постраждали від війни.

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Since 2022, Ukraine has faced an unprecedented increase in the number of citizens in need of comprehensive psychosomatic rehabilitation as a result of trauma sustained during the war, occupation, forced migration, and violence [1, 4, 9]. According to the Ministry of Health and specialized NGOs, thousands of veterans, civilians, and internally displaced people seek help each year from specialists in medical, psychological, and social rehabilitation. Many of these cases are accompanied by long-term

loss of certain organ function, the development of post-traumatic stress disorder (PTSD), chronic pain, depression, anxiety, and somatoform disorders, which require multilevel support.

At the same time, the number of cases in courts of various instances is noticeably increasing in which medical and psychological documentation, results of rehabilitation programs or psychological reports are submitted by the parties as evidence of moral or material damage, confirmation of the degree of

disability, disability, assessment of mental state, and the impact of traumatic events on the ability to perform professional or social functions [10]. This is typical for criminal, civil, and administrative proceedings (in particular, in proceedings for compensation for damage, determination of the status of a combatant, pension provision, labor disputes, as well as in proceedings for domestic violence, sexual crimes, and torture).

This article therefore treats legal reforms only as background context while centering on the medical content of rehabilitation reports: baseline functional status, the course and dosing of interventions, and measurable change in physical, psychological, and social functioning.

In the context of a prolonged war, mass trauma, and social change, the issue of recognizing the results of psychosomatic rehabilitation as judicial evidence acquires not only a legal but also a significant ethical dimension. This requires not only understanding the legal framework, but also revising professional standards and mechanisms of interaction between doctors, psychologists, lawyers, and judges. The effectiveness of solving this problem depends not only on the victims' access to justice, but also on the development of the institutional capacity of the health care and judicial systems in the postwar period [3, 34, 36, 38].

Despite the obvious increase in the volume of proceedings in which the parties submit the results of psychosomatic rehabilitation as evidence, there is still no unified court practice in Ukraine regarding their acceptance, evaluation and legal significance. The legislative framework for the process of proof in criminal, civil and administrative proceedings contains general rules on the relevance and admissibility of evidence (in particular, Articles 84, 89 of the CPC of Ukraine), but does not specify the procedural status of clinical or psychological findings obtained outside of forensic psychological examination [12, 14].

In most cases, rehabilitation reports, medical and psychological documentation, and notes by a rehabilitation psychologist are perceived by courts as auxiliary documents confirming certain facts, but are not decisive in making decisions on the occurrence or extent of moral and material damage, determining the degree of disability, or establishing causal links between injury and impaired functioning. The absence of normatively approved standards for maintaining rehabilitation documentation, a unified approach to certifying specialists who draw such conclusions [18, 25], and professional standards for "psychosomatic rehabilitation" as a specialization lead to conflicts in court proceedings [24].

Judges, lawyers and other participants in the process often face the need to independently assess the scientific validity, expert suitability and practical value of such documents, which increases the risk of subjectivity, abuse and unlawful disregard for the interests of victims. The lack of clear procedural rules and ethical regulations on the use of medical and psychological opinions limits the ability to protect the rights of rehabilitation recipients and undermines confidence in the results of the professional activities of rehabilitation centers.

This situation creates a complex, interdisciplinary problem that requires both legislative and ethical regulation. This issue is particularly acute due to the scale of current tragic events in Ukraine [30, 31, 35], the variety of cases and the diversity of needs of victims who seek fair judicial protection and recognition of the results of comprehensive rehabilitation as valid evidence.

The purpose of the study was to provide a comprehensive analysis of the modern legal and ethical challenges that form the medical basis of psychosomatic rehabilitation in contemporary Ukrainian practice.

Materials and methods. To achieve the goal of the review, three main literature searches were conducted in the databases PubMed, Web of Science and Scopus, covering scientific articles in English from 01.01.2020 till 01.01.2025. Taking into account the primarily governmental i.e. Ukrainian, focus of the research topic, we carefully studied the necessary scientific literature in the database of V.I. Vernadsky National Library of Ukraine. The last search query was performed on July 22, 2025. As a result, 34 publications in Ukrainian and English were selected, confirming that the information was sufficient to conduct a systematic review and achieve the purpose of the analysis.

A meticulous and strategic search process was employed within each database, utilizing a broad range of keywords relevant to the field of medical psychology, psychiatry, neurology, and surgery at least related to main properties of court-ready rehabilitation - main complaints and history, basic clinical and functional status, intervention type, methods of treatment, dose and frequency, time-stamped re-assessments, functional and participation outcomes, adverse events with appropriate Boolean operators (i.e., AND, OR).

Publications by authors affiliated with the Russian Federation and the Republic of Belarus were excluded to ensure scientific relevance and an international context. The selection based on the set criteria was automated and formed the final sample.

For explanation. Searching within the Vernadsky National Library database (Ukraine) the following verbatim search query was used: "wounded", "treatment", "doses of drugs", "interventions", "anamnesis", "complaints", "adverse reaction", "rehabilitation", "legal case", "legal support", and "clinical manifestation".

Similar search strategies were subsequently used in other databases - PubMed, Web of Science, and SCOPUS. This extensive collection of keywords ensured a broad and exhaustive search that captured recent documents and data on psychiatric and psychological reports regarding the main valid criteria of medical treatment postulated by the International Classification of Functioning, Disability and Health (ICF), other treatment with possible adverse effects, their impact on patients' lives, and medical support for psychosomatic rehabilitation in accordance with the existing legislative framework in Ukraine.

Inclusion criteria for the review were strictly defined to ensure high-quality and relevant studies.

Only original research articles, systematic reviews, and meta-analyses published in peer-reviewed journals were considered for inclusion. We also analyzed bylaws and current legal documents, resolutions of the Verkhovna Rada of Ukraine, and orders of the Cabinet of Ministers of Ukraine on observing human rights in the provision of qualified medical care and rehabilitation services. For this reason, we carefully analyzed studies published in Ukrainian. Particular emphasis is placed on those aspects that have become extremely relevant in connection with the full-scale war, the changing structure of public demands and the transformation of the system of medical and psychological care.

Particular attention was paid to studies published in English, which were prioritized due to their wider accessibility and relevance to the international scientific community. Given the European development vector of the medical sector in our country, we paid particular attention to similar

situations regarding the specifics of psychosomatic rehabilitation in Western countries.

Exclusion criteria were also considered important. Conference abstracts, editorials, preprints, and non-peer-reviewed articles were excluded due to their inconsistency with the review objectives. We selected only studies that provided substantive information on the theoretical explanation and clinical implementation of psychosomatic rehabilitation in Ukraine, along with its medical support and justification.

As this is a review article based on the analysis of publicly available literature, ethical approvals were not required for this study. The study protocol was performed in accordance with the PRISMA (Preferred Reporting Items for Systematic Reviews and Meta-Analyses) guidelines. Hence, a total of 343 articles were selected. After removing duplicates and those not meeting the inclusion criteria, a portion was selected for full-text review. Therefore, 34 manuscripts were determined to meet the inclusion criteria (Table 1)

Table 1

Simplified PRISMA Flow

Stage	Description	Number of Records/Studies
1. Identified	Total number of records identified through database searching and other sources	343
2. Duplicates Removed	Number of records removed before screening (e.g., duplicates)	82
3. Screened (Title/Abstract)	Number of records screened after duplicates were removed	261
4. Assessed for Eligibility (Full-text)	Number of full-text articles assessed for eligibility against the inclusion/exclusion criteria	97
5. Included in Review	Total number of primary studies finally included in the systematic review	40

Results of the study and their discussion. 1. Clinical framework of psychosomatic rehabilitation and minimal legal context. Psychosomatic rehabilitation, as a multidisciplinary area, covers a set of medical, psychological and social measures aimed at restoring or improving the functional state of a person who has been exposed to psychotraumatic factors or has suffered serious illness or injury. In modern Ukrainian practice, as well as in accordance with international standards (in particular, the WHO International Classification of Functioning, Disability and Health) [20, 21, 32, 37], psychosomatic rehabilitation is considered a systemic process that includes not only medical treatment but also the active involvement of psychological, psychotherapeutic and social adaptation interventions.

The clinical component involves the use of medical protocols aimed at stabilizing the somatic state, relieving pain, and correcting neurological or other organic disorders [15, 19, 28]. A special place is given to work with chronic pain, functional disorders, and residual effects after injuries, infections, and surgeries.

The psychological component focuses on identifying, assessing and correcting psychoemotional disorders, reducing anxiety, depression, PTSD, building stress resistance, and improving adaptation to new life conditions. It includes individual and group psychological counseling, psychotherapy (cognitive-behavioral, integrative, art therapy, etc.), and social skills training.

The social component is to promote social adaptation, support in returning to work, study, or active social life, protection of rights, as well as involvement of the patient in the social protection

system, ensuring access to benefits, social services and integration into the community.

This integrated model is operationalized through a minimum clinical dataset that makes rehabilitation reporting auditable and reproducible. The dataset includes: chief complaint and history; baseline clinical and functional status; intervention type, dose and frequency; validated outcome measures with references; time-stamped follow-up assessments; functional and participation outcomes; adverse events; multidisciplinary sign-off. Such structure allows consistent medical verification of change over time.

At the same time, the absence of a legally approved unified standard for psychosomatic rehabilitation, clear criteria for maintaining and processing rehabilitation documentation creates preconditions for ambiguous interpretation and evaluation of the results in the legal context.

For the purposes of this paper we only note that evidentiary use is conditioned by general standards of relevance and admissibility; the focus below is the clinical robustness and reliability of rehabilitation data rather than procedural doctrine.

These instruments are referenced only as context. Operationally, the clinical backbone is ICF-oriented assessment that yields structured data on body functions, activities, participation and environmental factors. The article therefore concentrates on what medical information rehabilitation teams actually collect and how it evidences change over time [2, 3].

Clinically, rehabilitation reports differ from forensic opinions by purpose and content: they document baseline status, interventions and functional outcomes across time [12]. The next sections therefore detail the clinical domains and metrics that make such reports usable in court, rather than discussing their procedural status.

2. Ethical handling of clinical rehabilitation data. Rehabilitation conclusions, by their nature, contain sensitive information about the patient's health status, psychological status, behavioral characteristics, social functioning and life circumstances. In accordance with Article 32 of the Constitution of Ukraine, Article 286 of the Civil Code of Ukraine, Article 39 of the Law of Ukraine "Fundamentals of the Legislation of Ukraine on Health Care" and the relevant legislation on personal data protection, everyone is entitled to non-disclosure of information about their health status and to professional secrecy by medical and psychological professionals [9, 13].

At the same time, in court proceedings, there may be a need to disclose information about the course, results, and effectiveness of rehabilitation, in particular when it comes to protecting the rights and legitimate interests of the patient (for example, recognizing disability, establishing the fact of moral or material damage, justifying the need for social support). In certain cases (in the presence of open criminal proceedings, family disputes, child custody disputes), the interest of society or justice may prevail over the right of an individual to complete privacy.

Professional ethics requires psychologists, physicians, and social workers to maintain a balance between confidentiality and fulfillment of legal or social responsibilities. The dilemma is that disclosure of even a minimal amount of information about mental health or personal characteristics can lead to stigmatization, breach of trust in the professional-patient relationship, psychological trauma, or other negative consequences for the individual [5, 13, 26, 36].

European and international practice (in particular, according to the EFPA, APA guidelines and the European Convention on Human Rights) emphasizes that disclosure of confidential data is allowed only in strictly defined cases: with the consent of the patient, by court order, in situations where there is a real threat to the life or health of the person or third parties [17, 22, 23, 39]. Any other disclosure is a violation of professional secrecy and entails disciplinary and sometimes criminal liability.

Thus, when using rehabilitation data in court, it is necessary to clearly regulate the procedure for requesting, transferring, limiting the amount of information and guaranteeing the prevention of its unlawful disclosure. The ethical obligation of a specialist is to warn the patient about the possible legal consequences of using his or her personal data in court and to ensure compliance with the minimum required amount of disclosed information [6].

One of the key ethical principles governing the use of rehabilitation data in court is the principle of informed consent. According to Art. 43 of the Fundamentals of Ukrainian Healthcare Legislation,

as well as international standards (the Council of Europe Convention on Human Rights and Biomedicine, APA and EFPA guidelines), no information about the health status, course and results of treatment or rehabilitation may be disclosed to third parties without the patient's voluntary and informed consent, except as expressly provided by law or court decision [39].

Informed consent must be obtained before any data is disclosed and must contain the following information:

- the purpose, scope and legal consequences of disclosing rehabilitation information;
- specific data or sections to be provided to the court or a party to the proceedings;
- potential risks to the patient's privacy, psycho-emotional state, and social status;
- the patient's right to refuse or withdraw consent at any time (except when disclosure is required by court order or law).

Signing an informed consent form is mandatory not only for healthcare facilities, but also for private practices of psychologists, rehabilitation centers, and social services. Special consideration should be given to situations where a person has limited legal capacity (children, people with severe mental or cognitive disabilities): in such cases, consent must be given by a legal representative, with a clear explanation of the possible consequences.

In practice, however, in the face of the urgent need to protect the rights of victims or ensure the interests of justice, this principle is often ignored or formalized, which gives rise to ethical and legal contradictions, complicates the work of professionals, and may be grounds for appealing court decisions or actions of the parties to the proceedings.

Therefore, introducing a unified standard of informed consent, understandable to both professionals and patients, is a critical step to protect human rights and increase trust in the rehabilitation and justice system.

The professional activity of specialists who provide psychosomatic rehabilitation and prepare relevant documentation for potential use in court is based on compliance with ethical standards and international recommendations. The key guidelines for practicing psychologists and rehabilitation specialists in Ukraine are the Code of Ethics for Psychologists (approved by the Ukrainian Union of Psychotherapists, the National Psychological Association), as well as the fundamental principles of international organizations such as the American Psychological Association (APA) and the European Federation of Psychologists' Associations (EFPA) [11, 23].

Ethical handling centers on four operational pillars: narrowly scoped informed consent; confidentiality with data minimization (removal of direct identifiers, aggregation/redaction of sensitive narrative, separation of clinical narrative from outcome tables); competence limited to documented methods and validated instruments; and traceability of findings (standardized report structure, versioning, audit trails).

3. Clinical documentation challenges and use in court. Case law remains heterogeneous; in practice, the medical quality, objectivity and replicability of rehabilitation data determine whether courts rely on it. Beyond procedural heterogeneity, the decisive factor is the medical robustness of data: objective measures, validated instruments and replicable documentation of change.

The core medical-methodological deficits are vagueness of methods, subjective scoring without validated instruments, and lack of standardized protocols for recording change. Addressing these issues requires explicit operational definitions, validated scales, and uniform templates for functional outcomes.

Thus, the problem of insufficient standardization and subjectivity of assessment is not only a technical or scientific issue, but also a serious legal and ethical obstacle to effective protection of the rights of rehabilitated people.

Internationally, admissible clinical documentation shares common medical traits: standardized structure, multidisciplinary authorship and verifiable functional outcomes aligned with ICF. For Ukraine, the key medical lesson is to codify what a rehabilitation report must include – baseline status, interventions, validated measures and documented change – so its clinical content can stand scrutiny.

4. Standardization of clinical rehabilitation reports. Priority should be given to medical standardization: unified clinical templates, mandatory use of validated assessment tools, and protocols for measuring and documenting functional change across time points [40].

A professional standard should define the medical content of a court-ready report: chief complaint and history; baseline clinical and functional status; interventions (type, dose, frequency); validated outcome measures (with references); time-stamped re-assessments; multidisciplinary sign-off; and an explicit statement of clinical change and residual limitations.

The implementation of such a standard will ensure that:

- improving the objectivity and reliability of rehabilitation conclusions;
- creating conditions for independent expert evaluation;
- strengthening interdisciplinary cooperation (psychologists, doctors, lawyers);
- protecting the rights of patients and professionals, reducing the risk of professional errors or abuse [8, 16].

This practice is already effective in EU countries (e.g., Germany), where professional associations develop and maintain standards for maintaining medical and psychological records that are recognized by the courts as full-fledged evidence.

Ukrainian specialized associations (psychological, medical, rehabilitation) in cooperation with the Ministry of Health, the Ministry of Internal Affairs, the Ministry of Justice and the

scientific community should initiate the creation and approval of such a standard to improve the quality and status of rehabilitation reports in court proceedings.

Effective integration of psychosomatic rehabilitation results into the judicial process requires not only regulatory changes, but also systematic training and strengthening of the institutional capacity of the rehabilitation community. The following strategic steps are proposed:

- prioritizing clinical competencies and quality management: psychometrics and clinical epidemiology; data standards and SOPs for documentation; internal audit and feedback loops; inter-rater reliability checks; test–retest stability; monitoring of completion time and missing-data rates; and multidisciplinary supervision focused on method validity;
- development of advanced training and certification programs for existing professionals focused on psychometrics, clinical epidemiology, data standards and SOPs for documentation, method validation, and multidisciplinary supervision;
- creating an open register of accredited rehabilitation centers and professionals who are authorized to prepare documentation for judicial use. The registry should be maintained by national professional associations in coordination with relevant ministries, and contain data on institutions, specialists, their level of accreditation, practical experience, and the results of external reviews or audits of the quality of their work;
- increasing the role of interdisciplinary supervision and professional counseling in complex clinical and legal cases, where specialists from different fields (psychology, medicine, law) analyze documentary findings together before they are submitted to the court.

Such educational and institutional initiatives will improve the quality of rehabilitation documentation, ensure legal protection for patients and professionals, increase trust in the judicial system, and prevent abuse or profanation in preparing the evidence base.

Implementation of all the above-mentioned will significantly improve the quality of court proceedings in cases with a psychosomatic component and make stronger also the legal and ethical framework for protecting the rights of persons affected by war, violence, or other traumatic events [7, 27, 29, 33, 34].

Limitations. The following limitations were applied when working with the selected literature sources: Russian-language sources and works published in journals of the Russian Federation and Belarus were excluded.

Since the authors of this article are not native English speakers, the “DeepL Pro” artificial intelligence tool was used to improve the style, quality, and readability of the text. All AI-generated content was carefully reviewed, confirmed, and edited by the authors, who bear full responsibility for the integrity, scientific accuracy, and final version of the manuscript.

Conclusion

Recognizing the results of psychosomatic rehabilitation as judicial evidence in Ukraine remains a complex interdisciplinary challenge in which legal, clinical, and ethical aspects are intertwined. The main legal conflicts stem from the lack of clear procedural standards for rehabilitation documentation, unresolved issues of admissibility and relevance, insufficient standardization of the forms and content of conclusions, and the gap between clinical and forensic practice.

Ethical dilemmas center on balancing the right to privacy and the public interest, protecting patient confidentiality, the need for informed consent to disclose rehabilitation results, and maintaining professional standards and the limits of professionals' competence. Insufficient attention to these issues not only reduces the effectiveness of judicial protection of victims, but also undermines trust in the healthcare, rehabilitation, and justice systems in general.

Priority actions should concentrate on medical standardization: a unified template with a minimum clinical dataset; mandatory use of validated assessment tools; time-stamped repeated measures; multidisciplinary sign-off; and auditable data trails, with endpoints anchored in clinical significance (pain, function, participation, quality of life). Legal and ethical provisions are supportive and should be framed to protect confidentiality while enabling independent medical verification.

The implementation of these recommendations will not only improve the quality of court proceedings in cases with a psychosomatic component, but will also help strengthen the legal and ethical framework for protecting the rights of persons affected by war, violence, or other traumatic events.

Prospects for further research include the rapid and complete practical implementation of comprehensive psychosomatic rehabilitation measures for people with disabilities, with a focus on those wounded and injured in the bloody Ukrainian war. All protocols for psychosomatic testing and multidisciplinary medical rehabilitation must take into account basic legal and medical indications and criteria, including the objectivity of the examination, the validity of the assessment methods used, and the confidentiality of each patient's medical data.

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