Bulletin of the *Transilvania* University of Braşov
Series VII: Social Sciences • Law • Vol. 18(67) Special Issue – 2025
https://doi.org/10.31926/but.ssl.2025.18.67.3.2

HUMAN DIGNITY AND BIOMEDICINE. FROM THE CASE LAW OF THE EUROPEAN COURT OF HUMAN RIGHTS

Florina R. DUMINICĂ[1]

Abstract: *In the field of biomedicine, the European Court of Human Rights is most often called upon to give answers to controversial situations. At the heart of these debates is frequently the concept of human dignity.*
Although it does not enjoy an express regulation in the system of the European Convention on Human Rights, human dignity is a guiding principle mentioned in its Preamble itself. After a brief presentation of the main areas of interaction between biomedicine and human rights, the present study focuses on the analysis of how the Court approaches the concept of human dignity in cases involving bioethical problems.

Key words: *biomedicine, human dignity, ECHR case-law.*

1. Introduction

The intersection between biomedical advances and human rights constitutes one of the most complex areas of current legal and ethical discourses. The rapid pace of scientific and technological development, the use of artificial intelligence in medicine, neurotechnology are just some of the challenges inherent to the national and international legal framework of human rights. From new techniques of human reproduction to genetic interventions and medically assisted death, these innovations can benefit the human person, but simultaneously raise profound ethical and legal issues. They test the limits of existing international regulatory frameworks and go beyond the capacity of national legislative systems to adapt.

In a broad sense, biomedicine means "all applications of biological and medical knowledge and technologies to human beings" (Andorno, 2013, p. 15). Among the main areas of biomedicine that interact with human rights are: reproductive technologies and choices, genetic engineering, end-of-life decisions, gender identity and foetus/embryo status, and, more recently, emerging challenges from neurotechnology.

These constantly evolving scientific challenges are often called upon to be answered by judicial bodies, in particular the European Court of Human Rights (ECHR, "Strasbourg

[1] The National University of Science and Technology POLITEHNICA Bucharest, Faculty of Economic Sciences and Law, florina.duminica@upb.ro.

Court" or "Court"). The Court must constantly adapt to new realities and interpret fundamental human rights in situations that the creators of the European Convention on Human Rights (the Convention) could not have anticipated.

Its essential role in protecting and balancing human rights and freedoms in the face of technological progress has been constantly confirmed in the literature (Hendel, 2013; Rota, 2020; Davidenko, 2022; Czepek, 2024; Tarasevych et al., 2025 etc.), highlighting its main task of adapting existing human rights norms through interpretation to the new challenges of biomedical science. The ECHR jurisprudence on this matter serves as a guide for national courts and legislators in Council of Europe Member States and underpins legislative reforms aimed at protecting human rights in the context of medical innovations (Tarasevych et al., 2025).

More often, at the heart of the cases specific to this area to which the Court must address, is human dignity, a concept characterised as "ambivalent and multilevel" (Feuillet-Liger and Orfali, 2018; Drăghici, 2013, p. 57). Its polysemantic nature, which allows for multiple and often contradictory interpretations, poses a major challenge for any court called upon to apply it.

In this context, this article argues that, in the absence of a European consensus on deep bioethical issues, the European Court of Human Rights strategically uses the principle of human dignity as a fundamental interpretative standard. It uses dignity to mediate the conflict between the individual autonomy enshrined in Article 8 of the Convention and the State's obligation to protect life and public order provided for in Article 2. In this way, the Court gives rise to a flexible but principled European law that respects the moral, ethical and legal differences between Member States, while maintaining a common minimum standard.

2. Human Dignity – A Fundamental Principle and Value In The International And European Human Rights System

Human dignity is recognised as a fundamental value, as a principle or as a right in both international, regional, and national legal systems. The Preambles to the International Covenant on Civil and Political Rights (ICCPR, 1966) and the International Covenant on Economic, Social and Cultural Rights (ICESCR, 1966) state that all human rights derive from the inherent dignity of the human person. This formulation places dignity beyond any right recognized by the authorities, being considered the ultimate justification of the entire edifice of human rights. It is related to the essence and existence of human beings from which their fundamental rights and freedoms emanate (Nawrot, 2018).

Regionally, the European Social Charter (Council of Europe, 1996) expressly regulates the right to dignity at work by Art. 26, and the Charter of Fundamental Rights of the European Union (European Parliament, 2000) expressly stipulates by Art. 1 that "Human dignity is inviolable. It must be respected and protected".

In the specific field of bioethics, dignity has also been recognized as a guiding principle. International legal instruments, such as the UNESCO Universal Declaration on the Human Genome and Human Rights (1997) and the Universal Declaration on Bioethics and Human Rights (2005) state that human dignity, human rights, and fundamental

freedoms must be "fully respected". These documents have created a global common language to address the ethical dilemmas generated by scientific advances.

The most important document at European level is the European Convention on Human Rights and Biomedicine, known as the "Oviedo Convention" (1997) which aims to protect the dignity and fundamental rights of the individual with regard to the applications of biology and medicine. The Oviedo Convention established a set of common standards on informed consent, embryo research, and genetic testing, becoming an essential reference point for national legislation and an interpretive tool for the Strasbourg Court in the field of human rights in a bioethical and biomedical context (Seatzu & Fanni, 2015). We recall, by way of example, that in *Evans v. United Kingdom* (2007), the Court relied on Article 5 (Informed consent) of the Oviedo Convention to establish a high standard of protection of patient autonomy, and in *Costa and Pavan v. Italy* (2012), the Court referred to Article 12 (Predictive genetic testing) to support its argument on the proportionality of a ban on preimplantation genetic diagnosis.

Although this Convention does not recognise the right of individuals to refer the matter to the European Court of Human Rights, Article 29 nevertheless gives the European Court the power to issue an advisory opinion on the interpretation of this Agreement at the request of a Contracting Party. The opinion shall be without direct reference to any specific proceedings in a court. Consequently, the facts regarded as an infringement of the rights provided for in the Oviedo Convention can be analysed by the Court only in so far as they also constitute an infringement of one of the rights provided for in the 1950 Convention or its Additional Protocols (Council of Europe, Explanatory Report, 1997, p. 24).

3. Manifestations of Dignity in the Interpretation of some Key Articles of the European Convention on Human Rights

The European Convention on Human Rights does not expressly regulate "dignity" in its text. The concept is found only in the preamble of Additional Protocol no. 13 where reference is made to "the inherent dignity of all human beings". However, this fact has not prevented the Court from consistently affirming, through its case-law, that human dignity is a fundamental value and a principle underlying its entire system of protection, showing that "the very essence of the Convention is respect for human dignity and human freedom" (Le Moli, 2021). This thesis of "essence itself" transforms dignity from a mere philosophical basis into a central principle, in the spirit of which all the rights guaranteed by the Convention must be understood.

This implicit recognition of dignity allows the Court to adapt the concept to new biomedical challenges without being constrained by a rigid definition. This flexibility is a strength, as it makes it easier for the European Court to use ethical considerations in legal reasoning, especially in matters where scientific progress outweighs legislative responses.

Most often, the manifestation of the principle of dignity is found in the interpretation of three key articles of the Convention: Article 2 (Right to life), Article 3 (Prohibition of

torture) and Article 8 (Right to respect for private and family life).

In the interpretation of Art. 2, the Court developed a number of positive obligations on Member States. The content of these obligations is shaped by the need to protect the life of a dignified human being, which involves, for example, ensuring an adequate legal framework for healthcare. Also, the constant refusal to recognize a "right to die" under Article 2, despite strong claims to autonomy (Case *Pretty v. United Kingdom,* 2002; Case *Lambert and others v. United Kingdom*, 2002; Case *Lambert et al. v. France*, 2015) indicates that the Court prioritizes dignity as an inherent value of life that the State must protect, rather than as an absolute right of the individual to dispose of his or her own life. Dignity, in this context, functions as a protective shield for the vulnerable and for the sacredness of life itself, not as a sword for radical self-determination that could undermine the protective essence of Article 2.

Article 3, which prohibits torture, inhuman or degrading treatment, reflects an even stronger link with dignity. Thus, dignity becomes a fundamental element in the prevention of treatments that diminish the inherent value of a person, especially in the context of medical care, detention or in the case of people in vulnerable situations. For example, the Case *Stanev v. Bulgaria* (2012) highlights the importance of decent conditions for people in involuntary detention, where dignity is directly linked to the freedom not to be subjected to degrading treatment. The right to refuse medical treatment is also connected to Article 3 in cases of forced treatment. Moreover, the Court's case-law in this area is not limited to physical suffering alone, but examines the implication of humiliation and dehumanisation. This suggests that dignity serves as an essential benchmark for analysing what constitutes "inhuman or degrading" treatment. The Court has repeatedly held that treatment is considered "degrading" if it reaches a minimum level of severity and has the aim or effect of humiliating and demeaning the individual, depriving them of their dignity, even if it is not physically torturous (*V.C. v. Slovakia*, 2011, § 101; *G.M. and Others v. Moldova,* 2022, § 86). Thus, Article 3 protects the core of human dignity against the most serious violations.

As regards Article 8 of the Convention, the Court interpreted it extensively, considering that "private life" covers concepts such as personal autonomy, identity, physical and psychological integrity. All these concepts are essentially expressions of human dignity, reflecting the individual's right to have control over their own body, decisions, and personal information. This article is frequently invoked in evolving biomedical cases, suggesting that the Strasbourg Court considers dignity not only as an inherent value of the human being, but also as an ability of individuals to make fundamental decisions about their own bodies and lives, even if those decisions are limited by the public interest or the rights of others.

4. Human Dignity and Biomedicine in the ECHR Jurisprudence - Referential Cases

4.1. Human dignity and the beginning of life

The case-law of the European Court of Human Rights, with regard to the beginning of life, is characterized by prudence and balance, given the moral, ethical and legal differences that exist between the signatory States of the Convention. In this matter, the

Case *Vo v. France* (2004) and the Case *Parrillo v. Italy (2015)* are considered to be landmark cases which illustrate this approach. Called upon to rule on the question of the beginning of life in the case of *Vo v. France*, the Court noted that Article 2 of the European Convention on Human Rights "does not mention the temporal limits of the right to life and, in particular, does not define who is the 'person' whose 'life' is protected by the Convention" (*Vo v. France,* 2004, §75*)* and that "to date, [...] has not yet decided on the question of the beginning of the right of 'every person to life' [...] nor whether the unborn child has the right to it" *(Vo v. France,* 2004, §75*).* The Court concludes that, in the absence of a scientific and legal definition of the beginning of life and in the absence of a unitary solution as to the nature and condition of the human embryo and/or the foetus, "the issue of when the right to life begins comes within the margin of appreciation which the Court generally considers that States should enjoy in this sphere, despite an evolving interpretation of the Convention" (*Vo v. France, 2004, §82).* In conclusion, however, the Court emphasises that "The potentiality of that being and its capacity to become a person […] require protection in the name of human dignity, without making it a "person" with the "right to life" for the purposes of Article 2" (*Vo v. France,* 2004, §84).

This reasoning was reinforced in the Case *Parrillo v. Italy.* The petitioner wanted to donate the embryos created by in vitro fertilisation (IVF) for scientific research, but Italian law prohibited this. The Court had to determine whether embryos could be regarded as "goods" within the meaning of Article 1 of Protocol No. 1. The answer was negative, the Court holding that "human embryos cannot be reduced to the status of "goods" (*Parrillo v. Italy,* 2015, §215) because of their potential to develop into a human being. However, the Strasbourg Court refused to admit that the principle of respect for human dignity requires States to recognise special protection for the embryo, but preferred to leave this matter to the national margin of appreciation of States.

The field of assisted reproductive technologies provides another example of how the Court uses human dignity as a guiding principle. An analysis of the cases of *S.H. and others v. Austria* (2011) *and Costa and Pavan v. Italy* (2012) provides further arguments in this regard.

In *S.H. v. Austria*, the petitioners challenged the statutory prohibition on egg and sperm donation for in vitro fertilization. The Court concluded that there was no violation of Article 8. Its reasoning was largely based on the wide margin of appreciation given to States in this highly sensitive area. In contrast, in *Costa and Pavan v. Italy,* the Court reached a different conclusion. The petitioners, both carriers of the cystic fibrosis gene, challenged the Italian law prohibiting preimplantation genetic diagnosis. The Court found a violation of Article 8, surprisingly compared to its already outlined opinion on the matter, restricting the State's margin of appreciation. The decisive factor was an inconsistency in Italian law: the law allowed therapeutic abortion if, according to natural conception, it was discovered that the foetus suffered from the disease, but forbade the testing of embryos before implantation. The Court considered that this prohibition imposed a disproportionate burden on the couple, forcing them to choose between having no children at all and resorting to abortion (*Costa and Pavan v. Italy*, 2012).

Those two cases show that, although the Court is reluctant to substitute itself for the national legislature in biomedical matters, it nevertheless intervenes where a national law imposes excessive burdens on individuals, infringing upon individual rights, without sufficient justification. Unable to rule on the status of the embryo, the Court instead focuses on the quality of the State's decision-making process and the coherence of its laws. Dignity is protected not by defining life, but by ensuring that laws targeting potential life are consistent and do not impose disproportionate burdens on individuals. This method allows the Court to maintain a standard of ensuring dignity, both for the potential human being and for existing persons.

4.3. Human dignity and the end of life: two competing views

Pretty v. the United Kingdom and *Lambert and Others v. France* remain landmarks in European end-of-life case-law, putting the Court in a position to answer sensitive questions about personal autonomy, the dignity of the person and the limits of the right to life (Drpljanin, 2019, p. 119). In the *Pretty v. the United Kingdom* case*,* Diane Pretty, a woman suffering from a terminal neurodegenerative disease, asked the UK authorities for a guarantee that her husband would not be prosecuted if he helped her commit suicide*.* Primarily, the Court examined the complaint in the light of Article 1 (Right to life) and Article 8 (Right to privacy). If, in the case of Art. 1, the Court emphasized "the principle of sanctity of life protected under the Convention" (*Pretty v. United Kingdom*, 2002, §37 and §65), the reasoning on Article 8 was more nuanced. The Court recognized that an individual's choice to avoid what they consider to be an undignified and tormenting end of life falls within the scope of Article 8. This amounts to a recognition of dignity understood as autonomy and self-determination. However, the Court concluded that the general prohibition of assisted suicide in UK law constituted justified interference. The legitimate purpose pursued by the state was "the protection of the rights of others" (*Pretty v. United Kingdom*, 2002, § 78). In the balance between Ms Pretty's individual autonomy and the general public interest in protecting life, the Court nevertheless held that the prohibition was a proportionate measure.

The *Lambert and Others v. France* (2015) case concerned the issue of withdrawal of life-sustaining treatment. Vincent Lambert was in a persistent vegetative state following an accident. His wife and part of his family, together with doctors, considered that keeping him alive through artificial nutrition and hydration represented a therapeutic obstinacy and requested the cessation of treatment, while his parents vehemently opposed it (*Lambert and others v. France, 2015).* The case required the Court to exercise extremely delicate legal reasoning. On the one hand, there is the positive obligation of the State, according to Article 2, to protect the life of a vulnerable patient. On the other hand, there was the patient's right to self-determination (Article 8), even when expressed through previous wishes or inferred, and the need to avoid "therapeutic obstinacy" (*Lambert and Others v. France,* 2015, §156), a practice that can itself be considered an affront to dignity*.* The Court concluded that there had been no violation of Article 2 and the central element of its reasoning was deference to the "meticulous" legislative and judicial process (*Lambert and Others v. France,* 2015, §181) that took

place in France, reiterating the importance of having strong procedural safeguards at national level for taking such far-reaching decisions, especially in the absence of a European consensus.

Consequently, the Court's case-law in these cases reflects the tension between two conceptions of dignity. The first view, often aligned with the principle of the "sanctity of life", considers dignity as inherent in human life itself. From this perspective, life has an intrinsic value that must be protected from its beginning to its natural end. Dignity is respected through palliative care, alleviation of suffering, and preservation of life, and any deliberate act of shortening it is seen as a violation of that dignity (Drpljanin, 2019). The second view equates dignity with personal autonomy, self-awareness, and the ability to maintain control over one's own bodily identity and integrity. From this perspective, forcing a person to endure a state of total dependence, physical degradation or unbearable suffering can constitute the deepest violation of human dignity. Therefore, a self-determined death can be, paradoxically, a plenary affirmation of respect for human dignity and control over one's own existence (Drpljanin, 2019). The Court, as noted in Pretty and Lambert, does not entirely opt for one of those views.

The analysis of these cases reveals an implicit hierarchy in the biomedical context: the general interest of the State to protect life (Article 2) and to prevent abuse (a public policy concern) systematically prevails over the right of the individual to decide on the end of his or her own life (Article 8), unless a robust and clear national legal process dictates otherwise. Dignity is invoked to support both sides, but its aspect of "protection of the vulnerable" receives greater weight from the Court than the aspect of "personal autonomy". The main position is to protect life, and an exception can only be made if a State has democratically created a clear and solid procedural legal framework for it.

It is noted, therefore, that the Court uses a combination of instruments that relate to authority. In particular, it concerns the argument relating to the discretion of the Member States, following the finding that there is no European consensus, and the reference to epistemic authority, since the medical knowledge and experience of medical staff are used, for example, to justify the reasoning of decisions to withdraw life-sustaining treatment. Therefore, the Court's legal reasoning seeks to balance the private interests of the applicants with the public interest, understood as the interests of groups requiring special protection (Mężykowska & Młynarska-Sobaczewska, 2023).

4.4. Emerging challenges from genetic engineering and neurotechnologies

The ultimate challenge to human dignity comes from technologies such as human reproductive cloning, germline gene editing, and even technologies capable of reading, interpreting, or modifying brain activity, opening up the possibility of direct intrusions into the mental sphere, hitherto considered the ultimate sanctuary of privacy.

The most important objection raised against these practices is the risk of radical instrumentalization of the human being. Creating people to satisfy the desires of others, designed to have certain characteristics or to resemble another individual, would treat them as replaceable "copies" (replicas) rather than as unique and unrepeatable individuals (p. 962).

The case-law of the European Court of Human Rights in this area reveals a transition from a "harm-based" to a "risk-based" model of protection. In the *S. and Marper (2008)* case, which concerned the practice of the UK authorities to retain indefinitely the DNA samples and genetic profiles of persons who had been arrested, the infringement did not consist in the fact that the data had been misused, but in the fact that its retention indefinitely created an unacceptable risk of future misuse. The Court noted that "in view of the increased pace of innovation in the field of genetics and information technologies, (...) it cannot be excluded that the aspects of privacy related to genetic information may in the future be the target of attacks by other means, which today cannot be precisely foreseen" (Case *S. and Marper*, 2008, §71). The Court also noted that cell samples contain a lot of sensitive information about the individual, especially about health. In addition, "the samples contain a unique genetic code that is of great importance both for the person concerned and for the members of their family" (S. and Marper, 2008, § 72).

This preventive approach is essential to protect dignity in the face of technologies whose full implications are not yet fully known. The Court understands that, in the case of biomedical technologies, harm cannot be expected to occur. The mere existence of a system that collects and retains massive amounts of intimate biological data or that could manipulate the human mind constitutes an interference with privacy and a serious violation of human dignity. Therefore, the legal protection of dignity moves "upstream" – from remedying abuses to regulating the underlying technological systems to mitigate risks. This represents a fundamental shift in the way human rights are analysed in the 21st century.

Conclusions

Despite its conceptual ambiguity, human dignity functions as a guiding principle that guarantees that biomedical progress remains anchored in fundamental human values. Its flexibility allows the European Court of Human Rights to respond to a wide range of situations in which man may be placed, adapting the application of the Convention to the ever-changing realities of science and society.

The Court's jurisprudential framework will continue to be challenged by new technological frontiers. The profound questions raised by germline gene editing, xenotransplantation, the integration of artificial intelligence into medical decision-making, and the ongoing philosophical debate about what it means to be human in an unprecedented technological age will require increasingly sophisticated legal and ethical answers. The prudent and balanced approach of the Strasbourg Court, which has so far succeeded in maintaining a dialogue between Europe's diverse legal and moral traditions, will remain an essential pillar in the effort to ensure that humanity's biotechnological future will be one that respects, protects, and affirms the dignity of every person.

References

Andorno, R. (2013). *Principles of International Biolaw: Seeking Common Ground at the Intersection of Bioethics and Human Rights*. Bruylant.

Andorno, R. (2002). Biomedicine and international human rights law: In search of a global consensus. *Bulletin of the World Health Organization*, 80(12), 959–963. Retrieved from https://www.researchgate.net/ publication/10913227_ Biomedicine_ and_international_human_rights_law_In_search_of_a_global_consensus.

Czepek, J.J. (2024). Dignity in the Jurisprudence of European Court of Human Rights. *International and Comparative Law Review*, 24(1), 107–119. https://doi.org/10.2478/iclr-2024-0007.

Council of Europe. (1996). *European Social Charter* (Revised). Retrieved from https://rm.coe.int/168007cf93.

Council of Europe. (1997). *Explanatory Report to the Convention for the protection of Human Rights and Dignity of the Human Being with regard to the Application of Biology and Medicine: Convention on Human Rights and Biomedicine*. Council of Europe. Retrieved from https://rm.coe.int/16800ccde5.

Davidenko, A. (2022). Features of Legal Regulation of the Names of Biomedical Cell Products. *Sociopolitical Sciences*, 12, 55–59. 10.33693/2223-0092-2022-12-2-55-59.

Drpljanin, V. (2019). The right to die – euthanasia and assisted dying under the European Convention on Human Rights. *Católica Law Review*, 3(1), 117–157. https://doi.org/10.34632/catolicalawreview.2019.9111.

Drăghici, A. (2013). *Protecția juridică a drepturilor copilului* [Legal Protection of Children's Rights]. București: Universul Juridic Publishing House.

ECHR. (2002, April 29). *Case of Pretty v. the United Kingdom, no. 2346/02*. Retrieved from https://hudoc.echr.coe.int/eng?i=001-60448.

ECHR. (2004, July 8). *Case of Vo v. France, no. 53924/00*. Retrieved from https://hudoc.echr.coe.int/fre?i=001-61887.

ECHR. (2007, April 10). *Evans v. United Kingdom, no. 6339/05*. Retrieved from https://hudoc.echr.coe.int/eng?i=001-80046.

ECHR. (2008, December 4). *Case of S. and Marper v. the United Kingdom, no. 30562/04 and 30566/04*. Retrieved from https://hudoc.echr.coe.int/eng?i=001-90051.

ECHR. (2011, November 3). *Case of S.H. and Others v. Austria, no. 57813/00*. Retrieved from https://hudoc.echr.coe.int/eng?i=001-107325.

ECHR. (2011, November 8). *Case of V.C. v. Slovakia, no. 18968/07*. Retrieved from https://hudoc.echr.coe.int/fre?i=001-107364.

ECHR. (2012, January 17). *Case of Stanev v. Bulgaria, no. 36760/06*. Retrieved from https://hudoc.echr.coe.int/eng?i=001-108690.

ECHR. (2012, August 28). *Costa and Pavan v. Italy, no. 54270/10*. Retrieved from https://hudoc.echr.coe.int/eng?i=001-112993.

ECHR. (2022, November 22). *Case of G.M. and Others v. the Republic of Moldova, no. 44394/15*. Retrieved from https://hudoc.echr.coe.int/fre?i=001-220954.

ECHR. (2015, August 27). *Case of Parrillo v. Italy, no. 46470/11*. Retrieved from https://hudoc.echr.coe.int/eng?i=001-157263.

ECHR. (2015, June 5). *Case of Lambert and Others v. France, no. 46043/14.* Retrieved from https://hudoc.echr.coe.int/eng?i=001-155352.

European Parliament. (2000). *Charter of fundamental rights of the European Union*. Office for Official Publications of the European Communities.

Feuillet-Liger, B. & Orfali, K. (2018). *The Reality of Human Dignity in Law and Bioethics. Comparative Perspective*s. Springer International Publishing.

Hendel, NV. (2013). Protection of Biomedical Human Rights in Practice of the European Court of Human Rights. *Legal Support for the Effective Enforcement of Judgments and Application of the European Court of Human Rights Case Law,* 2, 414–421.

Lawson, R. (2010). Dwelling on the Threshold: On the Interaction between the European Convention on Human Rights and the Biomedicine Convention. In A den Exter (Ed.) *Human Rights and Biomedicine* (pp. 23–37). Maklu Antwerpen.

Le Moli, G. (2021). Human Dignity in Human Rights Law. Human Dignity in International Law. *ASIL Studies in International Legal Theory,* 216-268. Cambridge University Press.

Mężykowska, A., & Młynarska-Sobaczewska, A. (2023). *Persuasion and Legal Reasoning in the ECTHR Rulings: Balancing Impossible Demands* (1st ed.). Routledge. https://doi.org/10.4324/9781003375999.

Nawrot O. (2018). The biogenetical revolution of the Council of Europe - twenty years of the Convention on Human Rights and Biomedicine (Oviedo Convention). *Life sciences, society and policy*, 14(1), 11. https://doi.org/10.1186/s40504-018-0073-2.

Rota, M. (2020). Chapitre 3. Dignité humaine et droit de la bioéthique dans la jurisprudence des Cours européenne et interaméricaine des droits de l'homme. *Journal international de bioéthique et d'éthique des sciences*, 31(4), 41–55. https://doi.org/10.3917/jibes.314.0041.

Seatzu, F. & Fanni, S. (2015). The Experience of the European Court of Human Rights with the European Convention on Human Rights and Biomedicine. *Utrecht Journal of International and European Law*, 31(81), 112-113.

Tarasevych, T., Yaremenko, O. I., Bondarenko, O. G., Hrabovska, O. O., & Zakharova, O. S. (2025). Protection of Fundamental Rights in the Context of Biomedical Innovations: The Role of the European Court of Human Rights. *Global Biosecurity*, 7(1). https://doi.org/10.31646/gbio.273.