



## Somatic Rights of Minors: The Intersection of Law and Ethics in the Legal System of Uzbekistan

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**Annotation:** This article examines the somatic rights of minors, specifically their legal ability to exercise control over their own bodies, to give or refuse consent to medical interventions. The author analyzes this issue from both legal and bioethical perspectives, drawing a comparative analysis between international practices and the legal framework of Uzbekistan. Key topics such as minor consent, the role of parents or legal guardians, medical coercion, and legal capacity are thoroughly explored. The study identifies existing legal gaps and normative challenges in Uzbekistan's current system and offers practical recommendations to enhance the protection of minors' somatic rights.

**Key words:** minors, somatic rights, informed consent, bodily integrity, parental authority, legal capacity, bioethics, Uzbekistan legislation.

The right to bodily integrity and ownership over one's body is one of the core principles of modern jurisprudence and bioethics. This right is based on the idea that every individual's autonomy over their own body must be respected in society. However, the somatic rights of minors—that is, their ability to make decisions regarding their bodies, consent to or refuse medical interventions—represent a complex and multifaceted issue. Minors are typically regarded as subjects without full legal capacity, meaning that their medical decisions are made with the consent of parents or legal guardians. Nonetheless, international practice increasingly emphasizes that a child's age, mental maturity, and individual consent should be taken into account in medical procedures. In particular, concepts such as "Gillick competence" provide a framework for assessing a minor's capacity to make decisions about their own condition.

The relevance of this topic lies in the fact that Uzbekistan's legal system has not yet developed a comprehensive and systematic approach to the somatic rights of



minors. In practice, parental consent is usually deemed sufficient; however, this raises the question of how effectively a child's personal rights are being protected. Therefore, this article examines the somatic rights of minors at the intersection of law and ethics, compares them with international experience, and identifies gaps in Uzbekistan's legislation.

Somatic rights—the rights of individuals to control and govern their own bodies—are an integral part of contemporary law and bioethics. These rights encompass bodily integrity, consent to or refusal of medical interventions, organ donation, gender transition, and other bodily freedoms. The application of these rights to minors is particularly complex, as it depends directly on their age, legal capacity, and mental or psychological maturity [1].

In legal theory, somatic rights are classified among personal rights. They are closely related to the constitutional principle of inviolability, general human rights, and individual freedom [2]. A minor, however, is generally not regarded as a fully competent legal subject, but rather as a person with limited capacity. Accordingly, the exercise of their somatic rights requires the consent of a parent or legal representative [3].

Yet this approach is not always fair or effective. A child's ability to make decisions about their body should be assessed in light of their psychological and intellectual development. From this perspective, the "Gillick competence" concept, developed in the United Kingdom, is particularly significant as it provides a method for determining whether a minor is competent to make medical decisions independently. This model is based not on chronological age but on cognitive maturity, understanding of the situation, and ability to assess the consequences of treatment.

In bioethics, a child's "autonomy" is viewed as a distinct value. Every human being, including minors, should have the right to express their opinion and make decisions regarding their body and health. Especially in sensitive health-related matters—such as agreeing to surgery, psychiatric treatment, or contraception—considering the child's opinion is both an ethical and legal obligation.

Therefore, the relationship between somatic rights and minors requires not only a legal but also an ethical approach. A balance must be maintained between the child's personal freedom, bodily integrity, and social protection. This calls for new, yet necessary, approaches within Uzbekistan's legal framework.

The right of minors to consent to medical treatment is gaining increasing importance in international law and bioethics. International instruments on human



rights and child welfare—particularly the United Nations Convention on the Rights of the Child (UNCRC, 1989)—guarantee every child the right to participate in decisions concerning their health, safety, and bodily integrity, proportionate to their age and maturity.

In the United Kingdom, under the “Gillick competence” principle, minors can independently consent to certain medical procedures—such as contraception, psychological treatment, or minor surgery—without parental involvement [4]. The court’s key criteria include the child’s intellectual maturity, ability to comprehend risks, and capacity to understand the consequences of the treatment. In France, the Public Health Code allows minors over the age of 15 to seek certain medical services without parental consent. In Germany, no fixed age limit exists for consent; instead, the “Verständnisfähigkeit” (capacity for understanding) principle requires physicians to assess a child’s competence individually in each case [5].

In the United States, the rules vary by state. Many states allow minors to consent independently to services related to sexual health, mental health, or substance abuse treatment. This approach is referred to as “minor consent laws.” The World Health Organization [6] has also issued guidelines recommending that healthcare providers respect minors’ autonomous decisions and ensure their participation and consent in medical care. For adolescents aged 12–18, their opinion is considered a primary factor in procedures such as psychological care and vaccination.

Thus, international experience demonstrates that the somatic rights of minors are determined not only by age but also by their mental and emotional maturity. This approach supports the development of their bodily autonomy, capacity for informed decision-making, and legal subjecthood.

In Uzbekistan, the right of minors to control their own bodies is not recognized as a distinct legal institution. The issue is primarily regulated by the Family Code, the Civil Code, regulations of the Ministry of Health, and the Law on the Rights of the Child.

According to Article 67 of the Family Code, minors may undergo medical procedures only with the consent of their parents or legal representatives. Thus, their right to consent or refuse independently is not formally established. However, in some cases, children over 14 years old may be required to give their own consent for certain medical services, though these instances are vaguely outlined in internal medical regulations [7]. Article 22 of the Civil Code stipulates that minors under 14 have no legal capacity, while those aged 14 to 18 have limited capacity, enabling them to act



independently only in specific cases prescribed by law. Medical interventions are not included in these exceptions.

The Law on the Rights of the Child (Article 12) guarantees children the right to access information about their health, but does not explicitly define their somatic rights—such as the right to bodily integrity, medical consent, or autonomous decision-making. Although Uzbekistan has ratified the UNCRC, the principles of this convention have not been fully incorporated into national legislation. In practice, parental consent is deemed sufficient, even when the child personally objects. As a result, minors' somatic rights are restricted not only theoretically but also practically. This is especially evident in areas such as mental health care, compulsory treatment, contraception, and rehabilitation, where children's opinions and consent are often disregarded.

Therefore, Uzbekistan's legislation currently lacks a systematic approach to minors' somatic rights. This gap poses risks to children's bodily integrity, autonomy, and psychological safety.

Somatic rights of minors are not limited to medical matters—they concern the recognition of the child as an individual, their inviolability, autonomy, and broader socio-legal status. This article analyzed the theoretical and practical foundations of these rights in the context of medical consent, legal capacity, bioethics, and international standards.

The study found that Uzbekistan's legal system does not yet establish minors' somatic rights as a separate institution. Relevant legal documents are fragmented and fail to integrate international best practices. Consequently, children's personal opinions, consent, or dissent are often disregarded, undermining their legal and psychological protection.

The proposals advanced in this article—such as developing a dedicated legislative act, adopting the “Gillick competence” model, and conducting bioethics training for professionals—could serve as important steps toward strengthening the somatic rights of minors. Ultimately, these rights should be more clearly articulated in Uzbekistan's legislation and examined more deeply at the intersection of law and ethics.



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