

Medico-Legal Aspects of Containment of the Spread of Sexually Transmitted Infections

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Abstract

Sexually transmitted infections are a group of diseases that include syphilis, gonorrhea, chlamydial and mycoplasma infections, trichomoniasis, herpes and HPV infections of the genital organs. In addition, sexually transmitted human immunodeficiency virus, causing a disease called acquired immune deficiency syndrome. According to the World Health Organization, every year more than 340 million people aged 15-49 suffer from sexually transmitted infections worldwide. The basis for the prevention of the spread of sexually transmitted infections and infection with the human immunodeficiency virus should be considered the presence of internal moral attitudes. The motive for the start of sexual life should be your own conscious decision, and not pressure from a partner, fear of losing him, desire to please him and preserve the relationship. Despite the rather wide spread of sexually transmitted infections and the occurrence of infection with human immunodeficiency virus, the implementation of the simplest recommendations guarantees the safety of intimate life and preservation of health. A clear legal regulation of actions of a sexual nature, associated with the risk of infection or entailing infection with sexually transmitted infections, helps to curb their distribution. It is essential for maintaining the sexual health of people of young and mature age, which is an important resource of any country.

Keywords: Infections; Sexual transmission; Inhibition of dissemination; Legal basis; Sexually transmitted diseases.



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1. Introduction

The development of medicine, going forward, has provided great progress in understanding the spread, development, course of various diseases (Amelina and Medvedev, 2009; Simonenko *et al.*, 2011). Serious long-term studies have allowed to shed light on the features of infectious and non-infectious diseases (Bikbulatova *et al.*, 2017; Skoryatina *et al.*, 2017). A great step in medicine was the invention of antibiotics, which put the infectious diseases under serious control (Zavalishina, 2017), including sexually transmitted infections (STIs). However, to completely solve the problems of this group of diseases, which are transmitted mainly through sexual contact from a sick person to a healthy person, has not yet been resolved. STIs include syphilis, gonorrhea, chlamydia and mycoplasma infections, trichomoniasis, genital herpes and papillomavirus infections. In addition, sexually transmitted human immunodeficiency virus, causing a disease called acquired immune deficiency syndrome. In addition, during sexual contact, in addition to STIs and the human immunodeficiency virus, viral hepatitis B and C are transmitted, as well as some other diseases (scabies, pubic lice, molluscum contagiosum) (Kubanov, 2008).

According to the World Health Organization, every year more than 340 million people aged 15-49 get STIs worldwide. At the same time on the earth every sixth inhabitant has a sexually transmitted disease. In recent years, the countries of the Union of Independent States have tended to decrease the rates of growth in the incidence of

STIs, which is associated with significant health care efforts and the improvement of society as a whole. In the Russian Federation, there is also a decrease in the level of STIs. In particular, the incidence of all forms of syphilis significantly decreased from 21.2 ± 0.37 (in 2016) to 19.5 ± 0.10 (in 2017), gonococcal infection from 14.4 ± 0.09 (in 2016) to 11.1 ± 0.09 (in 2017) ($p < 0.05$). There is also a decrease in the primary incidence of HIV infection in the Russian Federation from 59.2 ± 0.20 (in 2016) to 58.4 ± 0.20 (in 2017) per 100 thousand population ($p < 0.05$). In addition, the frequency of occurrence of risky sexual behavior – a form of human sexual behavior that increases the risk of contracting an STIs — is reduced: early sexual activity, ignorance of how to protect yourself from sexually transmitted infections, frequent changes and the absence of a permanent sexual partner, casual sex, non-use of condoms and other protection methods. At the same time, in spite of improving the methods of diagnosis and treatment, today there is still a high level of STIs prevalence in the world, and among those who are sick there are people aged between 15 and 29 years old (60-70%) (Statistical compendium, 2017), [electronic resource]; (Batkaev and Ryumin, 2009).

For some time, issues of infection with human immunodeficiency virus and STIs were considered independently of each other. In fact, there is an objective relationship between the spread of human immunodeficiency virus and STIs. The presence of a person with any STI increases an average of 3-4 or even more times the risk of infection with the human immunodeficiency virus. Especially the risk increases with the presence of several STIs. The existing violations of the integrity of the mucous genital organs as a result of infection with STIs are open gateways for the immunodeficiency virus. In addition, during sexual intercourse without personal protective equipment, from one partner you can immediately become infected with several infections, including the human immunodeficiency virus. In this regard, in the work of the goal: to consider the medical and legal issues of curbing the spread of sexually transmitted infections.

2. Effect of STIs and Human Immunodeficiency Virus on the Human Body

All infections that can be transmitted through sexual contact can be divided into treatable and incurable. To date, it is impossible to completely cure viral infections such as human immunodeficiency virus, genital herpes. The majority of STIs, for example, gonorrhea, syphilis, and trichomoniasis, can be cured with timely medical attention (Benkovich *et al.*, 2009).

The negative impact of STIs on the human body is not always limited only to the defeat of the genital organs and sexual discomfort. If late diagnosis or inadequate treatment, STIs can become chronic and later cause damage to other organs and systems: joints for chlamydia, cardiovascular and nervous systems for syphilis, cause cancer (cervical cancer when infected with papillomaviruses), and human immunodeficiency virus infection is fatal (Frolova *et al.*, 2013).

3. Infection and Manifestations of STIs and Human Immunodeficiency Virus

The main source of STIs and HIV infection is a sick person. Animals do not get sick of these diseases. However, the source may often be a healthy person who carries the infection. The transmission path is predominantly sexual. And the most dangerous is anal sex, and the least - oral. Vaginal sex is intermediate between them. However, it should be remembered that a number of diseases, such as syphilis, scabies, molluscum contagiosum, can be transmitted as a result of close household contact (staying in the same bed, using shared towels, washcloths, dishes). For the human immunodeficiency virus and viral hepatitis, in addition to sexual transmission of infection, the injection route also plays an important role, which is characteristic of drug addicts.

STIs and human immunodeficiency virus cannot be infected by handshakes, hugs, a friendly kiss, use of a drinking fountain, telephone, food, handrails in public transport, water in a pool or pond. These infections are also not transmitted by insect bites (Gomberg, 2011).

Despite the fairly large number of STIs, all of them, in addition to sexual transmission, have common features. All of them often proceed covertly, without any sensations from the patient (this is especially common in women). Without treatment, there is a tendency to chronization of the process, development of complications (most often from the reproductive system). Patients and infected people are highly infectious to those around them, and therefore, mandatory examination and treatment of sexual partners is necessary. The similarity of the clinical manifestations of various STIs is noted, which requires a mandatory confirmation of the diagnosis by laboratory tests. Difficulties in the diagnosis of the disease at the initial stages of its development are characteristic (Benkovich *et al.*, 2009).

In men the most common symptoms of STIs are discharge from the urethra, itching, burning and soreness when urinating, rash (sores, blisters) on the genitals, the increase in inguinal lymph nodes, pain in the testicles (Frolova *et al.*, 2013).

In women, many STIs very often occur hidden, not showing itself. In some cases, there may be unusual vaginal discharge (abundant, frothy, cheesy, with an unpleasant smell), itching, burning, irritation of the genital organs, pain during urination and intercourse, pain in the lower abdomen, ulcers, genitals appear ulcers, vesicles, the inguinal lymph nodes are enlarged, the menstrual cycle is disturbed (Vasilchenko *et al.*, 2005).

4. Diagnosis and Treatment of STIs and Human Immunodeficiency Virus

Diagnosis and treatment of STIs is carried out in strict accordance with the clinical guidelines, procedures and standards of care. The diagnosis is made on the basis of the international classification of diseases of the 10th

revision (ICD-10), class A50-A64 "Sexually transmitted infections", also B20-B24 "Disease caused by the human immunodeficiency virus" (Benkovich *et al.*, 2009).

Confirm or refute STIs and infection with the human immunodeficiency virus is possible only on the basis of laboratory tests. It should be remembered that they become informative not immediately after intercourse, but after some time (for each disease it is different - from 3-5 days to several weeks and even up to 3-6 months with a human immunodeficiency virus) from the moment of infection (Gallyamova, 2005).

It is necessary to know that the information on the presence of an STIs and a human immunodeficiency virus in a patient is not allowed to pass on to the attending physician (except for the investigation and court authorities). And any patient who applied for medical care, regardless of the existing disease, has the right to be treated with respect by medical workers (Volobueva and Pashina, 2017).

The timely treatment and diagnosis of STIs allow you to begin adequate treatment of existing diseases in the early stages. As a rule, in such cases hospitalization in the hospital is not required, the treatment time is relatively small, the disease can be completely cured. Moreover, laboratory diagnostics allows not only to determine the presence of any disease, but also to choose the most effective treatment (Skoryatina and Zavalishina, 2017).

Without going to a doctor, attempts at self-medication can go into the chronic stage and cause various complications of the urinary system and other organs and systems, lead to infection of previously healthy sexual partners and further spread of infection (Glumov and Glumova, 2006).

5. The Historical Aspect of Criminal Liability for Infection with Venereal Diseases in Russia

One of the most extreme, but effective measures to counter the spread of sexually transmitted diseases is criminal liability for their infection. In order to more thorough and detailed analysis of the current state of the effectiveness of the implementation of criminal responsibility for contracting sexually transmitted diseases, it is necessary to pay attention to the historical experience of dealing with this kind of phenomena. In Russia, until the beginning of the 20th century, the focus was on the medical study of venereal diseases, description of symptoms and treatment, rather than sanctions for infecting them. So, already in the XVI-XVII centuries in many Russian handwritten medical books there were recipes for the treatment of venereal diseases, while the Apothecary order was responsible for the "nonsense cases of the master" - the first Russian venereologists. Many researchers have devoted their work to the scientific study of the nature of venereal diseases. For example, the famous Russian surgeon N.I. Pirogov in 1834 published a large article "On venereal ulcers and their treatment." By the beginning of the 20th century, in Russia, the departments of venereal diseases existed in almost all medical schools in the country, and on December 17, 1921, the State Venereological Institute was opened in Moscow (Boyko *et al.*, 2010).

Already in the Soviet period in Russia, the authorities considered it necessary to criminalize the intentional infection with venereal disease. This was due to the reluctance of a number of people with venereal disease to voluntarily perform the prescribed medical procedures. Therefore, already in the first Criminal Code of the Russian Soviet Federative Socialist Republic, enacted on July 1, 1922, article 155 established criminal liability for "knowingly infecting another person with a serious venereal disease", which was punishable by imprisonment for up to 3 years.

A year later, in June 1923, the First All-Russian Congress on the Control of Sexually Transmitted Diseases was held, the participants of which influenced the introduction of changes in Article 155 of the Criminal Code of the Russian Soviet Federative Socialist Republic of 1922, which excluded the words "notorious" and "heavy", and which now looked like this: "For infecting another person with a venereal disease." Thus, the content of the subjective side of the crime has expanded, which is now formed by the intentional and careless infection of another person with a venereal disease, regardless of the method of such infection and the degree of harm to the victim's health.

Having decided that the existing norms do not fulfill their preventive functions, at the insistence of representatives of the Soviet government on August 6, 1926, the Criminal Code of the Russian Soviet Federative Socialist Republic was supplemented by article 155-a, directed against persons suffering from sexually transmitted diseases and leading sexual habits, in the Criminal Code of the Russian Soviet Federative Socialist Republic of 1926 was amended and merged with Article 155 in Article 150 of the Criminal Code of the Russian Council of the Federal Socialist Republic. Changes in the disposition of this article were expressed in the fact that a person suffering from a venereal disease should have been aware of the presence of this disease in him (Kuznetsova *et al.*, 2007).

The Great Patriotic War and the occupation of part of Russia triggered a new outbreak of sexually transmitted diseases, which was one of the prerequisites for changing the criminal law norms of this sphere, reflected in the Criminal Code of the Russian Soviet Federative Socialist Republic of 1960 in article 115, the sanction of which was stricter and wider than the sanction Part 2 of Article 150 of the Criminal Code of the Russian Soviet Federative Socialist Republic of 1926. 10 years later, in 1971, the elements of the crime envisaged by article 115 of the Criminal Code of the Russian Soviet Federative Socialist Republic of 1960 were expanded, and a new article 1151 was introduced - "evasion of the treatment of venereal disease", continuing after the warning made by medical authorities.

Convicted under articles 115 and 1151 of the Criminal Code of the Russian Soviet Federative Socialist Republic of 1960, amnesties were not subject to. In Part 3 of Article 115 of the Criminal Code of the Russian Soviet Federative Socialist Republic of 1960, for the first time, criminal liability was established for the qualified types of

infection of another person with a venereal disease by a person who knew that he had the disease related to the infection committed by a person who had previously been convicted of similar acts, also with infection of two or more persons or a minor. The rapid development of venereology and the identification of new sexually transmitted diseases caused changes in legislation: in accordance with the Decree of the Presidium of the Supreme Council of August 25, 1987 №7612-11 "On measures to prevent the virus from acquiring acquired immunodeficiency syndrome" any person could be diagnosed with acquired immunodeficiency syndrome. Doctors will consider it appropriate. In addition, with the discovery of the causative agent of the new venereal disease "Human Immunodeficiency Virus", on August 31, 1987, Article 115 was supplemented with Article 1152 - infection with the human immunodeficiency virus (Part 1) and infection of another person with the human immunodeficiency virus diseases (part 2). Changes in criminal law related to infection with venereal diseases were not implemented until the current Criminal Code of the Russian Federation was adopted in 1996, which proves that the criminal policy of that period was effective (Lordkipanidze *et al.*, 2007).

Thus, the Soviet legislation quickly "reacted" to changes in the social situation and effectively prevented cases of criminal infection with venereal disease and human immunodeficiency virus, which ultimately led to a significant reduction in the incidence of these diseases in the 80s compared to the beginning of the twentieth century.

6. Qualification of Infection with Venereal Disease and Human Immunodeficiency Virus

Health protection, enshrined in criminal law, is an important part of the Russian state system of protection of the human right to health. Therefore, in the Criminal Code of the Russian Federation there is a separate chapter aimed at protecting the health of citizens, called crimes against life and health. Depending on the nature of the crime, the chapter divides crimes against life, against health, and crimes that threaten health. One of the important chapters in this chapter is the existence of norms separating infection by the human immunodeficiency virus and venereal diseases. The distinction between the elements of a crime between Article 121 of the Criminal Code of the Russian Federation (infection with venereal disease) and Article 122 of the Criminal Code of the Russian Federation (infection with human immunodeficiency virus) is very important, since the danger of human life and social relations in this case is very different, although the order of infection in some points may be common (Minakova and Sokolova, 2007).

Responsibility for both articles occurs if the person was aware of the presence of a sexually transmitted disease or human immunodeficiency virus and concealed this fact when entering into sexual relations. The knowledge of the perpetrator about his illness is confirmed by the warning and other data of the medical institution about the presence of the disease. It should also be noted that, according to article 121 of the Criminal Code, a person may be liable not only during the period of the illness and its treatment at home, but also during the period of hospitalization. It is not a reason for exemption from criminal liability if the victim was willing to put himself in danger of being infected with a human immunodeficiency virus or a venereal infection. From the point of view of the subjective side, infection with the human immunodeficiency virus and infection with a venereal disease are characterized by direct and indirect intent (Belozeroва and Agronina, 2017).

It is impossible to hold a person accountable for criminal negligence, since the law states that the person should have known that he has a human immunodeficiency virus or a sexually transmitted infection. Criminal frivolity occurs when a person assumes that he has cured himself of the disease himself, and believes that the other person will not be infected by contacting him. The presence of a separate norm on the human immunodeficiency virus in the Criminal Code of Russia is due to the particular danger of this infection in comparison with venereal and other diseases. In order for a crime to be infected with a human immunodeficiency virus it can be considered complete, it is not required that it develop into an acquired immunodeficiency syndrome. Moreover, it is not even necessary for the virus to enter the victim's body because Russian law already provides for the responsibility for creating the conditions for the victim to become infected. The objective side of paragraph 1 of Article 122 of the Criminal Code - knowingly putting another person in danger of being infected with a human immunodeficiency virus, can be equally expressed in inaction and action. The source of the disease in cases stipulated by article 122 of the Criminal Code of Russia are people in whose blood the virus circulates. There are certain features of the legal qualification of a crime in accordance with Article 122 of the Criminal Code of Russia. So, part 1 of the article provides that responsibility comes at the time of putting in danger. Part 2 and part 3 of the article indicate that liability arises after the act of infection. And part 4 of the article indicates that responsibility occurs if a special subject infects the victim due to negligent performance (or non-performance) of official duties (Tkacheva, 2018).

7. Conclusion

It must be remembered that the prevention of STIs and infection with the human immunodeficiency virus depends on internal moral attitudes (orientation toward a later start of sexual activity, refusal of premarital and extramarital intimate relations). The motive for the start of sexual life should be your own conscious decision, and not pressure from a partner, fear of losing him, desire to please him and preserve the relationship. In such cases, it is necessary to clearly and clearly discuss the intimate side of the relationship and, in cases of reluctance to begin sex with this partner, refuse.

Despite the fairly widespread STI and the occurrence of infection with human immunodeficiency virus, the implementation of the simplest recommendations guarantees the safety of intimate life and preservation of health. A clear legal regulation of actions of a sexual nature, associated with the risk of infection or entailing infection with

sexually transmitted infections, helps to curb their distribution. It is essential for maintaining the sexual health of people of young and mature age, which is an important resource of any country.

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