TO THE CONSTITUTIONAL COURT OF THE REPUBLIC OF SERBIA

Belgrade, Bulevar kralja Aleksandra 13

Submitter of the Initiative: Movement "Right to Life - Meri"

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SUBJECT: INITIATIVE FOR ASSESSING THE CONSTITUTIONALITY AND LEGALITY

of the Rulebook on the Manner and Organization of Providing Emergency Medical Assistance ("Official Gazette of RS", No. 79/2025 dated September 15, 2025)

I. INTRODUCTION

The Movement "Right to Life - Meri", as an association established in accordance with the Law on Associations ("Official Gazette of RS", No. 51/2009, 99/2011 - other laws and 44/2018 - other law) for the purpose of achieving goals in the field of protection and promotion of human rights, which is considered an activity of public interest (Article 38, Paragraph 3 of the Law on Associations), based on Article 168, Paragraph 3 of the Constitution of the Republic and Articles 50 and 51 of the Law on the Constitutional Court, submits this initiative for assessing constitutionality and legality.

This initiative is submitted for the purpose of joining and supporting the **Proposal for assessing the constitutionality and legality** of the same general act, which was submitted to the Constitutional Court by a group of 25 members of parliament, thereby aiming to highlight the broader social significance and public interest in urgently resolving systemic problems in the organization of emergency medical assistance.

II. CHALLENGED GENERAL ACT AND PROVISIONS

This initiative challenges the constitutionality and legality of the provisions in **Articles 4, 6, 8, 9, 28, and 30** of the Rulebook on the Manner and Organization of Providing Emergency Medical Assistance (hereinafter: the Rulebook).

III. REASONS FOR CHALLENGING AND VIOLATIONS OF THE CONSTITUTION AND LAW

The Constitution of the Republic of Serbia, as the highest legal act, establishes the rule of law in Article 3 as a fundamental principle, while Articles 194 and 195 prescribe the

obligation of conformity of all general acts with the Constitution and the hierarchy of legal acts, according to which bylaws must be in accordance with the law.

The challenged Rulebook, adopted based on the authorization in Article 83, Paragraph 4 of the Law on Health Care, instead of operationalizing and ensuring the application of clear legal principles, directly undermines the legal order and endangers fundamental human rights through its deficiencies, omissions, and ambiguities.

As detailed in the proposal of the members of parliament, the challenged provisions of the Rulebook create systemic risk and legal uncertainty, leading to violations of the following constitutional and legal norms:

1. **Violation of the inviolable right to life (Article 24 of the Constitution):** By establishing a triage system based on the subjective assessment of physicians (Article 6 of the Rulebook) and legally indeterminate terms such as "timely", without binding medical protocols, the state fails to fulfill its positive obligation to take all necessary measures to protect the lives of citizens.
2. **Violation of the right to health protection (Article 68 of the Constitution):** A system that allows arbitrariness and delay of assistance due to non-medical criteria, such as "the number of available teams" (Article 9 of the Rulebook), directly endangers the right to adequate and accessible health care.

3. **Violation of the right to an effective remedy (Article 36 of the Constitution):** The lack of clear standards and protocols, as well as the omission to define audio records as medical documentation (Articles 8 and 28 of the Rulebook), prevents the establishment of responsibility for professional errors and makes the rights of patients guaranteed by the Law on Patients' Rights, such as the right to safety (Article 10) and the right to compensation for damages (Article 31), illusory.

4. **Inconsistency with laws of higher legal force (Article 195 of the Constitution):** The challenged provisions are in direct contradiction with imperative norms:

    - **Law on Health Care**, which requires measures to be "based on scientific evidence" and "effective" (Article 5) and prescribes the duty to provide emergency assistance to all citizens (Article 62).
    - **Law on Patients' Rights**, which guarantees the right to "timely and quality health service" (Article 9) and the right to equal access regardless of "the time of access to the health service" (Article 6).

- **Law on Health Documentation and Records in the Field of Health**, which defines audio records as an integral part of medical documentation (Article 4).
- **Law on Health Insurance**, which allows commercial services only if mandatory insurance is not endangered (Articles 190 and 204), which the provisions of Articles 4 and 30 of the Rulebook enable without protective mechanisms.

We believe that the aforementioned systemic deficiencies are not merely a theoretical possibility, but represent a harsh reality that leads to tragic consequences and loss of human lives. For the purpose of illustrating how such an unconstitutional and illegal regulatory framework directly affects the lives of citizens and their families, below we present specific cases that testify to the detrimental effects of the challenged Rulebook.

IV. EXAMPLES FROM PRACTICE THAT ILLUSTRATE SYSTEMIC DEFICIENCIES OF THE CHALLENGED RULEBOOK

The submitter of the initiative particularly emphasizes that the cases presented below are selected as the most representative examples of systemic deficiencies, and that they represent only a part of the documentation and evidence available to the Movement. If the Constitutional Court deems it necessary for the full establishment of the factual situation and a comprehensive view of the extent of the problems, the Submitter is ready to provide additional examples and evidence to support the allegations in this initiative.

Health status data in the mentioned cases were obtained **based on explicit written authorizations from the families**, and are processed based on Article 17, Paragraph 2, Point 6 of the Law on Personal Data Protection because the processing is necessary for the purpose of submitting, realizing, or defending a legal claim before the Constitutional Court.

For the purpose of respecting the principle of data minimization from Article 5 of the Law on Personal Data Protection, initials of the persons to whom the data relate are used in the textual part of this initiative. At the same time, to enable the Constitutional Court to conduct a full review of the factual situation and assess the credibility of the allegations, the attachments include complete medical documentation without anonymization, which was obtained based on written authorizations from the families.

Case 1: Case of M. B.: Fatal Consequences of Subjective Assessments and Systemic Absence of Protocols in Emergency Medical Assistance

The case of the tragically deceased **M. B. (42)** from April 19, 2020, represents a paradigmatic example of the danger that arises when life-important decisions in the emergency medical assistance system are made based on **subjective assessments**, rather than on clear, binding, and standardized medical protocols.

The analysis of this case, based on conversation transcripts, the extraordinary supervision report, professional analysis, and crucially, the results of the conducted situational research, unequivocally indicates a **systemic deficiency** that endangers the constitutionally guaranteed **right to life** and the **right to health protection**.

This case, which inspired the founding of the Movement **"Right to Life – Meri"**, best proves what it means when objective criteria are replaced by the *"subjective feeling"* of the dispatcher.

1.1 Chronology of Events: Loss of Precious Time During the State of Emergency

On April 19, 2020, during the state of emergency and curfew introduced due to the COVID-19 virus pandemic, when citizens were unable to move freely and when most health institutions were operating in COVID mode, Ms. **M. B.** suddenly became ill in her home in the Belgrade neighborhood of **Višnjica**.

Her family was completely reliant on the only available form of help – calling the number **194** of the **City Institute for Emergency Medical Assistance Belgrade (CIEA)**.

A detailed review of the communication between the deceased's husband and the City Institute for Emergency Medical Assistance reveals key moments in which **subjective assessment led to a delay in intervention**.

First Call (12:06 hours)

The husband of the deceased M. placed a call to Emergency Assistance.

From the conversation transcript, it is clear that he presented the following **alarming symptoms and facts** to the dispatcher at local 8:

- **Sudden deterioration:**
  "She suddenly collapsed, I barely revived her a bit."
- **Medical history:**
  "She had an embolism 2.5 years ago, she was in the hospital."

- **Neurological symptoms:**
  "She barely speaks,"
  "I only heard her mumbling something at the door."
- **General collapse symptoms:**
  "She's drenched in cold sweat, she's fainting,"
  "She says her pressure has dropped."
- **Gastrointestinal symptoms:**
  "Vomited now in the bathroom,"
  "Had stool... loose."

Despite these extremely serious symptoms, and especially the key information about the previous **pulmonary embolism (PE)**—which represents the highest risk factor for a repeated, often fatal event—the doctor **did not classify the call as urgent**.

Instead of dispatching a team, she gave advice that was **inadequate in the given situation** and led to the **loss of precious time**:

- *"Put her on her side to lie down..."*
- *"Raise her legs..."*
- *"Give her something sweet, some sugar or honey..."*
- *"Brew her some mint tea..."*
- *"You can prepare those ready-made soups from packets..."*
- *"Try to contact the health center to come and check."*

Source:
Attachment 1 – transcripts of telephone conversations from April 19, 2020.

Call to the Health Center

Following the instructions, the husband called the **Health Center in the Palilula municipality**, where he was told that:

- *"It's not in their jurisdiction"*
- *"They are only home care"*

He was again referred back to **CIEA**.

This **shifting of responsibility** and uncertainty in jurisdictions represent an **additional systemic deficiency** and further **loss of precious time**.

Second Call (12:37 hours)

The husband calls CIEA again and informs the same operator that the condition has **drastically worsened**:

- the wife's left arm has started tingling
- she has chest pain
- she is suffocating
- breathing heavily
- speaking incomprehensibly (*"mumbling"*)
- the stool was black

Only after this call, and an additional conversation that lasted almost **8 minutes**, the on-duty doctor decides to **dispatch a team**.

Source:
Attachment 1 – transcripts of telephone conversations from April 19, 2020.

Tragic Outcome

In the **third call (13:54 hours)**, the husband informs the on-duty doctor that his wife has passed away and directly points out the deficiency:

"Just to tell you, the first time you didn't send emergency assistance, only the second time after an hour you sent emergency assistance, my wife has passed away. If only it had come half an hour earlier."

The on-duty doctor defends herself with the words:

"...really, I can't assess based on what you told me the first time that it's really that urgent, you understand."

This sentence represents the **essence of the problem** – the decision was made based on **subjective assessment**, not an **objective protocol**.

Source:
Attachment 1 – transcripts of telephone conversations from April 19, 2020.

1.2 Contradictoriness of Official Findings and Professional Analyses: Evidence of Systemic Error

After the tragic event, two key documents were prepared with **completely opposing conclusions**, further illustrating the lack of standardization.

a) Extraordinary Supervision Report

In this official document, the commission concludes that:

- *"No deficiencies in relation to treatment were established"*
- *"There were no deficiencies in the work of the on-duty operator"* (Points 10 and 11)

It states that the procedure was in accordance with *"valid doctrinal views"* and that:

- *"Based on the clinical picture obtained from the wife... it could not be determined with certainty what it was about."*

Source:
Attachment 2 – Report on external quality control of professional work No. 3338/3-2020 dated November 22, 2022.

b) Conversation Analysis

Dr. **M. B.**, specialist in emergency medicine, in her professional analysis reaches a **diametrically opposite conclusion**, stating that there were:

- *"Key deficiencies in triage."*

Source:
Attachment 3 – professional analysis by emergency medicine specialist Dr. M. B.

This fundamental contradiction between the official report and the independent professional analysis proves that *"valid doctrinal views"* are **not sufficient** and leave too much room for **arbitrariness and error**.

If **clear, binding protocols** had existed, the conclusions of the two professional analyses **could not have been so opposed**.

1.3 Situational Research: Irrefutable Evidence of Systemic Arbitrariness

To prove that the error in the case of **M. B.** is not an isolated incident, but a consequence of the **systemic lack of standardization**, situational research was conducted.

With the approval of ethics committees and directors of health institutions, calls were made to emergency services in **Aleksinac**, **Svrljig**, and **Negotin**, presenting **completely identical symptoms and anamnestic data** as in the first call for M. B.

The results are devastating for the system:

Aleksinac (03.03.2023)

- Call received by **Dr. N. S.**, specialist in emergency medicine with **25 years of experience**
- The call was **immediately classified as first priority**
- Key symptoms cited:
    - previous PE
    - loss of consciousness
    - vomiting

Svrljig (24.02.2024)

- Call received by **Dr. A. S.**, with **1.5 years of experience**
- The call was **immediately classified as first priority**
- Key information:
    - previous PE
- Working diagnosis:
    - suspected repeated pulmonary embolism

Negotin (11.02.2024)

- Call received by **Dr. M. B.**, with **3 years of experience**
- The call was **immediately classified as first priority**
- Key symptoms cited:
    - previous PE
    - loss of consciousness
- Working diagnosis:
    - suspected repeated pulmonary embolism

Research Results: Unequivocal Evidence of Systemic Failure

The research results are unequivocal: in three different cities, doctors with different levels of experience (from 1.5 to 25 years) reacted in an identical manner – correctly,

professionally, and in accordance with professional rules, recognizing a life-threatening condition and classifying it as the highest priority.

Only in **Belgrade**, in the largest and supposedly best-equipped center, the reaction was absent, leading to a fatal outcome.

Source:
Attachment 4 – situational research: Consistency of Application of Doctrinal Views in Assessing the Urgency of Calls to 194

1.4 Implicit Acknowledgment of Systemic Deficiency in the Official Report

The most important part of the official **Report on External Quality Control of Professional Work No. 3338/3-2020 dated November 22, 2022**, is **Point 12 – "Proposal of Measures"**, which states:

"Enable equal accessibility and equipment of emergency medical assistance throughout the territory of the Republic of Serbia with the application of National Guides and Protocols that regulate and ensure every segment of prehospital emergency medicine."
(Extraordinary Control Report 1)

This proposal of measures represents an **implicit acknowledgment** by the supervisory commission that such national guides and protocols **do not exist or are not applied uniformly**.

Thus, despite absolving individuals of responsibility, it unequivocally points to the **systemic deficiency** as the root of the problem.

If the procedure was adequate, **why propose the introduction of protocols** that would standardize and make that procedure objective?

1.5 Legal Analysis: Violation of the Constitution and Law Due to Subjective Assessment

The case of **M. B.**, supported by all the mentioned evidence, clearly shows that reliance on **subjective assessments** instead of **objective protocols** directly violates a series of constitutional and legal norms.

1.5.1 Constitution of the Republic of Serbia

- **Right to Life (Article 24):**
  Human life is inviolable. The state is obliged to create a system in which this right is protected in the most effective possible way. A system that allows the subjective assessment of the operator to delay the dispatch of assistance in a life-threatening situation directly violates this constitutional guarantee.
- **Right to Health Protection (Article 68):**
  Everyone has the right to health protection. This right is rendered meaningless if access to emergency medical assistance depends on individual interpretations rather than objective medical criteria.
- **Equality Before the Law (Article 21):**
  Subjective assessments create inequality. Situational research proves that two patients with identical symptoms can receive drastically different treatment depending on which operator listens to them and in which city they are located. The proposal of measures from the supervision report, which calls for *"equal accessibility"*, confirms that it currently does not exist.

1.5.2 Law on Health Care

- **Obligation to Provide Emergency Assistance (Articles 62 and 65):**
  Every health institution, including the health center, is obliged to provide emergency medical assistance. The refusal of jurisdiction by the Health Center in the case of M. B. represents a direct violation of the law.
- **Principle of Acting According to Standards (Article 5):**
  The law mandates that health care must be *"based on scientific evidence... in accordance with professional standards, adopted good practice guidelines, treatment protocols."*
  Acting according to *"doctrinal views"* instead of clear protocols, as shown in the case of M. B. and confirmed by situational research, is contrary to this article.

1.5.3 Law on Patients' Rights

- **Right to Timely and Quality Service (Article 9):**
  The patient has the right to a service in accordance with *"established professional standards."* The loss of precious time due to incorrect triage represents a violation of this right.

- **Right to Safety (Article 10):**
  The law explicitly states: *"The patient may not suffer harm caused by inadequate functioning of the health service."*
  Reliance on subjective assessment and absence of binding protocols is *"inadequate functioning"* of the system that, in the case of M. B., caused irreparable harm.

1.5.4 Legal Gap in Bylaws

The existing **Rulebook on Conditions and Manner of Internal Organization of Health Institutions** defines the existence of a *"service for receiving and processing calls"* (Article 12), but **does not prescribe any procedures, criteria, or protocols for its work**.

This legal gap creates an environment in which subjective assessments are not only possible but inevitable, which directly led to the tragedy in the case of M. B.

1.6 Relevance to the Law on the Constitutional Court

The case of **M. B.**, with all the attached evidence, directly fits into the procedural framework of the **Law on the Constitutional Court**:

- **Submission of Evidence (Article 31):**
  All transcripts, medical documentation, control reports, and situational research represent *"evidence"* and *"necessary data"* that a participant in the proceedings has the right and duty to provide to the Constitutional Court for the purpose of *"decision-making by the Constitutional Court."*
- **Data of Significance (Article 51):**
  This case, with its detailed chronology and contradictory findings, represents *"other data of significance for assessing constitutionality or legality"* of the challenged general act (Rulebook).
- **Temporary Measure (Article 56):**
  The tragic outcome of the case of M. B., as well as the results of situational research, clearly indicate the danger of *"irreparable harmful consequences"* that may occur due to the application of the challenged Rulebook.
  This provides a strong basis for requesting the Constitutional Court to order a temporary measure suspending the execution of individual acts.

- **Elimination of Consequences (Article 45, Point 6):**
  The case of M. B. illustrates the type of consequences that the Constitutional Court should eliminate, not only by annulling the unconstitutional act, but also by determining the manner for adopting a new, adequate act that will prevent future tragedies.

1.7 Conclusion

The case of **M. B.** tragically demonstrates that reliance on subjective assessments in the triage of urgent conditions is inadmissible and contrary to the Constitution and laws of the Republic of Serbia.

The contradictory findings of the official supervision and independent professional analysis, and especially the results of situational research showing drastic differences in procedures across Serbia, reveal a deep systemic problem.

The state's failure to adopt a clear, evidence-based, and binding triage system leads to unequal treatment, loss of precious time, and ultimately, loss of human lives.

Therefore, it is necessary to assess the constitutionality and legality of the bylaws regulating this area, or more precisely, **failing to regulate it adequately**, in order to create a system that protects, rather than endangers, the basic human right – **the right to life**.

Case 2: Case of Minor N. U. (9)

Illustration of Fatal Consequences of Subjective Assessment, Violation of Child's Rights, and Systemic Cover-Up of Deficiencies

The case of the tragically deceased nine-year-old girl **N. U.** from December 29, 2024, represents the most drastic example of how systemic deficiencies in the organization of emergency medical assistance, and especially reliance on subjective assessment instead of clear protocols, directly endanger the most vulnerable categories of the population – **children**.

This case, documented through conversation transcripts, medical documentation, and internal control report analysis, reveals a *"closed circle of irresponsibility"* that arises when a triage deficiency continues through dysfunctional control in conflict of interest, thereby preventing the establishment of truth and realization of justice.

2.1 Chronology of Events: Fatal Triage and Refusal of Assistance

On December 29, 2024, at **05:32 hours**, the uncle of minor N. U. placed a call to the **Institute for Emergency Medicine Belgrade**.

From the conversation transcript, it is clear that he presented the following **alarming symptoms** to the dispatcher:

- **Severe General Condition:**
  "Child 9 years old. Vomited multiple times, her stomach is swollen literally."
- **Disturbance of Consciousness:**
  "Now lying, I can't move her, almost unconscious."
- **Impossibility of Transport:**
  "Here she lies on the floor literally, she can't get up."

Despite these extremely serious symptoms, which in a 9-year-old child require an immediate and urgent response, the on-duty doctor, based on **subjective assessment**, concluded that it was food poisoning:

"...so that's why she's feeling bad... because she poisoned herself with some food."

After that, not only did she refuse to dispatch a team, but she shifted responsibility to the family, advising them to take the child to the hospital themselves, even though the uncle repeatedly explained that he couldn't move her:

- **Uncle:** *"How to take her to Tiršova?"*
- **Doctor:** *"How to take her? By taxi, by car, how are you asking me. Emergency..."*

The conversation ended with an **insulting comment from another dispatcher**, which represents a complete breakdown of professional ethics and the system of providing assistance.

Source:
Attachment 6 – transcript of telephone conversation from December 29, 2024.

2.2 Medical Reality Versus Subjective Assessment

While the emergency dispatcher *"diagnosed"* food poisoning, the actual health condition of the girl was dramatically different and life-threatening.

As seen from the **Discharge List with Epicrisis from the University Children's Clinic**, N. U. was admitted to the hospital the same day in an **extremely severe condition**:

- **Condition upon Admission:**
  "Disturbed consciousness of sopor type,"
  "present strong acetone breath,"
  "gives the impression of a severely ill patient."
- **Main Final Diagnosis:**
  "E10.1 Diabetes mellitus ab insulino dependens, cum ketoacidosi"
  (Insulin-dependent diabetes mellitus with ketoacidosis)
- **Laboratory Findings:**
  "pH < 6.8" (extremely severe, life-threatening acidosis)
  "glucose 62...21.3 mmol/L" (critically high value)
- **Tragic Outcome:**
  Despite all intensive treatment measures, at **18:50 hours** the same day, *"Exit letalis"* (death) was noted.

Conclusion:
It was not food poisoning, but **diabetic ketoacidosis (DKA)**, one of the most urgent conditions in pediatrics. The symptoms described by the uncle – vomiting and disturbance of consciousness – are classic signs of severe DKA.

The dispatcher's subjective assessment, made without clear protocols, was **fatally wrong** and led to the loss of precious time that could have saved the child's life.

Sources:
Attachment 7 – report of the commission for extraordinary internal control No. 558 dated January 20, 2025.
Attachment 8 – discharge list with epicrisis in the name of U. N.

2.3 Dysfunction of Internal Control: Institutional Conflict of Interest

After the tragic outcome, the Institute for Emergency Medicine Belgrade conducted an internal control. However, the composition of the commission for internal control was such that it **compromised the objectivity and independence of the procedure in advance**.

As documented in the internal control document, the commission included:

- the shift leader,

- shift coordinator, and
- call center coordinator.

These persons are **directly hierarchically responsible** for the work of the doctor on call reception, which means they were in a position to decide on their **own professional responsibility** in the procedure.

Such a composition of the commission guarantees that the conclusion will be directed towards **absolving responsibility**, rather than establishing the truth.

2.4 Legal Analysis: Violation of Constitutional and Legal Guarantees, Especially Child's Rights

The case of minor **N. U.** and the way the system reacted directly violate a series of constitutional and legal norms:

- **Violation of the Inviolable Right to Life (Article 24 of the Constitution of the Republic of Serbia):**
- **Refusal to send assistance to a child in a state of disturbed consciousness** represents direct endangerment of their right to life. The state has a positive obligation to establish an effective health care system that will protect the lives of citizens, especially children. The deficiency in intervention and subsequent cover-up of responsibility through compromised control represent a flagrant violation of this obligation.

2.4.1 Violation of Child's Rights and Special Protection (Articles 64 and 66 of the Constitution of the Republic of Serbia)

- **Article 64 of the Constitution** explicitly states: *"Children enjoy human rights appropriate to their age and mental maturity"* and are *"protected from psychological, physical... and any other... abuse"*. Untimely medical assistance and a system that prevents the establishment of responsibility for deficiencies represent a form of neglect and abuse of the system that directly affects child's rights.
- **Article 66 of the Constitution** guarantees *"special protection"* for the child. This constitutional provision imposes an enhanced obligation on the state to ensure the highest possible standard of protection for children. Dysfunctional control and absence of clear protocols in emergency assistance directly undermine this special protection.

2.4.2 Violation of the Right to an Effective Remedy (Article 36 of the Constitution of the Republic of Serbia)

- When internal control is compromised by conflict of interest, as shown in the internal control document, citizens are denied the right to an effective remedy. Such a system creates a *"closed circle of irresponsibility"* where it is impossible to establish professional error, thereby directly violating Article 36 of the Constitution and Article 13 of the ECHR.

2.4.3 Violation of the Law on Health Care

- **Obligation to Provide Emergency Assistance (Article 62):** Refusal to send a team to a child in severe condition represents a direct violation of this legal obligation.
- **Principle of Acting According to Standards (Article 5):** Acting according to subjective assessment, rather than standards, is directly contrary to this article.

2.4.4 Violation of the Law on Patients' Rights

- **Right to Safety (Article 10):** The law explicitly states: *"The patient may not suffer harm caused by inadequate functioning of the health service."* Fatal error in triage and compromised control are the definition of *"inadequate functioning"*.

2.5 Conclusion

The case of minor **N. U.** unequivocally shows that the absence of clear and binding protocols, which the Rulebook should have regulated, leads to fatal errors in triage, and that the existing control mechanisms are dysfunctional and subject to conflict of interest.

Such practice directly violates the right to life, especially children's rights, and renders the right to an effective remedy meaningless, thereby violating the highest constitutional guarantees.

Case 3: Case of M. S. (26 years)

Example of Systemic Refusal of Emergency Assistance in Acute Stroke, Severe Health Impairment, and Obstruction of Justice by Denying Access to Medical Documentation

The case of **M. S. (26)** from January 16, 2023, represents a drastic example of how the triage system based on subjective assessment, enabled by the challenged Rulebook, leads to

refusal of emergency medical assistance even in situations where symptoms are clear, alarming, and indicate an acute stroke.

Although a fatal outcome did not occur, this case resulted in severe health impairment of a young person.

Additionally, the case is burdened by the refusal of the competent health institution to provide the family access to key evidence – audio records of conversations – thereby creating a *"closed circle of irresponsibility"*, directly violating constitutional rights and preventing access to justice.

The findings of the internal and external control reports, which followed this event, unequivocally confirm systemic deficiencies and the absence of binding protocols, thereby further strengthening the argumentation on the unconstitutionality and illegality of the challenged Rulebook.

3.1 Chronology of Events

As documented in the official conversation transcripts with Emergency Assistance Belgrade, the events unfolded as follows:

First Call (16.01.2023 at 12:00 hours, Dr. M. P.)

Roommate of M. S., and then the patient himself (26 years old), reports classic and alarming symptoms indicating an acute stroke:

"My whole left side is numb and I can't move it, just barely feel it, the entire left side in general and left half of the mouth, I can't speak properly, that's how I woke up just like that".

The patient repeatedly emphasizes his immobility:

- *"I can't get out of bed, honestly"*
- *"I can't walk, how to come, I can't move"*

Instead of dispatching a team, the dispatcher doctor Dr. M. P. minimizes the symptoms based on subjective assessment of speech (*"you speak nicely, that's not a stroke perhaps"*) and gives medically unfounded claims (*"the inside of the left half of the body is not a sign of stroke"*).

The patient is instructed to come to the clinic himself or call the health center.

Source:
Attachment 9 – transcripts of telephone conversations from January 16, 2023.

Second Call (16.01.2023 at 12:23 hours, Dr. M. P.)

Another person (patient's girlfriend) calls Emergency Assistance again, stating that the:

“Boyfriend is paralyzed in bed, doesn't feel the left side of the body at all”.

The doctor again refuses to dispatch a team, ignoring the practical impossibility of transporting a paralyzed person from the fifth floor, again using subjective speech assessment as an argument:

“And how nicely he speaks, he completely, nicely, preserved speech”.

Source:
Attachment 9 – transcripts of telephone conversations from January 16, 2023.

Third Call (16.01.2023 at 12:07 hours, M. P.)

The patient's father, **G. S.**, calls from Negotin and explains that his son has:

“the entire left side taken away”.

Technician M. P. refuses to provide assistance or information, setting a bureaucratic obstacle:

“Sir, he must call personally, we can't do it that way, only personal call!”,

even though it was explained to him that the patient is incapacitated.

Source:
Attachment 9 – transcripts of telephone conversations from January 16, 2023.

Desperate Move and Arrival at the Emergency Center

Faced with multiple refusals by the system to provide assistance, the family was forced to transport the patient in a severe condition by private taxi to the Emergency Center.

A particularly aggravating circumstance was the fact that the patient lives on the fifth floor and that transporting him paralyzed, extremely difficult to safely lower without a cardiology chair.

Final Diagnosis

Upon admission to the Emergency Center, a mild stroke was confirmed. Precious time for timely medical intervention was lost.

Source:
Attachment 10 – discharge list with epicrisis in the name of M. S.

3.2 Analysis of Internal and External Control Reports: Institutional Confirmation of Systemic Deficiencies

After the event, internal and external professional work quality checks were conducted, whose findings are key to understanding systemic deficiencies:

3.2.1 Recognition of Deficiencies in Operator Procedure and Lack of Supervision

- The internal control report concludes:

"Based on the transcripts and audio records, we believe that the operator should have accepted the call, based on which an emergency team would have been dispatched".

As a key deficiency, it reveals the systemic lack of supervision:

"The shift leader and Shift Coordinator do not have insight into the operator's conversation with the patient, nor do they personally talk to him, except in cases when the operator has some doubt and requests help from them".

Source:
Attachment 11 – report of the commission for extraordinary internal control No. 4744 dated May 10, 2023.

- The same report, as well as the External Control Report, point to the systemic lack of supervision:

"The shift leader and Shift Coordinator do not have insight into the work of the 194 operator, except if the operator himself does not request help".

The fact that the operator did not turn for help, and that *"the operator independently and professionally assesses the justification and decides on the need for the team to go out"*, directly confirms that the system enables independent and uncontrolled subjective assessment.

Source:
Attachment 12 – report on extraordinary external control of professional work.

3.2.2 Explicit Recognition of the Lack of National Protocols – Crown Evidence of Systemic Problem

- The report on extraordinary external professional work quality check brings the key finding:

"Taking into account the fact that at the republican level there is officially no document defining doctrinal views with instructions and protocols for receiving, processing, and triage of calls in the reception dispatch center of the Institute for Emergency Medicine, as well as other emergency medical assistance services, potential deficiencies cannot be precisely defined".

- **Legal Significance:** This is a direct, institutional acknowledgment that the absence of protocols is the root cause of systemic deficiencies. This finding directly supports the central thesis that the challenged Rulebook, which does not prescribe such protocols, creates a legal vacuum that enables arbitrariness and inadequate procedure.

3.2.3 Illustration of the "Closed Circle of Irresponsibility"

- Although the external control concludes that the operator *"should have sent the team"*, it simultaneously states:

"Given that the patient was referred to the nearest health center and to the field services of the health center, it cannot be unequivocally established that a professional error was made".

- **Legal Significance:** This contradictory conclusion is the essence of the "closed circle of irresponsibility". The system acknowledges that action should have been different, but due to the lack of clear protocols, it *"cannot be unequivocally established that a professional error was made"*. This proves that systemic deficiencies directly prevent the establishment of responsibility and violate the right to an effective remedy (Article 36 of the Constitution).

3.2.4 Proposal of Measures as Confirmation of the Initiative's Requests

- The external control report proposes:

"Development of guides, i.e., protocols with standardized algorithms for receiving, triage, and distribution of calls, taking into account the latest world experiences".

- **Legal Significance:** This proposal is a direct confirmation from the official control body that such regulation is necessary.

3.3 Refusal to Provide Audio Records: Multiple Violation of Law and Obstruction of Justice

In addition to direct deficiencies in providing assistance, the refusal to deliver audio records of conversations with Emergency Assistance (**Source: Attachment 13: Letter from the Institute No. 2651 dated March 23, 2023, refusing requests for delivery of audio records for M. S.**) represents an additional, serious problem that prevents the establishment of factual situation and responsibility.

This refusal represents a violation of multiple laws:

3.3.1 Violation of the Law on Health Documentation and Records in the Field of Health

This law is unequivocal regarding the status of audio records:

- **Audio records are medical documentation:** According to Article 4, Point 1) and 5), *"Document"* is defined as any record, including *"audio, voice... recordings"*, and *"Medical documentation"* as a set of such documents. Thus, the Rulebook, as a bylaw, contradicts the law, which constitutes a violation of the principle of hierarchy of legal acts from Article 195 of the Constitution.

3.3.2 Violation of the Law on Free Access to Information of Public Importance

Audio records are also information of public importance:

- **Obligation of the Authority:** The Institute for Emergency Medicine is an *"authority"* in the sense of Article 3 of the Law on Free Access to Information of Public Importance. Audio records are *"information of public importance"* according to Article 2, and the public has a justified interest to know, especially since it concerns *"endangering, i.e., protection of public health"* (Article 4).
- **Urgency of the Procedure:** The request for audio records in this case falls into the category of urgent, with a deadline for action of 48 hours (Article 16, Paragraph 2). Refusal or failure to act within this deadline represents a violation of the law.

3.4 Official Justification of Systemic Disorder – Exposed by the Public Procurement Contract

- The Movement *"Right to Life – Meri"*, reacting to the abuse of staff and resources in the Institute for Emergency Medicine Belgrade, submitted a representation to the Committee for Health and Family of the National Assembly.

In response, the Ministry of Health delivered letter **No. 450.01-90/23-2 dated July 20, 2023**, containing the Institute's statement.

This letter, dated before the entry into force of the challenged Rulebook, represented evidence of the existence of a legal vacuum and arbitrariness in resource allocation.

However, in light of subsequently obtained evidence – the **Public Procurement Contract No. 448/18 dated June 24, 2025**, concluded between **PE "Ada Ciganlija"** and the Institute, as well as the accompanying **Technical Specification**, the Institute's statement proves to be inaccurate, misleading, and in direct contradiction with the actual state and contractual obligations.

The Institute's statement contains the following claims, which are now exposed:

Dislocation of Teams and False Claim of "Mobility"

The Institute states in its statement:

"One field medical team is dislocated to Ada Ciganlija... as well as one transport field team."

The Institute further claims:

"Our teams are mobile and at any moment the team can be withdrawn from that location to be forwarded a call, in case it is necessary and there are no other available teams that would intervene."

Actual Scope of Engaged Resources and Reduction of Capacity for Public Service

According to the Technical Specification, which is an integral part of the Contract for Providing Medical Security Services for the "Ada Ciganlija" Swimming Area for the 2025 Season, not only *"one field and one transport team"* were engaged on Ada Ciganlija, but significantly larger capacities:

- one field,

- two ambulatory, and
- one transport team.

This engagement at any moment (per shift) required a fixed presence of at least:

- 3 doctors,
- 4 medical technicians, and
- 2 drivers,

with 2 ambulance vehicles.

“Mobility” and Contractual Penalty

The claim of “mobility” of teams is directly refuted by Article 4 of the Public Procurement Contract. This article prescribes:

“In case of delay... or unjustified leaving the workplace before the end of working hours... The service provider undertakes to pay the Ordering Party in the name of contractual penalty the amount of 5,000.00 dinars for each individual case...”

This means that any withdrawal of a team from Ada Ciganlija, even for saving citizens' lives in another part of the city, would constitute a breach of contract and entail financial sanctions.

In accordance with the principle of duty to fulfill obligations from Article 17 of the Law on Obligations the Institute was obliged to fulfill its contractual obligation of team presence on Ada, which excluded their free mobility.

Thus, the teams were not “mobile”, but contractually fixed and “locked” on Ada, which directly affected their unavailability.

The case of Mr. K., who waited more than 5 hours for transport, is tragic evidence of this reduced availability, which was imposed by contract.

Sources:
Attachment 15 – Letter from the Ministry of Health, No. 072-00-479/2025-02 dated June 20, 2025.
Attachment 16 – Public Procurement Contract No. 448/18 dated June 24, 2025, with PE “Ada Ciganlija” (Public Procurement Contract for 2021 and 2022 as evidence of established practice).

Engagement of Staff with Reduced Work Capacity

The Institute admits that staff with:

"reduced work capacity... and are not able, according to the occupational medicine finding, to perform field tasks anymore"

work on Ada.

Analysis: This is a shocking acknowledgment that staff officially assessed as incapable of full field work is assigned to a location defined as high-risk (*"drownings, heart attacks, strokes..."*). Such practice represents a flagrant *"inadequate functioning of the health service"* that systemically increases risk, and is now further confirmed by the fact that it is done within a commercial contract.

Financing and False Claim of "Non-Commerciality"

The Institute claims that employees:

"are not additionally paid since they are already paid from RHIF funds".

Analysis in Light of the Contract: This claim is a gross substitution of theses and an attempt to conceal the commercial nature of the engagement.

The Public Procurement Contract (O.P. 6/2025) is concluded for on-duty services of medical teams, with a total value of **4,999,360.00 dinars without VAT**, i.e., **5,999,232.00 dinars with VAT** (Article 2 of the Contract).

This is unequivocally a commercial arrangement where the Institute acts as an economic entity charging for the service.

It is irrelevant whether employees are additionally paid. The key is that public resources (staff and equipment paid from mandatory health insurance funds) are redirected for specific, commercially contracted duty, for the purpose of generating revenue for the Institute, at the expense of primary activity, which is directly contrary to Articles 190 and 204 of the Law on Health Insurance.

Legal Analysis: Multiple Violation of Constitutional and Legal Norms

The case of **M. K.**, supported by the official statement of the Ministry of Health, and especially the **Public Procurement Contract and Technical Specification** that reveal the true nature of the engagement, indicates a **flagrant violation of a series of regulations**.

Violation of the Constitution of the Republic of Serbia

Right to Life (Article 24)

The state has a positive obligation to establish a system that effectively protects lives. A system that, due to contracted commercialization and fixed resource allocation, under threat of contractual penalties, enables resources of vital importance to be redirected while patients in life danger wait, directly violates this highest constitutional guarantee.

The state, through the Institute, actively prevented the withdrawal of teams for saving lives, giving priority to the commercial contract.

Right to Health Protection (Article 68)

This right is rendered meaningless if the availability of emergency assistance depends on commercial contracts, rather than the urgency of the medical condition.

Equality Before the Law (Article 21)

Fixed dislocation of one field, two ambulatory, and one transport team to Ada, under threat of contractual penalties, creates contractually imposed inequality in access to health care.

Violation of the Law on Health Care

Exclusively Public Ownership and Purpose

(Article 30, Paragraph 2)

Engaging resources of a public institution through a commercial contract, worth almost 5 million dinars, undermines the imperative public character of the service.

Conditions for Renting Free Capacities

(Article 149, Paragraph 1)

In a case where the patient waited over 5 hours, one field, two ambulatory, and one transport team, contractually fixed on Ada, obviously were not “free capacity”.

Obligation to Provide Emergency Assistance

(Article 62, Paragraph 1, Point 1)

Delay of transport for more than 5 hours, while resources are contractually redirected, represents a flagrant violation of this basic obligation.

Violation of the Law on Health Insurance

Principle of Priority of Mandatory Insurance

(Article 190, Paragraph 2 and Article 204)

The law mandates that institutions "prioritize fulfilling contracted obligations towards the Republic Fund".

The case of Mr. K. is direct proof that commercial redirection of resources endangered and had a fatal outcome for a patient from mandatory insurance, thereby grossly violating this legal priority and subordinating it to commercial interest.

Violation of the Law on Patients' Rights

Right to Accessibility (Article 6), Timely Service (Article 9), and Safety (Article 10)

Delay of 5 hours, caused by contractually fixed dislocation of teams, is the definition of "inadequate functioning of the health service" that caused irreparable harm.

Violation of the Law on Public Property

Principle of Good Housekeeping (Article 6)

Concluding a commercial contract by which emergency assistance resources (public property) are redirected in a way that endangers the basic function of the service and leads to loss of life is not in accordance with the principle of good housekeeping.

Violation of the Law on Obligations

Contractual Penalty (Articles 270 and 273)

The existence of a contractual penalty in Article 4 of the Contract clearly shows that the Institute assumed a firm commercial obligation.

According to the Law on Obligations, the creditor (PE “Ada Ciganlija”) has the right to demand either fulfillment of the obligation (team presence) or contractual penalty.

This proves that the Institute could not freely withdraw the team, thereby making the claim of “mobility” legally unsustainable.

Potential Criminal Liability

Such a systemic deficiency, where a contracted organizational decision on fixed resource dislocation, under threat of contractual penalties, directly leads to untimely provision of assistance and fatal outcome, also opens the question of the existence of elements of criminal offenses:

- Abuse of Official Position (Article 359 KZ)
- Negligent Provision of Medical Assistance (Article 251 KZ)
- Failure to Provide Medical Assistance (Article 253 KZ)

not only at the individual level, but also at the organizational level.

Significance of the Case for the Procedure Before the Constitutional Court

The case of **Mr. K.** represents crucial evidence for the procedure before the Constitutional Court, because:

Concretizes the Argument on Illegal Commercialization

This case provides a tragic example of how contractual provisions (Article 4 of the Public Procurement Contract), which enabled commercialization and fixed resource dislocation under penalty threat, directly lead to violation of laws and loss of life.

It proves that the problem is not theoretical, but has fatal consequences, and that the challenged Rulebook has only legalized and formalized such harmful practice.

Supports the Request for Temporary Measure

(Article 56 of the Law on the Constitutional Court)

Mr. K.'s death is the strongest possible evidence of "irreparable harmful consequences" arising from the application of the challenged Rulebook.

This case emphasizes the urgency of the need to suspend the application of the disputed provisions, as the system actively prevents resource withdrawal even in life danger due to commercial obligations.

Illustrates the Systemic Problem

The case shows that the problem is not in the lack of capacity, but in their contractually imposed, commercial, and wrong allocation, which is not in line with public interest and life protection.

Conclusion

(Case of Mr. K.)

The case of **Mr. K.** unequivocally proves that the absence of clear and binding protocols, which the Rulebook should have regulated, and especially its provisions that enable commercialization, lead to fatal consequences.

The Public Procurement Contract and Technical Specification have revealed that redirecting a field and one transport team to commercial duties, engaging staff with reduced work capacity, and delaying transport while patients wait, represent a direct violation of the constitutionally guaranteed right to life, right to health protection, and principle of legality.

This case is key to proving that the problem is systemic, long-term, and that the challenged Rulebook has only legalized harmful practice, which requires urgent intervention by the Constitutional Court.

V. Non-Recognition of Audio Records as Medical Documentation in the Rulebook

Legalization of Systemic Denial of Rights and Abuse of Business Secrecy

In addition to the already mentioned systemic deficiencies in the domain of triage, commercialization, and resource allocation, the challenged **Rulebook on the Manner and Organization of Providing Emergency Medical Assistance** ("Official Gazette of RS", No. 79/2025) represents a serious step backward in the protection of patients' rights.

In its normative framework, it fails to recognize the **audio record of the telephone conversation with the emergency dispatch center** as an integral part of medical documentation.

This omission is not an accidental legal gap, but represents the legalization of long-standing illegal practice of health institutions, which is reflected in the active refusal to treat audio records as medical documentation, directly leading to the denial of legally guaranteed rights of patients and their families, violation of the Constitution, and prevention of access to justice.

Legal Status of Audio Records in Serbia

Unequivocally Medical Documentation Despite Institutional Practice

Although the challenged Rulebook and the practice of health institutions deny the status of audio records, the domestic legal order, through laws of higher legal force and binding court practice, leaves no room for doubt.

Key Evidence – Court Practice

The **Judgment of the Misdemeanor Court in Belgrade, 148 Pr. No. 23484/20 dated February 3, 2022**, confirmed by appellate judgment **11 Prž. No. 8621/22 dated April 13, 2022**, by which the City Institute for Emergency Medical Assistance and the responsible person were finally convicted for non-delivery of audio records, represents the strongest evidence.

In the reasoning of the judgment, the court explicitly concluded:

"Based on all the above, the Court is of the opinion that the mentioned audio record represents medical documentation."

This judgment directly rejected the Institute's defense that *"the audio record cannot be considered medical documentation but only a document"* and established court practice that had to be incorporated into the new Rulebook.

Source:
Attachment 18 – Judgments of the Misdemeanor Court in Belgrade and the Misdemeanor Appellate Court.

Ignoring Proposals During the Drafting of the Rulebook – Evidence of Intentional Omission

During the drafting of the challenged Rulebook, the need for explicit definition of audio records as medical documentation was raised.

At the first meeting of the **Special Working Group for Drafting the Rulebook**, held on January 24, 2025, **Mr. D. Z.**, as a representative of the association, noted that audio records must be clearly defined as medical documentation.

The fact that this proposal, fully in line with existing laws and court practice, was not incorporated into the final text of the Rulebook indicates intentional deviation from the principle of effective public participation guaranteed by **Article 77 of the Law on State Administration**.

Source:
Attachment 19 – Minutes from the first meeting of the Special Working Group.

Legal Basis

- **Law on Health Documentation and Records in the Field of Health:**
  Article 4, Point 1) defines "Document" broadly, including *"audio, voice... recordings"*. Article 4, Point 5) defines "Medical Documentation" as a set of such documents created in the process of providing health care.
- **Law on Health Care:**
  Article 54, Paragraph 3 obliges institutions to keep medical documentation *"regardless of the form in which the data are stored"*.

Consequence of the Omission in the Rulebook

Direct Violation of the Law on Patients' Rights

By failing to define the audio record as a medical document, the challenged Rulebook creates a legal vacuum that emergency services use to avoid applying the Law on Patients' Rights.

- **Right to Copy of Medical Documentation for Deceased Family Member**
  (Article 23, Paragraph 2)

- **Misdemeanor Liability:**
  Precisely for violating this provision, the City Institute for Emergency Medical Assistance was fined **300,000 dinars**, and the responsible person **30,000 dinars**.

Abuse of the Business Secrecy Institute as a Means of Obstruction

Health institutions continuously invoke business secrecy as justification for denying audio records, which represents a legally unsustainable construction and flagrant abuse of the law.

Evidence from Practice: Institutionalized Obstruction Through Internal Acts

In the letter from the Institute for Emergency Medicine Belgrade, **No. 4580 dated May 12, 2025**, delivered to **Mr. R. Ž.**, this practice is clearly evident.

The Institute relies on:

- incorrect interpretation of the Law on Health Documentation, and
- direct invocation of an illegal internal act (Rulebook on Business Secrecy).

Such conduct violates:

- hierarchy of legal acts,
- conditions for business secrecy, and
- primacy of rights guaranteed by special laws.

Comparative Practice in the Region

Audio Record as Medical Documentation is Standard

- **Montenegro:** Article 21 of the Law on Emergency Medical Assistance
- **Federation of Bosnia and Herzegovina:** Article 21 of the Rulebook on Emergency Medical Assistance

These examples show that Serbia, by maintaining the challenged Rulebook, represents a **negative exception**.

Source:
Attachment 23 – Law on Emergency Medical Assistance of Montenegro and Rulebook of the Federation of BiH.

Violation of Constitutionally Guaranteed Rights and Prevention of Access to Justice

Systematic non-recognition of audio records as medical documentation by emergency services, although contrary to domestic court practice and regional standards, represents a serious systemic problem.

Such practice directly violates the rights of patients and their families to access information about provided health care, prevents control of service work, and establishment of responsibility.

Therefore, the Constitutional Court should take into account that the challenged Rulebook, by not recognizing the audio record as a medical document, not only contradicts laws of higher legal force (Law on Patients' Rights, Law on Health Documentation, Law on Health Care) and established court practice, but also creates a legal vacuum that enables abuses and denial of basic constitutional rights of citizens.

It is necessary to align the Rulebook with existing laws and court practice, explicitly defining the audio record as medical documentation, in order to ensure responsibility and full protection of patients' rights.

VI. FINAL CONCLUSION

Based on all the above, it is clear that the challenged Rulebook does not represent merely a set of legal-technical deficiencies, but represents the foundation of a system that actively endangers the health and lives of citizens.

The cumulative effect of all identified systemic deficiencies:

- subjective triage that directly endangers life,
- illegal commercialization of public resources that reduces access to health care, and
- institutionalized denial of evidence by not recognizing audio records as medical documentation

fundamentally undermines:

- the rule of law (Article 3 of the Constitution),

- the constitutional order, and
- makes the constitutionally guaranteed right to health protection (Article 68 of the Constitution) illusory.

VII. LIST OF ATTACHMENTS

Along with this Initiative, in accordance with **Article 31 and Article 51 of the Law on the Constitutional Court**, the following evidence is attached to support the allegations and detail the reasons for challenging the constitutionality and legality of the mentioned general act.

A. Attachments Relating to the Systemic Problem of Subjective Triage

(Cases 1, 2, 3, and 4)

CASE 1: M. B.

Attachment 1: Transcripts of telephone conversations from April 19, 2020 (for case M. B.)

- **Relates to:** IV. Case 1 (1.1)
- **What it shows:**
  Content of calls made to Emergency Assistance, which represent direct evidence of deficiencies in triage, inadequate advice, and refusal to send a team in life-threatening situations, thereby violating Article 62 of the Law on Health Care and Article 9 of the Law on Patients' Rights.

Attachment 2: Report on external quality control of professional work No. 3338/3-2020 dated November 22, 2022.

- **Relates to:** IV. Case 1 (1.2, 1.4)
- **What it shows:**
  Official findings of supervisory bodies which, despite attempts at relativization, confirm deficiencies in procedure, lack of protocols, and illustrate the “closed circle of irresponsibility”, indicating inadequate functioning of the health service in the sense of Article 10 of the Law on Patients' Rights.

Attachment 3: Professional analysis by emergency medicine specialist Dr. M. B. on the analysis of conversations with the emergency service

- **Relates to:** IV. Case 1 (1.2)
- **What it shows:**
  Detailed professional analysis and opinion of a doctor specializing in emergency medicine.

Attachment 4: Situational research: *Consistency of Application of Doctrinal Views in Assessing the Urgency of Calls to 194*
(original audio records can be delivered if necessary)

- **Relates to:** IV. Case 1 (1.3)
- **What it shows:**
  Irrefutable evidence of the systemic nature of the subjective triage problem, proving that doctors in other cities reacted correctly, while in Belgrade the reaction was absent, contrary to Article 5 of the Law on Health Care.

Attachment 5: Requests and approvals from health institutions for conducting situational research

- **Relates to:** IV. Case 1 (1.3)
- **What it shows:**
  Legitimacy and methodology of the conducted situational research.

CASE 2: N. U.

Attachment 6: Transcript of telephone conversation from December 29, 2024.

- **Relates to:** IV. Case 2 (2.1 Chronology of Events)
- **What it shows:**
  Key direct evidence of communication between the family and emergency service.

Attachment 7: Report of the commission for extraordinary internal control No. 558 dated January 20, 2025.

- **Relates to:** IV. Case 2 (2.3 Dysfunction of Internal Control)
- **What it shows:**
    - Institutional conflict of interest
    - Violation of the right to an effective remedy
    - Illustration of the “closed circle of irresponsibility”
    - Relevance for criminal procedure

Attachment 8: Discharge list with epicrisis in the name of U. N.

- **Relates to:** IV. Case 2 (2.2 Medical Reality Versus Subjective Assessment)
- **What it shows:**
  Crown evidence of actual health condition and tragic outcome.

CASE 3: M. S.

Attachment 9: Transcripts of telephone conversations from January 16, 2023.

- **Relates to:** IV. Case 3 (3.1 Chronology of Events)
- **What it shows:**
    - Deficiency in triage
    - Subjective assessment
    - Refusal of assistance
    - Systemic bureaucratic obstacles

Attachment 10: Discharge list with epicrisis in the name of M. S.

- **Relates to:** IV. Case 3 (Final Diagnosis)
- **What it shows:**
  Medical reality (stroke) and evidence of severe health impairment.

Attachment 11: Report of the commission for extraordinary internal control No. 4744 dated May 10, 2023.

- **Relates to:** IV. Case 3 (3.2)
- **What it shows:**
  Acknowledgment of procedural deficiency and lack of supervision.

Attachment 12: Report on extraordinary external professional work quality check

- **Relates to:** IV. Case 3 (3.2)
- **What it shows:**
  - Crown evidence of lack of protocols
  - Illustration of “closed circle of irresponsibility”
  - Confirmation of the Initiative’s requests

Attachment 13: Letter from the Institute for Emergency Medicine Belgrade No. 2651 dated March 23, 2023.

- **Relates to:** IV. Case 3 (3.3) and Chapter V
- **What it shows:**
  Institutionalized obstruction and denial of access to justice.

CASE 4: S. K.

Attachment 14: Medical reports No. 224640 and No. 224643 dated July 23, 2025.

- **Relates to:** IV. Case 4 (Chronology of Events)
- **What it shows:**
  Medical documentation confirming deterioration during multi-hour waiting and fatal outcome.

Attachment 15: Letter from the Ministry of Health No. 072-00-479/2025-02 dated June 20, 2025.

- **Relates to:** IV. Case 4
- **What it shows:**
  Official statement containing inaccurate claims about "mobility" and "non-commerciality".

Attachment 16: Public Procurement Contract No. 448/18 dated June 24, 2025, with PE "Ada Ciganlija"

- **Relates to:** IV. Case 4
- **What it shows:**
  Commercial nature of engagement and existence of contractual penalties.

Attachment 17: Technical specification for public procurement

- **Relates to:** IV. Case 4
- **What it shows:**
  Actual scope of engaged resources and reduction of capacities.

B. Attachments Relating to Non-Recognition of Audio Records as Medical Documentation

(Chapter V)

Attachment 18: Judgments of the Misdemeanor Court and Misdemeanor Appellate Court
Attachment 19: Minutes from the first meeting of the Special Working Group
Attachment 20: Rulebook on Business Secrecy of the Institute
Attachment 21: Letter from the Institute No. 4580 dated May 12, 2025
Attachment 22: Law on Emergency Medical Assistance of Montenegro and Rulebook of the Federation of BiH
Attachment 23: Challenged Rulebook ("Official Gazette of RS", No. 79/2025)
Attachment 24: Authorizations from families of patients mentioned in the Initiative