

Analysis of the Functioning of the Health Care System in Poland in Year 2015

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Abstract: Everyone has a right to health protection. This is to ensure the smooth functioning of health care system. In Poland a founding organ that establishes, transforms and terminates an Independent Public Health Care Institution (IPHCI) is a local government unit: commune, district and province authorities. On the other hand, the functioning of health care is outlined by way of resolutions and ordinances of Ministry of Health. Health care system in Poland is undergoing a crisis since many years. In the ranking of Euro Health Consumer Index Poland is ranked at 27th position. Defective functioning of health care system contributes to the fact that the quality of medical services in Poland is decreased, which has a negative impact on patients.

Keywords: Health Care System, Health Policy, Health Service Management.

I. INTRODUCTION

Health policy is a division of social policy which, according to World Health Organization “refers to decisions, plans, and actions that are undertaken to achieve specific health care goals within a society. (...) It defines a vision for the future which in turn helps to establish targets and points of reference for the short and medium term. It outlines priorities and the expected roles of different groups; and it builds consensus and informs people” [1]. In Poland it is the Ministry of Health that is responsible for implementing the health policy. Particular tasks of this policy are implemented at all levels of state administration and within local government units (a province, a district and a commune). Some of the health policy elements are being discussed during conferences of health ministers of the European Union’s member states. Health care system in Poland, defined as a group of people and institutions whose task is to provide health care to the population, is based on an insurance model.

According to 68th article of the Constitution of the Republic of Poland everyone has a right to have access to health care [2]. Irrespective of their financial situation, citizens are granted equal access to the publicly funded health care system by public authorities. The basic element of the system is a general practitioner, that most often is a specialist of family medicine. He/she is responsible for health prevention and treatment of his/her patients. In case when a patient’s disease requires a specialist treatment, a

general practitioner issues a specialty care referral or a referral to a hospital.

II. LOCAL GOVERNMENT UNITS ROLE IN SHAPING THE HEALTH CARE SYSTEM

A local government unit as a founding organ establishes, transforms and terminates (by way of a resolution) an Independent Public Health Care Institution (IPHCI). It provides a statute of IPHCI, concludes employment relationships with an institution’s director, delegates a representative to an institution’s social council, provides grants to an institution for the tasks specified in article 55 of the Healthcare Institutions Act [3], supervises health care institutions [4]. The remaining duties of local government units within the scope of health care, lie with a local government of a province, a local government of a district and a local government of a commune.

First of all, a local government of a province establishes and maintains a provincial occupational medicine centre (or centres) [5]. Taking into account the needs resulting from a number and social structure of a province’s population, this local government establishes and manages psychiatric health care institutions and takes part in the implementation of tasks concerning psychiatric health protection, in particular of children and adolescents [6]. Moreover, a province’s local government performs tasks concerning prevention and alcohol problems solving in the form of a provincial program of prevention and alcohol problems solving [7], performs tasks concerning protection from the consequences of using tobacco [8], performs tasks concerning health promotion and preventive healthcare within the framework of health policy. On the other hand a district’s local government refines the participation of disabled persons and their guardians in rehabilitation periods and provides finances for rehabilitation equipment, orthopaedic equipment and provides supportive measures granted to disabled persons on the basis of specific provisions. Moreover, it issues referrals to care and treatment institutions and to nursing care institutions [9], creates a district plan of securing the medical rescue actions [10,11], organizes and provides proper standard services at social assistance houses that are adjusted to special needs of persons with mental disorders [6],

performs tasks concerning mental health protection (particularly of children and adolescents) [6] and protection from the consequences of using tobacco [8]. Additionally a district's local government performs tasks concerning the prevention and alcohol problems solving [7], sanitary inspection [12,13], determines the scheduling of generally available chemist's working hours [14]. Law on medicinal products guarantees that pregnant women have access to medical, social and legal care [15], but also performs the tasks concerning the promotion of health and preventive medicine within the framework of programs of health policy. On the other hand a commune's local government performs the tasks concerning prevention and alcohol problems solving [7] and performs caring services for persons with mental disorders as a task commissioned by government administration [6].

III. THE CRISIS OF HEALTH CARE SYSTEM IN POLAND

Health care system in Poland has been for many years in serious difficulties. In the ranking of Euro Health Consumer Index Poland is ranked at 27th position out of 33 positions. These problems manifest in a hindered access to specialist medical treatment (especially hospital treatment) and long queues of people waiting for services. The waiting time reaches several years and is often increased because of large number of patients admitted outside a queue without medical cause, also as a result of bribery. One can also observe unsatisfactory quality of health services – including a high level of mortality as a result of post-operative complications, exceeding 10% - while the EU average is 4%. Other problems include low wages in health care sector and a large-scale emigration of specialist medical personnel to other EU countries. An important aspect is also the accumulation of debts of public health care institutions (by the end of year 2008 the debts of hospitals amounted to three and a half billion PLN) and Polish hospitals' debts trade (these were mainly bought by such companies as Magellan, MW Trade and Elektras). The main causes that generate problems in health care system in Poland are as follows:

- the shortage of doctors of some specialties, resulting from irrational admission limits at higher education medical institutions – statistically, Poland has 2,2 doctors per 1 thousand of inhabitants (it's the smallest number among the EU countries with an average of 3,4);
- archaic and ineffective structure of Hospital's Emergency Departments;
- excessively large network of small district hospitals that in the course of competition are not able to bear the investments and maintenance costs, falling into debts spiral;

- monopolistic position of National Health Fund, a public payer that manages the budget in an inflexible way, on annual basis, with the system of accounting for medical services that awards inefficiency and abuses, a system with a centrally planned limit of sick people in a given specialization for a given year, which results in many months or many years of waiting in queues in order to get to specialists;
- Nepotism and cronyism in public health service facilities, resulting in excessive employment of personnel (especially within administrative departments) reaching 20%, while in some of the hospitals the wages of personnel constitute 80-90% of the budget – for example at Child's Health Centre out of 2200 employed people, only 300 are doctors, most of the employed people work in administrative and statistics departments (in 2012 this hospital had debts reaching 190 million PLN);
- the lack of a defined scope of services available within the insurance in National Health Fund;
- the lack of consistent criteria of the order in which services are provided, which leads to bribery in a situation of constant shortage of these services;
- insufficient supervision over the functioning of medical centres, which results in fraud and corruption;
- the lack of a consistent definition or even interpretation of a right to health insurance;
- the lack of a list of life-rescue services – year by year repeated situations of using up the limit of financing for a given year lead to refusing the access to services by hospitals because of the risk, legal uncertainty as to recognizing a given service as “life rescuing” by National Health Fund;
- the lack of legal regulations that would allow to introduce additional (commercial) health insurances, which for example leads to wasting an expensive diagnostic equipment if the public services limit is used up in a given year;
- defective, inefficient legal form in which independent public health care institutions are functioning
- insufficient qualifications of personnel that manage public health care units, which results in ineffective management – overpaying for external services, medication supplies, the lack of price negotiations with suppliers;
- the laws that prohibit a commercial use of medical equipment, in a situation of low limits imposed by National Health Fund it leads to wasting the expensive devices that anyway have to be maintained by a hospital;
- a limited responsibility of founding organs of independent public health care institutions for their financial commitments and fear from being transformed into commercial law companies – in year 2013 the Supreme Control Chamber again

pointed out to a large scale of ineffective use of expensive medical equipment, on the one hand caused by low financing level by National Health Fund and on the other hand caused by mistakes made by institutions that ordered them;

- the lack of competitiveness of health care units;
- bureaucratic aspect of a doctor's work caused by imposing on doctors the obligation to keep non-medical records;
- backwardness of health service in the field of medical services management (registration, deadlines of medical treatments) and a low level of using IT technologies;
- large-scale defrauding concerning a sick leave (L4) – e.g. in order to carry out seasonal work beyond the main place of employment, especially in a public sector (including police personnel);
- the lack of functional, integrated IT system in health care (Medical Services Register has been constructed since 1992);
- chaotic legislative process connected with health protection and the lack of consistent determination of a right to health insurance;
- in year 2013 patients paid for medications the greatest amount of money, as much as 40%.

IV. DISCUSSION

Such an image of Polish health service is unacceptable, yet every year or two – the citizens (patients) witness “loud” negotiations between the Minister of Health and Zielona Góra Alliance of Doctors, which have negative consequences to patients themselves. This situation should not be repeated again and again. Another problem affecting Polish society is the lack of medical specialists both in hospitals and in specialised clinics. The Polish state assigns huge amount of money for the education of doctors, who upon graduation go abroad. There is nothing wrong about it, but under the condition that they will pay for this education to the Polish state, which means to Polish citizens. The Ministry of Health should absolutely prepare the law in which it would be specified that if a doctor doesn't work in our country, e.g. for the period of 10 years upon graduation, then he/she would have to bear the costs of his/her education, or a country to where he/she is leaving will pay back the costs of this education to the Polish state.

Another problem in Polish health service is related to wages of doctors. If a hospital or a clinic has a medical contract with National Health Fund and is making use of state money, then such hospital or clinic should have clearly and explicitly specified wage conditions granted to doctors. Bribing doctors and other personnel is unethical, but unfortunately it is very

common. This phenomenon is often the cause of financial collapse of medical entities. An owner of a non-public health care institution has a right to decide whether he will be taking money from the State and will be following this principle, or he will be providing commercial services. Such approach to the problem would help to reduce the conflict of the Minister of Health with Zielona Góra Alliance of Doctors.

CONCLUSIONS

Analysing the map of Poland one can state that in places where Independent Public Health Care Institutions signed contracts with the Ministry of Health for year 2015, the strikes did not occur. This is a result of commune, district or province authorities' responsibility for the health of citizens. In those places it was a patient that mattered most.

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- [10] Act on State Medical Rescue of 25 July 2001
- [11] Regulation by the Minister of Health of 23 May 2002 on the procedure for the formation of district, province and national annual plans of securing medical rescue actions.
- [12] Act of 14 March 1985 on National Sanitary Inspectorate.
- [13] Act of 6 September 2001 on infectious diseases and infections.
- [14] Act of 6 September 2001 on chemist's.
- [15] Act of 7 January 1993 on family planning, protection of human foetus and pregnancy termination conditions.