

Primary health care in Poland:

certain health professional groups are placing self-interest before patients

Since the beginning of 2016, the new Minister of Health in Poland has been conducting reforms of primary health care with the aim of improving its effectiveness. He appointed an expert panel consisting of physicians, nurses, public health specialists, and one patient representative. Its objective was to prepare proposals for changes in primary health care that would be the background for new law.

The panel developed a strategic document containing 10 major changes needed in primary care in Poland. These were:

- primary care for everyone, including those without public insurance;
- primary health care based on family physicians;
- teamwork of physicians and nurses with one shared patient list;
- improved funding;
- strengthening preventive care;
- intra-sectoral and cross-sectoral integration;
- informatisation of primary health care;
- reducing bureaucracy;
- quality improvement; and
- research support.¹

Based on this document, the Minister of Health prepared assumptions² and, after that, a first draft of the new law concerning primary health care in Poland.³ In the second half of 2016, public consultations took place. Altogether, 86 different entities expressed their opinions. They were governmental and administrative bodies as well as health professional groups. Only one patient organisation was involved in the review process.

THE INTEREST FROM PROFESSIONAL GROUPS

From the very beginning, two proposed changes encountered very strong

resistance. They were: the creation of common patient lists for doctors and nurses that can improve teamwork,¹ and requirements for primary care physicians to complete specialisation in family medicine.²

The College of Nurses and Midwives, the Chamber of Nurses and Midwives, and trade unions jointly stressed the independence of these occupational groups and did not agree to create common patient lists with physicians. The National Health Fund, the Chamber of Physicians, and the Polish Paediatric Association expressed the opinion that paediatricians should be recognised as primary care doctors.

The Minister readily gave in to the nurses. Regarding paediatricians, he offered to accept that they had the responsibility for the primary care of children but only up to the age of 7 years.

The changes were accepted by the government and a proposal of the law was sent to parliament in August 2017. Surprisingly, in September, an amendment by the government was introduced, extending primary care for children by paediatricians up to the age of 18 years. On 11 October, a Parliamentary Health Committee meeting was held, where its chairman, Dr Arlukowicz, revealed the reason for that change. He stated that *'... after a strong disagreement and the Prime Minister's decision, the governmental amendment was introduced ...'*⁴

RESULT OF THE INFLUENCE

The law concerning primary care passed the legislative process, was published at the end of November, and has been implemented since the beginning of 2018.⁵ Some of the 10 points proposed by the panel of experts have been rescinded (primary health care for non-insured residents, reducing bureaucracy) or limited (primary health care based on family physicians, a common list of patients for doctors and nurses). Patients had the least to say in this process. Surprisingly,

ADDRESS FOR CORRESPONDENCE

Tomasz Tomasik

Department of Family Medicine, Jagiellonian University, 4 Bochenska Street, 31-061 Krakow, Poland.

Email: mmtomasi@cyf-kr.edu.pl

during the legislative process there were no significant new proposals, other than those from the expert panel.

The Polish law regarding primary care is more a result of strong pressure from the competitive health professionals' groups with particular interests in primary health care than one of a planned and long-term process based on patients' needs and factual data.

Tomasz Tomasik,

Senior Lecturer, Department of Family Medicine, Chair of Internal Medicine and Gerontology, Jagiellonian University Medical College, Poland; and the College of Family Physicians in Poland, Warsaw, Poland.

Competing interests

Dr Tomasik is the President of the College of Family Physicians in Poland.

DOI: <https://doi.org/10.3399/bjgp18X698129>

REFERENCES

1. Tomasik T, et al. *Analiza funkcjonowania podstawowej opieki zdrowotnej w Polsce oraz propozycja rozwiązań systemowych*. [Analysis of primary health care in Poland and proposal of system solutions]. 2016. <http://oiip.elblag.pl/wp-content/uploads/2015/06/Krytyczna-analiza-POZ-8-czer-2016-1.pdf> (accessed 27 Jun 2018).
2. *Założenia do projektu ustawy o podstawowej opiece zdrowotnej*. [Assumption for the law concerning primary health care]. 2017. <https://legislacja.rcl.gov.pl/docs//1/12290201/12380291/12380292/dokument246063.pdf> (accessed 27 Jun 2018).
3. *Projekt z dnia 30.12.2016 ustawy o podstawowej opiece zdrowotnej*. [The draft from 30.12.2016 of the law concerning primary health care]. 2016. <https://legislacja.rcl.gov.pl/docs//2/12293658/12403132/12403133/dokument265854.pdf> (accessed 27 Jun 2018).
4. *Kancelaria Sejmu. Pety zapis przebiegu posiedzenia Komisji Zdrowia*. [Chancellery of the Parliament. Record of the meeting of the Health Committee]. 2017.
5. *Ustawa z dnia 27 października 2017 r. o podstawowej opiece zdrowotnej*. Dz.U. 2017 poz. 2217. [The law from October 27, 2017 concerning primary health care]. 2017. <http://isap.sejm.gov.pl/isap.nsf/DocDetails.xsp?id=WDU20170002217> (accessed 27 Jun 2018).

"Only one patient organisation was involved in the review process ... Polish law regarding primary care is ... a result of strong pressure from competitive health professionals' groups with particular interests in primary health care ..."