

BEING A PATIENT IN POLAND: IN THE OPINIONS OF PATIENTS' AGENTS AND IN THE PROCEDURES OF THE PATIENTS' OMBUDSMAN

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Abstract

The article presents the situation of patients in Poland, based on existing data (non reactive research), and individual interviews with Patients' Agents in the given clinic or hospital and Patient's Ombudsmen. It presents doctor-patient relationships in the daily routine of a health centre in the context of Polish law and procedures, and highlights the role of the Patients' Ombudsmen in creating a patient-friendly environment. Due to the large number of hospitalisations, whose duration is continually shortened because of financial limitations, ensuring the patient's well-being is becoming increasingly difficult.

KEY WORDS: health care situation, patient's well-being, Patients' Agent, Patients' Ombudsman, Poland.

Anotacija

Straipsnyje aptarta pacientų padėtis Lenkijoje, remiantis esamais duomenimis (nereaktyvūs tyrimai) ir individualiais interviu su pacientų agentais konkrečioje klinikoje ar ligoninėje ir paciento ombudsmenu. Pristatomi gydytojo ir paciento santykiai kasdienėje sveikatos centro veikloje Lenkijos įstatymų ir procedūrų kontekste, pabrėžiamas pacientų ombudsmeno vaidmuo kuriant pacientui palankią aplinką. Dėl hospitalizacijų, kurių trukmė dėl finansinių apribojimų nuolat trumpėja, gausos užtikrinti paciento gerovę tampa vis sunkiau.

PAGRINDINIAI ŽODŽIAI: sveikatos priežiūros situacija, paciento gerovė, pacientų agentas, pacientų ombudsmenas, Lenkija.

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Introduction

The question of health and medical care as elements of well-being is increasingly often addressed by international organisations. Statistical studies and reports by the World Health Organisation treat well-being as an integral part of the old (*Europe Health 2020*) and the new strategy for Europe (*EU4Health Programme for the period 2021–2027*), and aim at a detailed definition initiated in the Preamble to the Constitution of the World Health Organisation (PE/69/2020/REV/1, 2021).¹ According to the WHO, 'health is a state of complete physical, mental

¹ The 'Health 2020' strategy was prepared in July 2012. The aim of the WHO was to outline ways of measuring well-being and set regional goals and indices of well-being. The 'EU4Health Programme for the period 2021–2027' was prepared in March 2021 and entered into force on the day of its publication in the *Official Journal of the European Union* (PE/69/2020/REV/1, 2021, p. 23).

and social well-being and not merely the absence of disease or infirmity' (WHO, 2006, p. 1). In this context, health is a quality that enables an individual or a group of people to pursue their aims, meet their needs, and change their environment. Health guarantees social and economic development, offers a higher standard of living, and puts an emphasis on positive aspects of life, such as optimism, creative powers, fitness, etc (Waszkiewicz, 2002, p. 97–104).²

The aims of the *Health 2020* policy include a considerable improvement of people's health and well-being, a reduction of health inequalities, 'strengthening public health and providing patient-focused health-care systems, which are accessible to everyone, equal, sustainable and of high standards' (WHO, 2012, p. 3). According to the *EU4Health Programme for the period 2021–2027* policy, the provision of information to individuals plays an important role in preventing and responding to diseases. 'The Programme should therefore support communication activities [...] in order to promote disease prevention and healthy lifestyles, to counter misinformation and disinformation as regards the prevention, cause and treatment of diseases' (PE/69/2020/REV/1, 2021, p. 4).

Despite the functioning of international categories and definitions in Polish scientific theory, the picture of health, illness and treatment, and the approach to people who are ill or do not enjoy good health, is formed in our country above all socially (cf. Domaradzki, 2013; Piasecka-Robak, 2020),³ and is constructed and modified in relation to the changing political and economic situations and environmental and social conditions, and the legal and educational system in force (Sokołowska, 1980; Parsons, 1991). This 'extension' of the style of thinking beyond the academic world makes definitions of health, illness and treatment very culturally saturated (Payer, 1988). Therefore, health communication should be seen in a broader context: taking into account not only the individual's physicality and psyche, but also social (Parsons, 1991) and spiritual aspects, the 'spiritual well-being' dimension (Chirico, 2016, p. 11–16), and also applicable legal guidelines, cultural norms and cultivated traditions, and the social perception of patients and health-care professionals (Pallai, Tran, 2019).

² In defining health, we usually refer to the terminology used by global or national opinion-forming organisations, such as the World Health Organization, omitting social interpretations of health (Pallai, Tran, 2019). So far, nearly three hundred definitions of health have been created (Woynarowska, 2013). They are divided into biological, functional and biological-functional classes (King, 1954; Nordenfelt, 1993; Sundström, 1987; Lennox, 1995; Kovács, 1998; Hofmann, 2001).

³ In the social sciences, health is defined as a value. It gives the highest meaning to an individual's life and shapes his/her/their actions (Piasecka-Robak, 2020). The singular 'they/their' is used as a gender-inclusive pronoun.

1. Materials and methods

The research process was carried out using the triangulation method, and consisted of two stages. In the first stage of the process, non-reactive research (unobtrusive measures) was applied (Babbie, 2004; Webb, 1966). The situation of hospitalised individuals in Poland was analysed based on existing statistical data (National Institute of Public Health – National Institute of Hygiene, Statistics Poland, Eurostat, WHO, OECD). Then a qualitative analysis of Polish legal regulations for health centres and medical staff was made. In the second stage, in-depth interviews were conducted with three Patients' Agents employed in public health centres and hospitals. They were asked about the duties of Patients' Agents and Ombudsmen, about the path to becoming a patient in their medical facility. What documents are needed? What procedures are implemented? What is expected of the patient (step by step)? Then the reports of the Polish Patients' Ombudsman were analysed: What irregularities in the relationship between medical staff and patients and what irregularities in treatment have been reported by patients and their families?

The Health Situation of Poles – background

According to 'The Health Care Situation of the Population of Poland and its Conditioning 2020', 5,735,000 people were hospitalised in Poland in 2020.⁴ This included 3,833,653 men and 4,791,915 women (Statistics Poland, 2021, p. 64). Some were multiple hospitalisations. The hospitalisation ratio was 1,118.8 per 10,000 people.⁵

If the primary cause of hospitalisation (i.e. primary illness treated in the first ward) is taken into account, the most common reasons for hospitalisation in 2018 were: cardiovascular diseases (13% of all hospitalised patients), tumours (10.2%), injuries and poisoning (8.7%), genito-urinary diseases (7.4%), diseases of the digestive system (7.2%), diseases of the respiratory system (6.3%), and diseases of the musculoskeletal system (5.6%). A total of 4.8% of hospitalisations resulted from inaccurate diagnoses. The most frequently hospitalised age groups were patients under one year of age and patients over 65 (Wojtyniak, Goryński, 2020,

⁴ Data concerning hospitalisation of the population of Poland are collected as part of the Nationwide General Hospital Morbidity Study. They are then processed and analysed by the National Institute of Public Health–National Institute of Hygiene. The basic documents in this system are the statistical forms Mz/Szp-11 (Wojtyniak, Goryński, 2020, p. 204). This included women hospitalised because of parturition.

⁵ Data from 4% of hospitals were not included due to their failure to report to the National Institute for Public Health–National Hygiene Centre, despite being under obligation to take part in the Statistical Research of the Public Statistics Programme.

p. 203–210).⁶ ‘According to data from the National Centre for Healthcare Information Systems, which does not take into consideration institutions under the Ministry of the Interior and Administration and the Ministry of Health, the annual number of patients treated per hospital bed was 45.6, with an average time of a patient’s stay of 5.3 days, while the rate of bed occupancy was at the level of 66.1% (Wojtyniak, Goryński, 2020, p. 574).⁷

The details of the frequency and the causes of hospitalisation are not just hard facts that determine the financing of a health centre. They constitute invaluable information on the health condition of the population, its behaviour and lifestyle, and the incidence of serious illnesses that require hospitalisation. They show real social needs, and provide information on the accessibility of health care (the numbers of centres and beds). They should also influence economic decisions by the government, which is responsible for society’s health and well-being.

2. Results and discussion

To see if a state of well-being is achievable in Polish health centres, the author will follow a day in the life of one of the 5,735,000 patients, and look at the procedures to follow, the decisions to make, and the requirements to meet by medical staff, although not always consciously.

There are two ways of admission. When hospitalisation is planned, the patient contacts the hospital to be advised on the date of hospitalisation. He/she/they have to be informed of the estimated date of hospitalisation, even if the waiting time is one, two or even three years. In an emergency, medical help should be provided instantaneously.

Before treatment starts, the patient undergoes certain procedures. He/she/they receive a pile of documents to read in the Admissions.

‘This way he/she/they are informed about the contents of the Law on Patients’ Rights and the Patients’ Ombudsman (Dz. U. 2022 poz. 64, consolidated text) and about the clinic’s regulations. After reading the text, the patient signs a statement that he/she/they have read the regulations and have been informed about his/her/their rights’ (Katarzyna).

Next, the patient signs a statement that he/she/they agree to be hospitalised.

⁶ In comparison with most EU countries, in Poland there are considerably more patients under five, and significantly fewer patients over 75 years of age. The duration of hospitalisation in Poland, in all the analysed categories, is one of the shortest in the EU countries (OECD, 2020).

⁷ This article uses data from 2020, the first year of the pandemic, as there are still no official summaries for 2021. Only monthly data on hospitalisation and Covid-19 mortality in 2021 were published.

‘This does not mean consent to all the procedures and treatments he/she/they are going to undergo. He/she/they answer some basic questions about the address, next of kin, any dietary requirements, etc. From then on, all the information is included in the medical file and becomes classified information’ (Katarzyna).

After completing all the documents, the patient is transferred to the ward, usually guided by a member of staff. If the patient is not escorted, he/she/they may ask for help.

The patient is interviewed by a doctor and a nurse on the ward. Privacy should be ensured. If a form authorising staff to inform of the patient’s health has not already been signed, this is the time when the patient will be asked to sign one.⁸

From then on, any medical examination must be fully explained to the patient prior to its application. The patient must also agree to it.

‘If consent is not asked, the law is broken’ (Danuta).

In the case of low-risk treatment, oral consent is sufficient. High-risk treatment must be agreed to each time in writing.⁹

‘For example, the form the patient signs before the removal of an appendix must include a description of the surgery in a language understandable to the patient. It must include a description of all possible alternatives, the consequences of refusal to sign, and the potential risks during surgery and after it, including the risk of an extension of surgery’ (Katarzyna).

It is essential that the patient is given time to think through the decision and an opportunity to ask questions of a competent person.

The patient ought to point out who he/she/they authorise to collect the medical documentation, also in the event of death, each time he/she/they visit a clinic, a GP, a dentist or a physiotherapist. Every doctor is obliged to follow the procedure, even if the patient refuses to authorise anyone.

‘A patient who does not appoint a person to collect the documentation and will not be able to collect it in person will not have the option of asking the spouse, a sister or a neighbour to pick it up on his/her/their behalf. In such a case, special authorisation is required. If it is not issued, only institutions named in an Act of Law can handle the documentation’ (Anna).

⁸ Authorisation of access to medical files includes the event of death. It expires the moment the patient dies, unless the clause ‘also in the event of death’ is included. As Polish lawyers do not agree about the form of the authority, most hospitals use the clause to avoid court action.

⁹ It is worth pointing out that any treatment that breaks the continuity of tissue is regarded as high-risk. These include endoscopic diagnostic examination, surgeries, the administration of contrast, etc.

In a doctor's surgery, consent to an examination is required. In this case, though, there may be presumed consent. If the patient enters the surgery, talks to the doctor and takes off the clothes on the doctor's 'Please slip off your clothes', it is presumed that consent has been expressed by him/her/them.

'Patients can refuse his/her/their consent at any stage of the treatment. He/she/they may not wish for his/her/their blood pressure to be taken, blood to be collected, or to undergo another test or surgery. However, each refusal must be recorded in the medical file' (Anna).

The patient has access to his/her/their file at every stage of the treatment and after its completion. A hospitalised patient can request a copy, and even the originals, of his/her/their file.

A patient can request a medical consultation with another doctor or doctors at any time. He/she/they can also withdraw his/her/their consent to surgery or an examination at any time prior to it.¹⁰

A patient who feels any member of the medical staff has violated his/her/their rights can complain to the Patients' Agent in the clinic or hospital, or he/she/they can complain to the Patients' Ombudsman.

According to the Patients' Ombudsman, there is no regulation regarding Patients' Agents; however, many hospital managers decide to open an office in their institutions (RRP, online; Okoniewska, 2017). The agents make sure patients' rights are respected in the institution. They identify any irregularities that may appear, and give assistance to patients or their legal representatives if their rights have been violated. The agent can take action and cooperate with institutions such as the District Medical Chamber, the District Chamber of Nurses and Midwives, NGOs dealing with patients' rights, and the media. A Patients' Agent answers patients' enquiries, responds to patients' complaints about a clinic's failure to perform their duties to the expected standards, about negligence, about a clinic's failure to abide by the law, or about violations of patients' rights (4WSK, Online).¹¹

'A complaint can be made either in writing or in person. One can complain on someone else's behalf or in the public interest, and demand written confirmation that the complaint has been registered' (Katarzyna).

¹⁰ The patient cannot change his/her/their mind and withdraw his/her/their consent to a treatment that has already been performed

¹¹ A patient can claim compensation from the clinic that caused harm by complaining directly to the manager. It might be advisable to contact the clinic's insurer.

When a complaint is about a medical error during treatment, negligent or unethical performance, or a violation of professional codes and regulations, it can be sent to the district or the central Medical Chamber or the Chamber of Nurses and Midwives (NIL, Online; NIPiP, Online).

A patient who pays national insurance contributions can complain to a branch of the National Health Service (NHS) (NHS, Online) if the doctor is an NHS contractor. A complaint can also be filed by phoning a toll-free helpline, or by contacting the Patients' Ombudsman's office directly (RPP, Online).

The Patients' Ombudsman is an independent central administration institution established under the Law of 6 November 2008 on Patients' Rights and the Patients' Ombudsman (Dz. U. z 2020 r. poz. 849). The office deals with cases of violations of patients' rights, analyses patients' complaints, and identifies threats to the health-care system and areas that need improvement. The Patients' Ombudsman initiates and develops legislative proposals on the protection of patients' rights which are presented to the government. The Ombudsman puts forward proposals for changes in the legal interpretation of the laws that affect patients' rights, and collaborates with the minister for health and other government offices, NGOs, professional organisations and medical institutions to ensure that patients' rights are respected.

The statistics in the Ombudsman's 2020 annual report show that the number of complaints had grown significantly. There were 86,114 complaints in 2019, and as many as 135,625 a year later (because of Covid-19, Chmielowiec, 2021, p. 8. Cf. Kanecki K, Nitsch-Osuch et al, 2021, p. 535–540). They usually concerned violations of patients' entitlement to free medical care (757) and their access to information (291). There were also numerous complaints about patients' privacy (35) or dignity being violated (35) and medical information confidentiality (13).

The Patients' Ombudsman's office investigated 1,861 complaints in 2021. It was found that patients' rights were violated in 1,439 cases. A total of 359 cases of violations were identified in investigations initiated by the office itself (Chmielowiec, 2021, p. 15).

To explain the increase in the number of complaints, it might be worth looking back at the *Health Care Situation of the Population of Poland and its Conditioning* report of 2020 (Wojtyński, Goryński, 2020, p. 43–45) and Eurostat statistics for Poland (Eurostat, Online):

1. A break in the long-term trend of improvement in public health.¹² The life expectancy figures for Poland show that men live 81% of their lives in full

¹² A break in the long-term trend in public health improvement is measured by two indicators: (a) a decrease in deaths from preventable causes, which can be avoided through prevention or treatment, and (b) healthy life years lost among men.

health, while the figure for women is only 77%. Therefore, men over 65 will only live 6.7 years in full health, and for women the figure is 7.5 years (for present life expectancy, which is much lower than in other EU countries). It still remains below the EU average.¹³ Hence, the likelihood of their becoming patients increases considerably.

2. In 2020 the demographic situation was even less favourable, as it was influenced by the Covid-19 pandemic. The end of 2020 saw a decrease in the population of Poland to 38,265,000 inhabitants. The number of births in 2020 was more than 122,000 less than the number of deaths, the lowest figure since the Second World War. At the same time, the percentage of people of retirement age increased, reaching a level of 22.3% of the total number of inhabitants. Senior citizens over 80 years of age accounted for 4.4% of Poland's population (CSO 2021: On-line). The old-age index increases every year, which in the future will be associated with difficulties in the social security system due to the increase in the number and percentage of elderly people (Cf. Piasecka-Robak, 2021).
3. The unfavourable situation in Poland will only deteriorate in the coming years: (a) rapid ageing of the population, (b) negative lifestyle-related trends, and (c) unfavourable phenomena in the natural environment, including climate change.

Other important factors in Poland are: high infant mortality (especially in the first week of life, higher than the average for the EU), cardiovascular diseases (178,748 deaths from cardiovascular disease in 2020), cancer (101,552 deaths in 2020), Covid-19 (41,442 deaths in 2020) and respiratory diseases (28,699 deaths in 2020). Cardiovascular disease and cancer result in long-term hospitalisation, which may be related to an increased incidence of the violation of patient's rights during treatment. Patients' negative perception of the situation can be exacerbated by the high level of stress and swings in moods triggered by a poor mental and physical condition, a lack of acceptance of the situation, dependence on other people, and loss of fitness. This, coupled with an increased incidence of disease and limited access to free medical services, especially in the context of increasing life expectancy, shows that the growing number of complaints received by the Patients' Ombudsman not only results from patients' level of awareness of their rights. It is often a way to fight for access to medical care and for dignity in their combat against disease. It is not only a cry for help in eliminating the disease (as much as is medically possible), but also for assistance in acquiring mental and physical well-being, which stems from an appreciation of the needs and provision of care.

¹³ Life expectancy for Polish men is 4.7 years shorter than the EU average; for women, it is 2.1 years shorter.

Conclusions

‘The resources of the Polish health-care system, their organisation, management methods, level and structure of financing, as well as the motivation of health-care professionals are insufficient to provide an acceptable level of care to meet not only the current, but, worse still, the growing health needs of our society’ (Wojtyniak, Goryński, 2020, p. 45). Unfortunately, Covid-19 has aggravated already-existing problems and tensions in the Polish health-care system. The pandemic is leading to the further weakening of the health-care system.

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