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Poland's Health Care Reform Disappointment and Hope

Jacek Holówka

At the beginning of 1999 Poland has undertaken a health care reform. Though its initiation was long overdue, its implementation has met with severe criticism. I will review the reasons for the undertaking of the reform, consider its shortcomings, point to its hopeful aspects and draw some general conclusions.

1. The Need for Change

The level of health care in Poland deteriorated visibly in the seventies and the eighties. The communist government had been dedicated to the idea of free medical services for all, but was unable to meet the costs of such care. Although basic material and technical provisions were at the level characteristic for the lower group of most advanced countries, the system as a whole became inert and inefficient. Government outlays were sufficient for the sustaining of the system only; they were too low to control and correct its operation. State money was used to cover all permanent costs, such as salaries for the employees, medical equipment, electricity, other utilities, and so on. Doctors were paid at a dramatically low level, with official averages falling below the level of the average for all professions. Nurses were paid even less. To compensate for the years of demanding studies and to cope with stressful work, most physicians sought multiple employment. They received full salaries from two or three institutions, and divided their time accordingly, coming late to every place where they worked, and leaving before the end of their office hours. As a result no one was paid in proportion to their efforts, qualifications or medical effects of the work performed. Doctors collected their salaries not because they offered high quality services but because they had legal contracts with their employers.

The system became insensitive to financial stimuli and administrative regulations. As all medical professions considered themselves underpaid, any additional sums directed to the system were absorbed without any perceptible change in its functioning. They were accepted as a long overdue compensation. Doctors' behavior could only be modified by direct payments made by the patients. Although such direct gratifications were, strictly speaking, illegal, nobody tried to control them. Medical administrators were happy to see that doctors could find

