Extract from

REPORT

on the Activity of the Human Rights Defender

in the Area of Equal Treatment

in 2014

and on the Observance of the Principle of Equal Treatment

in the Republic of Poland

This Report implements Article 212 of the Constitution of the Republic of Poland of 2 April 1997 (Dz. U. No. 78, item 483, as amended), which stipulates that the Human Rights Defender shall each year present information to the Sejm and the Senate about his/her activities and the observance of human and civil rights and freedoms, including, pursuant to Article 19(1)(1)-(3) of the Act of 15 July 1987 on the Human Rights Defender (Dz. U. of 2014, item 1648, consolidated text), the information about the conducted activities in the area of equal treatment and the results thereof; the observance of the principle of equal treatment in the Republic of Poland, as well as the conclusions and recommendations regarding measures which should be taken in order to ensure observance of the principle of equal treatment. Furthermore, the Report implements Article 19(2) of the Act on the Human Rights Defender which imposes an obligation to make the Information public.

Access: <https://www.rpo.gov.pl/sites/default/files/HUMAN_RIGHTS_DEFENDER_BULLETIN_2015_No_3_SOURCES_0.pdf>, pages 15-18.

**d) Health care services for seniors – the need to develop the Alzheimer’s Plan**

As early as 2009, the European Parliament adopted a declaration on making Alzheimer’s disease a priority of the health policy in the European Union countries, recommending development of national Alzheimer’s plans and the European Action Plan. So far, the Polish government has not even presented objectives of such a plan, which raises concerns of the Defender. It is necessary to create appropriate institutional and legal framework at the central level to care for people with Alzheimer’s disease. There is a need to create a network of specialist medical care centres for patients with dementias, providing comprehensive care of specialists. It is also necessary to undertake educational activities in the circles of people potentially at risk of the disease and to raise the level of knowledge of the medical community about dementia diseases[[1]](#footnote-1). The Defender asked the Minister of Health[[2]](#footnote-2) to take a position on the matter in question, and in particular to undertake actions necessary to implement the National Alzheimer’s Plan.

The Minister of Health informed[[3]](#footnote-3) that he considers it necessary to develop comprehensive solutions addressed to elderly persons, both in the area of health care and social assistance, including patients with Alzheimer’s disease. The medical care for people with Alzheimer’s at the place of their residence is provided and coordinated by general practitioners. In the case there is a need for further examination and specialist consultations, treatment is carried out as a part of outpatient specialist care. If the objective of treatment cannot be achieved within the outpatient treatment, the physician should refer a beneficiary to hospital. Comprehensive care for people with the Alzheimer’s disease is not presented separately, however, all the elements of such care are available.

Centralization of the activities related to the diagnosis and treatment of the Alzheimer’s disease should be more functional in nature and result from the cooperation of the entire community, while those responsible for the activities in this direction should be the heads of the treatment units. Furthermore, the current rules do not contain a legal basis for the activities of the Minister of Health aimed at creating specialized referral and therapeutic centres.

Currently, work on developing a model of care for chronically ill persons, the elderly and disabled persons, requiring carer’s allowances and care benefits, is in progress. This works is carried out by the Ministry of Health in cooperation with the National Health Fund and the Ministry of Labour and Social Policy. The cooperation focuses mainly on issues related to the state of care in the context of tasks of a nurse of primary care and long-term care.

In the absence of the stand of the Minister of Health on the repeatedly signalled issues, namely – the need to develop and implement the National Alzheimer’s Plan, the Defender once again asked the Minister of Health whether and when such a plan will be implemented[[4]](#footnote-4). In reply[[5]](#footnote-5), the Minister informed that the Ministry is implementing a number of measures for patients with Alzheimer’s disease and, therefore, it does not seem appropriate to create a special programme for this group of patients.

In relation to the communicated decision to abandon the creation of the Alzheimer’s plan, once again the Defender requested the Minister of Health to re-examine the problem and consider the implementing a national Alzheimer’s plan or indicate alternative measures taken to assist those affected by this disease[[6]](#footnote-6).

In his reply[[7]](#footnote-7), the Minister of Health pointed out that in Poland treatment of Alzheimer’s disease and other neurodegenerative diseases is undertaken through a number of different specializations and forms of care, such as: geriatrics, neurology, rehabilitation, psychiatry, chronic illnesses, long-term care and pharmacotherapy. Moreover, in the nearest future, there are plans to undertake work aimed at developing new methods on how to diagnose dementia diseases. The Minister believes that these various activities are aimed at ensuring adequate quality of health care services addressed to people affected by Alzheimer’s disease.

The case has not been completed and is subject to further analysis regarding taking other actions.

**e) Health care services for seniors – difficulties in access to health care services financed from public funds**

One of the fundamental problems in the health care system are difficulties in access to health care services financed from public funds and the need for the patients to await treatment for a long time. As an example of this state of affairs, the Defender points out to the dramatic situation in terms of access to cataract surgery. The latest report of the Supreme Audit Office states that almost 400 thousand patients await cataract surgery, and the average waiting time is more than one and a half year. The increasing demand for the surgery is a result of the progressive ageing of the Polish society. The disproportion between the offered number of contracted surgeries and the social needs is becoming deeper and deeper. The situation of people waiting in a queue for the cataract surgery is not exceptional. Press reports suggested that similar problems were also encountered in access to physicians of other specialties. The Constitution of the Republic of Poland guarantees the citizens the right to health care. At the execution of this right, public authorities are required to establish a public health service system, which will implement the real accessibility to health care services financed from public funds to the fullest extent possible.

The surgery connected with the cataract treatment has been included in the list of guaranteed services, which imposes an obligation on the public authorities to guarantee a real access to the service and makes the social expectations as to the receipt of the service fully legitimate. The Defender asked for taking the necessary steps towards the execution of the constitutional right to health protection by providing universal access to treatment of cataracts[[8]](#footnote-8).

The Minister of Health explained[[9]](#footnote-9) that the current regulations lay down the rules related to the equence of providing health care services. Pursuant to the Act on Health Care Benefits Financed from Public Funds, health care services in hospitals and specialist services in outpatient health care are provided to beneficiaries according to the order in which they have reported, in days and hours designated by the service provider who concluded a contract for the provision of health care services with the National Health Fund. In turn, pursuant to the provisions of the Ordinance of the Minister of Health on medical criteria which the service providers should follow while placing beneficiaries on waiting lists for providing health care services[[10]](#footnote-10), the service provider classifies and places a beneficiary, with the exception of a beneficiary in emergency cases, on the waiting list for the provision of health care services, following the medical criteria based on current medical knowledge as an “emergency case” or “stable case.” When the condition changes, the beneficiary should inform the provider about this fact, who, based on the current condition of the patient, can adjust the waiting list and provide health care services earlier than at the appointed time.

The Ministry of Health constantly monitors the issues concerning queues of people waiting for the procedure of surgical treatment of cataracts, whereas the payer of health care services, insofar as financial resources are available, increases expenditure on these health care services, which certainly translates into increased access to health care services for patients. Expenditure on the provision of health care services for the treatment of cataracts is steadily increasing.

At present, the Defender exhausted legal possibilities of action on the matter, however, she does not accept the reply received.

**f) Health care services for seniors – low interest of GPs in training in the field of geriatric care**

A persisting problem is the lack of sufficient, with relation to the needs, number of geriatricians, but also low interest of general practitioners in the training offer, enabling them to acquire relevant expertise in dealing with older patients[[11]](#footnote-11). The Defender requested the President of the Supreme Medical Council[[12]](#footnote-12) to investigate the reasons for this state of affairs and help strengthen the participation of physicians in training in geriatrics. The Defender received a reply from the President of the Supreme Medical Council[[13]](#footnote-13), who presented the position in this case and the postulates related to the improvement of the situation in the preparation of physicians in geriatric care. Next, the Defender asked[[14]](#footnote-14) the Head of the Political Cabinet of the Ministry of Health about the matter twice. In reply, the Minister informed[[15]](#footnote-15) about the change in rules for doing specialization, which will contribute to the growth of interest of physicians in the geriatrics specialization. Geriatrics was included in the list of priority areas which allows setting a higher basic monthly remuneration of a resident doctor.

Given the information received, the Defender informed the President of the Supreme Medical Council about the position of the Ministry of Health and completed her action on this matter.

1. See The situation of people with Alzheimer’s disease in Poland. Report of the HRD, ed. 2014 [↑](#footnote-ref-1)
2. V.7011.21.2014 of 30 January 2014. [↑](#footnote-ref-2)
3. Letter of 1 April 2014. [↑](#footnote-ref-3)
4. V.7011.21.2014 of 30 April 2014. [↑](#footnote-ref-4)
5. Letter of 27 May 2014. [↑](#footnote-ref-5)
6. V.7011.21.2014 of 29 August 2014. [↑](#footnote-ref-6)
7. Letter of 25 September 2014. [↑](#footnote-ref-7)
8. V.7013.1.2014 of 3 February 2014. [↑](#footnote-ref-8)
9. Letter of 6 March 2014. [↑](#footnote-ref-9)
10. Ordinance of 26 September 2005 (Dz. U. No. 200, item 1661). [↑](#footnote-ref-10)
11. The signals were related to the project entitled “Support for continuing education of medical personnel in the field of geriatric care,” co-funded by the European Social Fund under the Human Capital Operational Programme. The aim of the project is to improve care for persons advanced in years in Poland by improving competence (training) of medical personnel in the field of geriatric care, conducted from 1 March 2012 until 2015 by the Department of Nurses and Midwives of the Ministry of Health in partnership with the Medical Postgraduate Education Centre. [↑](#footnote-ref-11)
12. V.7014.36.2014 of 19 March 2014. [↑](#footnote-ref-12)
13. Letter of 2 April 2014. [↑](#footnote-ref-13)
14. Letter of 17 April 2014 and of 9 September 2014. [↑](#footnote-ref-14)
15. Letter of 22 September 2014. [↑](#footnote-ref-15)