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**МЕДИЧНЕ ПРАВО УКРАЇНИ:  
ЗАКОНОДАВЧЕ ЗАБЕЗПЕЧЕННЯ  
ЦАРИНИ ОХОРОНИ ЗДОРОВ'Я  
(ГЕНЕЗИС, МІЖНАРОДНІ СТАНДАРТИ,  
ТЕНДЕНЦІЇ РОЗВИТКУ Й УДОСКОНАЛЕННЯ)**

**МАТЕРІАЛИ**

*V Всеукраїнської науково-практичної конференції з медичного права  
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Львів  
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організацій та Х З'їздом Всеукраїнського лікарського товариства (ВУЛТ) в м. Євпаторії 27.09.2009 р. Етичний кодекс лікаря України. Лікар несе відповідальність за якість і гуманність медичної допомоги, яка надається пацієнтам, та будь-яких інших професійних дій щодо втручання в життя та здоров'я людини. У своїй роботі він зобов'язаний дотримуватись Конституції України, діючих нормативних документів стосовно лікарської практики, з урахуванням особливостей захворювання, використовувати методи профілактики, діагностики і лікування, які вважає найбільш ефективними в кожному конкретному випадку, виходячи з інтересів хворого. У разі необхідності лікар зобов'язаний звернутися за допомогою своїх колег.

У ситуаціях надання допомоги хворому, за обставин які не передбачені законодавством, нормативними актами і посадовими інструкціями, лікар зобов'язаний враховувати, насамперед, інтереси хворого, принципи лікарської етики і моралі [8].

Сподіваємося, що Етичний кодекс лікаря України стане в подальшому позитивним регулятором правових відносин "лікар-пацієнт" і дасть можливість правового захисту пацієнта від недобросовісного лікаря та можливість правового захисту лікаря від необґрунтованих і завищених претензій пацієнтів.

Таким чином, поступи медичної та юридичної спільноти, яка давно звертає увагу суспільства на правову незахищеність лікаря в сфері надання медичних послуг, на необхідність заповнення існуючих прогалин нормами, що відповідали б реаліям сьогодення, створюють надійне правове підґрунтя для розвитку якісної медицини в Україні.

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## CHOSEN PROBLEMS CONCERNING THE ESTABLISHMENT OF PROPER SEQUENCE OF GRANTING OUT-PATIENTS' SPECIALIST CLINIC TREATMENT IN POLAND

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The basis for granting out-patients' specialist clinic treatment in Poland is the so-called queue, which is a system of waiting lists<sup>1</sup>. According to art. 20 section 1 of the Act of 27 August 2004 of health services financed from public means, the services are granted to the patients according to the sequence of registration of the patients at the health service provider<sup>2</sup>.

In order to ensure the realization of the aforesaid principle, the service provider keeps a list of the patients waiting for a certain medical service to be granted, on which the patients are registered on following places<sup>3</sup>. From the practical point of view, it is important to keep the list correctly. It has a significant meaning not only for the establishment of proper sequence, in which the patients should be granted with medical services according to the state of their health, but also for the realization of the patient's right to the so-called guaranteed services, that are financed from public means.

According to art. 5 point 35 of the aforesaid Act, the guaranteed service is "a service of medical care financed entirely or co-financed from public means according to the rules and within the scope as established in the Act". What should be emphasized, is that the guaranteed services are defined by the statutory establishment of their scope and the rules of granting them.

Art. 31d of the aforesaid Act pertains to the scope of guaranteed services. It empowers the Minister appropriate for health matters to determine by executive regulation the list of guaranteed services in specified scopes of granting health services as determined in art. 15 section 2 of the aforesaid Act<sup>4</sup>. Such executive regulations were issued by the Minister of Health on 28 — 30 August 2010 — to each of them an annex was added, containing the list of guaranteed health services of each scope.

<sup>1</sup> Keeping the waiting lists is to realize the principle of Just, equal, undiscriminating and transparent access of the insured to the health services (see art. 20 section 5 of the Act of 27 August 2004 of health services financed from public means Dz. U. 2008 no. 164 position 1027 with amendments). This is the right of the patient arising from art. 6 section 2 of the Act of 6 November 2008 of the patient's rights and the Patient's Rights Spokesperson (Dz.U. 2009 no. 52, position 417 with amendments), according to which "the patient has the right, when the possibilities of granting medical services is limited, to transparent, objective and medical criteria based procedure establishing the sequence of access to medical services." "The legislator has directly decided for the admissibility of the existence of the "medical queue" — also because of limited amount of financial means when it is possible due to medical reasons" (the sentence of the Appellate Court In Warsaw of 29 June 2004, I ACa 1/04, LEX nr 146712). See also J. Bujny, Prawa pacjenta. Między autonomią a paternalizmem, Warsaw 2007, p.124; D. Karkowska, Prawa pacjenta, Warsaw 2009, p.324; A. Pietraszewska-Macheta w: K. Baka, G. Machulak, A. Pietraszewska-Macheta, A. Sidorko, Ustawa o świadczeniach opieki zdrowotnej finansowanych ze środków publicznych. Komentarz, Warsaw 2010, pp.188-191; M. Śliwka, Prawa pacjenta w prawie polskim na tle prawnoporównawczym, Warsaw 2010, pp.80-83; M. Śliwka, A. Gałęska — Śliwka, Kolejność udzielania świadczeń zdrowotnych w prawie polskim i europejskim, Prawo i Medycyna 3/2008, pp.93.

<sup>2</sup> See art. 20 section 1 of the Act of 27 August 2004 of health services financed from public means

<sup>3</sup> See art. 20 section 2 of the Act of 27 August 2004 of health services financed from public means

<sup>4</sup> The patient is guaranteed with services from within the scope of: basic health care, out-patients' specialist clinic treatment, hospital treatment, psychiatric and addiction treatment, medical rehabilitation, nursing and caring services within the long-term care, stomatology treatment, health resort treatment, supplying with medical ware of orthopedic and auxiliary means, medical rescue, palliative and hospice care, high-specialized services, health programs and drugs.

Placing a certain health service in the list established by the annexes to the executive regulations issued by the Minister of Health is a realization of the first premise of recognizing the health service as a guaranteed service. The second premise, which also must be fulfilled, is the granting of the service according to the rules determined in the Act. This means that the sole fact of listing the service in the list made by the Minister of Health does not make the service guaranteed. As such it can be recognized only after being granted according to the rules of granting health services determined in the Act and executive regulations. When it comes to the out-patient specialist clinic treatment the basic rule of granting them is the sequence of granting, arising from the waiting list correctly kept by the service provider. This means that granting the service in discord with the waiting list and the rules of recording the list results in the fact, that the service is granted contradictorily with the rules of granting health services as determined in the Act and as such it can never be recognized as guaranteed service, even if it is on the Minister of Health's list of guaranteed services. In that case, it cannot be financed from public means, but only at the own expense of the patient.

From the aforesaid point of view it is extremely important for the service providers to keep the waiting list correctly, according to rules of granting health services as determined in the Act and appropriate executive regulations. Alas, the legal regulation pertaining to those bring some significant problems.

Placing a patient on the waiting list is based on medical criteria. Those are: the patient's state of health, prognosis of the future course of illness, coincident diseases influencing the treated illness, due to which the health service is to be granted, and the threat of occurrence, consolidation or strengthening of disability<sup>5</sup>. By using these criteria the patient is qualified to one of the categories: urgent cases or stable cases, and then the determined medical category influences the place of the patient on the waiting list. The patient is to be qualified as urgent case "*when there is a necessity of urgent service performance due to the dynamics of the disease process and the possibility of rapid deterioration of health state or sudden reduction of chances of recovery*" — and to the stable case category — in other instances<sup>6</sup>.

Such regulation of the manner of placing the patients on the waiting lists carries some serious problems, that may influence the performance of health services according to the Act.

What should be mentioned, the out-patient specialist clinic treatment is usually granted after a referral from a physician. As an exemption, referral is not necessary to be granted a health service from: a gynecologist, dentist, dermatologist, venereologist, oncologist, oculist and psychiatrist<sup>7</sup>. The qualification of the patient to the urgent or stable group is done by the health insurance physician. What is more, the qualification made by the physician and pointed out in the referral is taken into consideration by the out-patient specialist clinic treatment provider. The aforesaid solution may cause at least four practical problems.

Firstly, it is unknown — in practice — how to interpret the wording "*take into consideration the qualification made by the physician issuing the referral*". Two possibilities are possible: either

<sup>5</sup> See § 1 of the executive regulation of the Minister of Health of 26 September 2005 concerning the medical criteria for the service providers to use when placing the patients on the waiting lists for being granted a health service (Dz. U. 2005 no. 200, position 1661).

<sup>6</sup> See § 2 section 1 point 1 of the executive regulation of the Minister of Health of 26 September 2005 concerning the medical criteria for the service providers to use when placing the patients on the waiting lists for being granted a health service.

<sup>7</sup> See art. 57 of the Act of 27 August 2004 of health services financed from public means. Additionally a referral is not required for: person ill of tuberculosis, infected by HIV, war and military disabled persons, combatants, repressed persons, blind civil victims of warfare, drug and alcohol addicts (within the rehab treatment), for soldiers and employees, within the treatment of illnesses and injuries occurred during the performance of duties abroad.

the service provider is bound by the qualification made by the physician, which results the lack of possibility of verifying it while placing a patient on the waiting list, or the service provider is not bound by the qualification and the provider can qualify the patient differently, however contemplating the earlier qualification made by the physician issuing the referral.

Having considered the fact, that the patients are placed on the waiting list by the registration desk workers, who have no medical education or the possibility to verify the medical qualification made by the physician issuing the referral, what is more the patients may also register by phoning or through the internet, it seems that after all the service provider is bound by the qualification made by the physician issuing the referral.

Secondly, the qualification of a patient for specialized service is done by the health insurance physician, and not the specialist doctor, who most probably has better knowledge within that scope. It may occur, that due to lesser experience or lesser medical education, the referring doctor will wrongly qualify the patient. Of course, it would be only dangerous if the patient was qualified as stable, when in fact he was to be qualified as urgent. Because this in turn would result in rendering the specialist health service and that could be detrimental to the health of the patient or even dangerous to his life. It seems that if the referring physician makes a wrong diagnosis due to a breach of rules pertaining to that case, and the delay in rendering the out-patient specialist clinic treatment due to qualifying the patient as a stable case, instead of urgent, the referring physician may be held responsible on the basis of civil, as well as criminal law<sup>8</sup>.

Thirdly, the fear of the possible mistakes in qualification may cause the health insurance physicians to qualify the patients as urgent, even without medical premises for such decision. Such actions may result in delay in rendering services to the patients of urgent category, as well as of stable category.

What is more, it should be remembered, that only proper qualification of a patient, made on the basis of the criteria put out in the executive regulation, allows the statement, that the health service was rendered according to the rules of keeping the waiting list for granting the out-patient specialist clinic treatment, which makes it a guaranteed service. Alas, it should be noticed that the National Health Fund has no means to verify the qualification made by the referring physician, especially when it comes to it's medical correctness<sup>9</sup>.

Fourthly, such regulation is in some ways corruptive. When it's only up to the referring physician to qualify the patient to a certain category, which determines the patient's place on the waiting list, which above all determines the length of the period of waiting, especially that the qualification made is generally not verified by the out-patient specialist clinic treatment provider, who enlists the patient onto the waiting list, the patient may acquire the qualification of the case as urgent by delivering a material or personal benefit to the referring physician<sup>10</sup>. It is especially possible because the qualification made

<sup>8</sup> See A. Augustynowicz, A. Budziszewska – Makulska, Ustawa o prawach pacjenta i Rzeczniku Praw Pacjenta. Komentarz, Warszawa 2010, pp.41-42.

<sup>9</sup> It seems, that In practice it is impossible to eliminate that danger. The National Health Fund's Officials have no authority to control the correctness of the physicians' decisions in the diagnostic or therapeutic process.

<sup>10</sup> A problem arises in that case, whether there is a possibility of criminal or civil responsibility of a physician for delaying the health service to a person qualified as a stable case not due to medical reasons but due to the excessive amount of urgent cases, which was caused by the referring physician. It seems that the possibility of such responsibility of a physician who deliberately qualifies a patient to the urgent category despite the lack of medical premises, which results in a delay in rendering a health service, should be contemplated. Surely, the referring physician breaches the rules of procedure, what is more — deliberately — by misqualifying the patient to a wrong medical category. If that misqualification causes a delay in servicing an another patient, who would be granted a service earlier according to the waiting list if correctly qualified and if that delay in granting a health service will be a reason for negative results to the health or life of the patient, there will be a causal link between the physician's improper activity and the result to the health and life of the patient.

by the referring physician is not verified at any moment preceding the out-patient specialist clinic treatment service<sup>11</sup> as it is when it comes to health services granted in a hospital<sup>12</sup>.

Establishing the proper sequence of granting out-patient specialist clinic treatment services is not dependent solely on the proper establishment of the waiting list through proper qualification of the patients to categories of urgent and stable, as there is a group of patients who have certain special rights when it comes to the time of granting the out-patient specialist clinic treatment services.

Firstly, the patient may be in an emergency state. An emergency state is *"a state consisting in a sudden or foreseeable in a short period of time appearance of the symptoms of health worsening, which may directly result in a serious damage to the functions of the body or injury or loss of life, which requires immediate medical rescue activity and treatment"*<sup>13</sup>. The person in the state of emergency, according to art. 19 of the Act of 27 August 2004 of health services financed from public means, is granted services without delay. In other statutes the time of granting health services to patients in emergency states is defined similarly. For example, according to art. 7 section 1 of the Act of 6 November 2008 of the patient's rights and the Patient's Rights Spokesperson states *"the patient has the right to immediate health service if his life or health is endangered"*. Having considered the definition of the emergency state, it means that the health service for the patient in the state of emergency should be granted immediately.

Secondly, the patient may demand the granting of a specified service in a specified time due to the realization of a treatment plan<sup>14</sup>. According to § 4 of the executive regulation of the Minister of Health of 26 September 2005 concerning the medical criteria for the service providers to use when placing the patients on the waiting lists for being granted a health service, in such case the health service is to be granted at the time arising from that plan. This solution causes the fact, that such patient is not bound by the waiting list only as far as he is entitled to be granted a service on a determined day, regardless of the sequence arising from the waiting list.

Thirdly, a certain group of patients is entitled to be granted a health service *"without waiting"*. These are: soldiers and employees, within the treatment of illnesses and injuries occurred during the performance of duties abroad<sup>15</sup>, a patient who is a *"Meritorious Voluntary Blood Donor"* or *"Meritorious Transplant Donor"*, war and military disabled persons, combatants<sup>16</sup>. In practice the problem arises — what does *"without waiting"* means. Alas, the doctrine does not deliver an answer to that question. The only statement there is, is as follows: *"by the amendment entering art. 47 c certain groups of patients were given the right to be granted health services and pharmaceutical services*

<sup>11</sup> This brings the question, whether the wording *"take into consideration the qualification made by the physician issuing the referral"*, should not be understood as the authority of the service provider to make his own qualification of the patient, with the qualification of the referring physician only as a suggestion. This would allow to eliminate some amount of cases when the patient is qualified as urgent as a safeguard for the referring physician or for non-medical reasons.

<sup>12</sup> See § 2 section 2 of the executive regulation of the Minister of Health of 26 September 2005 concerning the medical criteria for the service providers to use when placing the patients on the waiting lists for being granted a health service.

<sup>13</sup> Art. 3 point 8 of the Act of 8 September 2006 of the National Medical Rescue (Dz. U. 2006 no. 191 position 1410 with amendments), to which art. 5 point 33 of the Act of 27 August 2004 of health services financed from public means refers to.

<sup>14</sup> See § 4 of the executive regulation of the Minister of Health of 26 September 2005 concerning the medical criteria for the service providers to use when placing the patients on the waiting lists for being granted a health service.

<sup>15</sup> See art. 24 of the Act of 27 August 2004 of health services financed from public means.

<sup>16</sup> See art. 47c of the Act of 27 August 2004 of health services financed from public means.

*without waiting"*<sup>17</sup> and that *"art. 24a is an exemption from the principle of equal access to health services (...) this provision allows a certain group of people to be granted health services as first"*<sup>18</sup>.

Having considered the aforesaid, the problem arises: in what order should the out-patient specialist clinic treatment services be granted if on one day the service provider will be attended by: persons from the waiting list, qualified as stable, as well as urgent, a person in a state of emergency, a person mentioned in § 4 of the executive regulation of the Minister of Health of 26 September 2005 concerning the medical criteria for the service providers to use when placing the patients on the waiting lists for being granted a health service and the persons mentioned in art. 24a and 47 c of the Act of 27 August 2004 of health services financed from public means.

It should be mentioned, that one group of patients — the patients in the state of emergency — is statutorily to be granted services immediately. This is because the state of health of such patients is connected with a direct threat for life and health. There is no doubt as to the fact that due to a direct threat for life and health, and the statutory duty to grant services to those persons immediately, the patient in a state of emergency is always to be granted health services as first. The consequence of this is also that those persons are not registered on the waiting list<sup>19</sup> and health services are granted without waiting<sup>20</sup>.

In other cases, the decisive issue is to establish the relation between the wordings *"according to the application order"*, *"at a precisely established date"* and *"without waiting"*.

The wording *"according to the application order"* causes no doubt. In this case the out-patient specialist clinic treatment services are granted according to the properly kept waiting list which is laid down according to the qualification of patients as urgent or stable. The patients are seen by the service provider according to the application order and the urgent category patients are seen before those of stable category<sup>21</sup>.

It seems that from the other two situations the lesser controversy is about the issue of the persons mentioned in § 4 of the executive regulation of the Minister of Health of 26 September 2005 concerning the medical criteria for the service providers to use when placing the patients on the waiting lists for being granted a health service, to which the health services are to be granted *"at a precisely established date"*, according to the treatment plan. *"At a precisely established date"* means that the patient should be listed for a medical procedure waiting list at a precise date, according to the treatment plan, but according to the order arising from that list, as § 4 of the aforesaid executive regulation does not exclude the appliance of the principles of keeping the waiting list, but only slightly modifies them<sup>22</sup>. This modification consists in the patient of § 4 of the executive regulation being registered on the waiting list according to the sequence of applications, but on such place, that will allow the health service being granted at a precise date arising from the treatment plan. What is more, those patients,

<sup>17</sup> J. Nowak-Kubiak, B. Łukasik, Ustawa o świadczeniach opieki zdrowotnej finansowanych ze środków publicznych. Komentarz, Warsaw 2010, p.143.

<sup>18</sup> A. Pietraszewska-Macheta, Ustawa o świadczeniach..., p.201.

<sup>19</sup> See § 1 of the executive regulation of the Minister of Health of 26 September 2005 concerning the medical criteria for the service providers to use when placing the patients on the waiting lists for being granted a health service. See also a sentence of the District Administrative Court in Warsaw of 17 November 2005, VI SA/Wa 1003/05, LEX no. 192536.

<sup>20</sup> M. Śliwka, A. Gałęska — Śliwka, Kolejność udzielania..., p.94; A. Pietraszewska-Macheta, Ustawa o świadczeniach..., p.191.

<sup>21</sup> See § 3 of the executive regulation of the Minister of Health of 26 September 2005 concerning the medical criteria for the service providers to use when placing the patients on the waiting lists for being granted a health service.

<sup>22</sup> The executive regulation of the Minister of Health of 26 September 2005 concerning the medical criteria for the service providers to use when placing the patients on the waiting lists for being granted a health service states only that the persons in the state of emergency are not to be entered onto the waiting list.



as patients who should be entered onto the waiting list, also should be qualified as urgent or stabile cases. That means the health service should be granted to them at a certain date, but in accordance to the sequence of granting health services on that day which arises from the waiting list kept by the service provider, after having qualified the patient mentioned in § 4 of the aforesaid executive regulation into the category of urgent or stabile.

The most controversy concerns the question when the out-patient specialist clinic treatment service should be granted to a person mentioned in art. 24a and 47 c of the Act of 27 August 2004 of health services financed from public means, who should be granted services "without waiting". It should be noticed that the provisions directly connect the sequence of granting health services with the keeping of the waiting list, that is the order of applications of the patients and the qualification of the patients as stable or urgent. Interpreting the statutory regulation concerning the persons mentioned in art. 24a and 47c of the aforesaid Act, according to which they are entitled to be granted services without waiting, means that the health services are to be granted to them regardless of the waiting list and the sequence arising from it. This interpretation is corroborated especially by the justification of the bill of the act, that entered art. 47c to the Polish legal system, according to which "*the entitled persons will not be taken into consideration when determining the sequence on the waiting lists*"<sup>23</sup>. This means that the person mentioned in art. 24a and 47 c of the aforesaid Act are not included on the waiting list in any case, especially they are not to be put on the first place of such list. The rules of keeping the waiting list do not pertain to those groups of persons, including the rules of qualifying the patient as a stable or urgent case<sup>24</sup>.

The comparison of the wordings "according to the application order", "at a precisely established date" and "without waiting" brings a result that — after helping the persons in the state of emergency — the second to be granted the out-patient specialist clinic treatment services are the persons mentioned in art. 24a and 47c of the Act of 27 August 2004 of health services financed from public means, as they are granted health services regardless of the sequence arising from the waiting list. As the patients of the urgent category, as well as the stable category, including the persons mentioned in § 4 of the executive regulation of the Minister of Health of 26 September 2005 concerning the medical criteria for the service providers to use when placing the patients on the waiting lists for being granted a health service are entered onto the waiting list, then the persons mentioned in art. 24a and 47c of the aforesaid Act are entitled to be granted services right after the persons in the state of emergency, as they are entitled to be granted the services regardless of the sequence, which means — before every person entered onto the waiting list.

Of course in such case it is possible for the entitlements to collide, as it may occur in reality, that according to the medical criteria a person mentioned in art. 24a and 47c of the Act of 27 August 2004 of health services financed from public means is in stable state, and on the waiting list there are patients in the urgent state. Because the persons mentioned in art. 24a and 47c of the aforesaid Act are not to be entered onto the waiting list and are seen without waiting, this may result in the fact, that a person of stable state is granted a service before a person in urgent state just because the first one falls within art. 24a and 47c of the aforesaid Act. This way a collision occurs between the

<sup>23</sup> The Issue of the Sejm of the Republic of Poland of V tenure no 1490 of 26 January 2007, [http://orka.sejm.gov.pl/Druki5ka.nsf/0/F75ED56B7A6E5590C125729E003DA7C7/\\$file/1490.pdf](http://orka.sejm.gov.pl/Druki5ka.nsf/0/F75ED56B7A6E5590C125729E003DA7C7/$file/1490.pdf), p. 29 of the justification.

<sup>24</sup> It is worthy to mention, that this causes certain inconsistency in the abiding provisions as according to § 1 of the executive regulation of the Minister of Health of 26 September 2005 concerning the medical criteria for the service providers to use when placing the patients on the waiting lists for being granted a health service recognizes as an exception only the persons in the state of emergency as those, who are not registered at the waiting list.

right to be granted a service first due to membership of a certain group<sup>25</sup> and the right to be granted a health service as first due to an existing "*necessity of urgent service performance due to the dynamics of the disease process and the possibility of rapid deterioration of health state or sudden reduction of chances of recovery*"<sup>26</sup>. In my opinion it is an improper solution for the legislator to give such precedence to a certain group of people before the medical necessity to perform a medical procedure. As a result of that an amendment within the scope of the rights of the persons mentioned in art. 24a and 47c of the Act of 27 August 2004 of health services financed from public means necessary. The out-patients' specialist clinic treatment services should not be granted to them without waiting, that is completely regardless of the waiting list. The persons mentioned in art. 24a and 47c of the aforesaid Act should be entered onto the waiting list and qualified as stable or urgent cases, just as all the other patients (excluding those of emergency state). The special entitlements of the persons mentioned in art. 24a and 47c of the aforesaid Act would be executed by entering them onto the waiting lists as first within the categories of urgent and stable cases. Such regulation would result in sustaining the privileges of the persons mentioned in art. 24a and 47c of the aforesaid Act, and on the other hand it would eliminate the situation, when a person who should be qualified as a stable case is being granted an out-patients' specialist clinic treatment services earlier than a person entered onto the waiting list as an urgent case.

As a result one has to state, that in the current legal situation the health service provider should provide health services firstly to the patients in the state of emergency, then to the persons mentioned in art. 24a and 47c of the Act of 27 August 2004 of health services financed from public means, and then to the patients from the waiting list — according to the order of applications. The patients of the urgent category should be granted a service before those of the stable category. Additionally the waiting list for each day should include — also according to the order of applications and according to the qualification as urgent or stable — the patients mentioned in § 4 of the executive regulation of the Minister of Health of 26 September 2005 concerning the medical criteria for the service providers to use when placing the patients on the waiting lists for being granted a health service, who have the right to be granted a health service at an exact date, according to the realized plan of treatment.

<sup>25</sup> This entitlement is realized by art. 19 of the Polish Constitution according to which "The Republic of Poland lavishes the veterans of the fight for independence, especially the war disabled persons, with care". See The Issue of the Sejm of the Republic of Poland of V tenure no 1490 of 26 January 2007, [http://orka.sejm.gov.pl/Druki5ka.nsf/0/F75ED56B7A6E5590C125729E003DA7C7/\\$file/1490.pdf](http://orka.sejm.gov.pl/Druki5ka.nsf/0/F75ED56B7A6E5590C125729E003DA7C7/$file/1490.pdf), p. 29 of the justification.

<sup>26</sup> See § 2 section 1 point 1 of the executive regulation of the Minister of Health of 26 September 2005 concerning the medical criteria for the service providers to use when placing the patients on the waiting lists for being granted a health service.