

# EMERGENCY MEDICAL SERVICE IN POLAND – CURRENT STATE AND A NEED OF REFORM

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## SUMMARY

The article focuses on the question of reorganisation of Emergency Medical Service in Poland. First part of the paper contains a short description of a project of the Integrated Rescue System, which have been included in the National Emergency Medical Service Act enacted by Parliament in 2001. Considering to the fact, that implementation of this reform has been stopped after general elections in autumn 2001, in the second part of the paper some arguments supporting the postulate of urgent realisation of this project are discussed. The arguments refer to five spheres: epidemiological, social, political, legal and economical. The conclusions of the discussion are, that in every of those spheres negative consequences of blocking the reform may be observed. The final conclusion is, that reorganisation of ineffective Emergency Medical Service in Poland is still a challenge, which public authorities have to manage.

**Key words:** Integrated Rescue System, Emergency Medical Service, emergency medicine

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## INTRODUCTION

In July 2001 Parliament in Poland enacted the law (National Emergency Medical Service Act), which shall be the legal basis for the Integrated Rescue System<sup>1</sup> being under construction from 1999. This project, which presumed complex reorganisation of Emergency Medical Services, seemed to be even the least controversial of all reforms that have been ever implemented or planned in Poland after the fall of communism. In Sejm, lower chamber of Polish Parliament, which at that moment was extremely weakened and politically disrupted before the forthcoming general elections, during the voting only one objective voice appeared (1). This fact is a strong evidence for general political consensus in the subject of necessity for enacting the reform of Emergency Medical Service in Poland, which was dramatically ineffective. Besides, the Integrated Rescue System was seen as an important element of general health care system, also being under reorganisation at the same time. Nevertheless, after the elections and change of governing political coalition, the reform has been stopped. So far, even above mentioned National Emergency Medical Service Act has not come into force.

This article presents assumptions of the project of Integrated Rescue System in Poland, including short presentation of this system's functioning, as it stands in legal regulations. In its second part, a sort of arguments supporting urgent necessity of finalisation of the blocked reform is discussed.

## INTEGRATED RESCUE SYSTEM IN POLAND – PROJECT'S ASSUMPTIONS

The experiences of many countries (e.g. Great Britain, Unites States of America) show, that integration of rescue services brings prominent improvement in the efficiency of those services functioning, which result in higher safety of country's citizens (2). In Poland, rescue services, Emergency Medical Service in particular, at the beginning of 21st century was (in fact – still are) archaically organised and ineffective. The graphic scheme of its functioning presents Fig. 1.

As the figure shows, every service functions separately. In case of danger, there is no coordination between the services and every of them should be informed about the incident individually (by incident's witnesses or other rescue services). Injured persons are transported to hospitals proper for individual case (e.g. accident injury, heart failure), being on duty at the moment. In result rescue services function ineffectively, the period between emergency call and service's arrival at the scene of incident is long. This causes epidemiological indicators concerning mortality rate from injuries and cardiovascular diseases are unusually high in Poland. This fact was the fundamental reason for preparing the project of reorganisation of the system, and presumptions of the reform have been included in the National Emergency Medical Service Act.

While focusing on the medical aspect, the framework of the

<sup>1</sup>The term "Integrated Rescue System" is understood as cooperation between all rescue services: Emergency Medical Service, water and mountain voluntary services, fire-brigades, as well as police. However, the term is used mainly in the context of public health safety. That is why the aspect referring to Emergency Medical Service of the Integrated Rescue System is discussed in the paper, while other parts of the system are only mentioned, not described.

new system consists of three basic elements: Emergency Call Centres, Emergency Teams (ambulance staff) and hospital's Emergency Departments.

- Emergency Call Centre shall be the element integrating all rescue services – ambulances, fire-brigades, air ambulances, police, as well as mountain and water voluntary rescue services. All incidents generating an urgent need for those services intervention shall be announced to one telephone number 112 to the coordinator, who shall then proceed with disposition for proper service (2).
- The ambulances shall be well-equipped with tools, which would let their staff ensure quick and professional medical help to injured or sick persons in cases of life threatening. Ambulances should wait in different places, specially marked according to the general scheme. This would let them quickly reach the scene of incident in case of emergency. Staff of ambulances should be based on licensed rescuers, and physicians specialised in emergency medicine (3).

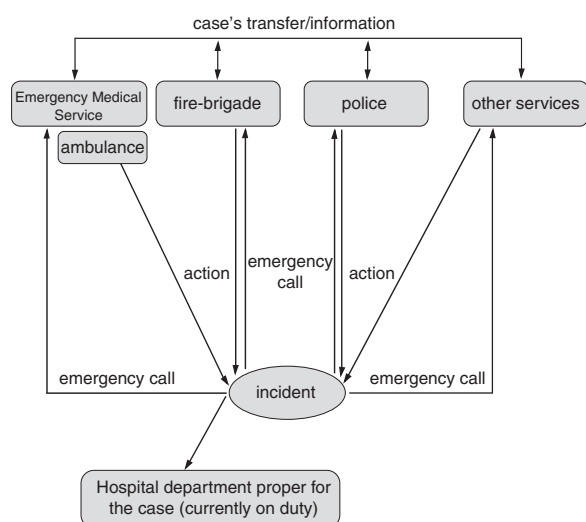


Fig. 1. Polish rescue system before reform (still functioning). Source: own construction.

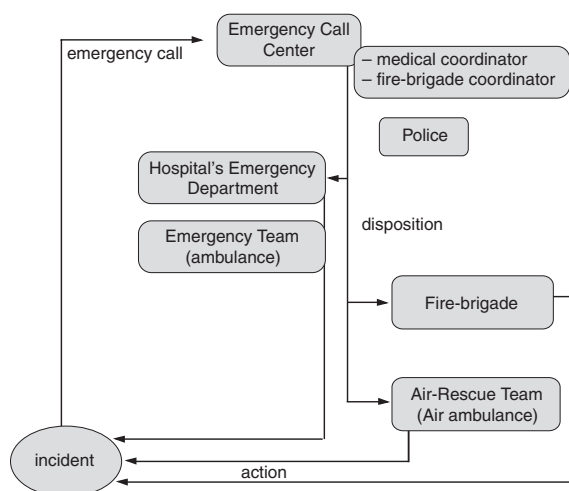


Fig. 2. Project of the integrated rescue system in Poland. Source: G. Abgarowicz, M. Stus Rola MSWiA w systemie ratownictwa medycznego „Zdrowie i Zarządzanie” 2000 6(II): 80 – 82.

This generated a need for changes in educational system – creating a new kind of university course and new medical specialisation, together with proper educational basis for providing them.

- Emergency Departments in hospitals should be the final element of the system. Injured or sick persons should be transported to a hospital disposing with such department, which would be closest to the place of incident. Emergency Departments should be established only in hospitals fulfilling requirements defined by law (3), general number of such hospitals in whole country shall be about 250 (4). Emergency Departments should integrate in one place equipment and staff ready to save one's life in different cases of its threatening.

Graphic scheme of Integrated Rescue System's functioning is presented in Fig. 2.

As the figure shows, in the system's project all services are coordinated by the Emergency Call Centre. In case of emergency coordinator should give a disposition to the ambulance, which is closest to the scene of incident. Injured persons should be transported to the nearest hospital's Emergency Department. Such organisation of the system shall shorten the period between emergency call and proper services' arrival, as well as the period between incident and patient's arrival to hospital.

The system shall be financed centrally by the Ministry of Health; only the services of hospitals' Emergency Departments should be contracted by health funds. Individual elements of the system shall be realised as the tasks assigned to units of Unified Governmental Administration, and being so – coordinated by government's representative in województwo (voivodeship – biggest local administration unit) (5). It is worth to say, that the project does not define the character of providers participating in the system. For example, the tasks of Emergency Teams can also be realised by private providers, who are nevertheless obliged to fulfil all formal and practical requirements, and should act in accordance with general scheme prepared for a territory (3).

The general purposes of reorganisation of rescue services are as follows:

- Integration of disposing positions for all rescue services.
- Reducing the number of negative results of accidents and injuries, such as death, lameness or other detriments for health.
- Reducing financial loss caused by absence from work, as well as compensations for victims of accidents and their families.
- Reducing expenses, through reducing the number of hospitalisations and shortening the term of hospitalisations.
- Increasing the citizens' sense of safety (2).

More particularly, aims of Emergency Medicine Service's reorganisation are:

- To reduce the time of ambulance's arriving to the scene of incident to reach the European standards: arrival in 8 minutes in urban area and in 15 minutes in rural area (3). In Poland in late 90's the average time of arrival was about 45 minutes.
- To reduce the term of patient's reaching the hospital to the level under one hour (6). Earlier the term was even over

three hours in 41% of all cases (7). This should also reduce the number of cases of death both before and soon after reaching the hospital.

- To reduce costs, through more rational hospital's infrastructure and equipment usage (4).

## **INTEGRATED RESCUE SYSTEM IN POLAND – ARGUMENTATION SUPPORTING THE PROJECT**

As it has been mentioned, Integrated Rescue System in Poland would be financed centrally by the Ministry of Health. Due to estimations performed during project's creation, costs of its functioning would be about PLN 800 million (EUR<sup>2</sup> 200 million) every year. After making some financial adjustments (i.e. transferring to health funds financing of the tertiary health care procedures financed by Ministry of Health earlier), about PLN 300 million (EUR 75 million) a year should be reserved for this purpose in general State's budget (6). This was the main reason of reform's blocking by new government, which took power after general elections in 2001. Project presumed full system's start with the beginning of 2004, but dramatic deficit in the central budget caused postponing of reform's finalisation. In result at the beginning of 2004 a date of system's start is still unknown.

Financial argument for blocking the reform seems to be rational. However there are many opposite arguments showing, that the facts are different: the savings are apparent, not real. Besides, many social and political losses arise from blocking this reform.

There are five spheres of potential argumentation for necessity of urgent finalisation of the project of Integrated Rescue System in Poland: epidemiological, social, political, legal and economical.

### **Epidemiological Argumentation**

Factors concerning deaths caused by aid arriving too late are alarming in Poland, despite of some improvement in past few years. Among the most frequent reasons of death are injuries (most frequent reason of death of men under 44 years old, and of children), and cardiovascular diseases [52.7% of all deaths (8)], including brain-strokes. Every 100 car accidents cause 12.5 deaths (7), the number of victims counted as a percentage of general population is 19.5 on every 100,000 of citizens (1999) (9)<sup>3</sup>. This factor for the West-European Countries is much lower. In Great Britain the number of car accidents' victims per 100,000 citizens in 1999 was 5.8, in Germany – 9.7 (9). The factors in neighbouring countries to Poland, which reached similar level of economical development, are also better. In Czech Republic the number of victims per 100,000 citizens was in 1999 14.6, in Hungary – 15.7 (9). In Poland 62.4% of deaths caused by injuries occur before patient arrives to hospital. In European Union countries this percentage is 31% (8). Only 40% of persons with heart failure in Poland have a chance to outlive. 60% of persons with brain-stroke also die within the period of 12 months (6).

One of basic purposes of state's health policy is to improve the quality of health of the population. Reaching this goal seems to be impossible without improving those parameters, which is impossible while the Emergency Medical Service is archaic and ineffective.

### **Social Argumentation**

State's institutions are responsible for organisation of health care. While the organisation of Emergency Medical Service is invalid, the whole health care system cannot function properly. This results in dramatically low level of social confidence in institutions which are responsible for fulfilling described duties. There is also strengthening social feeling expressed by popular and frequent sentence: "authorities are efficacious only while reaching own purposes".

Social damages have also more individual measure. For example, after numerous scandals caused by Emergency Medical Service's workers [perhaps the most drastic was the case of rescuers, who are accused of killing patients to sell their bodies to funeral companies<sup>4</sup> (10)], a public hatred to all such workers exploded. Some mechanisms of common responsibility appeared, most harmful for rescuers, who are fulfilling well their duties.

As it has been mentioned, the project of Integrated Rescue System presumed wide changes in the educational system. Licensed rescuers, who should be member of all kinds of Emergency Teams (specialist, basic, and sanitary) (11), should finish specially established university course. After blocking the reform, there is a situation that persons finishing such courses got a profession formally registered, which exists "virtually" only, for there are not legal regulations concerning positions they would take up in the system.

In general, such situation may lead to serious troubles with social structures' functioning.

### **Political Argumentation**

Organisational model of health care system depends on ideological background of its creators. More left ideological background will generate a model of health care strongly depending on state's institutions, with active financial engagement of the state and wide range of guaranteed services. More right ideological background will result with the system more individually-oriented, opened for private initiative, and organised in accordance to free market rules. Nevertheless, Emergency Medical Service seems to be excluded from the ideological discussion (or seems to be a matter of deep political consensus). The doctrinal streams and political parties arising of them may have different visions of the range of duties entrusted to State's authorities and administration, but usually all of them include in this range the question of citizens' safety. Emergency Medical Service is undoubtedly an element of significant importance for persons' safety (health safety in particular), which depends strongly on conditions external to individuals, and being so, should be included in the range of state authorities' duties (12). Ineffective rescue system in Poland does

<sup>2</sup>The proportion 1:4 of Euro to Zloty has been estimated.

<sup>3</sup>According to the data by Eurostat, in Poland in 2000 it lowered to 18.3, while in Czech Republic remained at the same level and in Hungary lowered to 14.6.

<sup>4</sup>This happened in Łódź, the case is on court at the moment

not assure safety, what may lead to a conclusion, that the State is unable to fulfil its basic duties.

Political argumentation must refer also to the question of public authorities' activity consequences, as well as to the question of political programmes credibility. Current situation and blocking of the reform denies to this credibility, for in SLD (currently governing post-communist left party) programme the question of Emergency Medical Service's reform was among the priorities. An official document prepared by the Ministry of Health, titled "Strategic directions of Ministry of Health activity in the years 2002 – 2003" also presumed realisation of the project (13).

### Legal Argumentation

The article No. 68 of the Constitution of Republic of Poland includes a regulation giving every citizen a right to health care, and obliging public authorities to ensure equal access to health care services financed from public resources (14). The process of creating an infrastructure for Integrated Rescue System begun in 1999, and then have been interrupted before finalisation. In effect on the 30% of territory of the country the infrastructure have not been built, while on the rest of the territory this infrastructure is utilized only in part. Integrated Rescue System is partly functioning in some large cities and administrative units, where local self-governments took the initiative and engaged in its organisation (being not obliged to do so). This situation means, that constitutional principle of equal access to health services financed from public resources have been broken in result of public authorities' activity.

### Economical Argumentation

As it has been said above, the need for savings in central budget was the main reason of blocking the finalisation of Emergency Medical System's reform. However those savings are not actual, for this may refer only to the PLN 300 million (EUR 75 million) in central budget, which should ensure the functioning of the system. Other estimations says, that unnatural deaths of persons who are under 44 years old, cause the loss of 500,000 years of life and 300,000 years of work, what is equal to the account of 6 billion dollars every year (2.7% GDP) (8). Beside of that, there is a question of public investments in system's infrastructure, which were about PLN 370 million (EUR 92.5 million) in the years 1999–2002 (15). Those investments in some part improved Emergency Medical Service functioning also under current conditions (i.e. purchasing of new ambulances), but in large part resources devoted for this purposes are in fact lost. State-financed creation of Emergency Call Centres, which are unused, as well as equipping of hospitals' Emergency Departments, which have problems with contracting services with health funds (there are not legal regulations concerning those departments' functioning) are examples of such loss.

## CONCLUSIONS

- Blocking the reform of Emergency Medical Service in Poland causes that neither the negative trend of epidemiological indicators, nor the general level of health safety of the population can be improved.
- Blocking the reform generates many difficulties with the functioning of social structures and may deepen the process of loss of social trust for political institutions. It causes also many legal doubts concerning the public authorities' adherence to Constitution.
- Stabilisation of the negative epidemiological factors referring to deaths caused by late aid to injured or sick person causes significant economical loss.
- Blocking of the project of reform causes that reorganisation of archaic Emergency Medical Service in Poland is still a great challenge for public authorities.

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