**Summary**

Health Care is one of the main sociocultural challenges faced by modern states and supranational organisations. Health, and its protection, is a fundamental social service and a contributing factor in the quality of life, and the ability to carry out the tasks of society. It is now recognised, not only as a specific social value, but also as a factor for economic growth. It is considered in the broader context of public health and defined as a concern for the state of health of a section of society, or for society as a whole. It consists of recognising health status and risks, as well as initiating and organising co-ordinated actions of public institutions in this area, financed from public funds. Creating solutions in the field of health was, and is, directly related to the socio-civilizational development of society and the development of medical science, combined with economic progress and the formation of a health system, leading to widespread acceptance of state responsibility for the health and safety of its citizens. Health policy is an integral part of social policy, functioning within the social and economic constraints. It focuses on providing an environment conducive to the maintaining of the health of a society and fair, universal access to benefits. As an important part of social policy, it affects certain concepts in the area of employment and living, education, culture, the

structure of income and expenditure and social security benefits. Its scope includes any situation where there is an impact on public health and the level of satisfaction of the health needs of the society at large. State health policy defines the objectives of the health care system and contributes to its implementation by providing the necessary resources. This is particularly important where there is an increase in health care expenditure. The main functions of a health care system include: ensuring the availability of services for all citizens, the provision of high quality, effective treatment and care, and the ability to adapt to changing requirements in this regard.

Poland's adhesion to the European Union and the need to harmonise legislation and adaptation strategies and practices of health policy to Polish community standards has had a significant impact on the development of its health sector. The political changes that Poland underwent at the close of the twentieth century, and the transfer of certain powers in the area of health care and local government, gave rise to the formulation of new procedures for the organisation and financing of the health system.

The internationalisation of social and health care policies is a consequence of globalisation and the acceleration of the integration process within the European Union. The global nature of health issues is determined by the need to develop transnational methods of operation in the event of the spread of disease and health problems. Legal standards, the provisions contained in various treaties and their expansion in the form of secondary regulations, determine the scope of health policy within the social community. The European Union adapts its strategic objectives in public health policy to the current health and social landscape of its citizens, orients its efforts on promoting a healthy lifestyle and preventive measures. It is complementary to national policies, which are responsible for providing a wide availability of services, infrastructure and health care.

In the countries of the Community, providing finance for health care is a mandatory part of their social security systems, and includes direct funding from state budgets, voluntary health insurance contributions, and direct fees paid by the patient. This has led to a wide variety of organisational models of health care and a significant imbalance in the level of funding within individual Member States. As an instrument for reducing inequalities in health, disease prevention and health promotion, complementary segments of health care, which allow for the early detection and diagnosis of existing

threats, are employed. The Member States' interest in the issue of health and protection manifests itself not only as a separately defined sphere of politics, but also as correlated activities in agricultural, environment, employment, competition and consumer protection policies.

The modern institutionalisation of a health policy in Poland has its roots in 1918, and has been subject to significant change in the course of its formation and development, and since the country's political transformation of 1989, the organisation of the health care system in Poland, and the principles of its funding system continues to undergo significant change. From the point of view of national policy, the health care system in Poland functions to manage, to finance and to deliver health services. The current legal basis of state health policy, as defined in the Polish Constitution of 2 April 1997, lays out the duties of public authorities in the field of protection, prevention and health promotion, under the principle of ensuring that all citizens have equal access to health care services. The state authorities are obliged to set up and protect the efficient functioning of the health care system, and the basic obligations in this regard rests on the central administration. The state actors defining strategy and the legal framework of the healthcare system are the Parliament and the Ministry of Health, the main entity responsible for the creation and implementation of health policy. Healthcare in Poland functions as a system for the contracting of services, financed from public funds, and the sole insurer is the National Health Fund, the compulsory health insurer for about 98% of the population.

The health care system is an matter of ongoing political discussion, subject, as it is, to evaluation and pressure from public opinion, and is one of the most contentious issues of the social sphere. The general opinion is that the health system in Poland fares badly in comparison to other countries of the European Union, and a critical evaluation of the main reasons for this include problems of access to specialised services and inpatient care. This indicates a failure of the system and a failure to ensure the constitutional right to equal access to benefits and medical infrastructure.

The health care system in Poland is built on a modified model of general insurance, in which a mandatory insurance premium of 9% is levied. In accordance with the principle of social equality, the level of individual's contribution raised through this

premium affects neither the quality of nor the type of services received. Poland's level of expenditure on the protection of health, at about 7% of GDP over last few years, represents one of the lowest rates of all OECD countries. The result of this low level of public funding is to limit access to health care, or at least to lower its quality. This is compounded by the rapidly rising cost of health care as a result of the acceleration of demographic change and the introduction of new medical procedures, and the key seems to be an increase in the level of funding for the health sector from public funds. At the same time, a systematic increase in the amount of private expenditure on health care and medications borne by patients in Poland had been observed.

In addition to the financial straits of the healthcare system, a lack of access to medical personnel is one of the most important factors determining the delivery of effective health services to the patient. Poland has one of the lowest ratios of doctors and nurses per capita of all OECD countries. At the same time, there are significant variations in the geographical distribution of medical personnel, often for historical reasons, regardless of the true health needs of the population; for example, the number of doctors working in Mazowieckie stands at 24.9 per 10,000 population, whereas Wielkopolska has 14.4 per 10,000 population. Hospitals serve a key role and, in addition to the basic function of healthcare, provide educational facilities for medical schools, with regional health care delivery reliant on regional hospitals.

The medical services market interacts with both the public and private sectors, and, as a result of the country's political transformation, has been incorporated into the publicly financed health system, where, as in other developed countries, it plays a complementary role. In over 95% of fixed-line services, medical care is provided by public health providers, a consequence of the significantly lower number of beds in non-public institutions and private entities, which have a disinterest in whole areas of health care for such low-priced procedures as carried out by the NHF. At the same time, there has been a steady growth in the private market at a 5% annual growth rate and a level of spending at about 40 billion PLN per annum.

This dissertation presents the results of empirical studies, conducted among health workers and patients. The information obtained allowed for the gathering of both positive and negative opinions of the health care system in Poland. The vast majority of

patients surveyed believe that health care in Poland falls short of the standards of other countries of the European Union, and that change and reform is required. The main reasons for such opinions included long waiting times for specialist services and the need to resort to private medical services, despite their having contributed to the National Health Fund. Health care professionals, having presented a critical opinion on the functioning of the public health system, expressed confidence that the introduction of additional health insurance for patients, and co-implementation of medical services, would significantly improve the quality of services and waiting times.

In modern health systems there are clear barriers for growth in demand for health care, while limiting both supply and finance. The increase in demand for health services coupled with reduced funding, leads to a growing disparity between the health care needs of patients and the possibilities of meeting their needs. The specifics of the health care sector means that it struggles to develop general access to its medical services, while maintaining long-term macroeconomic efficiency. The increase in the prevalence of lifestyle related diseases, such as diabetes, cardiovascular disease and cancer, combined with an ageing population, is a significant burden on national health systems, and the need for reform, both in Poland and in other countries, is determined by the pace of demographic change, societal development, technology and economic realities.

The effects of globalisation on the health sector is visible through changes in traditional systems of medicine, an exchange of health services and the impact on the health of the population by creating both processes that improve quality of life, and, conversely, generate potential threats. The socio-economic development of each country effects an increase in the standard of living, leading to an increase in food consumption and thus the prevalence of obesity and lifestyle related diseases. Accordingly, there has been a change in the approach to health care on a global scale, in the departure from passive to active solutions for threat detection.

Analysis of a modern health policy in Poland, in fact, an European health area shows that:

1. As one of the fundamental social values and an important element of the socio-economic processes, Health and its protection requires multi-faceted public administration activities, which should ensure universal, equal access to health services,

2. The effectiveness of a state health policy depends on the co-operation of central government, local government and international organisations, and the recognition of the treatment, prevention and health education as complementary elements of health care, conducted consistently with respect to the general public at all levels,

3. Despite widespread acceptance in the Member States of the European Union for the public responsibility for health, there are significant disparities in the level of health care financing, the diversity of the organisation and the level of availability of medical facilities for patients across the Member States,

4. The amount of money spent on health care in the health system of Poland, built on a model of general insurance, is lower than the average level in the European Union, resulting in insufficient level of public funding, a higher share of private patients and possible restrictions on access to medical care,

5. Increased demand for medical services with limited funds, an increase in the incidence of lifestyle related diseases, an ageing population and the acceleration of the process of globalisation has led to an imbalance between public health needs and the possibilities of the health care system and the exploration of new system solutions, such as an integrated model of care, or holistic health needs.