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# SELECTED ASPECTS OF THE STATE HEALTH POLICY DURING THE FIRST WAVE OF THE SARS-COV-2 PANDEMIC

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**Purpose:** The authors analyze the decisions made from March to September 2020 which affected the functioning of Polish health care facilities. According to the authors, that period determined and significantly influenced the decisions taken by state authorities during the subsequent waves of the SARS-CoV-2 pandemic.
**Design/methodology/approach:** The analysis of the issue presented in the paper will be a descriptive one. The research exploration will be carried out using the desk research method.
**Findings:** Analyses of secondary and compilation documents showed that the authorities of the Republic of Poland were not prepared to manage the state in unprecedented conditions caused by the first wave of the pandemic, and the decisions taken at that time by public administration bodies were chaotic, not always well thought out and often influenced by public opinion.
**Originality/value (mandatory)** The article can be considered original due to the fact that it combines an analysis of Polish legal acts issued during the first wave of the COVID-19 epidemic with, above all, an analysis of their social effects. The analyses showed that Polish authorities were not prepared for the pandemic crisis. The article is addressed to state administration employees as well as employees and students of universities with majors in national defense, public safety, medicine, medical rescue and public health. It may become a basis for developing legal acts of a preventive nature, which can be immediately applied in the event of another epidemic.

**Keywords**: SARS-CoV-2 coronavirus, health policy, health protection.

## Introduction

Nowadays, health is not understood only as "no diseases" (Domaradzki, 2013, p. 6). According to the definition provided by the World Health Organization (WHO), it is "a state of complete physical, mental and social well-being and not merely the absence of disease or infirmity". This definition emphasizes the importance of sustainable development, an integral

part of which is man. An analysis of the definition leads one to a conclusion that sustainable development is conducive to health. In this kind of development health is a value at the local community level. At the same time, the health of an individual is a public good protected by the principles of solidarity and co-responsibility (Domaradzki, 2013, p. 6). At the regional level, health protection involves a significant number of organizations and institutions performing health-related activities and human resources, i.e. health professionals. The comprehensive structure of the health protection system is perceived as a special social good. This means that health protection is one of the modern state's basic obligations (Romaniuk, Brukało, 2015, pp. 101-124). Health as a public good is provided for in Article 68 of the Constitution of the Republic of Poland (Journal of Laws of 1997, no. 78, item 483, of 2001, no. 28, item 319, of 2006, no. 200, item 1471, of 2009, no. 114, item 946), pursuant to which "everyone has the right to health protection". The aforementioned constitutional standard obliges public authorities to protect health in two dimensions: individual and social. Similarly, Article 9 and 168 of the Treaty on the Functioning of the European Union seem to impose an obligation on individual Member States and the European Union itself to guarantee a high level of public health protection, inter alia, in order to combat infections and infectious diseases, including during activities related to the management of COVID-19 risk. The authors point out that it is necessary to respect the principle of proportionality in limiting the rights or freedoms of individuals when combating epidemic diseases. The analysis of the available documents and information allows them to conclude that the language used in the sphere of public health protection does not conduce to the compliance with the above principle. The widespread use of the phrase "combating SARS-CoV-2 infections" – according to the authors – suggests undertaking a wide range of activities that are necessary to overcome the epidemic. These activities do not come down only to providing health services, which may suggest the existence of an extraordinary threat that has to be combated like armed aggression against the state. This may be interpreted as a certain consent to broad or severe restrictions of the freedoms and rights of individuals for the purpose of achieving the above goal. The SARS-CoV-2 epidemic is treated as a "war with an invisible enemy" and health care workers as the ones performing professional activities on the "front line". This form of communication was reinforced by the statements of populist politicians.

The direction of Polish national health policy is determined by the Minister of Health, and it is implemented by entities such as the National Health Fund, Voivodes (regional representatives of the government), units of local self-government and health care entities of varied legal status.

The state health policy (Ministry of Health, *Health Policy Programs*, 09.04.2018) should be aimed at making sure that citizens have universal access to preventive health services and health care, and that the quality of health care services be improved, while remaining compliant with the constitutional principle of "equal access to health services". Therefore, it is possible to increase health security and improve the living conditions of the people. Regardless of the

model functioning in a given country, the WHO emphasizes that national equality in health and financing of health protection under allocation mechanisms based on the principles of equal access to health services is a universal goal of each health system (WHO, *Health 21: The Health for All Policy Framework for the WHO European Region – 21 Targets for 21st Century*, WHO, Copenhagen, 1998).

Today, the functioning of the healthcare system is influenced mainly by the rapid development of medical technologies and modern diagnostic methods. The outbreak of the COVID-19 pandemic was an unprecedented challenge for the health care sector (MacIntyre, 2020, pp. 1-3). Globally, the end of 2020 showed that combating the spread of the SARS-CoV-2 virus and its aftermath effectively was beyond the capabilities of healthcare structures in many countries of the world (Ruktanonchai, 2020, pp. 1465-1470). The same held for Poland, where combating the epidemic was being organized while the virus was already spreading among the Polish population.

The COVID-19 pandemic caused by the SARS-CoV-2 coronavirus began on 17 November 2019 in central China, in the city of Wuhan (Yi-Fan Lin, 2020, pp. 1-7). The first case of this disease in Poland was recorded on 4 March 2020. A few days later, on 11 March 2020, the WHO recognized COVID-19 as a pandemic (WHO…). The emergence and mass spread of the SARS-CoV-2 coronavirus changed not only the functioning of the healthcare system and the economy, but also redefined the lives of individual people, including their social activity, which had an impact on all aspects of life. It also gave Polish authorities grounds to issue legal acts regulating the organization of the healthcare system's work and introduce social life restrictions.

## Research method

The analysis will focus on the decisions of Polish authorities on the functioning of healthcare facilities during the COVID-19 epidemic issued from March to September 2020. This period was critical and defined the direction of the policy pursued by Polish authorities with regard to preventing the epidemic and organizing healthcare. The authors attempt to answer the following question (solve a research problem): How was the state health policy shaped during the first wave of the SARS-CoV-2 pandemic? In order to answer this question, it is necessary to analyze the legal solutions pertaining to health protection adopted during the first wave of the pandemic. The legislative changes introduced at that time seem to have been significant, as they determined the functioning of the entire healthcare system during the pandemic's subsequent waves until April 2022. Without going into details, the authors will focus on the examples of actions taken by the authorities with regard to the functioning of healthcare facilities.

## Results

The emergence and mass spread of the SARS-CoV-2 coronavirus in Poland was an unprecedented challenge for the healthcare sector, just like anywhere else in the world. At the regional level, the turning point was the training on the organization of so-called "field reception rooms" (triage tents) at selected hospitals in individual voivodeships, commenced on 3 March 2020 by the Ministry of Health. The purpose of the training was to practically prepare the healthcare structures for the introduction of COVID-19 dedicated hospitals. On 7 March 2020, the Regulation on diseases causing the obligation of hospitalization was issued (Regulation of the Minister of Health of 7 March 2020). Then, on 12 March 2020, the Minister of Health issued the Regulation on the method and procedure for financing healthcare services provided in connection with the prevention of COVID-19 from the state budget (Journal of Laws of 2020, item 422). On 15 March 2020, the National Health Fund issued a recommendation to suspend scheduled health services in healthcare facilities. According to the recommendation, the suspension of scheduled health services should not include the scheduled diagnostics and treatment of cancer. At the same time, when limiting or suspending the provision of services, it was necessary to take into account the patient's treatment plan and the probability of their post-surgery hospitalization in anesthesiology and intensive care departments. The so-called "healthcare freeze" had far-reaching negative consequences for patients with severe and chronic diseases. On 18 March 2020, the Council of Ministers presented an anti-crisis package. Two days later, the state of epidemic was announced in Poland (Regulation of the Minister of Health of 20 March 2020), which made it possible to delegate people to work in combating the epidemic pursuant to Article 47 of the Act on preventing and combating infections and infectious diseases in humans. The employees that could be delegated to such work included employees of medical entities or other persons performing a medical profession. In practice, the decisions of Voivodes in this respect were to a large extent not respected by doctors and nurses (Personel medyczny…).

During the analyzed first wave of the pandemic, various recommendations, decisions or appeals were made:

- National Health Fund's recommendation issued on 21 March regarding the suspension of some scheduled surgical procedures from 30 March 2020 (including endoprosthetics of large joints, large corrective spine surgeries, vascular procedures on the abdominal and thoracic aorta, coronary artery bypass grafting, nephrectomy, hysterectomy);
- Ministry of Health’s recommendation to the Agency for Health Technology Assessment and Tariff System to prepare: "Polish diagnostic, therapeutic and organizational recommendations in respect to the people infected with or exposed to SARS-CoV-2 infection" – version 1.0, 25 April 2020 (https://www.aotm.gov.pl/…);

- establishment of a board for coordinating the COVID-19 laboratory network (Ordinance of the Minister of Health of 3 April 2020);
- Ministry of Health's recommendations of 8 April to all hospitals to assign isolation sites for patients with suspected SARS-CoV-2 infection and to assign wards for hospitalization of patients;
- introduction of the principle "one doctor – one job" (Regulation of the Minister of Health of 28 April 2020), which encountered great resistance from representatives of medical professions;
- Ministry of Health's appeal to the patients to continue treatment discontinued as a result of the "healthcare freeze" (12 May 2020);
- an amendment to the regulation "one doctor – one job" made it possible for managers of medical entities not to allow persons performing medical professions to work in other medical entities (Regulation of the Minister of Health of 20 July 2020) and introduced the so-called "COVID allowances" which compensated for the lost income from those persons second and third jobs;
- adoption of a strategy to combat the coronavirus for the autumn period - a departure from the concept of COVID-19 dedicated hospitals towards the concept of allocating the so-called COVID beds in infectious and general hospitals.

The so-called "healthcare freeze" was of key importance for the health care system at regional level. As mentioned earlier, the healthcare facilities started suspending the provision of the scheduled health services, including surgical procedures. At the same time, primary healthcare as well as outpatient specialist care were provided remotely. Taking into account outdated ICT systems in some healthcare entities, medical advice was in fact given by phone. As part of the reorganization of the system in terms of managing the epidemic situation, the Ministry of Health decided in mid-March to transform 19 facilities (Wprowadzamy stan…) into the so-called COVID-19 dedicated hospitals taking care of only the patients with suspected and confirmed SARS-CoV-2 infection. In the following weeks, the number of such hospitals increased to 21 (List of hospitals…). Managing the transformed facilities centrally was problematic due to a variety of healthcare providers and their varied legal status. It should be emphasized that these were the largest hospitals in individual voivodeships. The lack of a long-term policy for combating the pandemic is evidenced by the fact that the COVID-19 dedicated hospitals, which proved ineffective in combating the pandemic, started to gradually close down on 1 June 2020 (approx. 60% of beds had not been used). This process was a consequence of the delayed decentralization of health care activities, because the number of beds for COVID-19 patients in those hospitals depended, justifiably, on the epidemiological situation in a given region. Therefore, from September 2020, they were also to admit patients other than infected with COVID-19, as well as those in a serious condition or requiring specialist help due to their comorbidities.

The period between March and September 2020 was a time of information chaos. No coherent and clear message about the COVID-19 pandemic could be heard from the state authorities. What is more, there was a lack of legal certainty. The fact that certain areas and activities were regulated by means of secondary regulation should be criticized, as it constituted a gross violation of the constitutional principles regarding the hierarchy of acts of universally applicable law. A considerable amount of that legislation was adopted at an accelerated pace and without proper public consultation. In some cases, the adopted regulations were used to amend provisions not related to pandemic prevention. Considering their purpose and the proportionality of individual restrictions, e.g. the ones pertaining to the freedom of movement or assembly, the way those regulations were adopted raises certain doubts. In addition, chaos was caused due to the fact that the restrictions were announced at press conferences before respective regulations were even published.

In practice, doctors, pharmacists and patients were not able to properly get acquainted with the new regulations. At the same time, health care facilities experienced significant difficulties in fully implementing them. The first as well as the second wave of the pandemic were accompanied by hasty and ill-considered legislation, which testifies to the lack of procedures and preparation on part of public administration bodies in Poland to control the rapid development of a pandemic.

Another negative effect of the actions taken by the decision-makers towards both potential patients and doctors was limiting/depriving the citizens of access to healthcare. The patients were forced to seek medical attention in facilities far away from their place of residence, because nearby hospitals had limited the number of patients admitted. Due to the inability to conduct medical activities not related to the treatment of COVID-19, many doctors resigned from work, which in turn contributed to the increase in staff shortages in hospitals. The lack of patients rendered it impossible for resident doctors to carry out their specialization training. Another negative consequence of the said actions was also the fact that expensive specialized equipment in the COVID-19 dedicated hospitals remained idle (Alert zdrowotny…).

Decentralization of activities related to preventing and combating pandemics should be understood as transferring tasks from national to regional level. Such an approach allows for conducting a regional policy and guarantees each region autonomy of action in accordance with the principle of subsidiarity. Undoubtedly, this is a better solution, as the regional policy and its instruments vary depending on the epidemic risk in a given region. In order to assess such a risk, differentiated epidemiological factors are used.

## Discussion – assessment of the functioning of healthcare facilities

The assessment of the functioning of healthcare facilities is not favorable. This is evidenced, among others, by the results of the study "Patient in a pandemic" (Chorzy przewlekle…). The study was carried out by telephone on a representative sample of 1,000 people from 5 to 10 May 2020. As the results show, as many as 71% of the respondents considered the functioning of the healthcare system during the pandemic a threat to the health and life of chronically ill patients. Taking into account the chaos in the functioning of these institutions and "freezing" them due to the pandemic, the authors have to agree with this position. Interestingly, non-public healthcare facilities managed to operate without major obstacles. 69.6% of the respondents considered that the way the health care system was functioning during the pandemic made it difficult for patients to recover from surgery or illness. A relatively low percentage of the respondents (28.2%) considered that patient rights were respected as before the pandemic started, and 27.7 % of them that the healthcare system was well-prepared for functioning in a pandemic situation.

The second important issue raised in the study was the cancellation or suspension of appointments with doctors. Those were most noticeable by the respondents who characterized themselves as:

- patients – 62.7%,
- chronic patients – 43.8%,
- patients in drug programs – 50%,
- guardians of dependent persons (minors and elderly persons) 69.1%.

## Conclusions

Summing up the above considerations, a number of conclusions can be drawn. These conclusions refer to actions taken at central and regional level during the subsequent waves of the pandemic. This assessment was possible after analyzing the available materials (legal acts, documents, reports). What deserves to be criticized is:

1. the lack of a real strategy for preventing and combating COVID-19. The period of epidemic calming (in the summer) was not used by the central public administration bodies to prepare a specific policy to counteract the pandemic;

2. taking action based on proposals, recommendations or appeals. The adopted strategic documents did not refer to real operational actions taken to counteract the further development of the epidemic. According to the authors, this was a consequence of the lack (or shortcomings) of procedures or their ad hoc preparation without an analytical approach to the problem (https://orka.sejm.gov.pl/…);
3. the institutions and entities involved in combating the epidemic were organizationally and financially ill-prepared, and they lacked human resources (https://orka.sejm.gov.pl/…);
4. the scale of the epidemic's development surprised the central authorities and bodies (Ministry of Health, Chief Sanitary Inspectorate).

From a national perspective, the unprecedented coronavirus pandemic revealed the need to transform the way of providing citizens with access to healthcare facilities **(**Płonka-Syroka, Hudaszek, Kurzyna, 2022). It also revealed the necessity to coordinate public health financing, which is essential to maintain the continuity and proper functioning of health facilities. A wide use of e-health solutions was observed as well, including e-prescriptions, e-appointments, e-referrals and others, which should be praised.

In conclusion, it should be stated that developing a crisis-resistant healthcare system seems to be a priority today if we want to ensure the efficient functioning of the state and the effective protection of the population.

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