

The Rebirth of Medical Self-Government in Poland in 1989

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Abstract The Polish Chamber of Physicians and Dentists (Naczelna Izba Lekarska) and the regional chambers of physicians and dentists (Okręgowe Izby Lekarskie) are the organisational bodies of the professional self-government of physicians and dentists in Poland. They are responsible for supervising the proper and conscientious exercise of the medical professions, determining the principles of professional ethics and deontology, and representing and protecting the medical professions. The history of Polish medical self-government dates back to the end of the nineteenth century. The development of the chambers was stopped in 1950 by the communist regime when the authorities decided to dissolve them. This article, which is partly based on unpublished sources, presents the efforts of Polish doctors to regain their professional self-government. It shows how these efforts were linked to the democratisation processes of Poland in 1989.

Keywords: • medical associations • professional self-government • democratization • communism • Poland

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1 Introduction

Self-government is a form of decentralisation of the state's authority and administration. It enables citizens to regulate and manage a substantial share of public affairs under their own responsibility in their best interests. The most discussed and well-known form of self-government is local government. However, another branch of self-government also demands the attention of researchers: professional self-government. Professional self-government is an example of so-called 'special self-government' that also includes economic self-government (e.g. chambers of industry and commerce, chambers of agriculture, and chambers of crafts) and religious self-government (Grelowski, 1947; Grzelak & Kmiecik, 2012). Even though the 'special self-government' is not universal, meaning it does not apply to every citizen, it plays an important role in the administrative systems of many countries and can be seen as one of the hallmarks of modern democracy.

After World War II, due to Soviet domination, citizens of Central European countries were unable to enjoy almost any form of self-government. The democratisation process of the region after 1989 enabled the recreation and development of different types of self-government. This work aims to present the story of the Polish Chamber of Physicians and Dental Practitioners, which can be seen as an example of that process, how the comeback of professional self-government was directly linked with political change and democratisation in Poland, how the desire of Polish doctors to have the freedom to manage their profession fuelled the political transformation in the country and the region. This research is based on the qualitative historical discourse analysis of legal documents, parliamentary minutes from the Polish Parliament Archive, and transcripts of the 'Round Table' talks, it shows the input of the Polish medical community with regard to the end of the communist regime in Poland.

2 Literature review

The topic of professional self-government in Central Europe is not very popular among researchers. Very few publications written in English concerning this field of study can be found (Kępa, 2021; Skrzypczak, 2017; Sypniewski, 2018; Vitkutė, 2020). Those that have been found mainly focus on the modern systems and tasks of professional self-government. But there is a real shortage of papers devoted to the latest history of professional self-government in Central Europe that would, to some extent, explain their background, today's form, and the challenges they are facing. The authors hope that this publication will inspire researchers from other countries of the region to work on the topic of professional self-government and will initiate a vivid academic discussion.

3 Research

3.1 The political and philosophical origins of medical self-government in Poland

Medical self-government in Poland is closely related to the existence of such self-governing bodies in the German and Austro-Hungarian Empires. From 1795 to 1918, the Polish territory was divided between Austria, Prussia, and Russia. Between 1883 and 1889, the German chancellor Bismarck introduced social insurance programs that included old-age pensions, obligatory accident and unemployment insurance, and free medical care. The new system required a professional representation of doctors. The Royal Ordinance for Prussia concerning Introduction of a Medical Estate Representation [Das Königliche Verordnung für Preußen betreffend die Einrichtung einer ärztlichen Standesvertretung], issued on 25 May 1887, established the Chambers of Physicians. Paragraph 2 of the ordinance stated that its field of operation includes "answering to every questions and every matters concerning the medical profession or the interests of public healthcare". The chambers were permitted to address the state agencies on matters within their field of operation, especially in the area of public healthcare (Kaiser, 2005) A similar situation took place in the Austrian Empire that created an obligatory insurance system for workers in 1888 and the Chambers of Physicians in 1891 (Rutkowska, 2004). As a consequence, Polish physicians became members of the chambers created by Germany and Austria because membership in the corporation was mandatory, unlike in the British General Medical Council which was created in 1858 to oversee medical education and practice since the membership in the corporation was mandatory, unlike in the British General Medical Council created in 1858 to oversee medical education and practice. It is worth noting no opportunities existed within the Polish territories incorporated into the Russian Empire.

The philosophical background of the institution of corporations lies inter alia in Hegel's thought. While civil society is a product of capitalism, the economy cannot provide people with a harmonious existence. In Hegel's philosophy of law, corporations are the third element of civil society, besides the needs of individuals and justice (Hegel, 1969). Unlike the liberals, Hegel believed that individuals are not guided by narrow, selfish interests alone but also by the general interest of society. The satisfaction of individual needs is inseparable from the satisfaction of the needs of all. A condition for their achievement is a system of law regulating the relationships between needs and labour as well as protecting property, objects and the effect of labour. The police and corporations, in turn, are tasked with protecting individuals from the haphazardness that threatens both the economy (the system of needs) and the system of justice. Corporations, which are associations of individuals working in various branches of the economy (except agriculture), are counteracting haphazardness by regulating access to a profession,

protecting their members in the event of misfortune, educating new members and defending the interests of all members. In addition, they have the task of overcoming the particularity inherent to craftsmen's social class. The other two social classes mentioned in Hegel's theory – farmers and civil servants – supposedly naturally reach generality. However, craftsmen require corporations to abandon the egoism that is inherent in their activity and learn how to act for the benefit of the whole society.

When Poland regained its independence after the First World War, Polish authorities decided to preserve the medical self-government. A bill founding the Polish Chambers of Physicians was passed in December 1921. According to its first paragraph, the tasks of the chambers were: to autonomously arrange all matters concerning the interests and well-being of the medical estate; to set its aims and tasks related to the performance of its duties; to guard its rights, and dignity; to cooperate with national and local authorities within the field of public health (*Ustawa o Ustroju i Zakresie Działania Izb Lekarskich*, 1921).

During the Second World War, the German occupants of Poland banned the chambers (Nasierowski, 1992), but they started to operate again in 1945. However, in 1950 the communist authorities dissolved the Polish Chambers of Physicians (*Ustawa o Zniesieniu Izb Lekarskich i Lekarsko-Dentystycznych*, 1950). The Stalinist vision of society did not allow independent organisations, much less any organisation uniting professionals. All propriety and the task to unite and represent doctors were handed down to trade unions, which the communists controlled.

3.2 The struggle for self-government

The first attempt to reactivate the chambers took place as early as in the nineteen-fifties. In October 1956, a group of activists from the Healthcare Workers Union took action to initiate the legislative process of restoring the medical corporation. These actions resulted from the Thaw after Stalin's death in 1953 and the 20th Party Congress of the CPSU on 25 February 1956. Shortly after, on 12 March 1956, the former Polish president and the General Secretary of the Central Committee of the Polish United Workers' Party, Bolesław Bierut, died. It was thought that the next leader of the Polish communist party Władysław Gomułka would grant more civil liberties to Poles. Unfortunately, the hopes were in vain. The doctors' initiative failed due to resistance of the Central Council of Trade Unions, which is an organisation uniting all trade unions in Poland controlled by communist authorities (Brzeziński, 2001). The authorities did not allow physicians and dentists to have their own organisation. Only united trade unions controlled by the state were supposed to represent all healthcare workers – physicians, nurses, dentists, medical assistants, and even ward attendants. Stopping the actions leading to the reactivation of the chambers was one of the symptoms that the new communist leadership did not differ much from the previous Stalinist one. Facing

the impossibility of reactivation of the Chambers, Polish doctors settled for trade unions and scientific associations. The former were compliant with the system, and the latter were too weak to defy it.

The next opportunity for medical professionals to regain their self-government appeared after 1980. The foundation of the Independent Self-governing Trade Union "Solidarność" ("Solidarity" in English), the first non-Comintern-controlled trade union in a Warsaw Pact country, which resulted from strikes at the Gdańsk shipyard in August 1980, gave doctors hope. Professional medical associations and doctors who were Members of Parliament had serious reservations concerning bills prepared in Parliament concerning the medical professions (physicians and dentists) and the professional liability of healthcare workers. As a result, MPs and the Polish Medical Association, the most prominent scientific medical association, created a bill on the reinstatement of the Chambers of Physicians, which was debated in the Health Committee of Sejm (the Polish Parliament) in January 1981. The Democratic Party (Stronnictwo Demokratyczne), a 'satellite' party of the ruling communist Polish United Workers' Party (PZPR) turned out to be an ally of the doctors in their actions to regain the chamber. During its congress in 1981, the ruling party supported the idea of recreating the Polish Chamber of Physicians (Brzeziński, 2001).

"Solidarność" was also in favour of the Chambers' reactivation. On 24 and 25 April 1981, the 1st National Healthcare Section of the Independent Self-governing Trade Union "Solidarność" Congress took place in Poznań. As a result of this congress, the so-called "initiative group" was formed. On 23 June 1981, the group issued an appeal supporting the idea of restitution of the self-government of doctors.

The 2nd National Healthcare Section of the Independent Self-governing Trade Union "Solidarność" Congress took place in Poznań on 12 December 1981. It was dedicated to the reactivation of the chambers. The delegates discussed the bill on the reinstatement of the Chamber of Physicians that was being prepared in Parliament. Several amendments were proposed. The meeting ended at 9 p.m. Three hours later, the Martial Law began (13 December 1981 – 22 July 1983). "Solidarność" could no longer take part in forming the bill as it was declared illegal (Bazzkowski, Marcinkowski, & Zarzycki, 2000). Parliament continued to debate the bill. However, despite the significant commitment of MPs who were doctors, and the Polish Medical Association, it was not passed until the end of its eighth term on 31 August 1985. According to Sejm's statute, the whole process had to start anew in the next term.

3.3 The next chance

The Polish Medical Association took further actions to pass the bill despite the failure. In the summer of 1986, the General Management of the PMA organized a meeting with the MPs who were doctors, to remind them of this vital matter. The deputies promised to support the idea of restoring the chamber (Brzeziński, 2001).

On 8 July 1986, Sejm's Health Committee meeting was held. Jerzy Bończak, a Vice Minister of Health, presented the goals of the government's bill on healthcare and the medical profession (Biuletyn Komisji Polityki Społecznej, Zdrowia i Kultury Fizycznej Nr 184/IX Kad., 1986). Referring to the government's proposals, Zbigniew Gburek, an MP representing the Democratic Party and a professor of the Medical University in Katowice noted that the bill would "consolidate the hitherto operating rules of professional liability of healthcare workers" (Biuletyn Komisji Polityki Społecznej, Zdrowia i Kultury Fizycznej Nr 184/IX Kad., 1986) based on professional control commissions, which Polish doctors criticised. The commissions, created by The Professional Liability of Medical Professionals Act dated 18 July 1950 (Ustawa o Odpowiedzialności Zawodowej Fachowych Pracowników Służby Zdrowia, 1950) were formed by the Minister of Health from healthcare workers that were extraordinarily active in either social or professional fields (physicians, dentists, pharmacists, physician assistants, nurses, midwives, dental assistants). Each commission had three members. One had to represent the same profession as the accused healthcare worker, which means that a physician might have been judged by a commission in which nurses had the majority. For this reason doctors wanted to change the rules of their professional liability. During his speech, Gburek reminded the audience that in the previous term of Sejm "it was found useful to reactivate the medical self-government and give it the competence in professional liability." (Biuletyn Komisji Polityki Społecznej, Zdrowia i Kultury Fizycznej Nr 184/IX Kad., 1986).

The Health Committee of Sejm decided to form a sub-committee meant to work on the goals of the bill on healthcare and medical professions. The next meeting took place on 21 October 1986. The opinion of the subcommittee stated that the recreation of the Chamber of Physicians was advisable. Aside from the professional liability question, medical self-government would have a vital role in supervising private medical practices (Biuletyn Komisji Polityki Społecznej, Zdrowia i Kultury Fizycznej Nr 230/IX Kad., 1986). Based on this opinion, MPs from the Health Committee decided that a bill on the reinstatement of the Chamber of Physicians should be prepared in addition to the bill on healthcare and medical professions. They decided to create another sub-committee dealing with this task (Biuletyn Komisji Polityki Społecznej, Zdrowia i Kultury Fizycznej Nr 230/IX Kad., 1986). From that moment on, the work on the bill began. The Polish Medical Association made a significant contribution to this work. Unfortunately, the process was prolonged due to government resistance.

It was not until 8 June 1988 that the Health Committee introduced the Medical Self-Government Bill (Biuletyn Komisji Polityki Społecznej, Zdrowia i Kultury Fizycznej Nr 680/IX Kad., 1986). The Democratic Party parliamentary group assigned Gburek to collect 15 the signatures of fifteen MPs required by Sejm's statute, in order to start the legislative procedure. He managed to collect over one hundred of them (Brzeziński, 2001). On 15 June 1988, the bill was sent to Sejm's chancellery (Sejm PRL IX kadencji, 1988). The first reading took place on 27 September 1988. The bill was referred to appropriate standing committees of Sejm. A sub-committee responsible for the bill was also formed. A physician, Janusz Szymborski, an MP representing the ruling communist party, became its president. The communists were not interested in the rebirth of the chambers, so the proceedings went very slowly. It was becoming increasingly probable that the scenario from the previous parliamentary term might repeat itself. However, something had changed.

3.4 The 'Round Table' talks

On 6 February 1989, the 'Round Table' talks between the communist authorities and the democratic opposition began. The authorities decided to converse with the opposition because of severe internal problems. A series of strikes deepened the serious economic crisis in 1988. There was also fear that the authorities might be using force to deal with social tensions (like they did in 1981 through the introduction of martial law). This combined with external factors, such as Gorbachev's reforms in the USSR (glasnost and perestroika), and the end of the Brezhnev Doctrine (an assertion that the Soviet Union had the right to interfere in the internal affairs of its satellites to 'safeguard socialism').

The communists assumed that these talks would lead to a reform of Polish socialism and would facilitate fighting the economic crisis. For the democratic opposition, they presented an opportunity to gradually democratise the system. This could be achieved by legalising the Independent Self-governing Trade Union "Solidarność", obtaining seats in Parliament, implementing changes in the juridical system, local authorities, and reforming markets (Trembecka, 2003). The Round Table talks sessions were divided into three main workgroups: Political Reform, Union Pluralism, Economy and Social Issues. The most important effects of the talks were: the legalisation of 'Solidarity,' reforms in the political system (the formation of the Senate as the upper house of a bicameral national assembly), restoring the office of the president (elected by the national assembly), and free elections (for 35% of the seats in Sejm and an entirely free election to the Senate). The elections took place on 4 June 1989. This was a great success for "Solidarność" (99 per 100 seats in the Senate and all available seats in Sejm). This led to the formation of the first non-communist government in Eastern Europe

after World War II. It was an impulse that started the 'Autumn of Nations' and the fall of communism.

Questions concerning healthcare system reform were discussed in the Health workgroup, a part of the Economic and Social Issues workgroup. Its sessions were presided over by Wojciech Gugła (representing All-Poland Alliance of Trade Unions – the communist trade union), Andrzej Wojtczak (Vice Minister of Health) and Zofia Kuratowska, a haematologist, a future Member of the Senate (1989-1997), and the Ambassador in the Republic of South Africa (1997-1999), who represented "Solidarność".

The question of the reactivation of chambers was discussed on the first session of the Health workgroup on 18 February 1989. Both the coalition government faction and the "Solidarność" opposition faction considered the Chambers of Physicians a crucial element of reforming the inefficient Polish healthcare system. The system suffered from the excessive centralisation of decision making, lack of the recording of costs and rational staff deployment policy, unequal money transfer to regions which caused inequality in the availability of healthcare services, and the uncontrolled influx of money to the system from loans taken by healthcare institutions or individual payments made by patients or/and their families (bribes) (Prętki, 2007). Andrzej Wojtczak, the Vice Minister of Health, said that the Chambers of Physicians would satisfy healthcare workers and help doctors regain their social prestige, a deserved role in social and political life and economic status. The chambers would help to reform the system through its de-centralisation, collectivisation, and providing equal rights to public, private, and co-operative healthcare institutions (Borodziej & Garlicki, 2004e). For the Solidarity opposition faction, the reinstatement of medical self-government was one of the conditions of healthcare system improvement. During the workgroup first session, Edmund Wnuk-Lipiński, a sociologist representing 'Solidarity', spoke of six fundamental rules, which, he claimed, were indispensable for improving the situation: (1) legalising "Solidarność" to empower health service workers; (2) de-politicising healthcare, i.e. speaking of medicine in terms of good or bad practice and not in terms of anti-socialist or socialist practices; (3) making healthcare institutions self-dependent and including workers' self-government; (4) restoring medical self-government; (5) removing administrative barriers to healthcare providers, public, co-operative or private; (6) economising healthcare by radical social insurance reforms. Wnuk-Lipiński underlined that all of these propositions must be accepted for viable progress (Borodziej & Garlicki, 2004e).

Both sides of the negotiations had some reservations about proceeding with the Medical Self-Government Bill in Sejm. They regarded the chambers designed by the bill as a repressive institution focused on discipline and control (Borodziej & Garlicki, 2004e). These reservations might have seemed just, but we have to

remember that the main argument for creating the Bill in Sejm was solving the problem of professional liability most of its paragraphs refer to that subject.

During subsequent sessions, the solidarity opposition faction, especially Marek Edelman (a cardiologist and the last leader of the 1943 Warsaw Ghetto Uprising) (Borodziej & Garlicki, 2004c) and Andrzej Szczeklik (Borodziej & Garlicki, 2004f), raised the problem of the nomenklatura in healthcare institutions and medical universities. The nomenklatura referred to the Communist Party's authority to appoint key positions. Both sides agreed that this system must end. They decided to present the Medical Self-Government Bill to all Polish doctors asking for their opinion and for them to pass it during what was then the current term of Sejm (Borodziej & Garlicki, 2004b). The negotiators also agreed that candidates for the key positions in healthcare should be chosen in a competition judging their professional competence and character, administered by a chamber representative (Borodziej & Garlicki, 2004a).

3.5 A sudden threat

It seemed that the reinstatement of the Chambers of Physicians was assured. However, during the last session of the Health workgroup held on 14 March 1989, it turned out that things were not going as planned. On that day, a joint meeting of three Sejm committees was supposed to take place, in which the Medical Self-Government Bill was to be proceeded, although this meeting did not actually occur. This news was brought by Jacek Żochowski, a member of the coalition-government faction. Żochowski reported that there may have been insufficient time to complete the legislative procedure before the end of Sejm's term. The MPs had not received the notice about the meeting, allegedly due to the strike of Warsaw postal officers that had started on 5 March 1989. "Solidarność" representatives interpreted this as deliberate and malicious behaviour, and demanded forming a letter to Janusz Szymborski, the president of the sub-committee responsible for passing the Medical Self-Government Bill in Sejm, calling for passing the bill until the end of the term of Sejm. The coalition government faction refused to form such an address. Marek Edelman reacted very harshly to that statement. Edelman said that the situation impaired the credibility of governmental negotiators. Nevertheless, despite these unfavourable conditions, both sides agreed not to change the decisions concerning the Chambers of Physicians. They decided to hand the problem down to the Economic and Social Issues workgroup, hoping that it would provide a solution. Meanwhile, the Solidarity opposition faction decided to form their own address to Sejm (Borodziej & Garlicki, 2004d). Without waiting for a response, it started collecting opinions on the Medical Self-Government Bill among doctors who were members of "Solidarność". Finally, "Solidarność" authorised its representatives to take actions to pass the bill prior to the end of Sejm's term (Biuletyn Komisji Polityki Społecznej, Zdrowia i Kultury Fizycznej Nr 927/IX Kad., 1989).

On 5 April 1989, the Round Table agreements were signed. Polish people had great expectations, but no one knew whether the authorities would keep their word. Less than two weeks after the agreements were signed, the joint meeting of three Sejm committees – Health Committee, Legislative Committee, and Self-Government Committee concerning the Medical Self-government Bill took place on 17 April 1989. The Independent Self-governing Trade Union 'Solidarity' (legalised on that day) took part in it in addition to MPs – members of those committees, representatives of the Ministry of Internal Affairs, the Supreme Court, the Ministry of Finance, the Ministry of Labour and Social Policy, All-Poland Alliance of Trade Unions, the Polish Medical Association and medical universities. Janusz Szymborski presented the effects of his sub-committee's work. The first to speak was Hanna Maciejewska from the All-Poland Alliance of Trade Unions (the communist trade union). Maciejewska argued that the bill was not presented to the whole population of doctors. She also mentioned that according to her trade union, the Medical Self-government Bill should be proceeded together with bills on healthcare, healthcare professions, and the Ministry of Health. This would guarantee good functioning of the whole healthcare system in Poland. After presenting several reservations about different sections of the bill, Maciejewska tabled a motion to organise a consultation about the bill with the whole medical community. MP Ryszard Czyż from PZPR supported her move and asked to postpone the debate. This was a sign of communist trade union antipathy towards the chambers, which was regarded as a competitive lobby and an attempt to stop the process of restitution of medical self-government.

The consultation would postpone passing the bill *ad calendas graecas*, as Zofia Kuratowska, "Solidarność" representative at the meeting, remarked because it was impossible to organise the consultation before the end of Sejm's term (Biuletyn Komisji Polityki Społecznej, Zdrowia i Kultury Fizycznej Nr 927/IX Kad., 1989). Kuratowska as well as MPs Janusz Szymborski and Stanisław Kania (a former first secretary of PZPR), stated that the bill had been consulted with medical associations and published in medical journals. Every doctor had had a chance to become acquainted with it. According to Kania, the dispute was not whether the bill should be consulted with the medical community but whether it should be passed or not. Kania convinced the members of the meeting, and (with only one vote against and two abstentions) the committees decided to proceed on the bill (Biuletyn Komisji Polityki Społecznej, Zdrowia i Kultury Fizycznej Nr 927/IX Kad., 1989). As a result of unanimity between the former first secretary of the communist party and a representative of "Solidarność", which was an effect of the Round Table talks, the Medical Self-government Bill was proceeded. Without this unanimity, the scenario from the previous term would likely have repeated itself.

The committees decided to change the bill's name to the Act on Chambers of Physicians. It was supposed to refer to the tradition of the chambers from the

1921-1950 period. Several amendments were made concerning the cooperation of the chambers with political parties, its relations with the Ministry of Health, the rules of granting medical license to doctors and the status of the audit committee of the chambers. A heated debate was provoked by questions relating to the procedures of the medical courts and by the creation of the Chambers of Physicians' Organization Committee, responsible for creating the regional chambers and organising the first General Medical Assembly, the highest authority of the Polish Chamber of Physicians and Dentists.

3.6 The final success

The voting on the Act on Chambers of Physicians took place on 17 May 1989. It was passed unanimously (Sejm PRL IX kadencji, 1989). According to the new law, the responsibilities of the chambers included: supervising the proper and conscientious exercise of the medical professions; determining the principles of professional ethics and deontology binding all physicians and dentists and looking after their compliance; representing and protecting the medical professions; integrating medical circles; delivering opinions on matters concerning public health, state health policy and organization of healthcare; co-operating with scientific associations, universities, and research institutions in Poland and abroad; offering mutual aid and other forms of financial assistance to physicians and dentists and their families; administering the estate and managing the business activities of the chambers of physicians. The Chambers of Physicians' Organization Committee was formed on 19 June 1989 (Brzeziński, 2001). Jacek Żochowski, a member of the Health workgroup at the Round Table, became its president. The committee, despite many, mostly financial problems, organised the first General Medical Assembly. The meeting took place in Warsaw between 10-12 December 1989. It marked the beginning of the reconstituted medical self-government in Poland.

Polish doctors have been trying to restore their professional corporation for almost fifty years. Physicians and dentists lost their professional independence during that period and became more like clerks than freelance specialists. They could not stop this process as their only representation were trade unions controlled by authorities and scientific associations, which were not a powerful lobby. The resistance of the communist party and communist trade unions held back every action towards the restoration of the chambers. Nevertheless, doctors took every chance to fight for the restoration of their professional self-governmet. They succeeded only in the time of political upheaval and transformation. The question of restoration of the medical self-government was disputed during the Round Table talks together with political and economic reforms, which shows its relevance. Both sides of the negotiations agreed that medical self-government would contribute to reforming the Polish healthcare system. It also became a test of the will of the authorities to keep their word. Otherwise, the bill written by the

Polish Medical Association would have probably ended up like the previous bill in 1986.

4 Conclusions and discussions

Passing the Act on the Chambers of Physicians on 17 May 1989 was an enormous success for Polish physicians and dentists. They managed to restore their self-government in a country that was still communist. At that time, no one knew and could not have expected that political and economic transformation would be so fast, and that other medical professions would not have to face comparable problems in creating their self-governments (the self-government of nurses and midwives was founded in 1990 (Ustawa o Samorządzie Pielęgniarek i Położnych, 1990) and the self-government of veterinaries in 1991 (Ustawa o Zawodzie Lekarza Weterynarii i Izbach Lekarsko-Weterynaryjnych, 1991). The Polish Chamber of Physicians and Dental Practitioners became the vanguard of reviving civil society and was a school of democracy for Polish doctors. Interestingly, the experience of Polish doctors might have been an inspiration for doctors in Czechoslovakia, where the history of medical self-government is remarkably similar. Medical chambers on Czech and Slovak territories were introduced in 1891 by Austrian law. After the First World War, the Czech Medical Chamber was founded in 1929 in independent Czechoslovakia (Zákon České Národní Rady č.113/1929 Sb. o Lékařských Komorách, 1929). After the Second World War, in 1950, the communist authorities decided to dissolve the Czech Medical Chamber, just like in Poland (Kafoňková, 2007). The Czech and Slovak doctors regained their chambers after the Velvet Revolution in Czechoslovakia (November – December 1989) in 1991 (Zákon České Národní Rady o České Lékařské Komoře, České Stomatologické Komoře a České Lékárnické Komoře, 1991; Zákon Slovenskej Národnej Rady z 3. Decembra 1991 o Slovenskej Lekárskej Komore, Slovenskej Komore Zubných Lekárov a Slovenskej Lekárnickej Komore, 1991). Judging by the determination of the medical community to regain its "estate representation", one could expect that the medical chambers would play an important role in the development of Polish democracy and civil society. One could also hope that the chambers' role in managing the health care system in democratic Poland would be significant. However, more than thirty years after the chambers' re-establishment, their actual effectiveness has not lived up to these expectations.

The medical chambers have taken over some of the government's responsibilities in supervising the medical and dental professions. The self-government is the institution that grants professional licenses and maintains the registers of doctors and private medical practices, which contain information about almost 189,000 physicians and over 45,000 dentists (Nasierowski, 1992). Medical practices organised in other legal forms, such as companies, are not subject to the self-government's supervision. In 1991, not without controversy because of the issue of

abortion, the self-government adopted the Medical Code of Ethics, which is binding for all doctors in Poland. The chambers have also taken over responsibility for the mandatory one-year internships of graduates. However, post-graduate specialist training is still the responsibility of the governmental bodies. The above-mentioned administrative tasks and the enforcement of professional liability are appropriately performed. It is worth mentioning that the government reimbursement for these tasks provided by law is far less than the actual costs, which are mainly covered by the doctors' monthly membership fees. For instance in 2022 the reimbursement for the Wielkopolska Regional Chamber of Physicians and Dental Practitioners (Wielkopolska Izba Lekarska) reached 34.86% of the actual costs (Uchwała, 2023).

The influence of medical chambers, or the lack thereof, on national health policy is likely to be the most relevant issue. According to the law, government administration bodies are obliged to consult all regulations concerning physicians. The self-government bodies thus prepare substantive opinions, but they are almost never taken into account. The main reason for this is the attitude of various Polish central governments over the past thirty-three years towards medical and other professional self-governments. The centralist mentality of the government has survived the fall of communism and, in contrast to the ideology of liberal democracy, has moved to structures derived from democratic elections (Moskalewicz & Przybylski, 2018). The former Law and Justice government (2015 - 2023) not only continued but reinforced this trend of centralization. In the late nineteen-nineties, the medical self-government, in collaboration with medical trade unions, organised wage protests and demanded a more significant role and responsibility in health policymaking, which was unfortunately without success. Despite much effort, the failed experience of mobilising the whole medical community made the chambers restrain themselves from such further actions.

Another area which was significant for the medical community during its struggle for independence and in which the medical chambers have lost their essential influence is the organisation of competitions for managerial positions in public institutions of the Polish health care system. The marketisation of the system and the transformation of most medical entities into companies resulted in the exclusion of medical chambers from the procedures of filling the positions of department heads and hospital managers. The lack of real influence on the health care system and the work conditions translated into the decreasing activity of physicians and dentists in the self-governmental bodies. Throughout the first twenty years of their operation, each election of the self-government bodies required a lowering of the quorum from 50% in 1990 to only 20% in 2008 due to a decreasing turnout (Kordel, 2010).

In conclusion, we may ask whether the Polish medical self-government after 1989 fulfils the tasks ascribed to corporations in the Hegelian model. Does it serve not

only the particular goals and interests of its members but also the common good? Should we regard it as an important actor within Polish civil society?

The answer is complicated. On one hand, we cannot deny the medical chambers' will to improve the working conditions for doctors, which indirectly improves the situation of patients. We need to remember the system of professional liability, which enables the chambers to eliminate these doctors who pose a threat to their patients. Also, the chambers use their access, guaranteed by law, to draft legislation on healthcare to inform the public about their position, most often pointing to the threats to patients and doctors posed by specific solutions proposed by the government. On the other, the chambers were acting against opening new medical faculties at universities, which was the government's plan to solve the problem of medical staff shortages in the healthcare system, which affects the patients very much. The official reason for that was the concerns about the quality of education in those new medical schools, which lack adequate staff and clinical facilities. However, the unspoken reason for those actions was the concern of especially younger doctors, who feared that the increasing number of graduates would increase competition and limit the growth of doctors' income.

Nevertheless, in the authors' opinion, the biggest problem of the medical chambers in Poland is the reluctance of all subsequent governments to allow the professional self-governments to take greater responsibility for their industries, reducing them to the role of administrators with little direct power and only indirect influence - this phenomenon applies to all corporations in Poland, i.e., architects, tax advisors, nurses, or veterinarians. Such behaviour contradicts the ideas of decentralization and self-governance, which aim to unleash the energies of citizens and improve the efficiency of managing public affairs.

Conflict of interest:

The authors have no conflicts of interest to disclose.

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