

# PROFESIONAL ETHICS IN THE HEALTH CARE SYSTEM IN POLAND

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## Abstract

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The health care system in Poland, as other as in other countries, is subjected to evaluation both in the context of professional medical care and economic efficiency.

In reforming of the system, aside from issues related to the health care and economics, there are numerous problems in the field of ethics that arise. In addition, profound cultural changes as well as the development of health technology assessment lead to many new questions regarding the ethical aspects of modern medicine. This text is devoted to the identification of the fundamental ethical dilemmas in the health system both in the context of the introduced reforms and contemporary transformations.

**Keywords:** ethics, bioethics, business ethics, professional ethics.

## Introduction

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Ethics is a branch of philosophy dealing with defining the concepts of good and evil and establishing rules of a proper life, and principles to be followed, in order to achieve the ideal of proper life,

For this reason, it can be divided into:

- ⤴ General ethics – determining meaning of such concepts as a goal, the good, duty, conscience, responsibility or duty;
- ⤴ Detailed ethics – formulation of policies appropriate to the most important and common situations of human action

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The formulation of rules of conduct is equivalent to identifying the right choice, which should be made by an ethical person in a given situation. The rules formulated by detailed ethics are the consequence of the arrangements made at the level of general ethics.

The interest for ethics preoccupies the human beings since the dawn of history. Today we ask ourselves the same questions our ancestors did, questions regarding the way we must behave towards ourselves and towards others, in order to be able to say that it is a good, nice and correct behavior.

The word ethics comes from *etos* – habit. In old Greek its general meaning was habit, character, way of acting, a collection of habits of acting in an appropriate way. At the same time, it is a branch of philosophy that deals with researching the principles of morality and creation of mental systems, which moral principles result from. Ethics is also called moral philosophy.<sup>3</sup>

### **Ethics, business ethics and professional ethics**

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Normative ethics means ethical rules of conduct which stem moral judgments, standards, orders and prohibitions. It seems that in the modern world, with far-reaching specialization of labor and the division of social roles it is difficult to speak of a uniform set of rules guiding behavior of a human being. However, this approach is a starting point for the definition of ethics. If in fact the subject of ethics is appropriate (or, as many thinkers recognize it), worthy or simply a good life, it can be assumed that for every area of life there should be rules that will enable the pursuit of perfection in that area of life.

In literature it is treated as knowledge about happiness, that is about the highest good and also other goods, as a science about morality, about the actual behavior of people and their principles of acting, as a science about duties, commitments and standards of conduct. So, the term "*ethics*" is used in many meanings.

First of all, as a synonym of morality. Secondly, the concept "ethics" can be understood as a systematized knowledge about morality. Ethics, so conceived had two divisions: descriptive ethics and normative ethics. The descriptive ethics is the study of beliefs and moral estimation when using the methods of psychology and sociology, it is also looking for answers to the questions: which are the moral views of the members of society, and rather does not focus on what is good and what is bad. The answers to this

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<sup>3</sup> G.D. Chryssides, J.H Kaler, *Wprowadzenie do etyki biznesu.*, Wydawnictwo Naukowe PWN, Warszawa 1999.

question are being searched by the normative ethics. According to many authors, only the descriptive ethics can meet the requires of science, on the other hand the normative ethics is not a science, it is a set of moral benefits propagated by moral authorities. Thirdly, "ethics" can be understood as an organized set of rules of conduct accepted by a person or a group of persons. This meaning interests the authors of the article most of all in the context of reflections about professional ethics in health care system.

In the literature we can find different classifications of ethical principles and rules; as an example serves the section bellow<sup>4</sup>:

The ethical principle of justice predicates that the human behavior is evaluated in such a way, that for good deeds there are rewards and for bad ones – penalties. In this case the rule of equality, proportionality and reciprocity appears, and justice is fundamental in the relations between people.

The ethical principle of moderation or the principle of proportionality considers an act as an ethical one if this act can be perceived as one that results with balance. This principle enhances the rule of optimality, prudence and duality.

The ethical principle of equity says that an action is an ethical one if it is reasonable, in accordance with the law of nature, giving to everyone what belongs to him. This principle includes the rule of activity, compliance and rationality.<sup>5</sup>

If therefore, the word "ethics" means a set of rules of conduct, we can distinguish several types of this ethics. From the perspective of estimation the value of a deed, we can distinguish between ethics of value, deontological ethics and consequential ethics. The first one deals with searching the rules of conduct which should be taken into account when acting. Deontological ethics is based on obligation, fairness or law. In accordance with this position, a deed is good from the ethical point of view, because it fulfills an obligation, the law. The consequential ethics says that the value of a deed comes from the value of its consequence. In accordance with this position, there is no deed that is good or bad in itself, it becomes so only from the point of view of the consequences that result.<sup>6</sup>

Business ethics as usual is referred to as a specialized branch of ethics. Its subject is morality in business. This is an interdisciplinary science, using

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<sup>4</sup> M. Sułek, J. Świniarski, *Etyka jako filozofia dobrego działania zawodowego*, Dom Wydawniczy Bellona, Warszawa 2001.

<sup>5</sup> M. Stawicka, *Dylematy etyczne w polskim systemie ochrony zdrowia w kontekście współczesnych przemian*, [in:] Prusiński Z. (ed.), *Etyczny wymiar przemian społecznych. Rodzina, religia, nauka*. Wydawnictwo Szkoły Wyższej im. B. Jańskiego, Warszawa 2015.

<sup>6</sup> S. Blackburn, *Oksfordzki słownik filozoficzny*, Warszawa 1997.

the property of many branches of science, as for example: management, ethics, philosophy or ecology. The science about the ethics of management is dealing at the same time with pure ethical issues and with the issues of social responsibility.

Business ethics is both part of prescriptive ethics, which settles norms of conduct, recommends certain behaviors, and a part of descriptive ethics that describes moral attitudes and behavior of people in business.

The main goal of business ethics is to indicate how to proceed in economic activity.

Business ethics, as a discipline of science, has developed in the second half of the XIX century. However, there is no trace of ambiguity that started it. There is an opinion that business ethics started in 1745 when Pope Benedict XIV wrote the encyclical *Vix pervenit*. According to another opinion, the moment of its appearance was when the encyclical *Rerum Novarum* was written by Pope Leon XIII in 1891. The day of birth of business ethics is also considered the year 1926 when the book *The Fundamentals of Business Ethics* appeared in the United States of America.

Currently, due to a number of comparative intercultural studies, scientists try to systematize the place of business ethics among other fields of knowledge, and build its methodological basis.

The evolution of ethics in the medical branch is the consequence of developments in the field of health care and medicine.

Awareness of the need for deliberate institutionalization of ethics progresses as far as an understanding that in the market competition system, organization can succeed only if its functions serve in the best possible way to the satisfaction of social needs. Therefore, corresponding values and standards are being implemented, utilizing numerous factors that impact on those who do not respect the norms and standards of activities. We need the co-operation of such subjects that show willingness to adopt new strategies for professional relationships. You can recall the example of the code of the ethical association of pharmaceutical companies (EFA) and adopted in various countries of the world pharmaceutical industry codes.

Business ethics is becoming increasingly important due to internal benefits for organizations and external efficiency in creation of positive opinions about organizations.

Business ethics is a frequently raised issue, in the context of activity of different organizations, also connected with health care. In business it is being called "ethical firm", "socially responsible company". This concept can also be related to medical institutions. The issue of ethics is widely discussed in the world, but it must be redefined in terms of the medical

subjects activity and adjusted, if possible, to actions aimed at economical development of the unity.

In business ethics particular attention is being paid to issues of professional ethics. Professional ethics defines a set of norms and principles adopted in this society, and also the rules that are used in order to perform a job or a profession.

Business ethics is composed of three main sections:

1. Metaethics of the named profession,
2. Ethology of a certain profession,
3. Normative ethics of the named profession”

Professional metaethics includes the ethical theory of profession. Its goal is to form answers to questions regarding respective professional groups, for example: why should they think and act in a manner indicated, recommended or required by professional codes of ethics.

The subject that interests the professional ethology is among other things behavior and moral beliefs of 3 specific profession, ethical traditions and morality. With moral beliefs of the representatives of respective professions mainly is dealing moral psychology, with their morally estimated behavior – moral sociology, but the history of morality describes how was the process of thinking and moral acting in the respective professional groups through ages.

Professional ethics as a standard of behavior for a given profession includes codes, vows and commitments.

## **Ethics in a Health Care**

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According to WHO definition health systems include all organizations, institutions and resources that are devoted to health action. Health care system considers equitable access to medical services, the quality of services, respect for the patient and the efficiency of the system as precedent values.

Personal responsibility for own health, the sovereignty of purchasers of medical services, personal safety, social solidarity in ensuring access to services, protection of social interests and the autonomy of the medical staff are considered to be instrumental values.

The main objectives of the health care system include: the creation of conditions conducive to health, strengthening of health-related social initiatives, developing individual skills to preserve and strengthen health, intensification of health service actions that promote health and disease prevention.

For the country, it is important to ensure the effectiveness of micro-economics and micro-economics. The effectiveness of macroeconomics is

understood as allowing for medical services the amount of GDP, which will enable to meet the health needs without compromising the economic balance. On the other hand microeconomic efficiency means getting the best health outcomes and patient satisfaction at the lowest possible cost.

The most important thing for patients is access to medical services, general and specialized, outpatient and company, funded at least at the basic level, services provided close to home.

Patients should be treated equally in the health care system, they should also have the freedom to choose the provider of services, primary and specialty and should have an impact on the organization of the system, and introduced changes. An important problem is to determine the division of tasks between the entities responsible for health care. This is about the division of authority between the central and local entities, between the Ministry of Health and the National Health Fund, among entities which create health policy at different levels and the executive entities.

The evolution of ethics in the medical branch is the consequence of developments in the field of health care and medicine.

**Table 1.** Ethics evolution in the field of medicine

<b>Development stages</b>	<b>Pre-modernist era Medical ethics</b>	<b>Modernism Bioethics</b>	<b>Post modernism The management of ethics</b>
Good medicine	“Which treatment is the best for the patient? “	“Which treatment respects the value of the patient?”	“What treatment in its best way uses the principles and satisfies the patient?”
Good doctor	Wishing good for the patient father (paternalism)	Scientific authority that guarantees quality	Manager (moral, scientific and organizational management via objectified indications)
Good patient	Obedient	Active (informed participant)	Satisfied and consolidated patient
Good relationships	Therapeutic relation (physician-patient)	Partnership (professional-client )	Self-regulation (client – subject providing medical services)
Who takes the decisions	Doctor (reference to science and his own conscience)	Doctor and patient (the decision as an agreement)	Managers together with professionals/experts
Attitude	Medical	From medical and related science position	Interdisciplinary attitude

The leading moral principle	Good	Autonomy	Justice
Tendency of changes in ethics: from philosophy to management	Individual ethics	Social ethics	Organizational ethics Ethics of health care system
Responsibility	Responsible doctor	Responsible doctor and patient	Institutional responsibility

Source: N. Vasilieviene, *Implementation of Ethics Infrastructure in Health Care Organisations*, Vilnius University, Center for Business Ethics, Vilnius 2004., after: Kubka J., Vasiljjeviene N., *Problemy instytucjonalizacji etyki w dziedzinie służby zdrowia*, "Annales. Etyka w życiu gospodarczym" 2008, vol. 11, no 2, p. 68.

Until recently, the medical ethics was understood as a set of moral teachings formulated by doctors who invoked the authority of Hippocrates. Many medical organizations and associations created codes of ethics, seeing in them a valuable tool to influence the moral attitudes of physicians. Currently, ethical problems in medicine are being solved within bioethics (gr. *Bios* – life + *ethike* -morality) identified with the interdisciplinary researches of moral concept and research methods in philosophy, theology, psychology, jurisprudence, sociology, sciences about nature and medicine.

In the narrow sense, bioethics is often identified with medical ethics. In so understood bioethics it can be distinguished between theoretical bioethics that describes the ethical basis of normative solutions for medical ethics and clinical bioethics. The tradition of medical ethics go back to ancient times. The concept of medical ethics has always been identified with the concern for the humans, but ethical behavior has been considered as such which is characterized by honesty, integrity and concern for others.<sup>7</sup>

Development of medical science, besides the obvious benefits, also carries certain risks as objectification the patient, who became the object of different types of diagnostic procedures, treatment, care and rehabilitation. The destruction of patient's prestige in interpersonal relationships with the staff of health care system, should arouse justified concerns and ethical considerations. On the other hand, the new technologies in medicine require high-class specialists who could face them up. That is why more attention is being paid to education and training process, to the instrumental part than to

<sup>7</sup> M. Stawicka, *Dylematy etyczne w polskim systemie ochrony zdrowia w kontekście współczesnych przemian*, [in:] Prusiński Z., (ed.), *Etyczny wymiar przemian społecznych. Rodzina, religia, nauka*. Wydawnictwo Szkoły Wyższej im. B. Jańskiego, Warszawa 2015, p. 129-133.

the moral one<sup>8</sup>. Nowadays, as before, patients associate medical profession with concrete expectations, beginning with trust based on medical confidentiality, correct diagnosis and treatment, and ending with establishment of permanent relationship patient-physician. This kind of relationship is to be based on trust and mutual respect. In order to have the most accurate relationships, in the last years, it can be noticed an increase of professional codifications, codes of ethics. Exemplary ethic principles concerning doctors are, among others:

- ⤴ the vocation of a doctor is to protect human life and health, to prevent diseases, to treat patients and to offer relief in pains.
- ⤴ the highest ethical obligation of a doctor is the welfare of the patient. The market mechanisms, social pressures and administrative requirements do not exempt from adherence this principle.
- ⤴ a doctor should always fulfill his responsibilities with respect for human, regardless of age, gender, race, genetic endowment, nationality, religion, social affiliation, financial situation, political views or other reasons.
- ⤴ in order to fulfill his tasks, a doctor should keep the freedom of the professional activities, in accordance with his conscience and modern medical knowledge. A doctor should carry out all diagnostic, therapeutic and preventive procedures with due diligence, devoting them the necessary time.
- ⤴ a doctor should not go beyond his professional skills when performing diagnostic, preventive, curative and jurisprudence activities; it does not apply to emergency cases and severe illness that endanger the health or life of the patient<sup>9</sup>

Physician that is well prepared for the profession must solve specific problems of patient treatment and also conduct research. The purpose of medical ethics, as the medical practice grows, is to provide doctors with support in the ability to see the moral aspects of clinical decisions and understanding the moral context and subtext of own actions. There are five fundamental ethical principles that must be included in therapeutic studies:

1. Each therapeutic experiment should be preceded by laboratory tests of sufficiently large and diverse in terms of species animal trials.
2. Each therapeutic experiment should be properly planned; it must take into account the scientific method and previous achievements of science. Mistakenly planned experiment is always morally reprehensible.

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<sup>8</sup> K. Pikor, J. Tereszkievicz, K. Bar, *Życie i praca w ochronie zdrowia – aspekty etyczne*, „Przegląd urologiczny” no 2/2012, p. 72.

<sup>9</sup> *Kodeks etyki lekarskiej*, Naczelna Izba Lekarska, <http://www.nil.org.pl>



3. Each therapy experiment should take into consideration the profit and loss account; if anticipated risks, to which the patient is exposed, is greater than the expected benefit, the experiment is morally reprehensible.
4. Each therapeutic experiment needs free and informed consent of the patient to participate in the experiment and the proposed method of treatment. The patient always has the right to refuse to participate in an experiment or withdraw from it and does not have to justify the decision.
5. Each therapeutic experiment should first be assessed and morally accepted by the relevant ethics committee.<sup>10</sup>

Issues related to the construction of the patient-doctor relationship and the issue of the doctor's commitment to helping the sick, are not the only ethical issues regarding different activities in the health care system.

In broad terms of *bioethics*, *very important* are also the questions about ethical bases for health care system (equity in access to health care). In Poland there is a limited access to special treatment and there are long queues waiting for services. The waiting time can take several years and can be prolonged due to the significant number of patients admitted out of turn without a medical justification, as a result of corruption and discretionary manners. The ethical problem of health care system results from the abnormal relationship between supply and demand. On the demand side we have to deal with excessive demand for specialized medical services. On the supply side, due to the excessive expectations of patients, we are dealing with a mechanism of permanent shortage of funds spent on health care in this segment. The financial failure of the health care system gives birth to controversy regarding the fairness in access to benefits. In the context of financial constraints, the introduction of different regulations in access to benefits becomes necessary, which can give rise to suspicions of discrimination, for example regarding someone's age. How to improve the evidence of queues, the development of new concepts, of their complete description and monitoring, without harm for the patient, is another ethical dilemma which the system must deal with. The undertaken actions rely on replacement of the hospital care with diagnostic visits and shifting the diagnosis to specialist care, which unfortunately also raises financial problems. This kind of situation results with the necessity to carefully underline the organization and ethical principles, which the health care system is based on.<sup>11</sup>

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<sup>10</sup> Z. Szawarski, *Mądrość i sztuka leczenia*, Wyd. Słowo–Obraz–Terytoria, Gdańsk 2005.

<sup>11</sup> M. Stawicka, *Dylematy etyczne w polskim systemie ochrony zdrowia w kontekście współczesnych przemian*, [w:] Prusiński Z., (red.), *Etyczny wymiar przemian społecznych. Rodzina, religia, nauka*. Wydawnictwo Szkoły Wyższej im. B. Jańskiego, Warszawa 2015, p. 133.

The next ethical dilemma of the public health care system is to provide all citizens with high-quality medical services. Today however, due to the high cost of services and limited financial resources, it is difficult to guarantee the quality. In addition, the poor quality is the result of the limited competition between medical institutions and the absence of the competitive public and private institutions. In an inhibiting way, a big influence also have too many hospitals in certain regions where they perform social roles as one employer in the region. To the low quality of health services also contributes inefficient management. Thus, a dilemma arises how to privatize medical institutions. On the one hand, it would contribute to the increase of economic efficiency and quality of services, as well as to the reduction of indebtedness, which is a big problem for Polish hospitals. On the other hand, from the perspective of the patient, new ethical problems would arise.

Due to financial difficulties, a dilemma is also the limited sphere of services available in public health system. This change would be accompanied by the transfer of an amount of expenses directly to patients, which will give birth to objections. Another issue is the management of medical institutions. From the point of view of medical institutions, ethics is the one of the key elements to improve the management and which first of all builds of value of the institutions, Today is very important to define the system of values and rules of conduct both with the outside world, patients, but also with the employees of the institution. The reliability of the subject largely has an influence on its success and development. But in the minds of the medical staff and patients, the belief of accomplishing the mission to rescue lives and health is regarded as the only scope of providing medical services. This belief, although from the point of view of the economic activity of the institution of health care may seem burdensome (sometimes even not to be accepted), is in fact a permanent irremovable functioning element of the entire system.

## Conclusions

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The constant changes in the health care system and also the development of technologies in medical sphere, in genetic engineering field, the appearance of new pharmaceutical products and the process of carrying out the biomedical experiments, influence the formation of ethical dilemmas, whose solution often exceeds the possibilities of the traditional ethics. The specification of work in health care system requires not only high qualifications but also right attitudes and moral behavior. This is the source which results with the justified need of adjusting a concrete behavior and a permanent

verification of compliance of ethical principles in medical professions. The existing legislation is often inadequate to control the activities in health care system and must be supported by ethics, which cannot be reduced only to individualistic ethics of conscience, but it must also be an ethics instrumentally institutionalized in organizations of health care services.

## Bibliography

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- Chryssides G.D., Kaler J.H., *Wprowadzenie do etyki biznesu*, Wydawnictwo Naukowe PWN, Warszawa 1999.
- Gasparski W., Lewicka-Strzałecka A. (ed.), *Etyka biznesu jako przedmiot nauczania*, Wyższa Szkoła Przedsiębiorczości i Zarządzania im. L. Koźmińskiego, Warszawa 2001.
- Głowacka M. D. (ed.), *Zarządzanie zakładami opieki zdrowotnej. Wybrane konteksty teoretyczno – praktyczne*, Termedia, Poznań 2004.
- Kietliński K., Reyes V., Oleksyn T., *Etyka w biznesie i zarządzaniu*. Oficyna Ekonomiczna, Kraków 2005.
- Kodeks etyki menedżera*, Stowarzyszenie Menedżerów w Polsce, <http://www.smwp.org.pl>
- Kodeks etyki lekarskiej*, Naczelna Izba Lekarska, <http://www.nil.org.pl>
- Krause M., Przegląd wytycznych dotyczących etyki zawodowej specjalistów w dziedzinie bezpieczeństwa i higieny pracy, „Zeszyty Naukowe Wyższej Szkoły Zarządzania Ochroną Pracy w Katowicach”, nr 1 (2)/2006.
- Kubka J., Vasiljeviene N., *Problemy instytucjonalizacji etyki w dziedzinie służby zdrowia*, „Annales. Etyka w życiu gospodarczym” 2008, vol. 11, nr 2.
- Pikor K., Tereszkiwicz J., Bar K., *Życie i praca w ochronie zdrowia – aspekty etyczne*, „Przegląd urologiczny” nr 2/2012.
- Prusiński Z. (ed.), *Etyczny wymiar przemian społecznych. Rodzina, religia, nauka*. Wydawnictwo Szkoły Wyższej im. B. Jańskiego, Warszawa 2015.
- Szawarski Z., *Mądrość i sztuka leczenia*, Wyd. Słowo–Obraz–Terytoria, Gdańsk 2005.
- Sulek M., Świniarski J., *Etyka jako filozofia dobrego działania zawodowego*, Dom Wydawniczy Bellona, Warszawa 2001.
- Zbiegień-Maciąg L., *Etyka w zarządzaniu*. Centrum Edukacji Menedżera, Warszawa 1997.
- Vasiljeviene N., *Implementation of Ethics Infrastructure In Health Care Organizations*, Vilnius University, Center for Business Ethics, Vilnius 2004.

