The current moment of Croatian health system and its practice

**Venue and time:** Medical School in Rijeka, 22 January 2010

**Organizers:**
- The Croatian Bioethics Society – Rijeka subsidiary
- The Department of Social Sciences and Medical Humanities at University of Rijeka School of Medicine

**Organizational Committee:**
- Nada Gosić and Amir Muzur (co-chairpersons), Mirko Štifanić, Iva Sorta-Bilajac, Morana Brkljačić Žagrović, Iva Rinčić (members)

The conference is categorized as professional and appropriate points are received by the Croatian Medical Chamber.

**Starting points:**
Health systems in many countries face the crisis. Health system is becoming sluggish, entangled in red tape and at the same time perfect for hiding different anomalies. Both physicians and patients are dissatisfied. This is a particularly serious problem in transitional countries, including Croatia, and it complicates the achievement of fundamental goals of public health. Methods of achieving these goals, issues of public and private partnership, normative and real position of physicians and other health workers and patients, health crisis management, affirmation of professionalism and ethics and possibilities to enhance the quality of the Croatian health system are only some of the Round Table topics, with the scientific, professional, social, ethical and cultural approach to the issues.
Conference:

10.30 – 11.00 Accreditation

11.00 - 11.15 Opening of the Conference and topic announcement

11.15 – 11.30 Mirko Štifanić (The Department of Social Sciences and Medical Humanities at University of Rijeka School of Medicine): Politicized Health System

11.30 – 11.45 Vibor Delić (Department of Medical Affairs at the Ministry of Health and Social Welfare): Basic Characteristic of Croatian Health System Reform

11.45– 12.00 Renato Mittermayer (Accreditation Agency in Healthcare Quality System): Quality in a Health System as a Goal

12.15 – 12.30 Dražen Gorjanski (Croatian Institute for Health Insurance, Osijek subsidiary): Health Care Commercialization

12.30 – 12.45 Zvonko Bošković (Croatian Bioethics Society – Rijeka subsidiary): Look into the Normative and Real in the Health Care System

12.45 – 13.00 Nela Gašpar (Catholic Theological Faculty in Rijeka): Bioethics and Health from the Christian-Theological perspective

13.00-14.00 Refreshments

14.00 - 16.00 Discussion and closing of the conference

Post festum:

There were four presenters at the Round Table (V. Delić and R. Mittermayer quitted at the last moment). Audience consisted of about 60 participants from Rijeka, Rovinj, Požega, Zagreb, Klenovnik, Novi Marof, Osijek, Popovača and Zadar, including two representatives in the Croatian Parliament, vice-dean of Medical School in Rijeka, general managers of the Clinical Hospital Center Rijeka and the biggest private polyclinic in the region, heads of the county’s and city’s departments of health and social welfare, heads of the health care union and the association for the promotion of patients’ rights, jurists in the health care system and others. There were also around twenty 5th year students of Organization, Planning and Management in Health Care System Study, which was thus presented to the larger forum. The following day Novi list published a half-page affirmative article concerning Round Table.

Result:

Organizers have drafted »Rijeka Appeal« (enclosed) and sent it to the addresses of the conference participants, health care system decision makers, media and other subjects within the health care system with the aim to implement moral dimensions in health and social care.

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Rijeka Appeal For Rational And Ethical Health Care System

In agreement that the Croatian health care system is going through a difficult moment marked by a transition of political, economic, social and moral values, the participants of the Round Table *The current moment of Croatian health system and its practice* promote the following principles:

1. The public health care system is, as opposed to the private one, a non-profit system;
2. All subjects in the public health care system – institutions and individuals, health care workers and patients – must spend both time and materials rationally;
3. The basis and criterion of the rationality principles may not be the financial limit set in advance, but the optimal benefit for the patient which implies the best possible professional and ethical treatment;
4. Rationalization is, among other, achieved by insisting on prevention (including rewarding physicians for achieving lower number in illnesses and elimination of bad habits, and not for the reduction in use of materials);
5. Considering the fact that the main values of the society are health, education and work, the state must ensure sufficient funding for the health care system, whether by reviewing costs and better organization, planning and managing within the public health system or by redistribution from other sources;
6. The role of the patient and the moral, humane doctor must continually be empowered within the health care system (by promoting communication and system transparency) and health care services should be improved by collecting suggestions, complaints and commendations;
7. The responsibility of both doctors and patients should be emphasized and promoted (regular check-ups) as well as their co-operation;
8. A doctor and the health care system have to aim at better and continual educating and informing of a patient;
9. long-term system of legal acts on health care and social welfare should be completed and professionals, patients’ associations and politics shall participate equally in its formulation;

10. media have an essential role in the process of improving the public health care system: instead of generating sensationalism and drawing attention to affairs, they should **systematically promote positive values** (for instance those regarding the dignity of doctor’s profession, respecting patients’ rights, popularization of organ donation, etc.).

Amir Muzur

School of Medicine in Rijeka, 22 January 2010