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The role of public health in Poland

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In the first decade of political transformation in early 1990s in Poland, mortality due to ischaemic heart disease decreased significantly, which contributed to a constant increase in average life expectancy. This decade of health prosperity is overshadowed by the fact that at that time a project was being prepared to change the health system, which in 1999 took the form of an act that was intended to ensure competitiveness and the right to choose, and reduce inefficiency, but in fact it turned out to be dysfunctional in relation to basic tasks. Separation from the social policy sector and the education system, the disappearance of social medicine and social paediatrics, the liquidation of school medicine, and passivity in the face of predatory activities of commercial entities: for example alcohol, and even facilitating these activities negative for health; or tobacco and the liquidation of the national program to reduce the effects of tobacco smoking. When we add to this list the marginalization of health promotion, health education, and disease prevention (2% of expenditure on preventive care, 3 times less per capita than the EU average), this altogether means a dysfunction of public health with dramatic consequences for the health of the population: since 2002, a slowdown in health growth, a health recession in the middle of the second decade of the 21st century, and finally the scale of the pandemic health crisis – in total, almost half a million victims. Therefore, there is currently discussion about the need for fundamental changes and the transformation of market-oriented health systems to serve the common good. We can look for answers, among others, in the results of the previous 2 and the current conference(s) in Kalisz, as well as in the everyday activities of the University's researchers, in the achievements of the honorary doctors honoured yesterday, and in creative cooperation with leading public health institutions in the world. Such a query leads to the following conclusions:

1. The role of public health is to provide reliable information about the health situation, based on sound research and credible interpretations.
2. The health system consists of 4 equal pillars: health promotion and health education, disease prevention, medical care, and social care.
3. In this approach, medicine is important, but health is more important because it depends mainly on non-medical conditions: social, ecological, legal, and commercial.
4. Simplified interpretations of the so-called Lalonde fields contribute to the cult of individual responsibility, disregarding the state's responsibility for creating conditions and health literacy. There is also no rigid relationship between population health and the aging process, staff shortages, and underfunding of medicine.
5. The interrelationships between the currently dominant biomedical paradigm originating from Robert Koch and the practically forgotten social paradigm of Rudolf Virchow require rethinking.
6. It is necessary to determine the ontological status of the person/patient in the health system.

DISCLOSURE

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