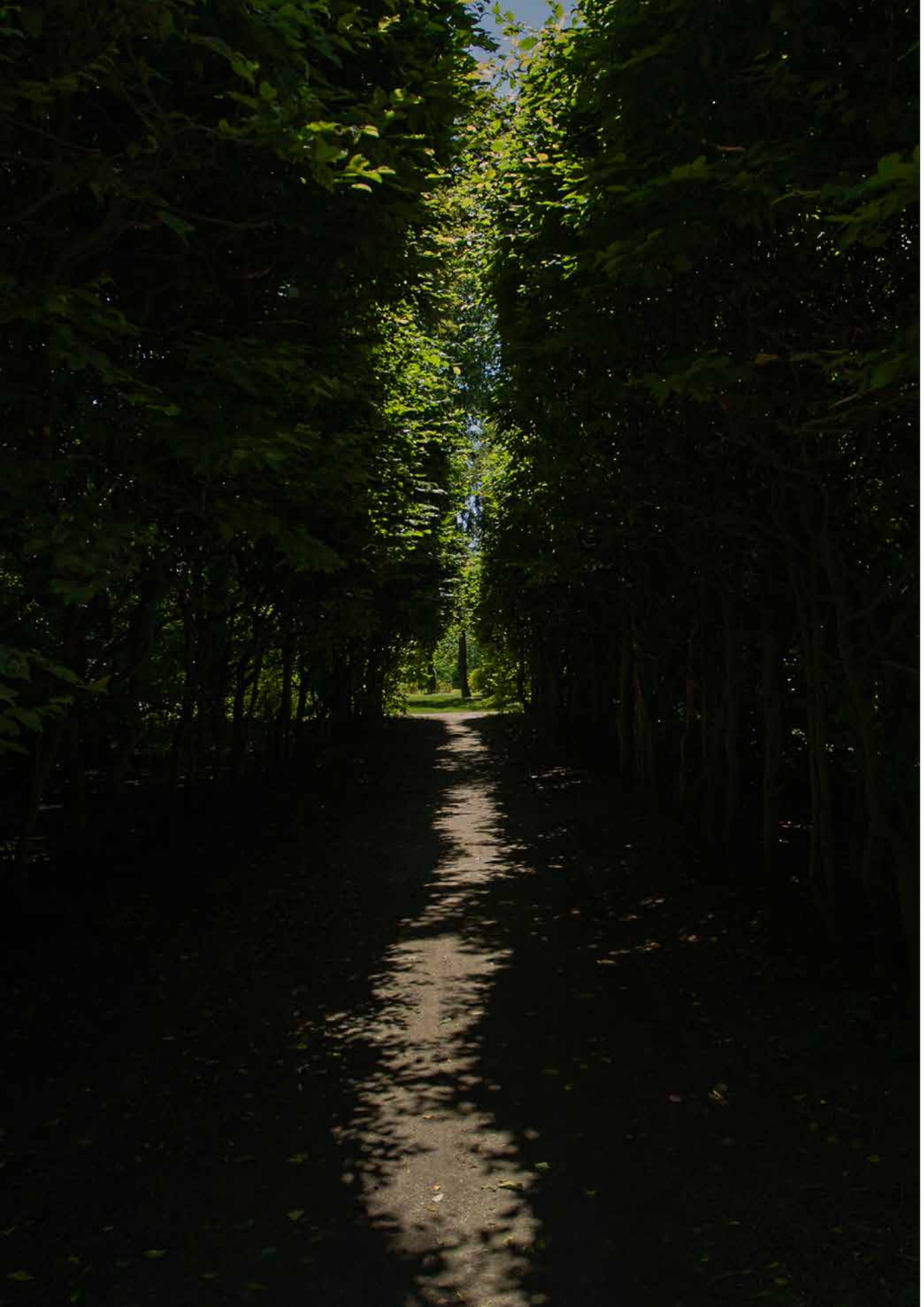

Sustainable development and the health care system in Poland – an outline of the problem

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Abstract:
One of the goals of sustainable development specified in the 2030 Agenda for Sustainable Development is to ensure "healthy lives and promote well-being for all at all ages health". And while great progress has been made in recent years in improving people's health situation, inequalities in access to health care still exist. The goal of reducing inequalities in access to health care is not easy to achieve, which is also evident in Poland, where, as in many other European countries, the health care system is under pressure due to rising costs and demand for services from an aging population. The consequences of this, for example, are shortages of medical personnel and problems with access to health care and long waiting times for health services. The shortage of medical professionals is a worldwide phenomenon. However, the ratio of physicians per 1,000 inhabitants is lower in Poland than in most Western European countries. The level of public funding is also lower. Additional efforts are therefore needed, on the way to the universal availability of medical services, and thus the realization of sustainable development goals. The aim was to introduce the topic and analyze the health care system in Poland from the perspective of sustainability issues, particularly access to health care.

Keywords:
health, sustainable development, healthcare, management.

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Introduction

The topic of sustainable development is of interest to a number of fields. This interdisciplinarity makes apparent problems in defining the phenomenon. One of the more frequently cited definitions of sustainable development, proposed in 1987, includes a term indicating that "sustainable development is development in which the needs of the present generation can be met without diminishing the chances of future generations to meet them (United Nations, 1987, p.24) Recent years have seen an increasing number of attempts to transfer the presented principles to the practical ground, including with regard to health care. It should be noted that most of the Sustainable Development Goals included in Agenda 2023 show links to health. The Sustainable Development Goals in the aforementioned document address, among other issues, poverty, hunger, health, gender equality, and their implementation is expected to lead to a better and sustainable future for the world (Fong, Law, 2022). Extremely important for the sustainability of health care is the equitable distribution of medical services to all members of society (Gareeva, 2019, p. 52).However, implementing these goals is a difficult task. A significant portion of the world's population still lacks access to health care, and there are inequalities elsewhere. The research study analyzed the health care system in Poland. Sustainable development is now the primary goal of development policy, carried out at national, regional and local levels, formulated in the pages of strategic documents (Kapera, 2018, p.29).Within the framework of the article, relying mainly on information from the Central Statistical Office (*in Polish GUS – Główny Urząd Statystyczny)* and taken from the Database of System and Implementation Analysis, it was analyzed how the spatial distribution of healthcare facilities and medical manpower resources appears on a regional basis. Despite the continuous debate on healthcare and a number of reports relating to its state, the topic has not lived to see much analysis in Poland and there are few works examining the phenomenon from the perspective of sustainable development. For example, a similar theme was addressed by Mazur-Wierzbicka (2017). And although the topic is still relatively rarely addressed by researchers in Poland, indicators of interest in the issue are already visible in reports and strategies on healthcare. At a time when the idea of sustainable development is the basis of the development paradigm, focusing on it in relation to public health issues is highly desirable. The study is divided into three parts. In the first, the goals of sustainable development are outlined in general terms in relation to the topic of health. The second part deals with basic information on the functioning of the health care system in Poland. The third cites data on the number of medical facilities and medical staff in Poland. These considerations are supplemented by a discussion. The aim was to introduce the topic and analyze the health care system in Poland from the perspective of sustainability issues, particularly access to health care.

Sustainable development goals for health – an introduction to the topic in the context of the health care system

The 2030 Agenda for Sustainable Development has 17 goals (Table 1)and 169 related tasks. One of the Sustainable Development Goals is:"Ensure healthy lives and promote well-being for all at all ages" (United Nations, 2015, p.14). As highlighted in the Resolution adopted by the General Assembly on September 25, 2015:"To promote physical and mental health and well-being, and to extend life expectancy for all, we must achieve universal health coverage and access to quality health care(…). (United Nations, 2015, p. 7). An important element affecting the health of the population is access to healthcare facilities. Healthcare resources are not evenly distributed across space, and these differences are often combined with geographical, historical, policy and economic agglomeration factors (Smiley et al., 2010, p.19–20). One geographic feature that can affect both the health status and health outcomes and contribute to disparities is proximity to healthcare. Nowadays, in connection with the use of geographic information systems that support the analysis of dynamic spatial data and allow for the creation of a context of the interrelationships between the environment, people's behavior and their health, this indicates promising research directions. In addition, there is a need to accelerate health research based on spatial knowledge, current theories of space and place. Cross-disciplinary research collaboration is a means to achieve this goal (Roxberg et al. 2020, p.1). The issues raised in the study relate to the Sustainable Development Goals for Health. One of the challenges in this regard strives toward universal community health coverage, better healthcare, and ensuring healthy life and well-being for people of all ages. One of the key challenges of sustainable development is health, and there is a close relationship between it and other elements of sustainable development. Today, the new global framework for sustainable development is the UN's 2030 Agenda for Sustainable Development, adopted by world leaders in 2015. The Agenda identified 17 such goals, among them those relating directly to healthy living.

Table 1. UN 2030 Sustainable Development Goals

Goal	Target
Goal 1.	End poverty in all its forms everywhere
Goal 2.	End hunger, achieve food security and improved nutrition and promote sustainable agriculture
Goal 3.	Ensure healthy lives and promote well-being for all at all ages
Goal 4.	Ensure inclusive and equitable quality education and promote lifelong learning opportunities for all
Goal 5.	Achieve gender equality and empower all women and girls
Goal 6.	Ensure availability and sustainable management of water and sanitation for all
Goal 7.	Ensure access to affordable, reliable, sustainable and modern energy for all
Goal 8.	Promote sustained, inclusive and sustainable economic growth, full and productive employment and decent work for all
Goal 9.	Build resilient infrastructure, promote inclusive and sustainable industrialization and foster innovation
Goal 10.	Reduce inequality within and among countries
Goal 11.	Make cities and human settlements inclusive, safe, resilient and sustainable
Goal 12.	Ensure sustainable consumption and production patterns
Goal 13.	Take urgent action to combat climate change and its impacts
Goal 14.	Conserve and sustainably use the oceans, seas and marine resources for sustainable development
Goal 15.	Protect, restore and promote sustainable use of terrestrial ecosystems, sustainably manage forests, combat desertification, and halt and reverse land degradation and halt biodiversity loss
Goal 16.	Promote peaceful and inclusive societies for sustainable development, provide access to justice for all and build effective, accountable and inclusive institutions at all levels
Goal 17	Strengthen the means of implementation and revitalize the global partnership for sustainable development

Source: United Nations. Transforming our world: the 2030 Agenda for Sustainable Development, United Nations A/RES/70/1 (United Nations. (n.y.). *The 17 goals*, https://sdgs.un.org/goals, access: 21.09.2023 r.)

Within Goal 3 of the Agenda for Sustainable Development 2030, a number of tasks have been set, including, for example, those to reduce neonatal mortality, bring an end to the AIDS epidemic, and ensure universal health care, including access to quality primary health care (*Agenda*…, p. 21–26).

The topic of sustainable development in the context of health is more widely recognized by international organizations related to the issue and the EU. For example, the WHO publishes the European Health Report, which is the flagship report of the WHO Regional Office for Europe. The 2021 edition summarizes European regional progress in achieving health-related sustainable development goals and outlines the main challenges associated with the three main priorities of the European Work Program 2020–2025 – United Actions to Improve Health in Europe (WHO, 2022). Priority number 1 is to ensure universal access to health services. Protection against health emergencies, which includes countries' preparedness and responsiveness to such events, is another goal. Thus, it is about the skills that are required to detect, report and respond to public health threats and emergencies of national and international scope. The COVID-19 crisis highlighted the need for clearly defined mechanisms for responding to emergencies. Priority three concerns the promotion of health and well-being. It calls for special and specific public health activities in all aspects of health and well-being. The starting point for discussion of the development of sustainable health systems in European countries can be data published by WHO, OECD, World Bank, as well as Eurostat. On their basis, the Index of Sustainability of Health Systems is being created, in which the following parameters were evaluated in 2019: access to healthcare, health condition, innovation, quality of life, vitality (*Raport*…2019, p. 10). A powerful analytical tool that helps to obtain additional information in Poland on, for example, services provided, personnel resources, equipment resources are maps of health needs and an online platform – the Database of System and Implementation Analyses. Based on these, a forecast of future needs for health services is made on a voivodeship and national scale.

The healthcare system in Poland in comparison with other European countries

According to Article 68 of the Constitution of the Republic of Poland, everyone has the right to healthcare, and citizens, regardless of their material situation, shall be provided by public authorities with equal access to publicly funded healthcare services (*Konstytucja*, 1997). The direction of the country's health policy is set by the Ministry of Health. It shares management and responsibility for healthcare with also three levels of local government: municipality (gmina), county (powiat) and voivodeship (województwo) (Table 2). In 2021, the Council of Ministers adopted a document entitled: *Zdrowa Przyszłość. Ramy strategiczne rozwoju systemu ochrony zdrowia na lata 2021–2027, z perspektywą do 2030*, which aims to ensure that citizens have equal and adequate access to quality health services according to their health needs.

Table 2. Local governments' tasks in ensuring equal access to healthcare services

Local government level	Local governments' tasks in ensuring equal access to healthcare services
Municipality (Gmina)	• Developing , implementing and evaluating the effects of health policy programs resulting from the identified health needs and health condition of the municipality's residents; • Initiating and participating in determining the direction of local projects aimed at familiarizing residents with factors harmful to health and their effects; • Taking other actions resulting from the recognized health needs and health condition of residents.
County (Powiat)	• Development , implementation and evaluation of the effects of health policy programs resulting from the identified health needs and the health status of the county residents – in consultation with the territorially relevant municipalities; • Initiating, supporting and monitoring the activities of the local government community in the field of health promotion and health education carried out in the county; • Stimulating activities for individual and collective responsibility for healthcare and for health protection; • Undertaking other activities resulting from the identified health needs.
Voivodeship (Województwo)	• Development, implementation and evaluation of the effects of health policy programs resulting from the recognized health needs and health status of the voivodeship's residents – after consultation with the territorially relevant municipalities and counties; • Development and implementation of programs other than those specified earlier for the implementation of tasks in the field of healthcare; • Initiation and promotion of solutions for increasing the effectiveness of healthcare, including restructuring; • Taking other actions resulting from the recognized health needs of the voivodship's residents.

Source: based on: Ustawa z dnia 27 sierpnia 2004 r. o świadczeniach opieki zdrowotnej finansowanych ze środków publicznych (Dz. U. 2004 Nr 210, poz. 2135, z póz. zm.)

Despite such specified tasks for the local government units, the results of the Supreme Audit Office (*in Polish: NIK – Najwyższa Izba Kontroli*) audit indicate that there is a lack of "adequate coordination of activities between county and voivodeship governments to ensure the comprehensiveness of the provision of health services, planning the participation of individual participants in the healthcare system, as well as the rational restoration and development of the material base" (NIK, 2019, p. 9). An analysis of the number of hospital beds relative to population (Table 3) shows that in 2021, there were an average of 525 hospital beds per 100,000 residents across the EU (Eurostat). Denmark and Sweden recorded the lowest number of hospital beds relative to population in 2021 and Bulgaria and Germany the highest. In Poland, the number of hospital beds is high compared to the EU and other countries in the community, with more than 6.2 beds per 1,000 residents.

Table 3. Hospital beds in select EU countries in 2021 (per one hundred thousand inhabitants)

Country	Hospital beds (per one hundred thousand inhabitants)
European Union – 27 countries (from 2020)	524.75
Bulgaria	792.28
Denmark	251.27
Germany	776.02
Lithuania	605.43
Poland	627.18
Sweden	200.09

Source: based on: https://ec.europa.eu/eurostat/databrowser/view/tps00046/settings_1/table?lang=en (21.10.2023)

The healthcare system in Poland is based on the premise of universal health insurance, and more than 90% of the population is covered by mandatory health insurance. The system has undergone transformations over the years, but still needs to be changed. Ideally, everyone should have equal access to quality healthcare. However, the goal of reducing inequality in access to healthcare is not easy to achieve. The fact that the situation is far from ideal is evidenced by the data of the aforementioned report, which indicates that the functioning of healthcare in Poland is viewed negatively by 66% of adult Poles, with as many as 27% viewing it strongly negatively (CEBOS 2018, p.1). One of the problems of the Polish healthcare system is the low level of public funding. In Poland, as in many other European countries, the healthcare system is under pressure due to rising costs and demand for services from an aging population. However, healthcare spending in Poland remains below the EU average, both per capita and as a percentage of GDP (OECD, 2021, p.9). The consequences of this are, for example, shortages of medical personnel and problems with access to healthcare and long waiting times for health services. Poland's population also has one of the lowest life expectancies in Europe (Table 4). In 2020, life expectancy in Poland was 76.6 years, four years lower than the EU average (Table 4). According to Nowak (2020), health status and life expectancy are negatively affected by income inequality, among other factors.

Table 4. Life expectancy at birth in Poland and other European countries

Country	Life expectancy at birth	Country	Life expectancy at birth
EU	80.6	Greece	81.2
Norway	83.3	Germany	81.1
Iceland	83.1	Portugal	81.1
Ireland	82.8	Belgium	80.9
Malta	82.6	Slovenia	80.6
Italy	82.4	Estonia	78.6
Spain	82.4	Czech Republic	78.3
Sweden	82.4	Croatia	77.8
Cyprus	82.3	Slovakia	76.9
France	82.3	Poland	76.6
Finland	82.2	Hungary	75.7
Luxembourg	81.8	Latvia	75.7
Denmark	81.6	Lithuania	75.1
The Netherlands	81.5	Romania	74.2
Austria	81.2	Bulgaria	73.6

Note: EU average is weighted. Data for Ireland refers to 2019. Source: OECD/European Observatory on Health Systems and Policies (2021), Poland: Health System Profile 2021, State of Health in the EU, OECD Publishing, Paris/European from Eurostat Database.

The mortality rate from preventable causes (through appropriate prevention, medical intervention) is higher in Poland than EU averages, and the cancer survival rate is relatively low. 9% of Poles are less likely than the EU average to report good health (before the pandemic, 60% in Poland and 69% in the EU reported good health) (OECD, 2021, p. 6). Among the behavioral factors that increase the risk of death, a major role is played by tobacco consumption, improper diet, and alcohol consumption. In turn, considering environmental factors, fine particulate air pollution and ozone exposure caused more than 30,000 deaths (about 8%) in 2019, which is twice as high as in the EU as a whole (OECD, 2021, p.7). Thus, there are large and persistent disparities between member states, and the COVID-19 pandemic has exacerbated existing health inequalities through its greater impact on vulnerable groups including the elderly, and people with chronic illnesses or disabilities.

Distribution of healthcare facilities and medical staff resources in Poland

According to the Central Statistical Office (*in Polish: GUS – Główny Urząd Statystyczny*) as of March 2022, Poland had a population of 38 028 000 people. The population is distributed unevenly, with most Poles living in cities. The largest number of residents is in the Mazowieckie, Śląskie, Wielkopolskie and Małopolskie voivodeships. The least populous are the Opolskie, Lubuskie, Podlaskie and Świętokrzyskie voivodeships. The Śląskie voivodeship has the highest population density, while the regions in the northeastern part of the country have the lowest.Polish society is aging, the share of the population in the post-working age group is increasing, and this will affect the increased demand for hospital services dedicated to the elderly. As studies have shown, the demand for services provided by emergencymedical teams is related to the age structure, and there is clearly a higher demand for such services among people in the oldest age groups (Kisiała, 2013, p. 239). According to Central Statistical Office data, in 2020 there were 898 general hospitals in Poland, with nearly 170,000 beds (Table 5).Both the number of beds in general hospitals and the number of general hospital beds per 10 thousand have decreased taking into account the last 10 years. These figures also show regional variations. "The historically conditioned geographic distribution of hospitals is uneven and does not necessarily reflect the health needs of the population" (NFZ, 2012, p.113).

Table 5. Stationary healthcare in Poland from 2010 to 2021.

Statistic/year	2010	2012	2014	2016	2018	2020	2021
General hospitals	795	913	979	957	949	898	899
Beds in general hospitals	181, 077	188,820	188,116	186, 607	181,732	167,567	168,447

Source: compiled based on GUS:https://bdl.stat.gov.pl/bdl/dane/podgrup/temat(21.09.2023).

Healthcare workers are the backbone of the system – without them there would be no medical services. Medical personnel tend to concentrate in urban areas, which at the same time reflects differences in the distribution of healthcare infrastructure. The highest concentration of physicians is observed in regions with universities and highly specialized medical centers (NFZ, 2012, p.128). Considering the percentage of physicians working in entities that have signed a contract with the National Health Fund in the total number of physicians working with patients, the highest percentage per 10,000 residents is recorded in the Mazowieckie and Lubelskie voivodeships, and the lowest in the Lubuskie and Opolskie regions (GUS, 2018, p.43). At the same time, analyses at the county level confirmed that the best accessibility to public medical services is seen in cities with county rights, and there is a clear difference in this regard between large cities and the countiesthat surround them (GUS, 2018, p.43). Information contained in the previously cited Supreme Audit Office report indicates that "the distribution of health system resources is inadequate to meet needs" (NIK 2019, p.103). These inequalities in the distribution of medical personnel have a significant impact on access to health services in the country, and the functioning system of education and professional training of medical personnel is still unable to provide a sufficient number of adequately trained specialists, given the changing health needs of the population (NIK, 2019, p.35). The shortage of medical professionals is a worldwide phenomenon. However, the ratio of physicians per 1,000 inhabitants is lower in Poland than in most Western European countries. Although the number of doctors as well as dentists, nurses, pharmacists in 2020 has increased compared to the state from 2010 (Table 6), Poland still has one of the lowest numbers of practicing doctors per 1,000 residents (2.4) and nurses (5.1) in the EU (OECD, 2021, p.11). In addition, some medical workers still choose to emigrate motivated by superior working conditions abroad.

Table 6. Medical workforce in Poland in 2010–2020

Listing	2010	2012	2014	2016	2018	2020
Doctors licensed to practice medicine	134,292	137,109	141,390	144,982	149,134	153,499
Dentists licensed to practice medicine	37,616	38,848	40,110	41,194	42,282	43,331
Nurses licensed to practice medicine	282,420	285,339	282,472	288,446	295,464	303,211
Pharmacists licensed to practice medicine	28,330	29,869	31,417	33,914	35,553	36,527
Doctors working directly with patients	79,337	85,025	87,687	91,730	89,532	92,255
Doctors working directly with patients per 10 000 people	20.6	22.1	22.7	23.9	23.3	24.1
Dentists working directly with patients	12,326	12,491	13,088	13,308	12,927	14,348
Dentists working directly with patients per 10 000 people	3.2	3.2	3.4	3.5	3.4	3.7
Nurses working directly with patients	184,748	211,628	199,188	195,838	192,964	191,081
Nurses working directly with patients per 10 000 people	47.9	54.9	51.7	51.0	50.2	49.9
Pharmacists working directly with patients	25,120	26,843	27,747	29,268	28,873	28,387
Pharmacists working directly with patients per 10 000 people	6.5	7.0	7.2	7.6	7.5	7.4

Source: GUS (http://swaid.stat.gov.pl/ZdrowieOchronaZdrowia_dashboards/Raporty_predefiniowane/RAP_DBD_ZDR_5.aspxaccess: 18.06.2022).

For comparison, data from the System and Implementation Analysis Database (*in Polish: BASiW – Baza Analiz Systemowych i Wdrożeniowych)*are also presented. According to the methodology adopted there, only employed physicians are presented in the application. It was also assumed that physicians are those listed in the Central Register of Doctors and Dentists of the Republic of Poland (BASiW).

Table 7. Selected data on physicians in Poland in 2021 by voivodeship

Voivodeship	Number of doctors	per 100,000 population	Average age of doctor
dolnośląskie	11,995	416.4	49.54
kujawsko-pomorskie	6,511	317.9	50.14
lubelskie	8,362	402.7	50.03
lubuskie	2,581	258.3	52.24
łódzkie	12,681	524.7	51.02
małopolskie	13,167	386.4	49.48
mazowieckie	34,884	643.6	50.75
opolskie	2,556	263.7	52.19
podkarpackie	6,140	290.9	49.99
podlaskie	4,690	402.5	49.42
pomorskie	8,948	381.3	48.71
śląskie	17,005	381.6	50.54
świętokrzyskie	3,960	326.6	51.62
warmińsko-mazurskie	3,738	266.0	51.49
wielkopolskie	11,226	321.7	50.06
zachodniopomorskie	5,717	340.9	49.97

Source: Database of System and Implementation Analysis (https://basiw.mz.gov.pl/mapy-informacje/mapa-2022-2026/analizy/kadry-medyczne/kadry-medyczne/ access date: 20.10.2023)

According to the database, the average age of a doctor in Poland is 49.54 (Table 7). One of the problems concerning the country's medical workforce is the age of healthcare workers, especially when it comes to nurses and midwives. The described situation remains connected to the education of medical personnel in Poland. Table 8 presents the medical training universities supervised by the Minister of Health. The data presented in the table does not exhaust all the opportunities for medical studies in the country. At universities supervised by the Minister of Education and Science, there are departments, faculties/disciplines that train future medics. For several years, future doctors have also been educated at non-public universities in Poland.

Table 8. Medical universities in Poland supervised by the Minister of Health

No.	Name	Type	Voivodeship
1	Centre of Postgraduate Medical Education in Warsaw (Centrum Medyczne Kształcenia Podyplomowego w Warszawie)	Public	Mzowieckie
2	Medical University of Gdańsk (Gdański Uniwersytet Medyczny)	Public	Pomorskie
3	Pomeranian Medical University in Szczecin (Pomorski Uniwersytet Medyczny w Szczecinie)	Public	Zachodniopomorskie
4	Medical University of Silesia (Śląski Uniwersytet Medyczny w Katowicach)	Public	Śląskie
5	Poznan University of Medical Science (Uniwersytet Medyczny im. Karola Marcinkowskiego w Poznaniu)	Public	Wielkopolskie
6	Wroclaw Medical University (Uniwersytet Medyczny im. Piastów Śląskich we Wrocławiu)	Public	Dolnośląskie
7	Medical University of Bialystok (Uniwersytet Medyczny w Białymstoku)	Public	Podlaskie
8	Medical University of Lublin (Uniwersytet Medyczny w Lublinie)	Public	Lubelskie
9	Medical University of Lodz (Uniwersytet Medyczny w Łodzi)	Public	Łódzkie
10	Medical University of Warsaw (Warszawski Uniwersytet Medyczny)	Public	Mazowieckie

Source: compiled based on: POLON(https://polon.nauka.gov.pl/opi/aa/rejestry/szkolnictwo?execution=e7s1 dostęp: 21.09.2023).

Discussion

Common problems are evident in almost every healthcare system around the world, which include financial and staffing shortfalls, changing and growing public expectations, and maintaining favorable relationships with multiple stakeholders (Braithwaite et al., 2018, p.825). Poland is not immune to these problems. A report published in 2019, which assessed access to healthcare, health condition, innovation, quality of life, shows that Poland ranked 23rd out of 30 countries in the European region taking into account the Health Systems Sustainability Index (*Raport*… 2019, p.15). Countries such as Norway, Switzerland, Denmark and Sweden lead the ranking. Differences can be seen not only on a continental scale, but within individual countries, taking into account access to healthcare facilities, or the distribution of medical staff.

Nationally, the Health Care Efficiency Index, which takes into account the three goals of the healthcare system: improvement of the health of the population, effective financial management and consumer quality of healthcare, indicates that the best score was achieved in the Pomorskie, Wielkopolskie and Śląskie voivodeships and the lowest in the Opolskie and Łódzkie voivodeships (*Index*… 2019, p.9). One of the assessment elements relating to the quality of the healthcare system was the availability of medical care. Access to night and holiday medical care and specialists was rated highest in the Zachodniopomorskie voivodeship and the Warmińsko-Mazurskie voivodeship and lowest in the Pomorskie region (*Index*…2019, p.30). Respondents' assessments of the analyzed issue only partially coincide with the geographic distribution of beds and medical staff resources. In the opinion of

respondents, problems with the availability and quality of services under universal health insurance are related to too little spending on healthcare and are also linked, in their opinion, to the fact that the money allocated for this purpose is poorly used (CEBOS, 2018, p.10). Access to the advice of specialists and diagnostic tests (both in terms of waiting time, location of facilities providing services, convenient appointment time) is considered a weakness of the system in the country (CEBOS, 2012, p.19). Additional efforts are therefore needed, on the road to universal accessibility of medical services, which is a key element in achieving the Sustainable Development Goals. It should be emphasized that it is not only the number of beds in hospitals or the potential of medical staff that matters when analyzing the phenomenon, but also a number of other aspects, such as the range of services provided, conditions or convenience of use. However, for an in-depth analysis, further computerization of the healthcare system is needed, and increasing access to good quality data on healthcare in Poland is the basis for further analysis on the ground of sustainable development. If the healthcare system is to be sustainable, it will need to adapt to the ever-changing challenges and constant pressure caused by rapid and unprecedented change.

Conclusion

The Sustainable Development Goals show a link to the topic of population health. Despite a number of measures taken in recent years to address inequalities in access to healthcare, there is still – both globally and nationally – much to be done in this regard. In Poland, the main problems are still low expenditures on healthcare from public funds, understaffing, inequalities in the distribution of medical staff across the country, which is concentrated in large cities, especially those with centres training future medical professionals, and long waiting queues for specialists. Health and healthcare issues are complex, and an integrated, multidisciplinary approach is crucial. In the future, we can expect an increased demand, for such analyses, especially given the still poorly considered topic of sustainable development from the point of view of the healthcare system. In terms of the management of the health care system in Poland, it will be important to pay attention to greater coordination of activities between the various entities related to the issue, including the correlation of activities carried out at the national level with activities in the regions and at the local level. Improvement of efforts is necessary in the following areas: legal, financial, organizational and educational, at the base of which comprehensive scientific research is desirable. It should be emphasized that the issues presented in the article do not exhaust the subject matter, but only signal it by outlining further research directions.

Izabela Kapera, pracuje w Krakowskiej Akademii im. Andrzeja Frycza Modrzewskiego na stanowisku profesora uczelni. Ukończyła studia doktoranckie na Uniwersytecie Jagiellońskim. W 2020 r. uzyskała stopień doktora habilitowanego. Jest autorką szeregu recenzji oraz publikacji naukowych o zasięgu międzynarodowym i krajowym oraz członkinią Polskiego Towarzystwa Medycyny Morskiej, Tropikalnej i Podróży.

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Zrównoważony rozwój a system ochrony zdrowia w Polsce – wprowadzenie w tematykę

Abstrakt
Jednym z celów rozwoju zrównoważonego określonym w Agendzie 2030 na rzecz zrównoważonego rozwoju jest „zapewnienie zdrowego życia i promowanie dobrego samopoczucia dla wszystkich w każdym wieku". I choć w ostatnich latach poczyniono ogromne postępy w poprawie sytuacji zdrowotnej populacji, to w dalszym ciągu utrzymują się nierówności w dostępie do usług leczniczych. Cel, jakim jest zmniejszenie tych nierówności nie jest łatwy do osiągnięcia, co jest także widoczne w Polsce, gdzie podobnie jak w wielu innych krajach europejskich, system opieki zdrowotnej znajduje się pod presją z powodu rosnących kosztów i zapotrzebowania na usługi ze strony starzejącej się populacji. Konsekwencją takiego stanu rzeczy są na przykład niedobory personelu medycznego oraz problemy z dostępem do służby zdrowia i długim czasem czas oczekiwania na świadczenia zdrowotne. Braki kadrowe wśród pracowników medycznych występują w wielu krajach świecie. Jednak wskaźnik liczby lekarzy na 1000 mieszkańców w Polsce jest niższy niż w większości państw zachodnioeuropejskich. Niższy jest też poziomu finansowania systemu opieki zdrowotnej ze środków publicznych. Potrzebne więc są dodatkowe wysiłki, na drodze do powszechnej dostępności usług medycznych, a tym samym realizacji celów rozwoju zrównoważonego. Celem było wprowadzenie w tematykę i analiza systemu ochrony zdrowia w Polsce z perspektywy zagadnień zrównoważonego rozwoju, w szczególności dostępu do opieki zdrowotnej.

Słowa kluczowe: zdrowie, zrównoważony rozwój, opieka zdrowotna, zarządzanie.