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EUROPEAN ASSOCIATION OF SENIOR HOSPITAL PHYSICIANS
EUROPÄISCHE VEREINIGUNG DER LEITENDEN KRANKENHAUSÄRZTE
EUROPESE VERENIGING VAN STAFARTSEN
DEN EUROPÆISKE OVERLÆGEFORENING
ΕΥΡΩΠΑΪΚΟΣ ΣΥΛΛΟΓΟΣ ΝΟΣΟΚΟΜΕΙΑΚΩΝ ΙΔΤΡΩΝ ΔΙΕΥΘΥΝΤΩΝ
ASSOCIAZIONE EUROPEA DEI MEDICI OSPEDALIERI
DEN EUROPEISKE OVERLEGEFORENING
ASSOCIAÇÃO EUROPEIA DOS MÉDICOS HOSPITALARES
ASOCIACIÓN EUROPEA DE MÉDICOS DE HOSPITALES
EUROPEISKA ÖVERLÄKARFÖRENINGEN
EVROPSKO ZDRŽENJE BOLNIŠNIČNIH ZDRAVINIKOV
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COUNTRY REPORT CROATIA

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Organization of the medical profession:

Physician Act is primary law for medical profession in Croatia (published in Official Gazette No. 121/03). Act defines medical profession itself, organization and conditions for practicing medicine. According to law, doctor is defined as essential, independent and responsible carrier of health care profession which is considered as profession of special interest to Croatia that insures health care to every individual and population in Croatia.

For all doctors, that are working in medical profession, membership in Croatian Medical Chamber (CMC) is mandatory. CMC has currently 15.560 licensed doctors as members, from which 6.516 are hospital specialists. Work in CMC is divided and conducted through seven different Committees. President of each Committee is member of Executive Board of CMC. Issues concerning senior hospital doctors are mostly in concern of Committee for Specialist, Hospital and Public health activities. Supervision of professional work of hospital doctors is under Committee for Professional Issues and Professional Surveillance and Committee for Medical Ethics and Deontology of CMC.

Also, majority of senior hospital doctors are members of Croatian Medical Association (voluntary professional organization). Problems concerning labor issues are in domain of Croatian Medical Syndicate (largest syndicate representing employed doctors).

Almost 55% of physicians are employed in hospitals.

Current aspects of general health care – health reform in progress:

Health Care Act (published in Official Gazette No. 121/03) is fundamental law on principles, measures and organization of health care in Croatia. Regarding ownership structure of hospital, majority of them is founded as public institution (that is founded by state, county or city).

Currently, health care reform is still in process. Patients Right Act (published in Official Gazette No. 169/04) has been passed in November 2004 (in force from December 11, 2004). Also, Government has proposed in April 2005 amendments on Health Care Act. But, reform was stopped until March this year when Government proposed new amendments together with National Health Strategy from year 2006 to 2011, Obligatory Insurance Act, Voluntary Insurance Act and Professional Illness and Injury at Work Insurance Act. Mentioned “package” of proposed laws are in legislative procedure and expected to be in force in July. We are also expecting amendments on other laws and by-laws that are dealing with health care issues.

Current situation in hospitals:

The situation in Croatian hospitals did not change very much since our last report in April 2005. As we stated in last report, whole last year was spent in negotiations between doctors' and nurses' syndicates and the Ministry of health and social affairs about working conditions and salaries of health workers. Currently in force is Collective Agreements (Official Gazette 9/05 and 20/06) that regulates employment rights of health workers. In Addition 1 of Collective Agreement, supplement on salary amounting 10% of basic salary was given to physicians (and to dentists) because of their exceptional responsibility for life and health of people.

In this year accent is given to health organization reform, as we stated above. CMC objected law proposals and National Health Strategy, giving constructive amendments, but only few were accepted by Ministry of health. Also, Chamber s Council published in all daily newspaper on April 4th 2006 open letter that brings attention to the public about negative impact of health reform and about activities of Chamber to alter it.

In Croatia, there is urgent need for categorization and accreditation of hospitals. Also, it is necessary to lessen "elite" approach that is present in Croatia, that is to lessen unnecessary specialist medical examination in clinical hospitals centers in certain cities and counties that can be done in hospitals or clinics. Also, proposed health strategy for hospital reform is inconsistent – for example, number of hospital beds is under EU average (4,8 beds on 1000 inhabitants, in EU is 6,0 on 1000 inhabitants) what Strategy proposes to change according to EU standards, but in Chapter 6.3. of Strategy it is suggested to lessen the number of hospitals according to EU policy! Payment system for medical services in hospitals must also be altered and new amended DRG (diagnostic related groups) payment system must be introduced.

As we stated last year, a diminished interest for studying medicine is leading to obvious consequences. In the last two years the number of unemployed young doctors decreased from 1.200 to less than 200. Also, number of actions against hospitals and hospital doctors is slightly rising. Due to the mentioned reasons, CMC is working on "non-compensation model" for resolving disputes between health institutions, doctors and patients and raising quality of doctor-patient relationship. In June 2006 Chamber will host international Workshop on regulation of non-compensation models.

In Croatia working time directive is not yet an obligation and working time on wards is not limited. As we stated in last report, there are still examples during the holidays-season of younger colleagues in hospitals working up to 100 hours weekly.

We are all hoping that authorities of Croatia will urgently find adequate solutions and amend proposed Health Strategy and laws in order to improve position of hospital physicians, safety of patients and quality of health care.

EU requirements:

New laws and by-laws must be passed in the field of consumer protection, protection from dangerous chemicals, health protection of workers, protection from radiation, public health etc. Also, Ministry of health must develop separate strategies for control and quality of drugs, blood safety, dangerous chemical protection and food safety. CMC is authorized to give, and gives, amendments to proposals of mentioned strategies, laws and by-laws.

Also, CMC is actively involved in implementation of Directive 2005/367EC on the recognition of professional qualifications. Chamber is member of Working group on development of new programs of specializations, according to mentioned Directive.

Full implementation of Oviedo Convention on human rights and biomedicine (ETS, No 164, Oviedo 1997) and Convention on protection of individuals in automatic data processing (ETS, No 108, Strasbourg, 1981) is needed in which CMC will participate according to its scope of activities.

prim.dr. Hrvoje Šobat,
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