Augustynowicz Anna, Skowron Adam, Waszkiewicz Michał, Eid Mateusz, Sytnik-Czetwertyński Janusz. A systematic analysis of the Polish Code of Medical Ethics. Journal of Education, Health and Sport. 2019;9(7):703-712. eISSN 2391-8306. DOI http://dx.doi.org/10.5281/zenodo.3354952
http://ojs.ukw.edu.pl/index.php/johs/article/view/7174

The journal has had 7 points in Ministry of Science and Higher Education parametric evaluation. Part B item 1223 (26/01/2017).
1223 Journal of Education, Health and Sport eISSN 2391-8306 7

The authors declare that there is no conflict of interests regarding the publication of this paper.

Received: 01.07.2019. Revised: 05.07.2019. Accepted: 30.07.2019.

A systematic analysis of the Polish Code of Medical Ethics

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Abstract

The purpose of this article is to provide a summary of the history which led to the creation of the current structure of the self-regulatory professional body of physicians and dentists, the nature of the professional activities and practice of physicians, as well as an analysis of the legal basis for the adoption of the Code of Medical Ethics. This allows us to draw a series of conclusions as to the influence of the existence of the professional self-regulatory body of physicians on the functioning of the Polish health service.

Keywords: self-regulatory professional body; Code of Medical Ethics; physicians; ethic

Introduction

As the number of physicians increased, the medical profession had a habit of assembling within colleges, which were a medium for exchanging scientific knowledge and performing oversight of the profession. In university cities, this function was initially performed by the faculties of medicine, whose membership comprised all physicians practising within a given

archdiocese. These were the first independent medical associations, which were transformed in the 19th century into chambers of physicians[1].

The first independent Polish medical chamber – *Collegium Medicorum Gedanensis* – was founded at the beginning of the 17th century in Gdańsk. It was created to limit the activities of quacks and charlatans. It should be noted that before 1918, the Polish medical chamber functioned only within the Austrian and Prussian partitions of Poland. It was only after independence was regained that the 1921 Act called for the creation of a medical chamber within the whole of Poland[2]. The Polish Chamber of Physicians was an important opinion-forming body at the time. It retained this character until 1934, when a further Act on Medical Chambers was voted into law[3], replaced in 1938 by the Act on the Chamber of Physicians and Dentists[4]. At the time, it was already deemed necessary to create a body regulating moral rights within the medical profession. Which is why, shortly after the act was promulgated, the General Assembly of the Polish Chamber of Physicians voted to accept a Compendium of Principles of Medical Deontology (*Zbiór zasad deontologii lekarskiej*).

After invading Poland, the Nazi and Soviet occupiers liquidated all self-regulatory professional bodies, which took their activities underground. It was only after 1944 that they could be rapidly reinstated. A year later, their activities resumed officially. Unfortunately, in 1946, the Polish Ministry of Health appointed forced administrators, which limited the functioning of the medical chambers to a large extent. It is true that the 9 May 1948 board meeting of the Polish Chamber of Physicians and Dentists was able to hold a confirmatory vote on the Deontological Code for Physicians and Dentists (*Kodeks deontologii lekarsko-dentystycznej*)[5], but this was already a new low point in the functioning of self-regulatory professional bodies. Their functioning as the democratic representation of liberal professions was at odds with the totalitarian nature of the People's Republic of Poland. In 1950, the government finally dissolved the self-regulatory professional bodies for physicians, dentists, pharmacists and veterinarians, replacing them with the so-called "committees for professional supervision" (*komisje kontroli zawodowej)*[6]. Alongside this development, the *Kodeks deontologii lekarsko-dentystycznej* ceased to formally apply. The teaching of medical ethics was also eliminated, since it was supposedly an unnecessary and idealistic remnant of the earlier political system, no longer acceptable to the new government.

The opportunity to revisit the question of the reinstatement of the self-regulation of medical chambers arose in October 1956, during the Polish thaw. That which was mainly achieved at the time was the return of two important subjects, history of medicine and medical ethics, to the academic curriculum. However, the medical profession had to wait another eleven years, until 3 June 1967, for the *Walne Zgromadzenie Delegatów Polskiego Towarzystwa Lekarskiego* (General Assembly of Delegates of the Polish Medical Association) to confirm the *Zasady etyczno-deontologiczne Polskiego Towarzystwa Lekarskiego* (Ethical and Deontological Principles of the Polish Medical Association) on 3 June 1967.

The 1980s brought increased involvement of the medical profession and the hope for a return to full self-regulation. The first version of the Act on Medical Chambers was prepared by the *Zarząd Główny Polskiego Towarzystwa Lekarskiego* (Executive Board of the Polish Medical Association) in November 1980. In the spring of 1981, this project was presented to the *Sejmowa Komisja Służby Zdrowia (*Health Service Commission of the Sejm). However,

1 T. Brzeziński, *Etyka lekarska*, Warsaw 2002, p. 31.
2 Ustawa z dnia 2 grudnia 1921 r. o ustroju i zakresie działania Izb Lekarskich (Dz.U. Nr 105, poz. 763).
3 Ustawa z dnia 15 marca 1934 r. o chamber lekarskich (Dz.U. Nr 31, poz. 275)
4 Ustawa z dnia 11 stycznia 1938 r. o izbach lekarsko-dentystycznych (Dz.U. Nr 6, poz. 33).
5 A. Tulczyński, *Polskie lekarskie kodeksy deontologiczne*, Warsaw 1975, p. 145-171.
6 Ustawa z dnia 18 lipca 1950 r. o zniesieniu izb lekarskich i lekarsko-dentystycznych (Dz.U. Nr 36, poz. 326)

the Act on Medical Chambers was not adopted until 17 May 1989, after the change of political system. At the same time, the medical self-regulatory body was reactivated[7].

This act was replaced by a new one in 2009[8], in large part prepared by the self-regulatory professional body of physicians and dentists. It defines the tasks, principles of operation and organisation of the medical chambers and the rights and duties of their members.

Structure of the self-regulatory professional body of physicians and dentists

In line with the Act of 2 December 2009 on Chambers of Physicians, each physician or dentist granted the right to practice in Poland is inscribed on the list of members of the self-regulatory professional body. The self-regulatory professional body of physicians and dentists is independent in the performance of its tasks and is subject only to the law (Art. 2 of Act of 2 Dec 2009).

The organisational units of the self-regulatory professional body of physicians and dentists are the Regional Chambers of Physicians, the Military Chamber of Physicians and the Polish Chamber of Physicians and Dentists. The organisational units of the self-regulatory professional body are legal entities and the competences attributed to them are exercised by their bodies. The Polish Chamber of Physicians and Dentists and its bodies are based in the capital city of Warsaw (Art. 3(1) and (2) of the Act of 2 Dec 2009). The Military Chamber of Physicians is active throughout the entire country (with its headquarters in Warsaw) and has the legal status of a regional chamber (Art. 3(4) of the Act of 2 Dec 2009). The scope of action of the Regional Medical Chambers, their number and locations are determined by the Supreme Medical Council (Art. 3(1) of the Act of 2 Dec 2009) There are currently 23 regional chambers.

Their representative bodies have four-year terms. The current one is the sixth since the reinstatement of the Polish Chamber of Physicians in 1989. The representative bodies of the medical chambers are elected. The representative bodies of the Regional Medical Chamber are: the Regional Medical Assembly, Regional Audit Committee, Regional Medical Court, Regional Screener for Professional Liability. The representative bodies of the Polish Chamber of Physicians and Dentists are: the General Medical Assembly, Supreme Medical Council, Supreme Audit Committee, Supreme Medical Court and the Supreme Screener for Professional Liability. The highest representative body of the Polish Chamber of Physicians and Dentists is the General Medical Assembly, while that of the Regional Chambers are the Regional Medical Assemblies. In between sessions of the General Medical Assemblies, the Polish Chamber of Physicians and Dentists is governed by the Supreme Medical Council, while the Regional Medical Councils govern the Regional Medical Chambers. All physicians and dentists are grouped within voting districts which elect delegates to the Regional Medical Assemblies. Regional Assemblies elect a president and members of the Regional Medical Council, Screeners for Professional Liability, members of the Medical Courts, as well as delegates to the General Medical Assembly. The General Medical Assembly elects the president of the Supreme Medical Council, members of the Supreme Medical Council, Supreme Screener and Deputy Screeners for Professional Liability, members of the Supreme Medical Court, Supreme Audit Committee and the National Electoral Committee. Physicians and dentists have equal rights within the joint self-regulatory body. Dentists are represented at all organisational levels of the Regional Chambers, as well as on the Supreme Medical Council. At least one of the vice-presidents of the council and one vice-chair of the other bodies must be a dentist.[9]

Nature of the professional activities of physicians and dentists

7 Ustawa z dnia 17 maja 1989 r. o izbach lekarskich (Dz.U. Nr 30, poz. 158 ze zm.)

8 Ustawa z dnia 2 grudnia 2009 r. o izbach lekarskich (Dz.U. Nr 219, poz. 1708 ze zm.)

9 These questions are regulated in chapter 3 of the Act of 2 Dec 2009.

Competences

The competences of physicians and dentists are defined in the Act of 5 December 1996 on the Professions of Physician and Dentist[10] (Act of 5 Dec 1996). The provision of Article 2(1) of the Act defines the individual scope of the concept "practising the profession of physician" in the form of a requirement that the person providing services has the appropriate qualifications and the documents confirming them[11]. A similar requirement is provided in Article 2(2) for the dental practitioner[12].

The primary task of a physician is to provide health services. In Art. 2(1) of the Act of 5 Dec 2006, the legislator indicated a number of activities which characterise the nature of the profession of physician. This list is indicative. In particular, these activities can consist of: health examination, diagnosis and prevention of diseases, treatment and rehabilitation of patients, providing medical advice, as well as issuing opinions and medical certificates. The scope of the notion of practising the profession of dentist is also limited in terms of subject matter. A dentist can provide health care services for diseases affecting the teeth, oral cavity, facial part of the skull and adjacent areas[13]. Above all, these lists attest to the primarily therapeutic character of a physician's activities. Practising as a physician may also involve the provision of non-therapeutic health services. This concerns diagnostic services, or health services which are not therapeutic and are defined in separate legislation. An example is the harvesting of a cell, tissue or organ from a living donor as referred to in the Act on the Harvesting, Storage or Transplantation of Cells, Tissues or Organs[14].

Medical activities performed for evidential purposes on behalf of authorities conducting criminal proceedings would also be of a non-therapeutic nature[15]. Polish legislation does not impose a limited set of non-therapeutic activities. The question therefore arises of whether non-therapeutic activities which are not specifically allowed in legislation are permissible?

An affirmative answer will result in the recognition of their provision as practising medicine. The literature presents two types of opinion: the first allowing only those non-therapeutic activities that have statutory approval[16], and the other allowing all non-therapeutic interventions, provided that formal requirements are met[17]. In this respect, it should be noted that the lack of statutory regulations concerning the admissibility of non-therapeutic procedures does not mean that they are automatically prohibited. It cannot be assumed that we are dealing with a limited set of non-health activities when there is no clear norm to this effect. The limit for intervention is, as always, the ratio of risk to reward[18].

Practising medicine can consist in issuing medical opinions and certificates. Issuing an opinion relates to a physician acting as an expert (Art. 193 of the Polish Code of Criminal

10 (Dz.U. z 2008 r. Nr 136, poz. 857 ze zm.).

11 E. Zielińska, E. Barcikowska-Szydło, M. Kapko, K. Majcher. W. Preiss, K. Sakowski [in:] *Ustawa o zawodach lekarza i lekarza dentysty. Komentarz.* ed. E. Zielińska, Warsaw 2008, p. 36

12 Obwieszczenie Ministra Zdrowia z dnia 9 marca 2007 r. w sprawie wykazu dyplomów, świadectw i innych dokumentów poświadczających formalne kwalifikacje do wykonywania zawodu lekarza lub lekarza dentysty przez obywateli państw członkowskich Unii Europejskiej – M.P. Nr 22, poz. 250).

13 E. Zielińska, E. Barcikowska-Szydło, M. Kapko, K. Majcher. W. Preiss, K. Sakowski [in:] *Ustawa o zawodach lekarza i lekarza dentysty. Komentarz.* ed. E. Zielińska, Warsaw 2008, p. 36 – 37.

14 Ustawa z dnia 1 lipca 2005 r. o pobieraniu, przechowywaniu i przeszczepianiu komórek, tkanek i narządów (Dz.U. Nr 169, poz. 1411 ze zm.)

15 Art. 74 ustawy z dnia 6 czerwca 1997 r. – Kodeks postępowania karnego (Dz.U. Nr 89, poz. 555 ze zm.)

16 M. Safjan, *Prawo i medycyna. Ochrona praw jednostki a dylematy współczesnej medycyny*, Warsaw 1998, p. 38.

17 A. Wąsek, *Czy dobrowolna sterylizacja jest przestępstwem*, Państwo i Prawo, vol. 8, 1988, p. 88. See also M. Świderska, *Zgoda pacjenta na zabieg medyczny*, Toruń 2007, p. 23-24.; T. Dukiet-Nagórska, *Autonomia pacjenta a polskie prawo karne*, Warsaw 2008, p. 26-27.

18 M. Świderska, *Zgoda pacjenta na zabieg medyczny*, Toruń 2007, p. 23-24.

Procedure and Art. 279 of the Polish Code of Civil Procedure[19]), giving consultations at the request of another doctor (Art. 33(2), Art. 34(7) and Art. 35 of the Act on the Professions of Doctor and Dentist) and providing consultation at the request of a patient (Art. 6(3-1) of the Act on Patients' Rights and the Commissioner for Patients' Rights[20]). The competence or duty of the physician to issue medical certificates may result from the Act on the Professions of Doctor and Dentist, e.g. a decision on the patient's state of health in connection with the treatment (Art. 42), or a death certificate (Art. 43). This duty can also arise due to other regulations.

As examples, we could cite the declaration of incapacity for work for the Polish Social Insurance Institution (ZUS)[21], the declaration on health contraindications or lack thereof for driving vehicles[22], or the issuance of health certificates by a court doctor[23]. The activities of a physician within the judicial system are of an administrative nature. They create a specific legal situation (e.g. death certificate) or provide specific rights for the recipients (e.g. health certificate)[24].

Activities not involving the provision of health services but listed in Article 2(3) of the Act of 5 Dec 2006 are also to be regarded as practising the profession. This includes physicians conducting medical research, promoting health, teaching the profession or managing a medical institution. With regard to physicians involved in research, education or health promotion, the legislator did not specify the organisational forms in which physicians should conduct their activities.

Exercising the profession of physician is also being employed within entities obligated to finance health care services from public funds within the meaning of the Act on the Public Funding of Health Care[25] or in institutions providing services to those entities, within the framework of which, activities related to the preparation, organisation or supervision over the provision of health care services, are performed. The institutions obligated to publicly fund health care services are the relevant ministries (Ministry of Health, Ministry of the Interior and Administration, Ministry of National Defence) as well as the National Health Fund (NFZ)[26]. Being employed within entities obligated to finance health care services from public funds must relate to the performance of activities related to the "preparation, organisation or supervision of the provision of health care services". The specific scope of the activities of an employee of such institutions will be of paramount importance when deciding if they can be classified as working as a physician.

In all cases, the decision to maintain the status of a practising physician, despite not providing any therapeutic treatment for a period of more than five years, is taken by the Chamber of Physicians[27].

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19 Ustawa z dnia 17 listopada 1964 r. – Kodeks postępowania cywilnego (Dz.U. Nr 43, poz. 296 ze zm.).

20 Ustawa z dnia 6 listopada 2008 r. o prawach pacjenta i Rzeczniku Praw pacjenta (Dz.U. z 2009 r., Nr 52, poz. 417 ze zm.).

21 Ustawa z dnia 17 grudnia 1998 r. o emeryturach lub rentach z Funduszu Ubezpieczeń Społecznych (Dz.U. z 2004 r., Nr 39, poz. 353 ze zm.).

22 Ustawa z dnia 20 czerwca 1997 r. Prawo o ruchu drogowym (Dz.U. z 2005 r., Nr 108, poz. 908 ze zm.).

23 Ustawa z dnia 15 czerwca 20007 r. o physician sądowym (Dz.U. Nr 123, poz. 849 ze zm.)

24 E. Zielińska, E. Barcikowska-Szydło, M. Kapko, K. Majcher. W. Preiss, K. Sakowski (w:) *Ustawa o zawodach lekarza i lekarza dentysty. Komentarz.* ed. E. Zielińska, Warsaw 2008, p. 42.

25 Ustawa z dnia 27 sierpnia 2004 r. o świadczeniach opieki zdrowotnej finansowanych ze środków publicznych (Dz.U. z 2008 r., Nr 164, poz. 1027 ze zm.)

26 B. Łukasik, *Ustawa o świadczeniach opieki zdrowotnej finansowanych ze środków publicznych. Komentarz*, Warsaw 2006, p. 38.

27 E. Zielińska, E. Barcikowska-Szydło, M. Kapko, K. Majcher. W. Preiss, K. Sakowski (w:) *Ustawa o zawodach lekarza i lekarza dentysty. Komentarz.* ed. E. Zielińska, Warsaw 2008, p. 50.

Forms of practising the profession of a physician or dentist

The forms of practising the profession of a physician or dentist are defined in the Act on Medical Activity[28]. This act differentiates the practice of the profession of physician or dentist as a commercial activity, from practising the profession within a health care institution[29].

To fulfil the conditions for practising the profession of physician or dentist as part of a health care institution requires being employed by one, or founding a health care institution and providing services which constitute the practise of the profession. Employment within a health care institution does not need to be as an employee. This means that the employment of a physician or dentist does not need to be based on an employment contract. The work relationship can also be on the basis of civil law contracts[30]. A civil law contract can be signed on the basis of Art. 26 of the Act on Medical Activity or the provisions of the Polish Civil Code[31].

Physicians and dentists can also practise their professions within the framework of a commercial activity, or *praktyka zawodowa* (professional practice). *Praktyka zawodowa* is a category reserved by the legislator for practising the professions of physician, dentist, nurse or midwife. The condition for practising the profession as a commercial activity is inscription on the register of institutions providing medical services (Art. 5(1) Act of 2 Dec 2009). Art 5(2) of the Act of 2 Dec 2009 lists the forms the practice of the profession of physician or dentist as a commercial activity may take.

These are:

1. Self-employed economic activity as an individual medical practice, individual medical practice solely at the place of call, individual specialised medical practice, individual specialised medical practice solely at the place of call, individual medical practice solely in a health institution company and based on a contract with that institution or an individual specialised medical practice solely in a health institution company and based on a contract with that institution,
2. a partnership, general partnership or a partnership as a group medical practice.

Simultaneously, Art. 18 of the Act on Medical Activity defines the conditions for physicians and dentists performing medical activities as a commercial activity (*praktyka zawodowa*).

Relationship with other professions

The Hippocratic Oath defined a simple relationship, that between physician and patient. Treatment consisted of taking medicine or simple medical procedures, performed without the participation of others. This changed with the appearance of hospitals, institutes or large clinic and dispensary complexes. Diagnostics, therapy and rehabilitation were performed with the participation of others. As a consequence, the number of those involved in the therapeutic process or medical consultation increased[32]. Today, in most cases a patient sees not merely a physician, but an entire diagnostic and therapeutic team. Within this team, the physician is the person deciding on the type and scope of diagnosis and therapy. This function follows from the legislative definition of the profession of physician discussed above. A confirmation of the

28 Ustawa z dnia 15 kwietnia 2011 r. o działalności leczniczej (Dz.U. Nr 112, poz. 654 ze zm.).

29 K. Borowicz, W. Puzoń, M. Ryba, *Ustawa o działalności leczniczej z komentarzem*, Warsaw 2012, p. 30.

30 Wyrok Sądu Najwyższego z 9 grudnia 1999 r. (I PKN 432/99). See also Z. Kubot, *Rodzaje kontraktów cywilnoprawnych personelu medycznego w świetle ustawy o działalności leczniczej*, Praca i Zabezpieczenie Społeczne, No. 8, 2011, p. 16-21.

31 Ustawa z dnia 23 kwietnia 1964 r. – Kodeks cywilny (Dz.U. Nr 16, poz. 93 ze zm.).

32 J. Nielubowicz, *Tajemnica lekarska (in:) Tajemnica lekarska: materiały z posiedzenia Komisji Etyki Lekarskiej w dniu 15 listopada 1993 r.*, Kraków 1994. 16.

above can be found in the provisions of other acts regulating medical professions. According to the wording of the Act on the Professions of Nurse and Midwife[33], practising the profession of nurse or midwife entails, in part, following the directions of a physician as part of the diagnostic, therapeutic and rehabilitation process. In the Act on Laboratory Diagnostics[34], Art. 27 states that laboratory diagnostics are part of the diagnostic, prophylactic and therapy-monitoring process. The physician in charge of the therapy has the final decision concerning the chosen tests.

Legal basis for the adoption of the Code of Medical Ethics

The Code of Medical Ethics was established by Resolution No. 5 of the Extraordinary Second General Medical Assembly of 14 December 1991. It was modified twice, by Resolution No. 19 of the Third General Medical Assembly of 14 December 1993 as well as by Resolution No. 5 of the Extraordinary Sixth General Medical Assembly of 20 September 2003. After each change, it was harmonised by notification of the President of the Supreme Medical Council[35]. The Code is a development and modernisation of the ancient Hippocratic Oath.

The Code was established while the 1989 Act on Medical Chambers was in force. One of the duties of the self-regulatory body described in that act was to "define rules of ethics and professional deontology for the all members of the profession and ensure their application" (Art. 4 of the Act) The body authorised to adopt the rules of ethics and professional deontology was the General Medical Assembly (Art. 33 of the Act). The formulation used, "define", suggested that the self-regulatory professional body creates norms, which are the expression of its will. E. Zielińska correctly underlined that a more suitable formulation would have been "codify". That formulation would have clearly indicated that the self-regulatory professional body was not authorised to formulate individual norms, but merely to complete and catalogue those which were already used and accepted[36]. Unfortunately, this error was repeated in the 2009 Act on Medical Chambers currently in force. According to the provisions of Art. 5 of the Act, one of the tasks of the self-regulatory professional body of physicians and dentists is to establish principles of medical ethics and to ensure their observance. The body empowered to define the rules of medical ethics, similarly to the 1989 Act, is the General Medical Assembly (Art. 38 of the Act).

Conclusion

The purpose of this article was to provide a summary of the history which led to the creation of the current structure of the self-regulatory professional body of physicians and dentists, the nature of the professional activities and practice of physicians, as well as an analysis of the legal basis for the adoption of the Code of Medical Ethics. This allows us to draw a series of conclusions as to the influence of the existence of the professional self-regulatory body of physicians on the functioning of the Polish health service.

First, within the modern state, health has ceased to be a solely individual good to become a public good, bringing tangible social and economic benefits. In order to care for this good, the state assigned certain organisational tasks to the medical self-regulatory professional body. The aim of entrusting these tasks was to improve the efficiency and quality of publicly-funded health care. The efficient organisation of the self-regulatory body and the high professional

33 Ustawa z dnia 15 lipca 2011 r. o zawodach pielęgniarki i położnej (Dz.U. Nr 174, poz. 1039).

34 Ustawa z dnia 27 lipca 2001 r. o diagnostyce laboratoryjnej (Dz.U. z 2004 r., Nr 144, poz. 1529 ze zm.).

35 Obwieszczenie Prezesa Naczelnej Rady Lekarskiej z dnia 26 kwietnia 1994 r. (Biuletyn NRL z 1994 r. Nr 1(24)) oraz Obwieszczenie nr 1/04/IV Prezesa Naczelnej Rady Lekarskiej z dnia 2 stycznia 2004 r. (Biuletyn NRL z 2004 r. Nr 1(81)).

36 E. Zielińska, *Odpowiedzialność zawodowa physician i jej stosunek do odpowiedzialności karnej*, Warsaw 2001, p. 121.

and ethical competences of its members are meant to guarantee citizens a proper level of social trust and a feeling of health security (health comfort), as well as constant, substantive supervision over the practise of the profession by physicians.

Second, the professional self-regulatory body for physicians was established pursuant to Art. 17(1) of the Constitution of the Republic of Poland, pursuant to which self-regulatory professional bodies may be established by law to represent persons practising professions of public trust and exercising oversight over the proper practice of these professions, within the limits of public interest, and in order to protect it. The constitutional foundation of the legal basis for the functioning of the self-regulatory professional body for physicians is a fundamental guarantee of the durability of institutions within the legal system of a democratic state.

Third, the existence of a self-regulatory professional body, including that of physicians, is seen as a systemic principle and an integral part of a democratic state of law, just as the organisation of the professions of public trust in self-regulatory professional bodies is treated as a manifestation of the proper functioning of a mature civil society. The constitutional foundation of the legal basis for the functioning of the self-regulatory professional body for physicians is also a fundamental guarantee of the durability of this institution within the legal system of a democratic state.

Fourth, the state, by creating a self-regulatory professional body of physicians and entrusting it with public duties has provided it with the adequate competences. The task of the self-regulatory professional body of physicians is not solely to represent those practising professions of public trust but also – which is particularly significant from the point of view of the legal origins of the Code of Medical Ethics – to establish the principles of medical ethics and supervise the proper practise of the medical profession. It is worth noting here that among these tasks, the first two mentioned are establishing principles of medical ethics and overseeing their observance (Art. 5(1) of the Act on Medical Chambers), and supervision over the proper and conscientious practise of the profession of physician (Art. 5(2) of the Act).

Fifth, in the intent of the Act on Medical Chambers, each physician intending to practise the profession, and to whom the Regional Medical Council has granted the right to do so, is inscribed on the list of members of that medical chamber, and in this way becomes a member of the self-regulatory body. In this way, membership of the self-regulatory body is both obligatory and generalised. This solution provides the self-regulatory body with the ability to ensure proper oversight of the practice of the profession by all those entitled to do so.

Sixth, the physician whose professional duty and statutory task is to provide health services, including health assessment, diagnosis and prevention of diseases, treatment and rehabilitation of patients and medical advice, as well as issuing opinions and medical certificates, is a key element of the health care system. Even the introduction into the legal system and the actual spread of new medical professions with quite broad competences – such as medical rescuers or physiotherapists, or the increasing involvement of automation, computerisation or robotisation in medicine – does not remove from physicians, even to a perceptible degree, the main burden of guaranteeing health security to patients.

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List of legal acts

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2. Ustawa z dnia 15 marca 1934 r. o chamber lekarskich (Dz.U. Nr 31, poz. 275).
3. Ustawa z dnia 11 stycznia 1938 r. o izbach lekarsko-dentystycznych (Dz.U. Nr 6, poz. 33).
4. Ustawa z dnia 18 lipca 1950 r. o zniesieniu izb lekarskich i lekarsko-dentystycznych (Dz.U. Nr 36, poz. 326).
5. Ustawa z dnia 23 kwietnia 1964 r. – Kodeks cywilny (Dz.U. Nr 16, poz. 93 ze zm.).
6. Ustawa z dnia 17 listopada 1964 r. – Kodeks postępowania cywilnego (Dz.U. Nr 43, poz. 296 ze zm.).
7. Ustawa z dnia 17 maja 1989 r. o izbach lekarskich (Dz.U. Nr 30, poz. 158 ze zm.)
8. Ustawa z dnia 6 czerwca 1997 r. – Kodeks postępowania karnego (Dz.U. Nr 89, poz. 555 ze zm.).
9. Ustawa z dnia 20 czerwca 1997 r. Prawo o ruchu drogowym (Dz.U. z 2005 r., Nr 108, poz. 908 ze zm.).
10. Ustawa z dnia 17 grudnia 1998 r. o emeryturach lub rentach z Funduszu Ubezpieczeń Społecznych (Dz.U. z 2004 r., Nr 39, poz. 353 ze zm.).
11. Ustawa z dnia 27 lipca 2001 r. o diagnostyce laboratoryjnej (Dz.U. z 2004 r., Nr 144, poz. 1529 ze zm.).
12. Ustawa z dnia 27 sierpnia 2004 r. o świadczeniach opieki zdrowotnej finansowanych ze środków publicznych (Dz.U. z 2008 r., Nr 164, poz. 1027 ze zm.).
13. Ustawa z dnia 1 lipca 2005 r. o pobieraniu, przechowywaniu i przeszczepianiu komórek, tkanek i narządów (Dz.U. Nr 169, poz. 1411 ze zm.).

14. Ustawa z dnia 15 czerwca 2007 r. o physician sądowym (Dz.U. Nr 123, poz. 849 ze zm.).
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16. Ustawa z dnia 2 grudnia 2009 r. o izbach lekarskich (Dz.U. Nr 219, poz. 1708 ze zm.).
17. Ustawa z dnia 15 kwietnia 2011 r. o działalności leczniczej (Dz.U. Nr 112, poz. 654 ze zm.).
18. Ustawa z dnia 15 lipca 2011 r. o zawodach pielęgniarki i położnej (Dz.U. Nr 174, poz. 1039).
19. Obwieszczenie Prezesa Naczelnej Rady Lekarskiej z dnia 26 kwietnia 1994 r. (Biuletyn NRL z 1994 r. Nr 1(24)).
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Further reading

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