

Department of Social Sciences and Medical Humanities  
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## The Rijeka recommendations for considering and improving relations between public and private in croatian health care system

Participants of the professional–scientific conference "Public and Private in Health Care and Pharmacy: Two Logics, Two Ethics?" held in Rijeka on 26<sup>th</sup> October 2011 analyzed the state of the relations between public and private in Croatian health care system from the medical, economic, ethical, and other perspectives. The recommendations are the result of the dialogue among medical scientists, humanities and social scientists, representatives of health care organizations, patient organizations and decision makers in health care politics as well as the representatives of public and private health care. The general purpose of these recommendations is to point to the strategy and action that would lead to the solution of some key issues.

There are no different ethics that would apply solely to public or private sector, but there are different logics that are applicable in these sectors. Specifically, public sector's primary goal should be ensuring the citizens' right to wellbeing (as a basic right, along with the right to receive an education and the right to work) and not, as is the case of private sector, striving for profit and necessarily obtaining the invested funds. From the aforementioned reason, it is not advisable to introduce principles of market economy and competition in public sector to a large extent. Still, rationality and responsibility of doing business should be mutual to both sectors.

There are unethical individuals in both systems. In public sector corrupt individuals may give privileges to the private sector, irrationally manage the given funds being led by political or other (personal) preferences, give preferential treatment to a certain pharmaceutical industry for their own benefit etc. In private sector unethical individuals are using misleading advertisement, unfounded financial burdening of the patients etc.

Public sector in the Republic of Croatia is privileged due to Republic's funding (decentralization funds) for buying the equipment, covering losses and paying a lump sum for the services (in relation to a capital) while as the main favour of the private sector one could see "avoiding" to deal with less profitable branches (such as casualty surgery) and choosing more profitable ones (for example diagnostics).

In order to overcome certain difficulties these recommendations particularly point out:

1. **"Transfer" of highly educated personnel from public to private sector:** no matter the damages which the public sector could then possibly experience, there is a "hole" in public health care system which takes a long time and is hard to fill. The solution to this problem is giving scholarships and loans to students obliging them to work it off with the employer that gave them the scholarship.
2. In order to avoid **politicization of the public sector** the founder needs to elect primarily skilled and not only politically driven staff in the managing bodies of his healthcare/pharmaceutical institutions.
3. In order to avoid **manipulating the price of the health care services** and its arbitrary and noneconomic changing, the objective price of services, clear algorithms of medical procedures and scope of services that would be covered by public sector financing should be defined.
4. **Appointing doctors and health care workers to administrative and other non-health care roles should be avoided** and administrative-financial staff should be distinguished from professional (medical) management in a health institution.
5. **Bureaucratic and other barriers** that may occur in relation between doctors/health care worker and patient should be avoided.
6. **Permanent and strict control over possible conflict of interest** needs to be ensured in the case of including insurance companies, pharmaceutical industry and/or medical equipment manufacturer in the ownership of a private health care institution since that would undoubtedly result in certain advantages for the health institution. The control would result in penalizing the patient in case of preferring certain drugs, equipment, insurance policies etc.
7. Public and private sector doctors need to become equal in their status. Particularly, it implies **equality in work opportunities**, rights and obligations, according to the Labour Act (total working hours and free time, overtime work, benefits, working in different sectors' institutions etc.)

8. It is necessary to **reinforce primary health care along with family practice doctors' status** in order to rationalize the whole health care system.

In conclusion, it has been pointed out that both public and private health service have their own place in the society and, if seen separately, can work well correspondingly. Their combining, in other words attempts to impose logic, motives and ambitions of private to public health care, inevitable result in failure. Therefore, public and private health care could and should be considered complementary, given that their mutual relations are precisely arranged.

Faculty of Medicine University of Rijeka, 26<sup>th</sup> October 2011

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