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POLISH MEDICAL SELF-GOVERNMENT – ORIGINS AND STRUCTURE



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ABSTRACT

The issue of medical self-government is often inserted in a broader reflection on professional self-government, or even self-government. The establishment of the chambers of physicians, then chambers of physicians and dentists during the Second Polish Republic was considered a great achievement of the medical community. Being stopped by communist regime, the medical professional self-government in Poland was reborn in 1989. The purpose of the article is to present the origins and structure of medical self-government in Poland, its features and activities. Being reborn in 1989, medical self-government protects and regulates the activities of the profession of public trust. It also influences draft legal healthcare regulations in order to promote some specific solutions proposed by specialists. Although, it makes steps to improve the working conditions of medical personnel, we can also identify the correlation between that improvement and the progress of patients' situation. There are two tiers of professional medical self-government: central – with the Polish (Chief) Chamber of Physicians and Dentists (Naczelna Izba Lekarska), and local – with the district chambers of physicians and dentists.

KEYWORDS: *professional self-government, medical chambers, healthcare, profession of public trust, medical associations*

INTRODUCTORY REMARKS

Professional self-government plays an essential part in the representation of the interests of specific social groups. It is an organizational form of associations of persons who exercise the same profession. Its aim is the representation of interests towards the state authorities, professional development and supervision over the ethics of those who exercise the profession, and social protection of the members. It performs a number of tasks typical for public-legal associations^[1]. Being reborn in 1989, medical self-government protects and regulates the activities of the profession of public trust.

^[1] Cf. R. Kmiecik, *Ustrój i zadania samorządu zawodowego*, [in:] *Samorząd w Polsce – istota, formy, zadania*, ed. S. Wykrętowicz, p. 338, WSB, Poznań 2008.

It also influences draft legal healthcare regulations in order to promote some specific solutions proposed by specialists. Although, it makes steps to improve the working conditions of medical personnel, we can also identify the correlation between that improvement and the progress of patients' situation.

The issue of medical self-government is not very popular with the researchers. It is often inserted in a broader reflection on professional self-government, or even self-government. In the area of Polish science, Piotr Kordel conducts an extensive research on the development and activities of medical professional self government^[2], while, e.g. Tadeusz Nasierowski^[3], Anna Marek^[4], or Elżbieta Więckowska^[5] focus on the historical aspects of the medical self-government in Poland.

The purpose of the article is to present the origins and structure of medical self-government in Poland, its features and activities. The main questions the present study strives to answer are: What are the traditions of the Polish medical self-government? What is the contemporary organization and participation in the public sphere of medical self-governmental bodies? In the first part of the article, some historical aspects of the development of medical self government in the context of the wider activities of professional self-government will be presented. The contemporary assignments and structure of medical self-government will be taken into closer consideration in the second part of the text. In this particular study, the historical and legal

^[2] See, e.g. P. Kordel, *Wybory organów samorządu lekarskiego w Polsce*, [in:] *Prawo wyborcze i wybory. Doświadczenia dwudziestu lat procesów demokratyzacyjnych w Polsce*, ed. A. Stelmach, UAM, Poznań 2010, pp. 211 – 220; idem, *Geneza, struktura i funkcjonowanie samorządu lekarskiego w Polsce w latach 1989-2009*, rozprawa doktorska, Promotor prof. dr hab. M. Musielak, Katedra Nauk Społecznych Wydział Nauk o Zdrowiu Uniwersytet Medyczny im. Karola Marcinkowskiego w Poznaniu, Poznań 2012, retrieved 08.06.2025 from <https://www.wbc.poznan.pl/dlibra/show-content/publication/edition/249327?id=249327>; P. Kordel, M. Moskalewicz, *The Rebirth of Medical Self-Government in Poland in 1989*, *Lex Localis – Journal of Local Self-Government* April 2024, vol. 22, no. 2, pp. 104-119, DOI:10.52152/22.2.104-119(2024).

^[3] T. Nasierowski, *Świat lekarski w Polsce II połowa XIX w. – I połowa XX w.*, Wyd. OIL, Warszawa 1992, pp. 1-190.

^[4] A. Marek, *Historia samorządu lekarskiego w II Rzeczypospolitej*, *Lekarz Wojskowy* 2020, vol. 98(2), pp. 121-125.

^[5] E. Więckowska E., *Lekarze jako grupa zawodowa w II Rzeczypospolitej*, Wydawnictwo Uniwersytetu Wrocławskiego, Wrocław 2004, pp. 1-292.

methods (particularly, the analysis of subject related legal texts) were applied to address the research questions and then, to reach some conclusions^[6]. *It was conducted a scoping review in Google Scholar, Pub.Med.gov, and Scopus to identify the available literature reporting data.* Unfortunately, since the modest scope of the article does not allow for an exhaustive treatment of the subject, the present work is contributory in nature.

POLISH TRADITION OF THE MEDICAL SELF-GOVERNMENT AND ITS PUBLIC-LEGAL FORMS OF ACTIVITIES

It is significant that self-government refers to the idea where groups of people and individuals have the right to make decisions referring to their own life or future, to govern themselves, and determine their political status without interference from outside. Local self-government is the most popular form of government, however, there is also special self-government established according to the different criteria. Professional self-government, as a form of special self – government, is deeply rooted in the Polish tradition^[7].

^[6] The following article is the extension of the wider research initiated in D. Sokalski, *Medical self-government in Poland – history and development*, [in:] *Social Sciences and Crises of the 21st Century/ Nauki społeczne wobec kryzysów z XXI wieku*, eds. M. Abubakar, M. Szewczak, I. Laki, Akademia Nauk Stosowanych WSGE im. A. De Gasperi w Józefowie, Józefów 2024, pp. 273-287, DOI:10.13166/awsg/194556.

^[7] It is significant that Polish subject related literature is very impressive, see, e.g. M.A. Waligórski, S. Pawłowski, *Samorząd zawodowy i gospodarczy w Polsce*, Wyższa Szkoła Zarządzania i Bankowości, Poznań 2005; P. Rączka, *Działalność prawodawcza samorządów zawodowych w Polsce*, TNOiK, Toruń 2013; R. Kmiecik, *Self-government in the political system of Poland*, *Przegląd Politologiczny* 2020, vol. 2, pp. 87-104, DOI: 10.14746/pp.2020.25.2.6; H. Izdebski, *Sprawowanie pieczy nad należytym wykonywaniem zawodu przez samorządy zawodowe*, [in:] *Zawody zaufania publicznego a interes publiczny – korporacyjna reglamentacja versus wolność wykonywania zawodu. Materiały z konferencji zorganizowanej przez Komisję Polityki Społecznej i Zdrowia Senatu RP przy współudziale Ministerstwa Pracy i Polityki społecznej pod patronatem Marszałka Senatu RP Longina Pastusiaka 8 kwietnia 2002*, Dział Wydawniczy Kancelarii Sejmu, Warszawa 2002, pp. 33-38; R. Kmiecik (ed.), *Z badań nad samorządem zawodowym w Polsce*, Wydawnictwo Naukowe WNPiD UAM, Poznań 2010.

It is interesting to consider that contemporary, the existence of local self-government and professional self-government is perceived as crucial in the context of decentralization of administration and development of the modern civil society^[8]. Medical self-government, as a form of professional self-government, plays an important part in the public life. This is one of the oldest and best functioning self-governments in our history. Its beginnings date back to the period of the Partitions of Poland, but their most significant development took place during the Second Polish Republic.

It is worth mentioning that medical professions have been always highly esteemed in the European culture. By the end of the 16th century, medical associations of socio-professional nature were established in some European urban centres. In Gdańsk in 1612, the first project of the medical chamber took place. The purpose of the association was to conduct consultations, to admit doctors to practice, and to resolve disputes referring to the medical treatment^[9]. In the period of the Partitions of Poland, the presence of the medical self-government was related to the existing solutions of the partitioners^[10].

^[8] Z. Leoński, *Samorząd terytorialny w RP*, C.H. Beck, Warszawa 2002, p. 5; M. Kulesza, *Pojęcie zawodu zaufania publicznego*, [in:] *Zawody zaufania publicznego a interes publiczny – korporacyjna reglamentacja versus wolność wykonywania zawodu. Materiały z konferencji zorganizowanej przez Komisję Polityki Społecznej i Zdrowia Senatu RP przy współudziale Ministerstwa Pracy i Polityki społecznej pod patronatem Marszałka Senatu RP Longina Pastusiaka 8 kwietnia 2002*, Dział Wydawniczy Kancelarii Sejmu, Warszawa 2002, p. 27; J. Smarż, *Samorząd zawodowy jako wyraz decentralizacji władzy publicznej*, *Samorząd Terytorialny* 2021, vol. 1-2, pp. 62-74; G. Radomski, *Idea samorządu terytorialnego jako instrumentu demokratyzacji państwa polskiej myśli politycznej po 1989 roku*, [in:] *Idee polityczno-prawne i społeczne jako fundamenty III Rzeczypospolitej*, eds. J. Justyński, R. Kania, Towarzystwo Naukowe Płockie, Płock 2018, pp. 311-328; R. Kmiecik, *Self-government in the political system of Poland...*, op.cit., p. 97; J. Mrozek, *Samorząd zawodowy a pojęcie administracji publicznej*, *Ruch Prawniczy, Ekonomiczny i Socjologiczny* 2019, vol. 81, no. 2, p. 135, DOI: 10.14746/rpeis.2019.81.2.10; R. Tymięński R., *Wykonywanie zawodu lekarza i lekarza dentystry. Aspekty administracyjnoprawne*, Wolters Kluwer, Warszawa 2019, p. 35. About the characteristic features of modern civil society see, e.g. M. Kazimierczuk, *Ewolucja pojęcia idei społeczeństwa obywatelskiego* [in:] *Spółeczeństwo obywatelskie. Historia, teoria, praktyka*, eds. R. Kania, M. Kazimierczuk, Difin, Warszawa 2021, pp. 25-28.

^[9] See more in B. Seyda, *Dzieje medycyny w zarysie*, Państwowy Zakład Wydawnictw Lekarskich, Warszawa 1997, p. 177; P. Kordel, *Geneza, struktura i funkcjonowanie samorządu lekarskiego...*, op.cit., pp. 21-22.

^[10] Cf. P. Kordel, M. Moskalewicz, *The Rebirth of Medical Self-Government in Poland...*, op.cit., pp. 21-22.

After regaining independence, the decision of Polish authorities was to preserve medical self-government. The Constitution of the Republic of Poland of 17 March 1921 introduced the principle of broad self-government and the existence of economic self-government (professional, agricultural, commercial, and industrial). It was compulsory to associate for people who conducted specific economic activities. The legal framework of the professional medical self-government was set by the Act of 2 December 1921 on Organisation and Scope of Activity of Chambers of Physicians^[11]. The legal act provided for the structure of medical self-government, which was based on administrative division of the Polish country. There were chambers of physicians and the Supreme Chamber of Physicians with legal personality. All doctors practicing medicine and residing in a given district were signed up in a medical chamber^[12]. The medical chambers carried basic self-governmental tasks^[13]. A chamber council, a chamber board, disciplinary courts, and an audit committee were the bodies of medical self-government. The election to the chamber council was held by secret ballot, and it consisted of twenty persons at least. A chamber board was elected by the chamber council^[14].

According to Anna Marek, it is interesting to consider that there was no tradition in our country of the separate associations of military doctors. The obligatory membership concerned all doctors who practiced medicine and lived in a given district. It would have seemed that this obligation naturally had extended also to military doctor. Therefore, military doctors who performed only administrative functions and were not involved in the treatment, as well as those who treated military civilians and were employed in hospitals or wards but did not run any private practice, were not obliged to belong to the chambers of physicians. However, the medical chambers took

^[11] Journal of Laws of the Republic of Poland 1921, no. 105, item 763.

^[12] M.A. Waligórski, S. Pawłowski, *Samorząd zawodowy i gospodarczy...*, op.cit., p. 115-116.

^[13] For more about the assigned tasks see in D. Sokalski, *Medical self-government in Poland ...*, op.cit., p. 279.

^[14] About the duties of the chamber bodies see more in P. Kordel, *Geneza, struktura i funkcjonowanie samorządu lekarskiego...*, op.cit., p. 27; A. Marek, *Historia samorządu lekarskiego...*, op.cit., pp. 122-124.

a different position in this regard. They considered that the term – ‘medical practice’ – included not only doctors treating patients, but also those working in the ‘sanitarian’ administration. There were also some doubts concerning the liability of the military doctors before the courts of the chambers of doctors. In the case of conflicts, with civilian doctors, military doctors were of the opinion that such cases should have been resolved by the military court of honor. Nevertheless, the medical chambers authorities considered the ordinary court of honor to be the most competent. The issue was finally regulated in the Act on Chambers of Physicians of 15 March 1934. It was stated that the courts of chambers of physicians should not have been applied to military doctors^[15].

It is significant that medical chambers did not include the dentists until 1938. The legal framework of medical self-government of dentists was set by the Act on Chambers of Physicians and Dentists of 11 January 1938^[16]. That time, stomatologists were given access to professional self-government modelled on the chambers of physicians. The tasks and structure of the corporation was similar to those of the chambers of physicians. The Supreme Chamber of Physicians and Dentists with its seat in Warsaw was established^[17]. As a result of the notice sent to the Supreme Chamber of Physicians and Dentists on 26 January 1940, the medical self-government was resolved^[18].

Due to the principle of centralization of public tasks, communist regime dissolved medical self government bodies in 1950^[19], although they have operated since 1945^[20]. Being stopped by the communist regime, the medical professional self-government in Poland was reborn in 1989.

[15] Art. 20. See more in A. Marek, *Historia samorządu lekarskiego w II Rzeczypospolitej...*, op.cit., p. 125.

[16] Journal of Laws of the Republic of Poland 1938, no. 6, item 33.

[17] Art. 1-2. Cf. A. Marek, *Historia samorządu lekarskiego w II Rzeczypospolitej...*, op.cit., p. 124.

[18] Cf. ibidem, p. 125.

[19] The Act of 18 July 1950 on Abolition of Chambers of Physicians and Dentists, Journal of Laws 1950, no. 36, item 326.

[20] See also here the evolution of the Polish healthcare in the period of 1944-1950, when the transformation of the system was in connection with the centrally planned economy, and the private practice of doctors was pushed down to margin, in P. Grata, *Od II Rzeczypospolitej do Polski Ludowej. Ewolucja ochrony systemu zdrowia w Polsce w latach 1944-1950, Polska 1944/45-1989. Studia i Materiały* 2017, vol. 15, pp. 5-23, DOI: 10.12775/Polska.2017.01.

CONTEMPORARY ORGANIZATION AND ASSIGNMENTS OF THE MEDICAL SELF-GOVERNMENTAL BODIES

The collapse of real socialism facilitated the reestablishment of the medical self-government in Poland, however the mobilization of professional circle of physicians referring to the necessity of their self-government had been observed before. Independent Self-governing Trade Union 'Solidarność' and its Healthcare Section were deeply interested in the reactivation of medical chambers, and the idea of restoration was approved on the 24-25 of April 1981. It took place during the 1st congress of the National Healthcare Section of the Independent Self-governing Trade Union 'Solidarność' in Poznań. Then, during the 'Round Table' talks, which began in February 1989, the chamber of physicians was considered the crucial part of the reform of the healthcare system in Poland^[21]. The proponents of the medical self-government succeeded because at last it was reestablished according to the Act of 17 May 1989 on Chambers of Physicians^[22]. The decentralized system of 17 relatively independent health insurance funds was set in 1997, and then, in 2003, it was replaced by two National Health Funds^[23].

The role of the professional self-government is provided for in the art. 17 of the Constitution of the Republic of Poland of 1997^[24]. According to Jakub Mrozek, the professional self-government, mentioned in article 17(1), has not been unambiguously classified so far. This is primarily due to its political-legal nature. It is not only a public entity established in order to exercise

^[21] More about the struggle for the restoration of Polish medical self-government during two decades of the 20th century, see the research of Piotr Kordel and Marcin Moskalewicz (P. Kordel, M. Moskalewicz, *The Rebirth of Medical Self-Government in Poland...*, op.cit., p. 107-114.

^[22] *Journal of Laws* 1989, no. 30, item 158.

^[23] Cf. R. Topór-Mądry, Ł. Balwicki, I. Kowalska-Bobke, C.W. Włodarczyk, *Poland* [in:] *Organization and financing of public health services in Europe: Country reports*, eds. B. Rachel, A. Maresso, A. Sagan et. al., European Observatory on Health Systems and Policies, (Health Policy Series, no. 49) Copenhagen 2018, retrieved 01-01.06.2025 from <https://pubmed.ncbi.nlm.nih.gov/29897704/>.

^[24] The Constitution of the Republic of Poland, *Journal of Laws* 1997, no. 78, item 483.

administrative authority, but also a professional corporation, which is closer to public law organizations such as economic self-government, trade union, or an association, rather than to the local self-government^[25].

It is significant that in accordance with a constitutional regulation, the professional self-government might be established only in relation to professions of public trust. Therefore, the fact that a public-legal entity might be recognized as professional self-government is determined whether it represents persons exercising a profession of public trust^[26]. According to article 17(1) of the Constitution, the purpose of professional self-government is to exercise the supervision over the performance of a given profession within the limits of the public interest and for its protection. Such a formulation indicates directly the public-legal nature of this institution^[27]. Witold Kulesza (the main author of the administrative reform of 1999) emphasized that corporations of public trust professions interact closely with the state, by the performance of public functions. When there is lack of public mission, there is also no reason or basis for the establishment of the corporations of public law^[28].

The currently binding Act of 2 December 2009 on Chambers of Physicians^[29] sets the legal framework for the organization and scope of the tasks and activities of the medical self-government in Poland. The central and regional

[25] J. Mrozek, *Samorząd zawodowy a pojęcie administracji publicznej...*, op.cit., p. 127.

[26] Ibidem, p. 131. For more about the term of profession of public trust see, e.g. J.Z. Szymański, *Samorządność zawodów zaufania publicznego w społeczeństwie obywatelskim*, [in:] *Samorząd zawodowy w demokratycznym państwie prawa. Materiały z konferencji zorganizowanej przez Komisję Praw Człowieka, Praworządności i Petycji we współpracy z Mazowieckim Forum Samorządów Zawodów Zaufania Publicznego*, 12 Listopada 2013, Kancelaria Sejmu, Warszawa 2013, pp. 21-26; A. Krasnowolski, *Zawody zaufania publicznego, zawody regulowane oraz wolne zawody. Geneza, funkcjonowanie i aktualne problemy*, [in:] *Samorząd zawodowy w demokratycznym państwie praw...*, op.cit., pp. 236-254; The self-government of the social trust professions in the civil society is also highlighted by Andrzej R. Dobrucki (see A.R. Dobrucki, *Samorząd zawodowy w demokratycznym państwie prawa, Samorządność zawodów zaufania publicznego w społeczeństwie obywatelskim*, [in:] *Samorząd zawodowy w demokratycznym państwie prawa...*, op.cit, pp. 31-33).

[27] J. Mrozek, *Samorząd zawodowy a pojęcie administracji publicznej...*, op.cit., p. 134.

[28] M. Kulesza, *Pojęcie zawodu zaufania publicznego...*, op.cit., p. 27; cf. J. Mrozek, *Samorząd zawodowy a pojęcie administracji publicznej...*, op.cit., p. 135.

[29] Ustawa z dnia 2 grudnia 2009 r. o izbach lekarskich [The Act of 02 December 2009 on Chambers of Physicians], consolidated text: Journal of Laws 2021, item 1342.

bodies are: the Polish Chamber of Physicians and Dentists (Naczelna Izba Lekarska), 23 Regional Chambers of Physicians and Dentists (Okręgowe Izby Lekarskie), and the Military Medical Chamber (Wojskowa Izba Lekarska) are the organisational bodies of the professional self-government of physicians and dentists^[30]. The state transformed public authority to a professional self-government in such spheres as: determination the principles of professional ethics and deontology^[31], protection of those who represent medical professions, representation of the interests of medical professions towards the state authorities, supervision of the proper practice of profession (e.g. the regulation of access to profession, the maintenance of the register of individuals with the right to practice), provision of disciplinary courts, or professional development^[32].

According to art. 2.1 of the Act of 2 December 2009 on Chambers of Physicians, the professional self-government of physicians represents physicians and dentists, ensures the adequate exercise of these professions within the limits of the public interest and for its protection. Physicians and dentists who have the right to practice or are practicing in the area of the chamber, are entered on the list of chambers of the district medical chamber. The members of the chambers of physicians and dentists are obliged to comply with the principles of deontology and other regulations related to the medical profession and the resolutions of the authorities and bodies of medical chambers.

According to the legal framework set in the art. 4, the main tasks and duties of the medical self-government are: establishment of the principles of medical ethics; supervision over diligent and conscientious practice of medical profession; granting the right to practice a profession and recognition of qualifications of physicians and dentists; suspension or deprivation of the right to practise and limitation in the practise of profession; the conduct of proceedings referring to the professional liability of physicians and dentists;

^[30] *Naczelna Izba Lekarska*, retrieved 01.07.2025 from <https://nil.org.pl/izba-154>; *Ministerstwo Zdrowia*, retrieved 01.07.2025 from www.gov.pl/web/zdrowie/samorząd-zawodowy.

^[31] It is significant that great emphasis is placed on deontology in the professions of public trust, cf. J. Dytko, *Nadzór i sądowa kontrola działalności uchwałodawczej organów samorządu zawodów medycznych*, *Studia Prawnoustrojowe* 2022, vol. 57, p. 173, DOI: 10.31648/sp.8070.

^[32] Cf. P. Antkowiak, *Organizacja i zadania samorządu lekarskiego w Polsce...*, op.cit., p. 106.

the conduct of proceedings on unfitness to practise medical duties or insufficient preparation to practice the profession; conduct or participation in organizations of professional developments of physicians and dentists^[33]; opinions on the issues related to pre – and post graduation of medical staff in the field of medicine; the leadership in commissions in the medical departments; giving opinions referring to candidates for medical positions and functions; keeping registers of physicians and dentists, and registers on medical practices^[34]; giving opinions on working conditions and salary; integration of the medical community; protection of the medical dignity and collective interests; opinions on the state of health of the society; opinions on the draft legal acts referring to healthcare; providing interested professionals with the information on the general principles of medical ethics and healthcare regulations; running self-help institutions and other forms of material assistance for doctors and their families; cooperation with public administration bodies, trade unions, other state organizations, and self-governments of medical professions abroad; cooperation with scientific societies, academic institutions in Poland and abroad; management of assets and economic activities of the chambers of physicians and dentists; performance of other tasks specified in the separate regulations^[35].

As it was mentioned above, there are two tiers of professional self-government: central – with the Polish (Chief) Chamber of Physicians and Dentists (Naczelna Izba Lekarska), and local – with the district chambers of physicians and dentists. At the central level, the National Congress of Physicians and Dentists (Krajowy Zjazd Lekarzy) is the highest authority, and the further organs are: the Supreme Medical Council (Naczelna Rada Lekarska), the Supreme Audit Commission (Naczelna Komisja Rewizyjna), the Supreme

^[33] See here P. Kordel, K. Kordel, M. Saj, *Działalność samorządu lekarskiego w zakresie doskonalenia zawodowego na przykładzie Wielkopolskiej Izby Lekarskiej*, *Przegląd Politologiczny* 2011, vol. 4, pp. 109-120., DOI: 10.14746/pp.2011.16.4.9.

^[34] See here M. Przastek, P. Kordel, *Centralny Rejestr Lekarzy jako przykład wykonywania zadań administracyjnych przez samorządy zawodowe*, [in:] *Z badań nad samorządem zawodowym w Polsce*, ed. R. Kmiecik, WNPiD UAM, Poznań 2010, pp. 171 – 178.

^[35] Art. 4.1-4.24.

Medical Court (Naczelny Sąd Lekarski), and the Supreme Ombudsman of Professional Liability (Naczelny Rzecznik Odpowiedzialności Zawodowej)^[36].

At the lower level, district chambers of physicians and dentists consist of physicians and dentists who are registered as their members. Chamber membership is obligatory and linked with the membership fee^[37]. The organs here are: district medical congress (okręgowe zjazdy lekarzy), district medical councils (okręgowe rady lekarzy), district audit commissions (okręgowe komisje rewizyjne), district medical courts (okręgowe sądy lekarskie), and district ombudsmen of professional liability. It is interesting to consider that Military Medical Chamber performs the powers and duties of a district chamber, but it operates nationwide^[38].

The organs of the chambers of physicians and dentists are elected^[39]. The term of office of the bodies of the chambers of physicians and dentists is four years^[40]. The elections to the bodies of the chambers are held by secret ballot, with an unlimited number of candidates. All members of the chamber are granted the right to stand for elections, and the exceptions are defined in the Act^[41]. The same function in the organs of the chambers might be held no more than two consecutive terms.

^[36] Art. 12-48. The Act specifies in details the functions and organization of the mentioned bodies.

^[37] See I. Manczak, K. Ciepiela, *Activities of medical professional self-governemnt – a perspective of the experience of its members*, *Scientific Journal of Bielsko-Biała School of Finance and Law* 2024, vol. 28, no. 3, p. 11, DOI: 10.19192/wfsip.sj3.2024.2.

^[38] Art. 3.4.

^[39] Art. 12.

^[40] Art. 14.1

^[41] See mor in art. 14.4.

CONCLUDING REMARKS

The establishment of the chambers of physicians, then chambers of physicians and dentists during the Second Polish Republic was considered a great achievement of the medical community. Despite some critical opinions, their professional self-government supported doctors in their professional integration, education, but also in the conflicts between the doctors themselves, and between doctors and patients^[42]. The collapse of real socialism facilitated the reestablishment of the medical self-government in Poland in 1989. New constitutional provisions facilitated and enabled development of statutory rank regulations regarding professional medical self-government. It is significant that contemporary legal provisions in the context of organisation of medical self-government in Poland also implement the provisions of the European Union, in particular, those concerning the recognition of diplomas and free movement of medical staff in the Member States^[43].

Undeniably, the professions of physician and dentist are professions of public trust, and they are highly esteemed in our society. Their competence refers to their duty to perform the work in a trustworthy manner and according to ethical standards^[44]. Professional responsibility of physicians and dentists involves economic aspects, which include also financial sanctions. If it is proven the commitment of medical error, the fines might be imposed by the suitable authorities^[45].

It should be taken into consideration that besides physicians and dentists, wider understood professional medical self-government comprises also

^[42] Cf. A. Marek, *Historia samorządu lekarskiego w II Rzeczypospolitej...*, op.cit., p. 125.

^[43] Cf. P. Antkowiak, *Organizacja i zadania samorządu lekarskiego w Polsce...*, op.cit., p. 106.

^[44] See Kodeks etyki lekarskiej, załącznik do uchwały nr 5 Nadzwyczajnego XVI Krajowego Zjazdu Lekarzy z dnia 18 maja 2024 r., retrieved 10.06.2025 from https://nil.org.pl/uploaded_images/1723037323_kel-2305.pdf.

^[45] M.J. Piekut, J.A. Pacian, *Self-government of doctors in the context of their professional responsibility: economic, managerial, and legal aspects*, *Medical Studies/Studia Medyczne* 2023, vol. 39(4), pp. 405-413, DOI: <https://doi.org/10.5114/ms.2023.134094>.

different medical professions as nurses and midwives,^[46] and paramedics^[47]. The Act of 15 July 2011 on the Profession of Nurse and Midwife^[48], the Act of 1 July 2011 on the Self-government of Nurses and Midwives^[49], and the Act of 1 December 2022 on the Profession of Paramedic and Paramedic Self-government^[50] define the organisation and tasks of the self government of the mentioned professions.

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^[46] The act of 15 July 2011 on the Profession of Nurse and Midwife, Journal of Laws 2011, no. 174, item 1039; the Act of 1 July 2011 on the Self-government of Nurses and Midwives, Journal of Laws 2011, no. 174, item 1038.

^[47] The act of 1 December 2022 on the Profession of Paramedic and Paramedic Self-government, Journal of Laws 2022, item 2705, art. 117-136.

^[48] Journal of Laws 2011, no. 174, item 1039.

^[49] Journal of Laws 2011, no. 174, item 1038.

^[50] Journal of Laws 2022, item 2705, art. 117-136

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