



Značaj zakonske regulative za zdravstveni sistem

Importance of Legal Regulations for the Health System

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Apstrakt

Zdravstveni sistem predstavlja jedan od najsloženijih sistema u bilo kojoj državi. Svaka država ima obavezu da brine o zdravstvenom stanju svog stanovništva. Sistem zdravstvene zaštite obuhvata zdravstvenu infrastrukturu koja obezbeđuje pružanje zdravstvene zaštite pojedincima, porodicama i zajednici.

Pojam „zdravstveno zakonodavstvo” se koristi u širokom smislu da označi različita zakonska pravila čiji je objekat zdravlje čoveka i zdravstvena zaštita sa merama i aktivnostima. Zdravstveno zakonodavstvo u Republici Srbiji obuhvata zakone i podzakonska akta kojima se pravnim normama regulišu prava i obaveze korisnika u sistemu zdravstvene zaštite, davaoce zdravstvenih usluga, vrste i način osnivanja zdravstvenih ustanova, upravljanje sistemom zdravstvene zaštite i njegovo finansiranje.

Primarni nivo zdravstvene zaštite mora biti osnovni i centralni deo sistema zdravstvene zaštite i koji treba da pokrije najmanje 2/3 zdravstvenih potreba. To su ustanove u koje građani mogu da odu bez uputa. Zdravstvenu delatnost na primarnom nivou zdravstvene zaštite obavlja dom zdravlja, apotekarska ustanova i zavod (zavod za zdravstvenu zaštitu studenata, zavod za zdravstvenu zaštitu radnika, zavod za urgentnu medicinu, zavod za gerijatriju i palijativno zbrinjavanje, zavod za dentalnu medicinu, zavod za plućne bolesti i tuberkulozu i zavod za kožne i venerične bolesti).

Izmenom plana mreže broj zdravstvenih ustanova sa 357 smanjuje se za bar 20, jer će se svuda gde su dom zdravlja i opšta bolnica u neposrednoj blizini, a ima slučajeva gde dele isto dvorište, oni opet organizovati kao zdravstveni centar.

Sekundarni nivo treba da kroz rad opštih i specijalnih bolnica rešava složenije zdravstvene probleme, koristeći specijalizovane kadrove i višu tehnologiju. Ukoliko dom zdravlja nije u mogućnosti da pruži odgovarajuću specijalističku zdravstvenu zaštitu, doktor medicine će uputiti pacijenta na sekundarni nivo (bolnice). U bolnicama kojih u Srbiji ima 77, svakom pacijentu biće pružena zdravstvena zaštita koja mu je potrebna: ambulantno lečenje (pregled kod lekara specijaliste u poliklinici) ili bolničko lečenje, odnosno lečenje u toj bolnici. Pacijenti se upućuju u bolnicu kada njihov zdravstveni problem prevazilazi tehničke uslove doma zdravlja ili je potrebno stručno mišljenje višeg nivoa.

Tercijarni nivo zdravstvene zaštite mora pružiti vrhunsku dijagnostiku i lečenje kroz visokospecijalizovanu kadrovsku i tehnološku opremljenost. Takođe, tercijarni nivo mora pružiti stručnu pomoć i podršku sekundarnom nivou i obavljati delatnost medicinske edukacije i naučnoistraživačkog rada. Zdravstvenu delatnost na tercijarnom nivou obavljaju: klinika, institut, kliničko-bolnički centar, klinički centar. Ustanove

Abstract

The healthcare system is one of the most complex systems in any country. Every country has an obligation to take care of the health of its population. The health care system includes the health infrastructure that ensures the provision of health care to individuals, families, and the community.

The term “health legislation” is used in a broad sense to denote various legal rules whose object is human health and health care with measures and activities. Health legislation in the Republic of Serbia includes laws and by-laws that regulate the rights and obligations of users in the health care system, health care providers, types and methods of establishment of health care institutions, management of the health care system, and its financing.

The primary level of health care must be the basic and central part of the health care system and should cover at least 2/3 of health needs. These are institutions where citizens can go without instructions. Health activities at the primary level of health care are performed by the health center, pharmacy institution, and institute (institute for student health protection, institute for worker health protection, institute for emergency medicine, institute for geriatrics and palliative care, institute for dental medicine, institute for pulmonary diseases and tuberculosis and the Institute for Skin and Venereal Diseases).

By changing the network plan, the number of health institutions from 357 will be reduced by at least 20, because wherever a health center and a general hospital are in the immediate vicinity, and there are cases where they share the same yard, they will again be organized as a health center.

The secondary level should solve more complex health problems through the work of general and special hospitals, using specialized staff and advanced technology. If the health center is unable to provide appropriate specialist health care, the medical doctor will refer the patient to the secondary level (hospital). In hospitals, of which there are 77 in Serbia, each patient will be provided with the health care he needs: outpatient treatment (examination by a specialist doctor in a polyclinic) or hospital treatment, that is, treatment in that hospital. Patients are referred to the hospital when their health problem exceeds the technical conditions of the health center or a higher-level professional opinion is needed.

The tertiary level of health care must provide superior diagnostics and treatment through highly specialized personnel and technological equipment. Also, the tertiary level must provide professional assistance and support to the secondary level and perform medical education and scientific research activities. Healthcare activities at the tertiary level are performed by: Clinic, Institute, Clinical Hospital Center, and Clinical Center. Tertiary-level institutions can only be established in university headquarters with a faculty of health professions, and tertiary-level institutions (state-



tercijarnog nivoa mogu se osnivati samo u sedištim a univerziteta sa fakultetom zdravstvene struke, takođe ustanove tercijarnog nivoa (u državnoj svojini) u čijem sedištu ne postoji opšta bolnica, moraju pružati i zdravstvene usluge sekundarnog nivoa tj. opšte bolnice.

Načelo poštovanja ljudskih prava i vrednosti u zdravstvenoj zaštiti podrazumeva obezbeđivanje najvišeg mogućeg standarda ljudskih prava i vrednosti u pružanju zdravstvene zaštite, pre svega prava na život, nepovredivost fizičkog i psihičkog integriteta i neprikosnovenost ljudskog dostojanstva, obezbeđivanje ravnopravnosti polova i rodne ravnopravnosti, uvažavanje moralnih, kulturnih, religijskih i filozofskih ubeđenja građanina, kao i zabranu kloniranja ljudskih bića.

Pružaoци zdravstvene zaštite su:

1. zdravstvene ustanove u javnoj i privatnoj svojini;
2. visokoškolske ustanove zdravstvene struke i druga pravna lica za koja je posebnim zakonom predviđeno da obavljaju i poslove zdravstvene delatnosti;
3. privatna praksa;
4. zdravstveni radnici koji obavljaju zdravstvenu delatnost;
5. druge visokoškolske ustanove, odnosno naučno-obrazovne i naučne ustanove, uz mišljenje ministarstva.

owned) whose headquarters do not have a general hospital must also provide secondary-level health services, i.e. general hospitals.

The principle of respect for human rights and values in health care implies ensuring the highest possible standard of human rights and values in the provision of health care, above all the right to life, inviolability of physical and psychological integrity, and inviolability of human dignity, ensuring gender equality and gender equality, respect for moral, cultural, religious and philosophical beliefs of citizens, as well as the prohibition of cloning of human beings.

Healthcare providers are:

1. Health institutions in public and private ownership;
2. Higher education institutions of the health profession and other legal entities for which a special law provides that they also perform health activities;
3. Private practice;
4. Healthcare workers who perform healthcare activities;
5. Other higher education institutions, i.e. scientific-educational and scientific institutions, with the opinion of the Ministry.