

REVIEW ARTICLE

**ADVOCACY IN SHOULDER IN POLAND – WHERE ARE WE**

**ORĘDOWNICTWO W ZAKRESIE LECZENIA BARKU W POLSCE – GDZIE JESTEŚMY?**

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**ABSTRACT**

This paper is focused on analysis of current state of healthcare advocacy within orthopedic surgery, specifically focusing on shoulder and elbow surgery in Poland. While the Polish healthcare system has achieved significant improvements since 1989, challenges persist, particularly in funding and accessibility of specialized care. Orthopedic surgery, including shoulder and elbow procedures, has been comparatively underfunded, leading to long waiting times and a shift of procedures from the public to the private sector. The Polish Shoulder and Elbow Society (PSES), established in 2015, has successfully fostered education and research but lacks a formal framework for political advocacy. This gap limits the society's ability to influence healthcare policy and funding. The study highlights the need for increased surgeon engagement in advocacy to address funding disparities and improve patient access to specialized orthopedic care. It emphasizes the necessity for the PSES to establish formal channels for cooperation with policymakers to ensure that the concerns of shoulder surgeons are addressed. Future directions include developing structured advocacy programs and fostering greater political engagement within the medical community to improve the quality and accessibility of shoulder and elbow surgery in Poland.

**Keywords:** advocacy, shoulder, orthopaedics, healthcare

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## STRESZCZENIE

Niniejsza praca koncentruje się na analizie obecnego stanu orędownictwa w ochronie zdrowia w zakresie chirurgii ortopedycznej, ze szczególnym uwzględnieniem chirurgii barku i łokcia w Polsce. Chociaż polski system opieki zdrowotnej od 1989 roku przeszedł znaczące zmiany, nadal istnieją wyzwania, zwłaszcza w zakresie finansowania i dostępności specjalistycznej opieki. Chirurgia ortopedyczna, w tym procedury dotyczące barku i łokcia, jest relatywnie niedofinansowana, co prowadzi do długich czasów oczekiwania i przenoszenia zabiegów z sektora publicznego do prywatnego.

Polskie Towarzystwo Barku i Łokcia (PTBŁ), założone w 2015 roku, skutecznie wspiera edukację i badania naukowe, jednak brak formalnych struktur rzecznictwa politycznego ogranicza jego wpływ na politykę zdrowotną i alokację funduszy. Analiza wskazuje na potrzebę większego zaangażowania chirurgów w działania orędownicze w celu zmniejszenia nierówności w finansowaniu oraz poprawy dostępu pacjentów do specjalistycznej opieki ortopedycznej. Podkreślono konieczność utworzenia przez PTBŁ formalnych kanałów współpracy z decydentami politycznymi, aby zagwarantować uwzględnienie potrzeb chirurgów barku w procesie kształtowania polityki zdrowotnej.

Kierunki przyszłych działań obejmują opracowanie strukturalnych programów rzeczniczych oraz zwiększenie zaangażowania politycznego środowiska medycznego w celu poprawy jakości i dostępności chirurgii barku i łokcia w Polsce.

**Słowa kluczowe:** orędownictwo, bark, ortopedia, opieka zdrowotna

## Introduction

### The role of surgeons in healthcare advocacy

Role of advocacy in orthopedic surgery in Poland, and even more so in shoulder and elbow surgery has never been described or deeply analyzed. Apart from surgical training and practice that are core of our professional lives, we are starting to realize the necessity to navigate the intricacies of healthcare regulations, medical education, societal health awareness, and the funding mechanisms that support surgical procedures. They all have major impact on our patients and what we do in our daily clinical practices.

We have debated that issue over the years, as we have founded and built our society in Poland. Yet only recently raised that issue to understand the situation thoroughly to address it effectively.

### The lack of advocacy in orthopedic surgery

While there have been calls for greater engagement by surgeons in healthcare advocacy, particularly in the field of orthopedics, there remains a lack of comprehensive knowledge

on this subject, especially in Poland. This issue extends beyond our borders and is not confined to orthopedic surgery alone. Advocacy is not a routine part of medical or specialty training, and its definition is often unclear. The actions required for advocacy in healthcare, particularly in orthopedics and shoulder surgery, remain underexplored. Most literature on medical advocacy comes from the United States, where government regulations intersect closely with healthcare delivery. The development of advocacy programs in the U.S. has been well-documented, with organizations like the American Academy of Orthopaedic Surgeons (AAOS) leading efforts in the political arena. Through the establishment of Political Action Committees (PACs), the AAOS has created a platform for orthopedic surgeons to become involved in the advocacy process, focusing on supporting legislation that benefits musculoskeletal care providers. Various levels of involvement have been described, from voter participation to active campaigning and financial support for

relevant causes (Abboud *et al.*, 2018, Davis 2021, Earnest *et al.*, 2010, Kirkpatrick *et al.*, 2020, Luft 2017).

In Poland, however, there is no such well-established framework. The Polish Shoulder and Elbow Society (PSES), which represents shoulder surgeons in the country, has yet to engage in significant advocacy efforts. This gap raises the question: how can we ensure that our voices are heard, and our concerns are addressed, particularly when it comes to the funding and organization of shoulder surgery services?

### **The healthcare system in Poland: achievements and challenges**

Poland has seen significant improvements in its healthcare system since the political transformation in 1989. Life expectancy has risen, and infant mortality has decreased substantially. According to the Organization for Economic Co-operation and Development (OECD), Poland performs above the OECD average in nearly 32% of health indicators, including health status, risk factors, and quality of care. Despite these successes, challenges remain, including persistent funding shortages and inefficiencies in service delivery (OECD 2023, Nieszporska 2017).

The Polish healthcare system consists of two main sectors: public and private. The National Health Fund (NFZ), which finances the public sector, provides near-universal coverage to 91% of the population. The private sector accounts for a smaller portion of healthcare spending but has grown steadily due to long waiting times in the public system. Approximately 40% of patients use both public and private healthcare services, and 37% rely solely on the public system. Although the public system covers the majority of healthcare expenses, gaps persist. Primary care and hospital care are largely financed publicly, but outpatient pharmaceuticals are not fully covered. Dental services are another area of exclusion from public benefits, leading to challenges in accessing comprehensive care.

Hospital infrastructure in Poland is mostly publicly owned, with regional government bodies managing most facilities. While some private hospitals focus on elective procedures, public hospitals tend to perform more complex surgeries, particularly in specialized fields. However, the diagnosis-related group (DRG) payment system has led to inefficiencies in care coordination and financial sustainability, contributing to financial pressures on the public healthcare system.

Despite financial constraints, Poland's healthcare system has seen reforms targeting key health issues such as cancer, cardiovascular diseases, and mental health. However, orthopedics, including shoulder surgery, has not received sufficient funding compared to other specialties. While funding for hip and knee arthroplasties has increased, funding for shoulder surgery remains limited, leading to long waiting times and reduced accessibility in the public sector (Medical Procedure Report 2024, Central Base 2024).

### **Shoulder and elbow surgery: challenges in the polish system**

The practice of shoulder and elbow surgery in Poland has been significantly impacted by the national healthcare system. Some procedures are covered by the public system, but many are performed in the private sector. The lack of accurate data on the proportion of procedures in each sector complicates the analysis. However, it is clear that many shoulder procedures, especially arthroscopies, have shifted from the public to the private sector. The main drivers behind this shift include inadequate reimbursement rates for arthroscopic surgeries, long waiting lists, and the migration of specialists to the private sector.

The reimbursement for shoulder surgery in public hospitals is low and often not related to complexity of pathology. This has made shoulder arthroscopy economically unfeasible for many hospitals, leading to a reduction in the number of these procedures. Consequently, the number of shoulder surgeries in

the public system has decreased, with many patients turning to private providers for care. In the private sector, patients bear the full cost of the procedures, and it is related often to the complexity of the surgery.

The disparity in reimbursement and access between the public and private sectors has important implications for the availability and quality of shoulder surgery in Poland. While some highly trained surgeons perform these procedures in the private sector, the cost remains a barrier for many patients. The financial strain on the public system means that many patients face long waiting times or are unable to access specialized care. (Medical Procedure Report 2024, Central Base 2024, Sowada et al., 2022).

### **The Polish Shoulder and Elbow Society: growth and challenges in advocacy**

The Polish Shoulder and Elbow Society (PSES) was established in 2015 as an independent organization. Its primary goal has been to improve professionalism within the field of shoulder and elbow surgery in Poland. The society has seen rapid growth, from 28 founding members to 120 active members. PSES aims to integrate a diverse range of professionals, including physiotherapists, medical students, and researchers, to promote education and research in shoulder and elbow surgery.

Despite its success in fostering collaboration and promoting education, the society's involvement in advocacy and policy change is still in its infancy. One of the main reasons for this is the lack of political engagement within the medical community. The healthcare system's political processes have historically focused on other areas of health, such as cancer or cardiovascular diseases, rather than specialized surgery fields like orthopedics.

The PSES has made efforts to raise awareness about the challenges faced by shoulder surgeons in Poland, including limited funding and long waiting lists. However, there is no official channel for the society to cooperate with policymakers, such as the Polish Parliament or the Ministry of Health. This lack of

engagement with the political process limits the society's ability to advocate effectively for the necessary changes in healthcare funding and access.

### **Conclusions and future directions**

The Polish Shoulder and Elbow Society, despite its relatively small size, is playing a crucial role in advancing shoulder surgery in Poland. The society's focus on education, research, and integration has helped to improve the professionalism of the field. However, the impact of the society on political and economic changes remains limited. There is a pressing need for more structured involvement in healthcare policy, particularly in advocating for increased funding and improved access to shoulder surgeries.

While Poland's healthcare system has made significant strides since the political transformation of 1989, it still faces challenges, particularly in the funding and accessibility of specialized care. The society's continued efforts to raise awareness, promote research, and collaborate with other organizations will be crucial in ensuring that shoulder surgery receives the attention and resources it deserves.

In conclusion, despite the limitations imposed by the healthcare system and political constraints, shoulder surgery in Poland continues to progress. This progress is largely due to the enthusiasm and collaboration of dedicated surgeons and healthcare professionals who are committed to improving the field. The future of shoulder and elbow surgery in Poland depends on continued advocacy, both within the medical community and in the broader political arena, to ensure that patients have access to high-quality care. Yet, we do have major tasks as community to improve, get involved in health care policies and see the medical profession beyond operating theater.

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