



ZEVA

**Die Zentraleuropäische Vereinigung
der Ärzteorganisationen**
The 23rd Symposium of the medical chambers
of Central and East European countries
Sofia, 28th-30th September 2016



Medical Chamber of Federation of Bosnia and Herzegovina

The status of medical doctors in the health law system in Federation of Bosnia and Herzegovina

prim. dr. med. Goran Pavić, an epidemiologist

The chair of the Commission for the international collaboration



1. Legislation data sources

1.1 The federal ministry of health

(The collection of all health laws, rulebooks, directions, decisions, orders, agreements)

<http://www.fmoh.gov.ba/index.php/zakoni-i-strategije/lista-zakonskih-i-podzakonskih-akata>

1.2 Official journal of Federation of B&H

<http://www.sluzbenilist.ba/>

SOURCES



2. The health laws and the other subordinate regulation acts

4

2.1 The health laws

2.1.1 The 20 direct health laws are in use in the health law system

2.1.2 The most important health laws

2.1.2.1 The law of the healthcare protection

(Official journal of Federation of Bosnia and Herzegovina, No. 46/10 and 75/13)

2.1.2.2 The law of the healthcare insurance

(Official journal of Federation of Bosnia and Herzegovina, No. 30/97,7/02,70/08 and 48/11))



2. The health laws and the other subordinate regulation acts

5

2.1 The health laws

2.1.2 The most important health laws

2.1.2.3 The law of the medical doctor profession

(Official journal of Federation of Bosnia and Herzegovina, No. 56/13)

2.1.2.4 The law of the rights, the duties and the responsibilities of patients

(Official journal of Federation of Bosnia and Herzegovina, No. 40/10)

2.1.2.5 The law of the protection people from infectious diseases

(Official journal of Federation of Bosnia and Herzegovina, No. 29/05)



2. The health laws and the other subordinate regulation acts

6

2.2 The subordinate regulation acts

2.2.1 The rulebooks

The 128 direct rulebooks are in use in the health law system

2.2.2 The directions

The 10 direct directions are in use in the health law system

2.2.3 The decisions

The 23 direct decisions are in use in the health law system



2. The health laws and the other subordinate regulation acts

7

2.2 The subordinate regulation acts

2.2.4 The orders

The 7 direct orders which are in use in the health law system

2.2.5 The agreements

The 3 direct agreements which are in use in the health law system



3. The law of the medical doctor profession

8

3.1 The principles of the medical doctor profession

3.1.1 The law of the medical doctor profession defines:
the terms, the organization and the conditions for work in this profession, defines this profession as the basic independent and the responsible carrier of healthcare work which is under the special interest for Federation of Bosnia and Herzegovina, with the aim to give healthcare services to all individuals and to the whole society



3. The law of the medical doctor profession

9

3.1 The principles of the medical doctor profession

3.1.2 The medical doctors' work is the work that has been organized, implemented and is being done on all levels of the healthcare system (the primary, the secondary and the tertiary level) and includes the preventive and the curative measures defined by the laws and by the subordinate regulation acts and by the codex of the medical ethics



3. The law of the medical doctor profession

10

3.1 The principles of the medical doctor profession

3.1.3 The medical doctors' work must be organized on the way that include the access to the healthcare services, based on the principles of the equality, the quality, the continuity, the efficacy, according to the territorial organization of healthcare system within the borders of financial possibilities of the healthcare system



3. The law of the medical doctor profession

11

3.2 The organization and the conditions for the medical doctors' work

3.2.1 The medical doctors' work is organized and can be done within the public healthcare facilities, within the private healthcare facilities, in the society facilities, in the facilities for the social care and within the prisons



3. The law of the medical doctor profession

12

3.2 The organization and the conditions for the medical doctors' work

3.2.2 The general conditions for work in the medical doctor profession are: acquired diploma of the medical faculty from B&H, or the recognized diploma from medical faculty from abroad, the certificate of the passed the professional exam, the certificate of passed exam in specialization/subspecialization for the specialist/subspecialists, the license for the independent work issued by the medical chamber and the citizenship of B&H



3. The law of the medical doctor profession

13

3.2 The organization and the conditions for the medical doctors' work

3.2.3 The medical doctors without the citizenship of B&H can work as the medical doctors in B&H but only under the conditions according to the special regulations of the residence and the work of the foreigners in B&H



3. The law of the medical doctor profession

14

3.3 The specializations and the CME

(Continual medical education)

3.3.1 The medical doctors have the rights for the specialization as the special form of the professional education with the aim to be educated and to be able for work in the all branches of medicine



3. The law of the medical doctor profession

15

3.3 The specializations and the CME

(Continual medical education)

3.3.2 The medical doctors have the rights and the duties for CME with the aim to keep and to advance the healthcare services and their personal skills



3. The law of the medical doctor profession

16

3.3 The specializations and the CME

(Continual medical education)

3.3.3 The medical chambers are the most important stakeholders in the CME process



3. The law of the medical doctor profession

17

3.4 The loss of the rights for doing medical doctor profession

3.4.1 The medical doctors can lose the rights for working as the medical doctors in the following cases: in the case of the loss of the citizenship of B&H, in the case of the loss of the business ability, in the case of the permanent health incapability, in the case of the measure for the forbidding work as the medical doctor, and in the case of the loss of license, issued as the sanction measure by the medical chamber



3. The law of the medical doctor profession

18

3.4 The loss of the rights for doing medical doctor profession

3.4.2 The medical doctors as the foreign citizens can also lose the rights for working as the medical doctors for the same reasons plus according the special regulation acts, which define the residence and the work of the foreign citizens in B&H



3. The law of the medical doctor profession

19

3.4 The loss of the rights for doing medical doctor profession

3.4.3 In the cases when a medical doctor has been punished by the court for criminal activities against human health and in similar situations, the medical chamber can temporarily or permanently deprive the license for that doctor, due to the fact of worthless of working as medical doctor



3. The law of the medical doctor profession

20

3.5 The rights, the duties, and the responsibilities of medical doctors

3.5.1 The medical doctors must be the members of the medical chamber, as the professional organization, which is defines by the law



3. The law of the medical doctor profession

21

3.5 The rights, the duties, and the responsibilities of medical doctors

3.5.2 The membership of the medical chamber is for some medical doctors on voluntary basis (for others is mandatory): if medical doctors do not work with patients (the work in state service, the work in the health insurance facilities, the work in production and selling of drugs and medical devices as the companies' representatives), if medical doctors are unemployed, if medical doctors have the retired person status



3. The law of the medical doctor profession

22

3.5 The rights, the duties, and the responsibilities of medical doctors

3.5.3 The medical doctors have the duties for the patients, and must do their work on the most professional and ethical principles, and must not misuse the patients emotionally, physically, and financially, and must respect their rights defined by the law



3. The law of the medical doctor profession

23

3.5 The rights, the duties, and the responsibilities of medical doctors

3.5.4 The medical doctors also have the duties in giving healthcare services according to this law except in some situations



3. The law of the medical doctor profession

24

3.5 The rights, the duties, and the responsibilities of medical doctors

3.5.5 The medical doctors must respect their colleagues, must keep the professional secrets, and must care about the medical documentation



3. The law of the medical doctor profession

25

3.6 The inspection surveillance and fine decrees

- 3.6.1 The health-inspection surveillance over the health law system conducts the federal and/or the cantonal health inspection
- 3.6.2 The fine sanctions for medical doctors varies from 125€ to 750€
- 3.6.3 The fine sanctions for healthcare facilities varies from 500€ to 2.500€



4. SWOT analysis of the status of medical doctors in health law system in F&H

26

4.1 Strengths

4.1.1 The medical doctor profession is regulated by the law

4.1.2 The law of the medical doctor profession regulates the organization and the conditions for medical doctors' work, the specializations, the CME, the rights, the duties and the responsibilities of medical doctors



4. SWOT analysis of the status of medical doctors in health law system in F&H

27

4.1 Strengths

- 4.1.3 The membership in medical chamber is mandatory for medical doctors (except ones who do not work with patients) and is regulated by the law
- 4.1.4 The medical doctors can obtain their rights and professional needs thru the medical chambers
- 4.1.5 The medical chambers have duties to protect and to improve the medical doctors' rights, professional needs and their social status, and have the duty and the possibility to take part in organizing healthcare system



4. SWOT analysis of the status of medical doctors in health law system in F&H

28

4.2 Weaknesses

- 4.2.1 Bad and/or inappropriate implementation of laws and the subordinate regulation acts in real-time vs. generally written form of that acts
- 4.2.2 The possibility for the different interpretation and implementation of the same laws and the subordinate regulation acts for very similar situations, according to the political needs (2 jurists=3 opinions, 2 jurists have each one's opinion, and the common opinion)



4. SWOT analysis of the status of medical doctors in health law system in F&H

29

4.2 Weaknesses

4.2.3 The medical doctor profession does not have the better social status and the respect than other professions (but deserves that)

4.2.4 There were some cases that politicians tried to limit medical doctors' salaries despite of fact that some medical doctors have 24 hours working days (the medical doctors on 00-24 h duty at emergency, hospitals etc.), preparedness working days (waiting on call from hospital), despite of the fact of quantity and quality of work, despite of the fact of the level of the professional education



4. SWOT analysis of the status of medical doctors in health law system in F&H

30

4.2 Weaknesses

4.2.5 The trend of leaving of young medical doctors to abroad



4. SWOT analysis of the status of medical doctors in health law system in F&H

31

4.3 Opportunities

- 4.3.1 The medical chambers can try to change health laws and the subordinate regulation acts according to the interests of medical doctors only if are cases are well documented and detailed, but it is very difficult task
- 4.3.2 The medical chambers are the “social force” and must not allow the politicians to rule over the medical doctor profession
- 4.3.3 The medical chambers can and must negotiate with governmental organization to keep and to improve the status of medical doctors as better as possible



4. SWOT analysis of the status of medical doctors in health law system in F&H

32

4.3 Opportunities

4.3.4 The medical doctors are the team leaders of the healthcare teams, and that must be used as the argument in the negotiation process

4.3.5 The governmental organizations must respect and recognize the medical doctor profession as the very important profession, which duties are to prevent (primary, secondary and tertiary prevention) and to cure people with different health problems. The politicians must realize that healthy society is the basis for the country's progress and for peoples' wellbeing (the question is: do they want it?)



4. SWOT analysis of the status of medical doctors in health law system in F&H

33

4.4 Threats

- 4.4.1 The politicians can make and change the health laws and the subordinate regulation acts according to their needs and interests
- 4.4.2 The medical doctor as the profession can be the causality of the politicians' needs and interests
- 4.4.3 There is the trend that medical doctors (especially young ones) leave the country to finding "the better future", and that in the combination of aging of medical doctors can ruin the healthcare system



4. SWOT analysis of the status of medical doctors in health law system in F&H

34

4.4 Threats

- 4.4.4 The salaries of medical doctors and their social status are not adequate to their level of education, to their role in the society, and sometimes it is the main reason of medical doctors' dissatisfaction
- 4.4.5 The aging of medical doctors and the aging of the society are the facts can make the healthcare system work more difficult
Possible decreasing of number of medical doctors per 1.000 inhabitants and increasing of number of older people (they need more healthcare services) are additional factors of difficulty



5. Conclusions

35

- 5.1 The medical chambers must be partners with governmental organizations when they decide about the medical doctor profession, their rights, their professional needs, and when they decide about healthcare strategies, healthcare programs etc.
- 5.2 The medical doctors should ask for their rights and for their professional needs thru medical chambers and that will enforce the medical chambers as the factor in the making of the decisions process



5. Conclusions

36

- 5.3 The governmental organizations must create strategic documents about healthcare strategy and the healthcare programs, and must continuously conduct them
(not should be “the dead letter on the paper”)
- 5.4 The possible loss of the political power and the changes in the political scene, the changing of people on the ruling position must not be in any way the brake in the conducting of healthcare strategy and of healthcare programs
(it is common=new people have new strategies...old strategies are obsolete)



5. Conclusions

37

- 5.5 The healthcare strategies and the healthcare programs must be followed by the sustainable financial fund to ensure unstoppable conducting of the healthcare strategies and the healthcare programs (e. g. the program of mandatory immunizations, etc.)
- 5.6 The medical doctors are sometimes the victims of patients' injuries (verbal or physical injuries), and according to that there is the question: Do medical doctors at their working surroundings deserve to be treated as the official persons like the judges, the policemen, the state officers, the politicians on the ruling positions?



5. Conclusions

38

5.7 Do medical doctors deserve to have the rights of their privacy in the media?

The media journalists like the medical doctors as the topic of their stories, and those stories sell the news

5.8 The process of ageing of the population, and according to that and the process of ageing of the medical doctors' population can be difficult problem for healthcare system

The health law system gives to medical doctors respect treating their profession as the profession under the special interest for Federation of Bosnia and Herzegovina (but it is only "the letter on the paper")



5. Conclusions

39

5.9 Can the all laws and the all subordinate's regulations acts give to the medical doctors social position which they deserve according to the aim of their works?

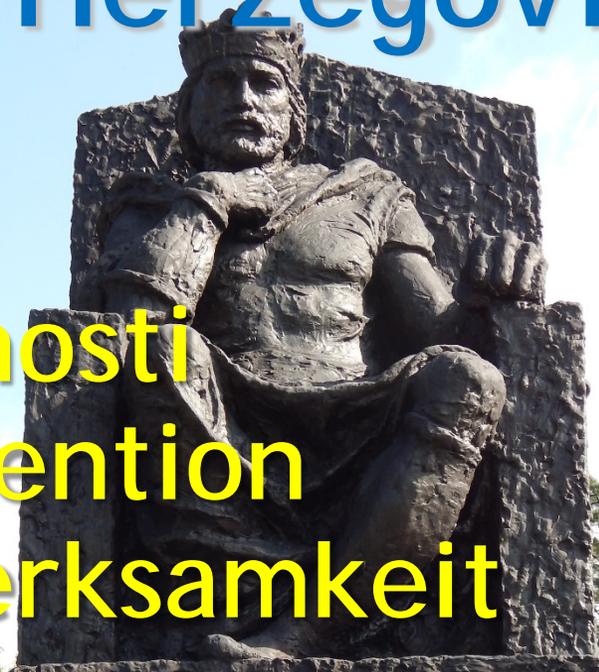
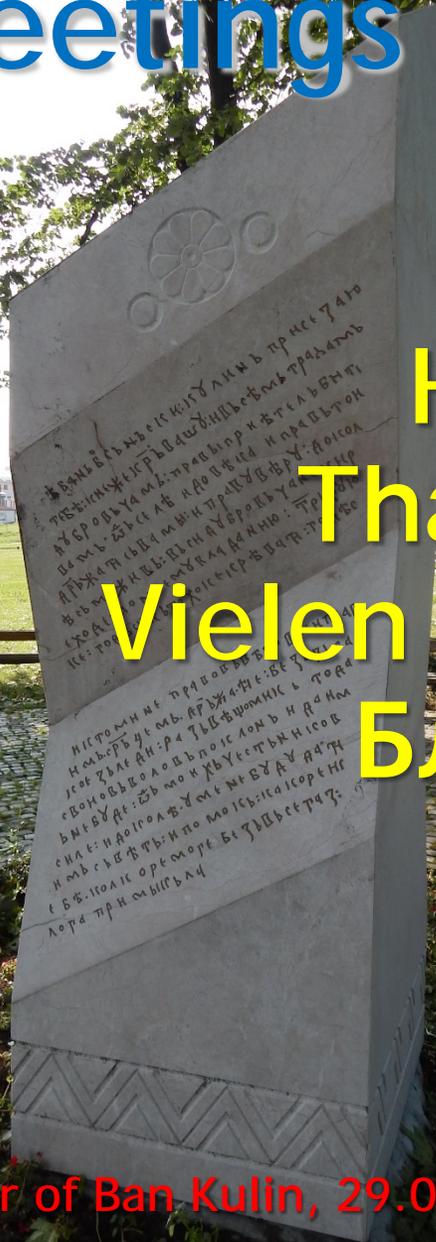
5.10 The opinions written here are my personal opinions, as the opinions of the medical research worker, and as the result of my review of the healthcare system in Federation of Bosnia and Herzegovina and may, but do not necessarily reflect the opinions of the Medical Chamber of Federation of B&H



Greetings from Bosnia and Herzegovina



Hvala Vam na pozornosti
Thank you for your attention
Vielen Dank für Ihre Aufmerksamkeit
Благодаря за вниманието



16.06.2016

16.06.2016

The charter of Ban Kulin, 29.08.1189, the 1st Slavic trade agreement

Tvrtko I Kotromanić, 26.10.1377, the 1st Bosnian king