



**ASSOCIATION EUROPÉENNE DES MÉDECINS DES HÔPITAUX  
EUROPEAN ASSOCIATION OF SENIOR HOSPITAL PHYSICIANS  
EUROPÄISCHE VEREINIGUNG DER LEITENDEN KRANKENHAUSÄRZTE  
EUROPESE VERENIGING VAN STAFARTSEN  
DEN EUROPÆISKE OVERLÆGEFORENING  
ΕΥΡΩΠΑΪΚΟΣ ΣΥΛΛΟΓΟΣ ΝΟΣΟΚΟΜΕΙΑΚΩΝ ΙΑΤΡΩΝ ΔΙΕΥΘΥΝΤΩΝ  
ASSOCIAZIONE EUROPEA DEI MEDICI OSPEDALIERI  
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ASSOCIAÇÃO EUROPEIA DOS MÉDICOS HOSPITALARES  
ASOCIACIÓN EUROPEA DE MÉDICOS DE HOSPITALES  
EUROPEISKA ÖVERLÄKARFÖRENINGEN  
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ΕΒΡΟΠΕΪΣΚΑ ΑΣΟCΙΑCΙΑ ΝΑ ΣΤΑΡΣΗΤΕ ΒΟΛΝΗCΗΝΗ ΛΕΚΑΡΗ  
ASOCIAȚIA EUROPEANĂ A MEDICILOR DIN SPITALE**

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## 74th Online Plenary Meeting, 8 May 2021

In March 2020, the Slovak healthcare system caught the COVID-19 pandemic unprepared. In recent decades, there has been a Pandemic Plan of the Slovak Republic, which the Ministries of the Interior and Health have regularly renewed in cooperation with infectiologists. In a certain period of history, this activity began to stagnate. The pandemic also revealed, for example, the lack of personal protective equipment in the warehouses of the State Material Reserves, shortly before the parliamentary elections.

### Political background

The new Government of the Slovak Republic mentioned in the previous National Report 10/2020 ruled for one year from 31 March 2020 and resigned. On April 1, 2021, a new government was appointed. There was a mutual exchange of Prime Minister Igor Matovič and Minister of Finance Eduard Heger. Vladimír Lengvarský, the former director of the military hospital, replaced him in the position of Minister of Health Marek Krajčí. The reason for the resignation of the government was the political turmoil after the introduction of 200,000 Russian Sputnik V vaccines, which were not certified by the European Medicines Agency (EMA).

Opinion of Slovak Medical Chamber: "We are therefore convinced that Dr Lengvarský, who has not only international experience but also many years of experience with crisis communication and teamwork, could be a person in the right place at the right time. At the same time, we are ready to cooperate and participate in the future reform of the Slovak healthcare system in the interest not only of all healthcare professionals but above all in the interest of patients. "

The budget for 2021 will not be able to provide not only what is necessary systemic changes, but does not prevent the departure of health professionals, nor does it ensure maintenance of current quality and availability of healthcare for all citizens.

Professional organizations have been drawing attention to the underfunding of healthcare for a long time:

Patient Rights Protection Association

*Slovak Medical Chamber*

Private Physicians Association

Association of Outpatient Providers

Transport Health Service Association

Association of Polyclinics and Medical facilities

Association of Hospitals of Slovakia

## Structure of the hospital sector and human resources

Overall, the health system still remains hospital-centric, with a limited role for primary care. And are still problems with e-health.

This was also evident during the COVID-19 pandemic when the outpatient sector faced a shortage of staff, protective equipment, information, and guidance. On 15 March 2020, the Government of the Slovak Republic declared, with effect from the following day, a state of emergency for state providers of institutional health care, which was extended to the private sector of institutional health care from 19 March 2020. This means the duty of employees to ensure the provision of health care to institutional health care providers. At the same time, a ban was issued on the right to strike by persons with imposed work duties. *Slovak Medical Chamber* called on the competent authorities to adopt clear rules and really order the work obligation so as not to jeopardize the very essence of our fight against the pandemic and to the unnecessary operation of already overloaded ambulances.

Since March 2020, in the first wave of the COVID -19 pandemic, we faced non-existence of effective recommendations. Hospital wards were transformed into COVID ones and so-called COVID hospitals were prepared to receive a large number of infected patients. Luckily, the bad expectations did not come true and Slovakia was able to avoid the worst-case scenario and there was no health care staff falling ill reported. Unfortunately, we did not avoid postponing the treatment of other diagnoses which has proved to be a bad solution.

September 2020 brings the second, much stronger wave of the Covid-19 pandemic. We were better technically prepared and we had a National pandemic plan. We observed Italian, Spanish, and French scenarios, and stakeholders have become talking about “medical leadership”. On the other hand, it seems that “public partnership” has been lost in the second wave. After the period of searching for a suitable model, there have been large capacity testing locations established. The COVID- wards received only patients for oxygen therapy, till the time they need artificial ventilation. The other departments worked in a restricted mode.

We have had enough protective equipment, but we faced personnel issues in the second wave. There have been dozens of infected doctors and other medical staff, while those who remained healthy have been divided into “white doctors” for the ordinary public and “red” for patients infected with COVID-19. Military staff and medical students have been called to help.

The newly created health teams in the departments of infectiology, pulmonology, internal medicine, intensive care, emergency, anaesthesiology, and resuscitation departments were ready to change their shifts or ambulance rides. A typical feature was a lack of information and protective equipment and enormous differences in its distribution to individual providers. Doctors and medical staff respected the measures applied and there was a public motivation “public partnership”. We worked in cooperation and synergy with the Red Cross and Regional health authorities. As much as possible, though insufficiently, telemedicine was applied.

Vaccination has been taking place since the end of December, and doctors were among the first vaccinated, regardless of their age. However, there is a group of doctors who refused the vaccination. In April 2021, most of the employed physicians overcame the COVID-19 or were vaccinated. The number of deaths of doctors at COVID-19 cannot be specified, as membership in the *Medical Chamber* is not mandatory in Slovakia.

## **Working conditions of doctors**

At the beginning of March, the outpatient clinics of general practitioners in several cities in eastern Slovakia conduct police checks to see if doctors are present at their workplaces. On the same day, the *Slovak Medical Chamber* sent a clear opinion that it considered such inspections to be disgraceful and degrading for doctors, especially at a time when they are exercising their health daily and lives for their patients. Today we already know the results of these inspections, which do us no way they were not surprised - and that 96% of doctors were in their dispensaries. The Slovak Medical Chamber has therefore decided to take further action in this matter and we are initiating the Office inspection service, to investigate whether the performance of control of ambulances by members of the criminal police was not illegal.

Healthcare professionals have a problem with the recognition of a pandemic incapacity for work. This along with the right to so-called "accident supplement" for health professionals are to be regulated in an amendment to the Social Insurance Act. Doctors are asking for legislation to be set up so that the Social Insurance Agency pays 100% compensation for incapacity for work to health professionals who fell ill with Covid-19 during a pandemic, as is the case with the armed forces. Doctors called on the government and parliament to remove from the law the nonsensical issuance of a certificate and the obligation to prove that a paramedic had contracted Covid-19 at work. The problem with granting a pandemic incapacity for work to healthcare professionals is that the Social Insurance Agency actively requests confirmation from the hospital management that the healthcare professional has actually become infected at work. However, hospital directors are increasingly refusing to issue such a certificate.

The issues of financial compensation for the first-line employees have not been resolved, though the compensation was already approved by the government. In the spring of 2020, individual hospitals provided some doctors with various amounts, averaging 700 €. There is supposed to be an agreement reached among the Ministers of Health, Work, Interior, and Defence. An employee is to be awarded a benefit ranging from 300 to 500 €. Doctors were not originally included in the compensation agreement. Later they were promised to be compensated, which temporarily became a reality on January 1, 2021. Doctors (and every front-line healthcare professional) receive a surcharge of € 7 for each hour worked. This supplement is eligible as long as more than 1000 patients with Covid-19 are hospitalized in Slovakia (will probably end in May 2021).

## **Conclusion.**

The pandemic has highlighted the importance of paradigm shift, new legislation, the inclusion of telemedicine, change of competencies, conceptual division of hospitals, and better public relations. The problem is that we still have no idea what stage of the pandemic we are in now, despite a clear improvement started in mid-April 2021. In any case, the second wave of the pandemic from October 2020 to April 2021 was devastating in our country. And after many months of emergency, there is talk of a new Pandemic Act, which will continue to restrict Slovak doctors and health professionals.