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Practice in the medical profession for a foreigner who is not a citizen of an EU Member State versus knowledge of the Polish language

Summary

Practising as a physician, especially during the pandemic, was of interest to the legislator several times due to staff shortages and more. The pandemic also forced changes in many paradigms of providing healthcare services. One of them, contained in the so-called 'Special Covid Act', was to simplify the acquisition of right to practise as a doctor by a foreigner who is not a citizen of a European Union Member State. The study focuses on one of the facilitations introduced: relinquishment of the four-stage examination on knowledge of the Polish language in favor of submitting a statement on the command of the Polish in speech and writing to the extent necessary to practise as a doctor, i.e. resignation from an objective, verifiable assessment, in favor of a civil law declaration will, in principle not verifiable at the time of submission. This solution raises a number of doubts and carries the risk of a medical error. First and foremost, a medical interview, one of the key and initial stages of treatment initiation, becomes impossible to conduct. Secondly, it is also difficult to communicate with other medical personnel. Thirdly, it is doubtful whether another statutory obligation will be fulfilled, namely providing information to the patient about their state of health and obtaining consent for treatment. The mechanism of supervision by another doctor who speaks Polish should also be considered insufficient, as due to the lack of such personnel, it will often be impossible to meet this condition. These and other reasons support a negative assessment of the solutions introduced. A much better solution would be to provide intensive learning of the Polish language, a solution that is proven and used successfully. Referring to the language of the EU directives on the recognition of professional qualifications, it is a "reasonable and necessary" direction.

Keywords: the right to practice as a doctor – foreign doctor – recognition of professional qualifications – patient rights