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**HRVATSKI LIJEČNIČKI SINDIKAT - CROATIAN MEDICAL UNION**  
**Zagreb, Šubićevea 9, Croatia**

**REPORT FOR THE BARCELONA FEMS MEETING**

This year, Croatia is awaiting a reply from the EU regarding the conclusion of the negotiations and the harmonization of legal regulation and laws with the EU system. All chapters have been harmonized so far, apart from the Chapter 23 - on the justice, the conclusion of which is being awaited in the following month. If all the conditions are met, in that case the date of the full accession of Croatia to the EU shall be determined. The negotiations have been going on for 7 years so far and they are the longest in the history of EU.

According to the health parameters that are being monitored by the Health World Organization, the Croatian health-care system is at the top of the scale in its broader region since long ago, and on the world scale it is positioned during the past few years in places from 36 to 44 among 192 countries in the world.

Croatia is contributing to the health-care system with 8.5% GSP or about 400 € (600 \$) per one inhabitant on a yearly basis. The fact that the Croatian results in the health-care system are better than in most of the countries with the comparable income level speaks in favor that it has been achieved with great efforts exerted and with great enthusiasm of the profession itself, but also along with the high price and the deficit in the health-care system budget. This deficit has been threatening in the past few years the sustainability of the system itself.

In Croatia in the past 5 – 10 years, we have been witnessing greater and greater investments of the private capital into opening of private polyclinics, laboratories, diagnostic services and even subspecialized hospitals (cardio surgery, ophthalmology, urology, plastic surgery, dental polyclinics...). Such a process has already been seen and analyzed with other ex socialist countries that have recently been accepted to the EU. The problem that is arising rests not that much in the sound competition, but more in the plotted financial favoring and other forms of favoring of private capital in the health-care system, even with occurrence of private monopolism in rendering of some services and even disloyal competition within the health-care system.

Additional damage was sustained by the public health-care system when the private sector started employing the best professionals from the public sector either full or part-time because of the salaries that are several times higher. Due to that process, the good quality and professional examinations became less available for many patients insured by the state health-care insurance. The question is being raised here whether medical doctors disregarded the Hippocrates oath or ethical norms towards a patient in this way and whether a medical doctor is entitled to chose a job that is better paid but rendered to a smaller number of well-off users.

It is clear, that it is duty and responsibility of the state to keep the best doctors in the public health-care system, in order to serve most of the insured persons that are not able to pay expensive insurance and examinations in the private sector. It is also true that most of these medical doctors completed their education and reached their carriers with the finances from the public health-care budget. The responsible persons in the Health Ministry are obliged to define better public-private relations in the segment of the health-care services and in the negotiations with employers, with the chamber and with the trade union to define a social package of health care services and simulative remuneration for the work performed by high-quality medical doctors and to secure such a form of health-care protection to all that need it and not only to the rich ones.

We as representatives of the Croatian Medical Union at Fems are monitoring the events related to this subject matter and are interested in constructive proposals and solutions by Fems and other medical doctors unions in the EU (OMS and CPME) so we suggest that a discussion in this direction be reopened.

In Zagreb, 2 May 2011

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