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## **SEMI-ANNUAL REPORT FOR FEMS, Porto, May 2025**

Over the past year, Slovenia's public healthcare system has found itself in an even deeper systemic and staffing crisis. A key concern during this period is the political steering of the system, which excludes professional stakeholders and enacts legislation without social dialogue. Under the guise of reforms—which, in reality, lack the substance and structure of true systemic change—the current government disseminates simplified and misleading narratives to the public through biased messaging and media channels. These measures are presented as urgent and necessary, despite being based on unreliable and non-professional premises. A defining feature of these so-called reforms is the complete exclusion of professional expertise from the legislative process.

The most prominent example is the adoption of the amendment to the Healthcare Services Act (Zakon o zdravstveni dejavnosti–ZZDej), which was passed despite public opposition from over 4,000 doctors—representing more than half of all active physicians in Slovenia. The amendment was also clearly opposed by key medical organizations, the Legislative and Legal Service of the National Assembly (which raised several constitutional concerns), and the National Council, which issued a suspensive veto following the initial parliamentary vote. The law restricts doctors' professional autonomy, introduces additional administrative burdens, and is expected to drive medical professionals out of the public system.

A similar pattern of excluding expert input occurred during the legislative process for the new Psychotherapy Act. In both cases, laws were adopted without appropriate professional justification and without proper stakeholder dialogue.

The new public sector pay system, which was presented as a way to eliminate longstanding pay injustices, has left the healthcare sector with one of the weakest outcomes. Dissatisfaction among healthcare workers is rising, and instead of seeking cooperative solutions, the government has chosen a repressive approach. The crisis is particularly severe in smaller hospitals and health centres, where it is no longer feasible to ensure continuous emergency services or the uninterrupted provision of medical care.

The system heavily relies on contract-based providers, who cannot be secured in sufficient numbers. While the government claims that the amended Healthcare Services Act has successfully separated the public and private sectors, it ignores the fact that this law will, after the transition period, significantly worsen working conditions for both doctors and patients. In addition, a wave of inspections and tax procedures has been launched against physicians, with questionable legal grounds—a concern also highlighted in a recent Supreme Court ruling.

The ongoing doctors' and dentists' strike, triggered by the government's failure to honour signed agreements, continues and provides the foundation for formal negotiations with the government. Despite the challenging environment, important progress has been made. The most notable achievement is the formal recognition of the "Blue Book"—a document establishing professional standards and workload norms for doctors. This document provides a foundation for fair evaluation of medical work and the protection of professional autonomy. The Blue Book will also serve as a key reference point in the next phase of negotiations on performance-based compensation for doctors.

The report was compiled  
by Damjan Polh, president of FIDES