



## NATIONAL REPORT

16<sup>TH</sup> -17<sup>th</sup> of May 2025, Porto, Portugal

### 1. Aggression against physicians and healthcare establishments

Bulgarian society has recently faced two tragic events—the deaths of two young children while receiving medical care. The Bulgarian Medical Association (BMA), as a professional organization, and individual physicians, both professionally and personally, are deeply saddened by these untimely losses and extend the deepest sincere condolences to the families affected.

The BMA fully supports a thorough and transparent investigation into both cases in order to understand what went wrong, draw meaningful conclusions, and ensure that such tragedies do not happen again. However, despite the BMA's long-standing efforts and numerous public campaigns aimed at reducing aggression against physicians and healthcare professionals, the public reaction to these heartbreaking events has taken the form of vigilante justice. Acts of vandalism, verbal abuse, and condemnation without due process have been directed at medical institutions and individual healthcare professionals involved in the two cases.

The Chairperson of the BMA has made a public appeal and has emphasized that there is no physician who has dedicated their life to medicine with the intent to cause harm. Medicine is a high-risk field, and even top-ranking hospitals and the most competent professionals are not immune to error. The BMA remains committed to supporting the families, ensuring full transparency, and protecting both the dignity of patients and families and the dignity and safety of healthcare professionals.

### 2. Proposed legal amendments amidst budget negotiations with the National Health Insurance Fund

The Bulgarian Medical Association proposed to the Minister of Health to initiate amendments to the legal framework in order to create a legal opportunity for the National Health Insurance Fund to finance healthcare practices registered by nurses and midwives. The proposed amendment addresses both the need for professional development of nurses and midwives and the requirements for clear responsibility, accountability, legal stability, and integrity of the system.

The proposed amendment has been initiated in response to the drafted legal changes that would allow nurses and midwives to become independent healthcare providers with direct access to public funding through contracts with the National Health Insurance Fund (NHIF). The current Bulgarian healthcare system is built on a model of medical delegation, where physicians hold the exclusive responsibility for diagnosis and treatment, while nurses and midwives assist within clearly defined professional boundaries. Granting independent provider status to nurses and midwives would legally conflict with this model, as it would assign responsibilities that exceed

their legal and professional competencies and would require a redefinition of core concepts such as the provision of medical care and accountability.

The Bulgarian Medical Association argues that the proposed changes disregard the principles of legality and responsibility enshrined in healthcare legislation. Under the current legal framework, only licensed physicians and healthcare establishments may deliver health services funded by public financing. Any change to include nurses and midwives as independent contractors would demand substantial legal amendments to clarify who bears medical, legal, and financial responsibility in case of adverse events. Without such clarity, patient safety could be jeopardized, especially in cases where a nurse-led practice is the sole point of access to healthcare for vulnerable populations.

From a Bulgarian health system perspective, the Bulgarian Medical Association emphasizes that Bulgaria is already facing a critical shortage of nursing staff, particularly in hospitals. Allowing nurses to open private practices could further deplete the hospital workforce by redirecting nurses into individual or group practices, without actually increasing the overall number of professionals in the system. This could significantly disrupt teamwork in hospitals, lead to fragmented patient care, and affect continuity of treatment. The proposal is not a solution to staff shortages but rather a reallocation that could weaken key areas of the healthcare system.

Further, the Bulgarian Medical Association believes that the proposed initiative will further deepen health inequalities across Bulgaria. Independent nursing practices are more likely to appear in urban centres, where demand and private payments are higher. Meanwhile, rural, remote, and underprivileged areas might face even more difficulty accessing care, as nurses would leave publicly financed regional and municipal hospitals to work privately, forcing hospitals to close down due to staff shortages.

From an economic point of view, the BMA warns that introducing nurse- and midwife-led practices into the publicly funded health system would create budgetary and administrative chaos. The NHIF is currently not structured to oversee, audit, or evaluate care provided by nurses and midwives who provide health services independently. Without prior pilot programs or regulatory safeguards, such a change creates financial chaos, quality control issues, and lack of coordination across different levels of care.

Based on these considerations, rather than fragmenting the system with independent practices, the Bulgarian Medical Association suggests that nurses and midwives take on more responsibilities through delegation or contractual arrangements with physicians and healthcare establishments. Supporting the professional development of nurses and midwives within the team-based model of care, rather than creating a parallel system, is a more adequate, medically sound, and ethical path forward.