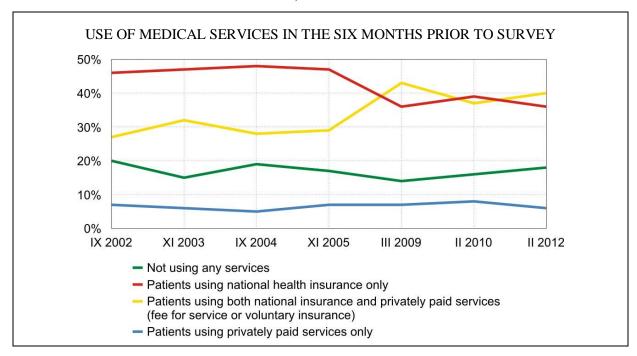




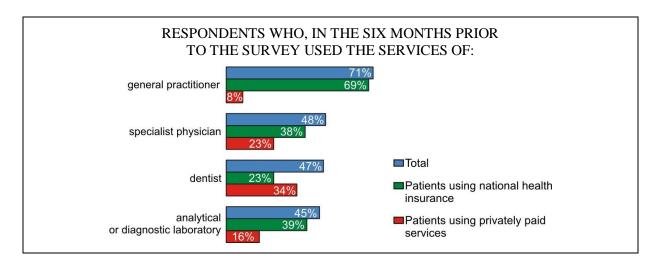
CONSUMPTION OF MEDICAL SERVICES

The vast majority of adult Poles (82%) used medical services in the last six months due to their own illness or health condition, or their child's.

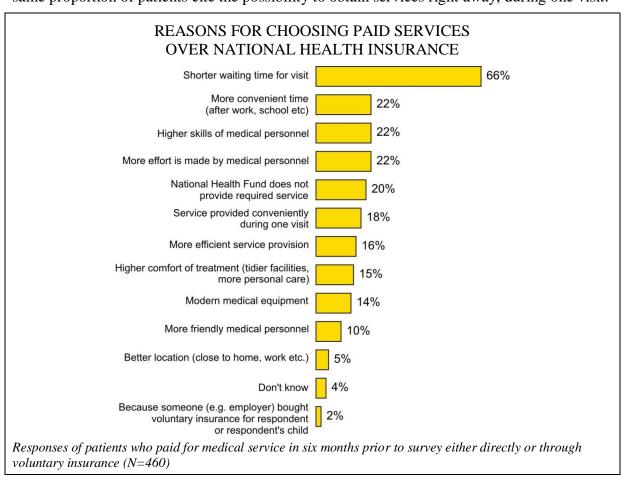


Two-fifths of all respondents used both medical services provided by national health insurance, and services they paid for themselves (either by fee for service or additional voluntary insurance). A slightly smaller group (36%) only used services paid for by the National Health Fund. A small group of patients (6% of all respondents) paid for all expenses themselves. In the last decade, the proportion of patients who use only publically-funded services decreased, while the number of patients covering some expenses from their own funds increased.

Only rarely did patients consulting their general practitioner (family doctor) cover the expenses from their own private funds. On the other hand, patients using dental services usually pay for their medical expenses.



The main reason for using privately paid services is the short term for obtaining them (66%). More than one-fifth of clients of private medical services are motivated by convenient schedule, and by higher skills of medical personnel. Equally important, patients believe that doctors giving privately-paid services make more effort. One-fifth of people paying for medical services could not get the required services within national health insurance. The same proportion of patients cite the possibility to obtain services right away, during one visit.



More information about this topic can be found in CBOS report in Polish: "Public and private healthcare", March 2012. Fieldwork for national sample: February 2012, N=999. The random address sample is representative for adult population of Poland.