

SUMMARY

The pandemic-related collapse of the Polish healthcare system resulting in one of the highest excess death rates compared to other countries in Europe – this will be the background for all the analyses to emerge in the Polish public opinion in the years to come.

A collapse caused not only by the rise of the coronavirus, but also the adoption of erroneous assumptions in the fight against it, and later persistent tenacity to stick with them. One mistake triggered another, while institutional indolence deepened. Prior to the pandemic, Polish healthcare did not stand out from other countries in any extraordinary way – apart from chronic underfinancing of countless years. During the pandemic, however, the differences between individual countries manifested in the strategies adopted to combat the coronavirus.

Poland followed an active model of operations, whereas countries such as Sweden presented a less interventionist approach. It is worth comparing our healthcare system with the Swedish one in terms of the use of non-pharmaceutical methods of fighting the pandemic, and then look at the number of excess deaths in both of these countries. It then becomes apparent that solutions such as closing enterprises and schools, isolation orders, the limiting of social contacts, or a general order to wear masks in public do not translate into a reduction in the number of deaths or at least a clear change in the course of the epidemiological curve.

In spite of this fact, the main method of combating the pandemic in Poland is an attempt to get rid of the problem by extending the presence of the coronavirus, that is “the flattening the curve” using drastic and increasingly controversial non-pharmaceutical methods. The exceptional procedures regarding isolation and disinfection protecting against the possibility of infection, embraced by healthcare, lead to neglect in the field of diagnostics and treatment of both “COVID” and “non-COVID” patients.

The effect of over-reaction to the emergence of the virus is an increasing health debt – in other words, a delay in the provision of services in all areas of medicine. These excess deaths should be viewed as a very high interest rate on this debt. The very appearance of this debt surprised decision-makers, because their decisions were not preceded by analyses of health-related costs and losses. All the more so, it is now necessary to verify the assumptions of the fight against the pandemic as soon as possible, abandoning the use of certain non-pharmaceutical methods. This would mean the acceptance of the risk of coronavirus infection, but would allow for the system to be unblocked and the society to be freed from the unbearable burden of restrictions.

These recommendations might seem radical, but the real radicalism as well as a disaster would be stubborn persistence with the current solutions.