



The legal basis for practising the nursing profession in Poland

Prawne aspekty wykonywania zawodu pielęgniarstwa w Polsce

Mariola Głowacka^{2:A,B,D}, Marta Bażydło^{1:A,B,D,E,F}, Beata Haor^{3:A,D}, Anna Jurczak^{4:A,E},
Elżbieta Grochans^{4:A,D}, Beata Karakiewicz^{1:A,G}, Iwona Radlińska^{1:B,D,E,F},
Łukasz Radliński^{5:D,E,F}

1. Chair and Department of Public Health, Pomeranian Medical University in Szczecin, ul. Żołnierska 48, 71-210 Szczecin, Poland
2. Theory of Nursing Department, Collegium Medicum, Nicolaus Copernicus University, Toruń, ul. Jagiellońska 13-15, 85-067 Bydgoszcz, Poland
3. Neurological and Neurosurgical Nursing Department, Collegium Medicum, Nicolaus Copernicus University, Toruń, ul. Jagiellońska 13-15, 85-067 Bydgoszcz, Poland
4. Department of Nursing, Pomeranian Medical University in Szczecin, ul. Żołnierska 48, 71-210 Szczecin, Poland
5. Department of Software Engineering Faculty of Computer Science and Information Technology West Pomeranian University of Technology, Szczecin ul. Żołnierska 52, 71-210 Szczecin, Poland

A – koncepcja i przygotowanie projektu badań, B – wykonanie analiz diagnostycznych, zbieranie danych, C – analiza statystyczna, D – interpretacja danych, E – przygotowanie manuskryptu, F – opracowanie piśmiennictwa, G – pozyskanie funduszy, * – Autor do korespondencji.

Autor do korespondencji: Marta Bażydło, Chair and Department of Public Health, Pomeranian Medical University in Szczecin, ul. Żołnierska 48, 71-210 Szczecin, Poland

Summary

Background. Nursing in Poland is an independent medical profession which is subject to detailed law regulations.

Objective. The aim of this paper is to present nursing in the Republic of Poland in the context of the legal aspects of practising the nursing profession.

Material and methods. The document analysis method was used. The analysed material comprised legislative acts taken from The Online Legal Database (as for 15 May 2014).

Results. In Poland, the basis for the legal conditions of the nursing practice is the Constitution of the Republic of Poland. Important roles for the functioning of nursing in Poland are played by the Nurse's and Midwife's Professions Act, the Professional Self-Government of Nurses Act, the Medical Services Act, the Freedom of Business Activity Act, the Patients' Rights and Health Service Ombudsman Act, and the respective secondary legislation/ordinances, etc.

Conclusions. The explicit regulations of the applicable law allow one to perform the nurse's profession on the socially satisfactory level, according to the current state of the art, principles of the professional ethics, and the guarantee of patients' safety, making it possible to develop nursing as a profession, professional practice, field of study, subject and scientific discipline.

Keywords: legislation, health occupations, nurse-midwives

Streszczenie

Wstęp. Pielęgniarstwo polskie jest zawodem samodzielnym medycznym podlegającym szczegółowym regulacjom prawnym.

Cel pracy. Celem niniejszej pracy jest przedstawienie pielęgniarstwa w Rzeczypospolitej Polskiej w kontekście prawnych aspektów realizacji profesji pielęgniarstwa.

Materiał i metody. Wykorzystano metodę analizy dokumentów. Materiał do analizy stanowiły akty prawne pochodzące z Internetowego Systemu Aktów Prawnych (stan na dzień 15.05.2014 r.).

Wyniki. Bazę do uwarunkowań prawnych zawodu pielęgniarstwa w Polsce stanowi Konstytucja RP. Natomiast wiodące znaczenie dla funkcjonowania pielęgniarstwa mają ustawa o zawodach pielęgniarstwa i położnic, ustawa o samorządzie zawodowym pielęgniarstwa, ustawa o działalności leczniczej, ustawa o swobodzie działalności gospodarczej, ustawa o prawach pacjenta i Rzeczniku Praw Pacjenta oraz akty wykonawcze/ rozporządzenia do tych ustaw itd.

Wnioski. Jednoznaczne zapisy w obowiązującym prawie pozwalają na wykonywanie zawodu pielęgniarstwa na satysfakcjonującym poziomie, zgodnie z aktualną wiedzą, zasadami etyki zawodowej oraz gwarancją bezpieczeństwa pacjentów umożliwiając jednocześnie rozwój pielęgniarstwa jako profesji, praktyki zawodowej, kierunku kształcenia, nauczanego przedmiotu, dyscypliny naukowej.

Słowa kluczowe: prawo, służba zdrowia, pielęgniarstwa-położnic

BACKGROUND

This study presents an overview of legal acts regulating the professional nursing practice in Poland. These are the regulations referring to pre- and post-gradual nurse education; the rules for obtaining and losing the license to practise the profession; professional titles; the essence of the profession; the range of nurses' professional independence; the rules, forms and places of the nursing practice; professional responsibility; career breaks; protection procedures for nurses performing health services; the national and regional registers of nurses, etc.

The overriding aim of this paper is to analyse the legal aspects of practising the nursing profession in the Republic of Poland (RP). The aim is also to determine which legal acts regulate the issue of practising the nursing profession in Poland, what conditions one needs to satisfy to work as a nurse, and what the rights and duties of a nurse are.

MATERIAL AND METHODS

The material for analysis was legal acts (as for 15 May 2014) referring to the professional nursing practice. They were selected with the use of The Online Legal Database, which includes the bibliographic descriptions and content of the Polish legal acts published in the Journal of Laws and the Official Journal of the Republic of Poland (*Monitor Polski* <http://www.isap.gov.pl>). The chosen method consisted in analysing the documents. Each legal act was analysed in accordance with the hierarchy of legal acts, i.e. beginning with the acts of higher order and ending with those of lower order. The analysis comprised only universally applicable acts, which are those applying to all of the entities in the country (natural or legal persons, etc). The acts of internal law were not analysed due to the fact that its range is limited to entities which are

organizationally subject to the legislator (these include resolutions, decrees, rules, statutes, etc).

RESULTS

The Constitution of the Republic of Poland as for 2 April 1997

While reading the Constitution, one may find three of its provisions worth noticing. The first of these is contained in article 65, the first paragraph of which indicates that everyone is guaranteed the freedom of choice and practice of their profession and the freedom of choice of their workplace. The exceptions are regulated by the act. The regulation says that every person living in the Republic of Poland – both a citizen and a non-citizen – can freely choose their profession and practise it. However, in the last sentence of the regulation it is stated that limits on the access to selected professions may be established. One of such professions is the nurse's profession, which can only be practised by people having proper qualifications, determined by the acts analysed below [1].

Article 20 of the Constitution states that the freedom of business activity forms the basis of the Polish economic system. Article 22 is also worth taking into consideration here; it refers to the issue of conducting business. It provides that any limitations on business activity can be imposed only by way of an act and only for the sake of important public interest. Such is the case with the nursing practice – the respective acts described below regulate the criteria which need to be met by a nurse in order to conduct business activity consisting in providing health care services [1].

Another important provision of the Constitution which is connected with practising the nursing profession refers to professional self-governments. According to article 17, professional self-governments can be formed

by way of an act; their task is to represent people practising public trust professions and supervise the proper practising of these professions, bearing in mind the public interest and its safety. The standardisation of this issue in the Constitution results from the fact that a professional self-government takes over some of the state's public powers and uses them to ensure the proper professional practice. These are the legal grounds for the formation of the professional self-government of nurses and midwives [1, 2].

The Nurse's and Midwife's Professions Act dated 15 July 2011

The two basic legal acts which regulate practising the nursing profession are: the Nurse's and Midwife's Professions Act and the Professional Self-Government of Nurses and Midwives Act.

The former appears to be a key act in the context of legal regulations of the nursing profession mainly because of the fact that it standardises such issues as practising the nursing profession, obtaining the license to practise the profession as well as professional and post-gradual education (Figure 1) [3].

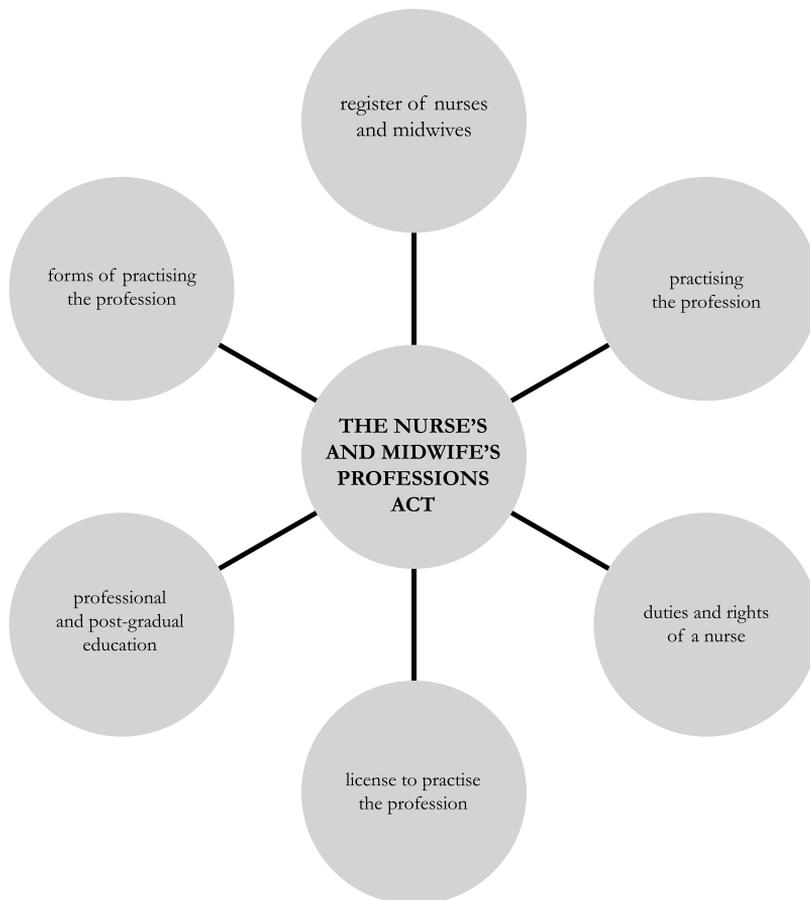


Figure 1. The subject matter of the Nurse's and Midwife's Professions Act.

This act unambiguously states that the nurse's and midwife's professions are independent medical professions. In article 4, it regulates the issue of practising the nursing profession, which mostly consists in providing health care services such as recognising patients' conditions, needs and nursing problems; planning nursing care and providing patients with it; providing – within a determined scope – preventive, diagnostic, medical, rehabilitation and emergency services. As part of her professional practice, a nurse carries out doctors' orders in diagnostics, treatment and rehabilitation processes, makes decisions concerning the type and range of nursing and caring services, and performs various activities in terms of health education and promotion. The second paragraph of the article under consideration also lists a number of activities which – from the legal point of view – are part of the nursing practice. These include the following: teaching students of nursing or midwifery; training nurses or midwives in terms of their professional development; carrying out research in the field of nursing; managing nursing or midwifery personnel; working in health care entities as a member of the administrative staff responsible for preparing, organising and supervising health care services; working in public administration institutions whose scope of activity comprises the supervision of health protection [3, 4].

Another important issue regulated in the act refers to the rights and duties of a nurse. A nurse has a right to use her professional title ('nurse') and use her formal uniform. The legislator provides nurses with the protection – for the period of and connected with performing health services – which public officers are entitled to; the detailed rules regarding the protection are regulated by the Penal Code. The act also refers to the so-called nurse's conscience clause. A nurse

may refuse to carry out a doctor's order, or to perform another health service, which is at variance with her conscience or beyond her qualifications, unless the delay suddenly poses a threat to the patient's life. A nurse may inspect her patients' medical documents and have the right to obtain information from doctors on her patients' health, diagnosis and suggested forms of treatment, rehabilitation and medical prevention as well as on the foreseeable results of the undertaken medical activities. Such information is made available to nurses only if it is indispensable for the health services provided by them. If a patient is unable to live independently or look after himself or herself, the nurse has the right to decide about the type and range of nursing and caring services herself [3].

The basic duty of a nurse is to practise her profession with due diligence, in accordance with the principles of the professional ethics, with respect for her patient's rights and safety, and in compliance with the current medical knowledge. Nurses' duties also include carrying out doctors' orders listed in medical documents. The duty of keeping medical records does not apply to orders given in cases of medical emergency. A nurse has to produce documents and make them available in accordance with the regulations of the Patients' Rights and Health Service Ombudsman Act dated 6 November 2008. Moreover, a nurse is obliged – in accordance with her professional qualifications – to give medical aid in every case in which any delay can pose a threat to the patient's health. If a nurse refuses to perform health services which she finds to be at variance with her conscience or which she fails to perform due to her lack of necessary qualifications, she is obliged to inform the patient about either of these immediately and about another nurse or another health care entity capable of providing

him or her with these services. What is more, a nurse is to inform patients about their rights and their health condition. A nurse is also bound by professional confidentiality in terms of all the information about her patients obtained while practising her profession [3].

The amendment to the Nurse's and Midwife's Professions Act [3] taking effect as of 1 January 2016 introduces in articles 15a and 15b, under self-provision of health services, the ability, by a nurse with a master degree or with completed specialisation, to issue prescriptions for medicines and foods or orders for diagnostic tests and medical products listed exhaustively in Regulation of the Minister of Health dated 20 October 2015 on the list of active substances contained in medicines, the list of foods for particular nutritional uses, the list of medical devices and a list of diagnostic tests (Journal of Laws 2015, No O, item 1739). The second Regulation, awaiting publication in the Journal of Laws, dated 28 October 2015, governs patterns of prescriptions, their distribution, issuing and storage. This is a legal change significantly expanding the power of nurses who get the opportunity to act independently particularly in long-term care. In addition, a nurse with at least a bachelor's degree is required to extend the medical orders on prescription that continues medical treatment. In this case, there is no limitation except for psychotropic drugs. Each issue of a prescription or order requires examination of the patient, with the exception of prescriptions for the continuation of medical treatment when the test can be skipped if the patient's state corresponds to the medical records. It is curious that the Ministry of Health provided no financial consequences of the regulation, which is a worrying sign, because formal broadening of the qualifications and additional work associated with it (patients examination,

issuing referrals for tests or prescriptions) should be adequately rewarded. Expanding the powers also covered the midwife as a profession regulated together with the nurse.

The Nurse's and Midwife's Professions Act also says under what contracts of employment nurses may practise their profession. The types of such contracts include the following: employment contracts, service relationships, civil-law agreements, voluntary services or nursing practices regulated by the Medical Activity Act dated 15 April 2011. The Nurse's and Midwife's Professions Act also states that the employer cannot take any discriminating action due to the type of contract [3].

Another issue regulated by the act under consideration is the right to practise the nursing profession. The person who can be entitled with this right needs to: (1) have a graduation certificate or a diploma from a Polish nursing school, (or a foreign one, pursuant to other regulations), (2) have full legal capacity, (3) be fit and healthy enough to practise the nursing profession, (4) maintain high ethical standards of conduct [3].

The act also regulates the conditions which need to be met by citizens of the European Union who want to be entitled to practising the nursing profession in Poland. Moreover, it regulates the rules for obtaining the right to practise the profession by foreigners [3].

The issue of giving the right to practise the profession is regulated with reference to the Code of Administrative Procedure [3].

As for the reasons for the expiration of the right to practise the profession, the act lists the following: license termination; death; loss of full legal capacity; resignation from the right to practise the profession; loss of the right to practise the profession as a consequence of a valid ruling given by the nurses and midwives tribunal or a court prohibition on the nursing practice; loss of Polish citizenship; in the case

of foreigners – loss of EU citizenship or withdrawal of a settlement permit or long-term European Community resident status [3].

The act says that each nurse who obtains the right to practise the profession is listed in the register of nurses and midwives. The data required for registration includes, among other things, the nurse's first name, surname, address, education and information regarding the right to practise the profession. The register is kept in the form of an electronic system. In accordance with the act, the Central Register of Nurses and Midwives is maintained by the Head Chamber of Nurses and Midwives, whereas the register of nurses and midwives is kept by the Chamber of Nurses and Midwives [3].

The subsequent chapter of the act is devoted to the professional and post-gradual education of nurses.

The Professional Self-Government of Nurses and Midwives Act dated 1 July 2011

The establishment of a self-government of nurses and midwives is regulated by the Constitution in article 17. The first self-government of nurses and midwives was established on the basis of the Self-Government of Nurses and Midwives Act dated 19 April 1991. The organization and tasks of this self-government are now regulated with the Self-Government of Nurses and Midwives Act of 1 July 2011. The members of the self-government are nurses and midwives who have the right to practise their profession and are listed in the register kept by the respective district nurse council. Every nurse and midwife has to be a member of the self-government [2].

The aim of the self-government is regulated by the act; this is to represent nurses and midwives. The self-government

also supervises the proper practice of the profession, taking into consideration both public interest and the protection of the profession. The first paragraph of article 4 of the act also indicates other tasks of the self-government. These include the regulation and promotion of the principles of the professional ethics, supervision of their implementation, and regulation of the professional and qualification standards for particular work positions [2].

The second paragraph of the article under consideration says how the self-government achieves its goals and performs its tasks. The self-government, among other things, gives the right to practise the profession; gives opinions about working conditions and salaries for nurses and midwives; gives opinions and makes requests in terms of professional education; provides nurses and midwives with post-gradual education; and adjudicates in the range of professional liability [2].

The act also regulates the rights and duties of the members of the self-government. The members of the self-government have the right to both choose members and be chosen as members of the bodies of the chambers; to be provided with help of the chambers in terms of professional development and protection of the proper working conditions; to be provided with protection and legal assistance from the chambers; and to benefit from other services provided by the chambers and self-help groups. The members of the self-government are obliged to act in accordance with the principles of the professional ethics (regulated by the Nurse's and Midwife's Professions Act); to perform their professional activities conscientiously; to observe the regulations of the bodies of the chambers; to regularly pay the membership due; to update data in the register of nurses and midwives [2].

The subsequent chapters of the act refer to the bodies of the Supreme Chamber and the bodies of the District Chamber, as well as to the procedure of holding elections to these bodies [2].

The largest part of the act under consideration refers to the professional liability, i.e. responsibility for professional errors. The act defines nurses' professional errors as culpable violation of the principles of the nursing practice (regulated by the Nurse's and Midwife's Professions Act); violation of the rules regulating the nursing practice; and violation of the principles of the professional ethics. The issues which are not regulated by this act are subject to the regulations of the Code of Criminal Procedure and the Penal

Code. It should also be mentioned here that nurses are subject to legal, penal and professional liability [2, 5, 6].

The objective scope of the Professional Self-Government of Nurses and Midwives Act is presented by Figure 2.

The Medical Activity Act dated 15 April 2011

The Medical Activity Act replaced the Healthcare Centres Act. As it has already been mentioned, the Nurse's and Midwife's Professions act indicates that a nurse can practise her profession on the basis of an employment contract, service relationship, civil-law agreement, voluntary service or a nursing practice regulated by the Medical

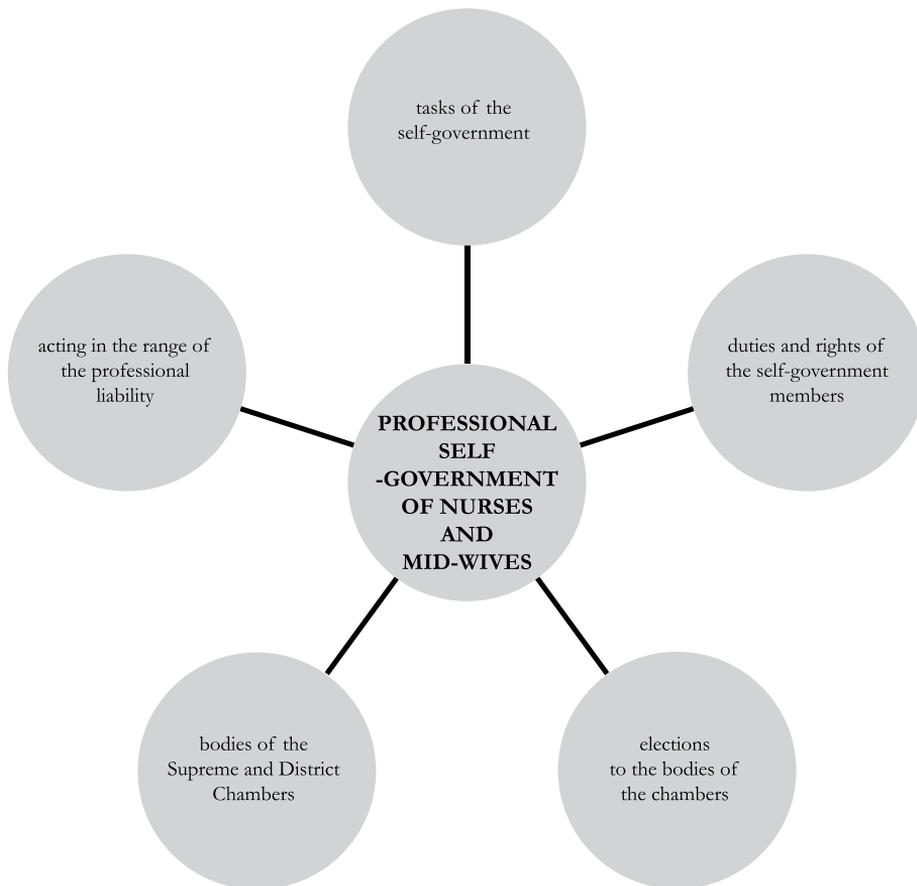


Figure 2. The subject matter of the Professional Self-Government of Nurses and Midwives Act.

Activity Act dated 15 April 2011. This act gives a nurse the right to conduct business activity as an entrepreneur. In the case of one-person business, a nurse is a private or private specialist nursing practitioner. In the context of a business run by several or more people, it is called a sole practitioners group [7, 8].

Being an individual nursing practitioner means conducting business as a natural person. General rules for conducting business activity are regulated by the Freedom of Business Activity Act discussed below [7].

A sole practitioners group can be founded in the form of a partnership; either a civil law partnership (regulated by the Civil Code) or a general partnership and limited liability partnership (regulated by the Code of Commercial Companies) [7, 9, 10].

The Medical Activity Act states that being an individual nursing practitioner is a regulated activity. This means that some additional requirements – different from those for a common entrepreneur – need to be met by the practitioner to conduct such an activity. These requirements are specified in the Medical Activity Act. They are: (1) having the right to practise the profession, (2) at least 2-year work experience, (3) continuous practice of the profession during the period of more than 5 years in the last 6 years, (4) having one's own room/office to provide health services, equipped with apparatus and medical equipment, and having a positive opinion from the Public Health Inspection on fulfilling the conditions that allow one to perform medical services, (5) liability insurance, (6) a nurse practising her profession as a specialist nursing practitioner is obliged to hold a specialization [7, 11].

To perform a medical activity, a nurse working as an individual nursing practitioner has to be registered as a healthcare provider and apply for a registration in the register of

entrepreneurs, which is the Business Activity Central Register and Information Record natural persons, and the National Court Register for partnerships). These requirements refer to both group and individual practitioners [7].

The legislator divides nursing practice according to the place of its performance. Nursing practice can be performed only in places of call or only in a company or in a healthcare institution under the contract. Such a division is important in the context of the requirements which have to be met by a nurse to conduct such an activity [7].

A nurse practising her profession only in a healthcare institution on the basis of a contract does not have to have her own room/office. Whereas a nurse performing health services in a place of call has to have medical equipment which will allow her to provide a patient with particular medical services in the place of the patient's permanent or temporary residence. She also has to register the address of the business activity and the place where the medical documentation is collected, but she does not have to have her own room/office [7].

The Nurse's and Midwife's Professions Act gives the Chamber of Nurses and Midwives the right to do visitation aimed at assessing the practitioner in terms of her professional practice. If during such visitation violations of the principles of the professional ethics are detected or law regulations are found to have been culpably breached (according to the Nurse's and Midwife's Professions Act), the Chamber of Nurses and Midwives reports to the Regional Screener for Professional Liability. If during visitation a nurse practising her profession as a practitioner blatantly violates the conditions of practising the profession, the Chamber of Nurses and Midwives deletes her practice from the Register of Health Care

Providers [7].

The Freedom of Business Activity Act dated 2 July 2004

The Freedom of Business Activity Act introduces a definition of business activity. It is defined as a profit-making activity of a productive, construction, commercial or service character and as prospection for and exploration of mineral deposits, and also as professional activity carried out continuously and in an organized way. As it has been written above, a nurse can conduct business in the form of a professional practice. Then she becomes an entrepreneur. An entrepreneur, in the context of the act, is a natural person, legal person and organizational entity which is not a natural person – whose legal capacity is regulated by a separate act – performing his or her own business activity. The equity partners of a civil law partnership are also considered entrepreneurs. Thus, a nurse working as a practitioner, both individually and in a group, is always an entrepreneur [12, 13].

An entrepreneur can start conducting his or her business activity after submitting his or her application of registration to the Business Activity Central Register and Information Record or after being registered as an entrepreneur in the National Court Register. Obviously, becoming an individual nursing practitioner is a regulated practice, which means that to conduct such an activity, one needs to meet some additional requirements listed in the Medical Activity Act, which have already been described [14, 15].

Other legal acts

The legal aspects of practising the nursing profession are obviously connected with other legal regulations, too. The Civil Code is worth taking into consideration since it is the key legal act regulating relations under the civil

law. It is applicable when a nurse practises her profession on the basis of a civil law agreement. It also regulates the functioning of a civil partnership, which can be formed by nurses who want to be group practitioners (the Civil Code, 1964). Practitioners can also practise their profession in the form of general and limited liability partnerships; in this case the Code of Commercial Partnership applies (the Code of Commercial Partnership, 2000). Also, attention should be paid to the Patients' Rights and Health Service Ombudsman Act, which describes the rights of a patient which need to be respected by medical staff, including nurses [16].

Among the basic acts regulating the aspects of practising the nursing profession, there are many regulations issued on the basis of acts aiming at their implementation. One of the examples of these regulations is: (1) the Minister of Health Regulation of 28 December 2012 concerning the way of regulating the minimal norms of nurses' and midwives' employment in healthcare entities that are not entrepreneurs; (2) the Minister of Health Regulation of 20 August 2012 concerning the detailed requirements referring to the education of nurses and midwives; (3) the Minister of Health Regulation of 7 November 2007 concerning the type and range of preventive, diagnostic, medical and rehabilitation services provided by a nurse or a midwife independently, without doctors' orders; (4) the Minister of Health Regulation of 20 October 2005 concerning the range of duties of a doctor, nurse and midwife.

Responsibility Of Nurses

Regardless of responsibility at nurses and midwives court, nurse may be held liable in a civil or criminal court. Upon the opening of a criminal case, other proceedings, including at the at nurses and midwives court, become

suspended. This is because the criminal court issues the most severe sentences and may also punish with the prohibition of employment; then the proceedings at the professional court work becomes aimless. Sentencing at a civil court is favourable after the completion of the criminal case, when nurse's sources of income have been revealed (if she may still work in the profession), from which the compensation is to be covered. Liability covers both current and future assets (collecting the amount of compensation from wages or from other sources of income).

Civil liability is the responsibility primarily in financial dimension, i.e., it is focused on sentencing the amount money that is needed to repair the damage. In civil law a basis rule is: Anyone who by a fault on his part causes damage to another person is obliged to remedy it (The Civil Code, art. 415) [9]. Therefore, just the damage done causes liability for it if it was the act against the law or principles of social coexistence (or ethics), and if the nurse can be blamed. This is so called "tort liability" that arises irrespective of the legal relationship between the nurse and the patient. With respect to nurse's work it mainly refers to health damages. In addition, nurse is liable to pay compensation only for the normal consequences of acts or omissions that caused the damage (The Civil Code, art. 361 § 1). The nurse may also be responsible for moral harm, i.e. illegitimate act causing patient's moral or physical suffering – its reparation is satisfaction for harm (including in cash). Furthermore, the nurse may be responsible for non-performance or improper performance of the obligations stated in Art. 417 of the Civil Code. This form of liability requires agreement with the patient, and therefore mainly affects nurses employed in the form of individual or group practice of nursing. Under the contracts, the obligation of

the liability insurance has been introduced [7].

This counteracts the trials and enables the patient to obtain compensation from the insurer. The nurse must remember that her primary duty is self-repair, so called natural restitution, and she should fix the damage as soon as possible. Reinstatement (to the state before the damage) causes the patient to lose the ability to pursue claims from the insurance company or at the court. The nurse under an employment contract does not make an agreement with the patient, but is acting on behalf of the employer. In such case the employer is liable for damage caused by nurse with the recourse right to her up to three-month salary [17]. However, the nurse shall personally repair the damage done by herself, as far as possible, in accordance with the principle of tortious liability. In the case a civil court determines if there has been a failure of due care, which means both the violation of basic rules of care and standards of conduct adopted in given case (medical malpractice). Most often we deal with the nurse's involuntary guilt, when the nurse knowing the rules breaks them hoping to avoid negative effects for the patient (recklessness), or does not know the exact rules of the art thereby commits an act in the form of negligence. Poor health of the patient is not enough to judge a nurse. In this case there is no liability for the outcome, but for a thorough treatment. Whether an error has been made is evaluated on the basis of the assessment of experts (nurses and doctors), patient and witnesses testimonies, and secured medical records. Medical documentation is the most important proof and therefore should be carried out carefully so that it accurately reflects the patient's condition before and immediately after providing medical treatment. This prevents the assignment to nurse the negative effects on patient's health not caused by her.

Under The Penal Code [18], criminal responsibility requires the existence of four legal conditions:

- the act contains features of a crime,
- the act led to a negative effect,
- there is a causal link between the act and the result,
- the perpetrator must be assigned with a blame.

Specific nurse's act must be assigned to a specific criminal offense of the Criminal Code. It must be an unlawful act, i.e. discordant with the knowledge or established practice that constitutes malpractice. The Penal Code refers to careless handling, which corresponds to the civilian concept of failure of due care. Then, it should be proven that nurse's action or omission has led to the criminal result that does not only mean the occurrence of effects similar to health damage in the meaning of civil law, but also exposing the goods (health, life, human freedom). This connection must be proven without any doubt and finding other reasons (i.e. the proverbial „alibi" in the form of other damage, visits at other medical professionals, etc.) may free the nurse from responsibility. An attorney familiar with the medical law plays a significant role here. Nurse's fault most often occurs in unintentional form, i.e. without intention to cause harm to the patient. Penal regulations, included in the Penal Code and special laws, protect any person from unlawful interference in their life, health or property. The most important regulations related to the nurse's work refer to a group of crimes against life and health stated in Chapter XIX of the Penal Code. These crimes include incorrect interference in health resulting health damages according to art. 156-157 P.C. (causing heavy or light health damage, including the health upset up to 7 days, i.e. bruising), or even the death according to art. 155 P.C. They also

include crimes related to the abandonment of persons obliged and empowered to act. This means human exposure to direct danger of death or grievous health damage according to art. 160 P.C. punishable by imprisonment up to 3 years, which is even severely punished if the perpetrator was under an obligation to care for the person exposed to danger. Another crime, committed in the form of omission, is failing to give assistance in an emergency situation that according to art. 162 P.C. is punishable by imprisonment up to 3 years. The Penal Code also states in art. 150 privileged offense causing death or euthanasia, both in the form of action or omission, at patients request and under the influence of sympathy for patient, which is punishable from 3 months to 5 years of imprisonment, with the possibility of waiving the penalty or extraordinary mitigation of punishment. The nurse should always receive permission to nursing procedures because just failure to receive permission for medical treatment, even without negative effects on the health of the patient, can result in responsibility at a criminal court pursuant to art. 192 P.C. [18]. The patient's consent is valid upon receiving required prior information about the treatment.

DISCUSSION

It should be noticed that the nursing profession in Poland is strictly regulated by legal acts. These regulations are statewide. Moreover, they are included in acts, i.e. legal documents of a high rank. At the same time, the Polish regulations connected with obtaining professional qualifications comply with the law of the European Union.

Even though the regulations connected with the nursing practice are strict, the legislator gives nurses the chance to choose their form of employment. In Poland, they can

work under an employment contract or civil-law agreement, conduct their own business activity or remain in a service relationship. The Polish legislator also developed the regulations referring to nurses' liability. Just like all the citizens of Poland, a nurse is subject to criminal and civil liability. What is more, she is subject to professional liability. The issue of professional liability is regulated in Poland in detail; almost a whole act is devoted to this issue. It appears to be understandable if we consider the fact that the nursing profession has been a public trust profession in Poland for a long time now.

It should also be noticed that the real enforcement of the legislator's guidelines depends on the way in which the particular acts are implemented through regulations. It seems that the Polish legislative framework presents a professional nursing practice as an autonomous one, represented by its own self-government. However, in the Polish nursing circles there is a discussion taking place over the need to broaden nurses' independent competence. The legislator creates a chance to do so with the issued acts. However, there is a need to implement all of the solutions by means of lower-level legislative acts.

CONCLUSIONS

The legal acts discussed above:

- explicitly place the nursing profession among other medical professions;
- explicitly explain the essence of the professional nursing practice, activities of the practice, and the forms of nurses' employment;
- explicitly describe nursing as an independent profession, indicating the scope of prophylactic, diagnostic, medical, rehabilitation and emergency services which a nurse can perform independently, without doctors' orders;
- specify the principles of access to the

profession, from pre-gradual education, through obtaining the license to practise the profession, to professional development;

- specify the rights and duties of a nurse and ethical determinants for the professional nursing practice;
- explicitly explain the essence and the range of the professional liability of a nurse;
- explicitly determine the rules for nurses' registration in Poland.

The presented overview of the legal acts proves that currently binding documents, i.e. acts and regulations, are the most reliable source of characteristics in terms of the nursing profession profile.

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