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INDEPENDENT PUBLIC HEALTH CARE FACILITIES IN THE DEFENSE SYSTEM OF THE REPUBLIC OF POLAND

Abstract

The primary goal of the Republic of Poland's defense preparations is to create organizational conditions to ensure the sovereignty, territorial integrity, independence, and survival of the nation, as well as the state's structures, during external threats to its security and in times of war. Medical entities are specific organizational units performing defense tasks. Under the Act of April 15, 2011, on Medical Activity, medical entities, which include, among others, independent public healthcare facilities, are entities performing medical activities, i.e., activities involving the provision of health services. The primary goal of preparing medical entities to operate in situations of external threats to state security and in times of war is to create legal and organizational conditions for the provision of the aforementioned health services, i.e., undertaking activities aimed at preserving, saving, restoring, or improving health.

Keywords

law, defense preparations, defense needs, medical entity

Introduction

The current global political and military situation is characterized by an increased likelihood of global confrontation and a significant degree of unpredictability related to the existence of numerous real and potential crisis hotspots, such as the war in Ukraine. Should these crisis hotspots intensify, they may also impact Poland. The threat of a large-scale war is unlikely[1], although not entirely ruled out. The threat of a small-scale conflict, a local violation of Polish territory, or an armed border incident is much greater[2]. This necessitates the development of the state's defense system[3] and the involvement of all its elements, including medical entities, in rapidly responding to threats triggering military crises.

Independent Public Healthcare Facility as a Medical Entity

The right to health care should be considered a fundamental need for both individuals and society at large. This area has been recognized in Polish law, as it has been included in the catalog of constitutional civil liberties. The principal legal acts regulating the Polish health care system include:

- the Act of August 27, 2004, on Healthcare Services Financed from Public Funds[4];
- the Act of November 6, 2008, on Patients' Rights and the Patient Ombudsman[5];
- the Act of September 11, 2015, on Public Health[6];
- the Act of April 15, 2011, on Medical Activity, which is crucial for further considerations[7].

The Act of April 15, 2011, on Medical Activity, which served as the basis for initiating the process of transformation in the organization and operation of medical entities in Poland, defined, among other things, the principles for conducting medical activity and the operation of entities performing medical activity that are not entrepreneurs. Medical activity is defined as the provision of health services, i.e., undertaking activities aimed at preserving, saving, restoring, or improving health, as well as other medical activities resulting from the treatment process or separate provisions regulating the principles of their performance. Medical activity may also involve health promotion and conducting teaching (scientific) or research activities related to the provision of these services and the implementation of new treatment

1 S. Koziej, J. Pawłowski, *Podstawowe założenia polityki obronnej i strategii obronności Rzeczypospolitej Polskiej*, „Wiedza Obronna" 1995, Nr 3, p. 46.

2 See: J. Pawłowski, *System obronny Rzeczypospolitej Polskiej*, [w:] *Resort spraw wewnętrznych i administracji w systemie obronnym państwa*, red. nauk. R. Kulczycki, B. Wiśniewski, Warszawa 2004, p. 11-18.

3 The state defense system is a set of internally organized and interconnected elements – people, organizations, devices working to maintain the military security of the state. (source: *Słownik terminów z zakresu bezpieczeństwa narodowego*, wydanie IV, Warszawa 2002, p.139).

4 Act of 27 August 2004 on health care services financed from public funds (Journal of Laws of 2025, item 1461).

5 Act of 6 November 2008 on patients' rights and the Patient Ombudsman (Journal of Laws of 2024, item 581).

6 Act of 11 September 2015 on public health (Journal of Laws of 2026, item 149).

7 Act of 15 April 2011 on medical activity (Journal of Laws of 2026, item 156).

methods and technologies. The scope of medical activity also includes preparing staff for medical professions. It should be emphasized that in 2012, the Act amending the Act on Medical Activity[8] defined the scope of medical activity in the context of conducting business activity, i.e., when the activities of medical entities do not constitute business activity. This was an important amendment because, while the provisions of the Act stipulated that every medical activity consists in providing health services and is at the same time a regulated economic activity, it was not possible to clearly conclude whether every provision of health services should be carried out within the framework of medical activity as an economic activity.

According to the aforementioned Act, healthcare providers, which include, among others, independent public healthcare facilities (SPZOZs), can be divided into: healthcare providers that are not entrepreneurs, entrepreneurs, and other entities. Two forms of healthcare activity of SPZOZs can be distinguished: inpatient and 24-hour healthcare services and outpatient healthcare services. Inpatient and 24-hour healthcare services can, in turn, be divided into hospital and non-hospital services. Hospital services are defined as comprehensive healthcare services provided 24 hours a day, consisting of diagnosis, treatment, care, and rehabilitation, that cannot be provided as part of other inpatient and 24-hour healthcare services or outpatient healthcare services. Hospital services also include services provided with the intention of terminating their provision within a period not exceeding 24 hours. Inpatient and 24-hour healthcare services other than hospital services include care, nursing, palliative, hospice, long-term care, medical rehabilitation, addiction treatment, psychiatric healthcare, and spa treatment services provided to patients whose health condition requires 24-hour or all-day healthcare services in appropriately equipped permanent facilities. Outpatient healthcare services, i.e., primary or specialized healthcare and medical rehabilitation services, are provided, among other places, in an outpatient clinic, clinic, health center, clinic, or outpatient clinic with an infirmary.

State Defense System

Currently identified challenges to the security of the Republic of Poland necessitate the participation of all components of the state's defense system in defense preparations.[9] The experience of Western democracies demonstrates that to increase the country's stability and enhance citizens' sense of security, it is necessary to fully and appropriately utilize all resources available to a democratic state. This stems, among other things, from one of the main strategic directives, formulated by General André Beaufre: „The task of strategy is to achieve goals with the best possible use of available resources."[10] This directive can be found in Polish legislation.

8 Act of 14 June 2012 amending the Act on Medical Activity and certain other acts (Journal of Laws, item 742).

9 B. Wiśniewski, *Wybrane aspekty przygotowań obronnych państwa*, „Zeszyt Problemowy TWO" 2006, nr 2, p. 7.

10 A. Beaufre, *Wstęp do strategii. Odstraszanie i strategia*, Warszawa 1968, p. 30.

The provisions of the Act of 11 March 2022 on the Defense of the Homeland[11] stipulate that: „the implementation of tasks in the field of state defense[12] belongs to all bodies of government authority and administration, as well as other state bodies and institutions, local government bodies, entrepreneurs, non-governmental organizations and other entities, as well as to every citizen, to the extent specified in acts."[13] The entities indicated in the aforementioned provision are part of the defense system of the Republic of Poland, „[…] aimed primarily at countering military threats, but not exclusively, because the scale and scope of threats are currently not fully defined and intertwine. State defense is today one of the fundamental directions of its activity related to development both in peacetime and functioning during wartime."[14] As J. Wojnarowski further states, state defense is: „[…] the state's ability to conduct effective defense operations, protect its citizens and all property, […] is comprehensive in nature and is the subject of interest of the entire apparatus of state power, public administration, and the state economy."[15]

The still-in-force 2020 National Security Strategy of the Republic of Poland[16] and the 2024 Recommendations[17] to that Strategy refer to the state's defense system in their provisions. However, the Strategy uses the term „state defense system" only once, stating: „Improve the host state's support system in both the military and non-military components of the state's defense system."[18] This provision implies that the state's defense system consists of at least two components: military and non-military. It should also be noted that the authors of the Strategy introduced a new term, „common defense system," „fully utilizing the potential of state and local government institutions, entities of the education and higher education systems, local communities, businesses, non-governmental organizations, and citizens, which will constitute the state's comprehensive resilience to non-military and military threats."[19] „In one word, in one strategic document, there is a national security system, a state defense

11 Act of 11 March 2022 on the Defense of the Homeland (Journal of Laws of 2025, item 825)., article 7.

12 According to B. Szulc, defense is not a part of security, but an action that eliminates threats, i.e., an action aimed at defending and protecting the security of all beings. In the broadest sense, it constitutes the basis (substrate) of security (source: B. Szulc, *Między ortodoksją a racjonalizmem (ontologiczno-metodologiczne konteksty badań nad bezpieczeństwem*), [w:] M. Kopczewski, A. Kurkiewicz, S. Mikołajczak (red.), *Paradygmaty badań nad bezpieczeństwem. Jednostki, grupy i społeczeństwa,* t. 1, Poznań, 2015, p. 235.

13 See: Act of 21 November 1967 on the universal obligation to defend the Republic of Poland (Journal of Laws of 2021, item 372), Article 2: „Strengthening the defense of the Republic of Poland, preparing the population and national property in the event of war and performing other tasks within the framework of the universal obligation to defend belongs to all organs of government authority and administration, as well as other state bodies and institutions, local government bodies, entrepreneurs and other organizational units, social organizations, as well as to every citizen to the extent specified in acts."

14 J. Wojnarowski, *System obronności państwa*, Warszawa 2005, p. 5.

15 Ibidem, p. 7.

16 *National Security Strategy of the Republic of Poland of 2020*, p. 23.

17 See: *Recommendations for the National Security Strategy of the Republic of Poland*, Warsaw, July 4, 2024, p. 4, 26.

18 *National Security Strategy of the Republic of Poland of 2020*, p. 23.

19 Ibidem, p. 15.

system, and a common defense system, but which is which, what is what, and how do they relate to each other? It is not known."[20]

In 2022, the Sejm of the Republic of Poland adopted the aforementioned National Defense Act, which constitutes the fundamental legal act regulating the area of national defense and can be described as a „defense constitution."[21] The term „national defense system" appears three times in this act, but it does not provide a legal definition of the defense system or specify its structure.

Based on the analysis of existing solutions regarding the organization of the Polish defense system, it should be assumed that the state defense system „consists of groups of entities that constitute:

- the national security management subsystem (the president, all bodies of government authority and administration, executive bodies of local government, as well as the command bodies of the Polish Armed Forces, including the Supreme Commander of the Armed Forces, upon his appointment and assumption of command, and other bodies designated by the Prime Minister);
- the non-military system, referred to in other documents and publications as the non-military subsystem, non-military defense structures (including other state bodies and institutions, entrepreneurs, non-governmental organizations and other entities, citizens);
- the military subsystem (armed forces)".[22]

In summary, the state's defense system encompasses all groups of entities designated to carry out defense tasks. The most recognizable part of the SOP is the Polish Armed Forces, and in no country can the army function without the appropriate support of public administration, the economy, and citizens who form a non-military system. The non-military defense structures of the state's defense system include independent public healthcare facilities. Referring to Polish strategic documents, it is worth recalling the provisions of the 2009 Defense Strategy of the Republic of Poland[23], the 2013 National Security System Development Strategy, and the 2014 National Security Strategy[24], although their validity has expired, as they were the only ones to address healthcare in the context of the role of healthcare providers in the state's defense system. The former strategy stated that protecting and ensuring the population's subsistence needs includes, among other things, Healthcare[25], and the fundamental areas of defense preparations implemented in the non-military subsystem include the preparation and utilization of public and private healthcare

20 *Metodyka ćwiczeń podsystemu miemilitarnego w systemie obronnym RP. Teoria i praktyka*, (red. nauk.) W. Kitler, Warszawa 2024, p. 35-36.

21 See: M. Kuliczkowski, *Formalnoprawne uwarunkowania przygotowań obronnych w Polsce, w kontekście zobowiązań sojuszniczych*, „Zeszyty Naukowe AON" 2015, nr 1(98), p. 11.

22 *Metodyka ćwiczeń podsystemu*…, p. 35-36.

23 Defence Strategy of the Republic of Poland. Sectoral Strategy for the National Security Strategy of the Republic of Poland, adopted by the Council of Ministers on 23 December 2009.

24 National Security Strategy of the Republic of Poland of 2014

25 Defence Strategy of the Republic of Poland…, point 73.

services for the defense needs of the state[26]. Healthcare preparations concern „increasing the hospital base and changing its profile, creating alternative hospital beds, operating outpatient treatment, organizing a public blood service, sanitary and epidemiological security, handling radiation incidents and other effects of the use of weapons of mass destruction, and providing services to certain organizational units."[27] The SBN 2022 Development Strategy lists the fundamental areas of defense preparations implemented with the participation of economic entities as follows: the utilization of public and private healthcare services for the defense needs of the state, the distribution of medicinal products and medical devices, and monitoring the economic potential in the field of health care.[28] In turn, the 2014 strategy highlighted the need to continue improving healthcare structures related to emergency medical services, primary healthcare, and specialized medical facilities, as well as „improving organizational, planning, procedural, and material preparations for functioning in emergency situations and during wartime."[29] Attention should also be paid to the Recommendations for the National Security Strategy of the Republic of Poland from 2020, which, among its strategic goals stemming from national interests in the field of national security and aimed at increasing Poland's security and position in the international arena compared to the period before 2022, includes ensuring health security.[30]

Defense Preparations of Public Healthcare Facilities (SPZOZ)

The preparation of SPZOZs for the defense needs of the state aims to create legal and organizational conditions for the provision of health services, i.e., for undertaking actions aimed at preserving, saving, restoring, or improving health, in the event of an external threat to national security and during wartime.

At this point, it is important to refer to the estimated number of civilian casualties in the event of an armed attack on Poland. Estimating the number of civilian casualties depends on many factors, such as the type of conflict (conventional or nuclear), the intensity of military operations, the target of the attacks, and the degree of the country's defense preparedness. When considering the number of casualties in a potential armed conflict in Poland, it is necessary to refer to Polish experiences. It is estimated that the number of Polish casualties during World War II was approximately 5.9–6 million. This number includes both Poles and Polish citizens of Jewish origin. Of this group, approximately 3 million were victims of the Holocaust, and the remaining 2.9–3 million were Poles of non-Jewish origin. The majority of these losses resulted from German terror, genocide, and war crimes, while direct military actions

26 Ibidem, p. 127.
27 Ibidem, p. 135.
28 *Strategy for the development of the national security system…*, p. 23.
29 *National Security Strategy of the Republic of Poland of 2014*, p. 135.
30 See: Recommendations for the National Security Strategy …, p. 7.

accounted for a relatively small number of casualties (approximately 644,000). These losses represented approximately 17% of Poland's pre-war population, making Poland one of the hardest-hit countries during World War II in terms of population loss.[31] These data demonstrate the enormous scale of civilian casualties suffered by Polish armed aggression. It should be noted that accurately determining the number of casualties is difficult due to the scale of destruction and the chaos of war, so the figures provided are estimates.[32] History shows that armed conflicts always involve massive civilian casualties. Contemporary conflicts also demonstrate that warfare can lead to significant civilian casualties. In Ukraine, at least 12,000 civilians have died as a result of military operations since 2014.[33] However, intensive bombardment of cities and infrastructure may significantly increase the number of casualties.

It's worth noting that in the event of a conventional conflict, the losses among the Polish population could be comparable to those in World War II or contemporary conflicts such as the war in Ukraine. However, in the event of a nuclear attack, the losses would be catastrophic, reaching millions of casualties in a short period of time. This is supported, among other things, by a simulation of the effects of a nuclear attack. According to analyses of a potential attack on Warsaw, if an R-36M2 („Satan") ballistic missile were used, approximately 1.37 million people could be killed within 24 hours and nearly a million injured.[34] The consequences would include both immediate damage and long-term radiation effects. Therefore, identifying key directions for preparatory activities for independent public healthcare facilities, which constitute a component of the state's defense system[35], will enable the effective use of this element to provide healthcare services in times of threat.

The fundamental strategic document concerning the national security of the Republic of Poland, referring to the state's defence preparations, is the National Security Strategy of the Republic of Poland of 2020, which in its provisions refers to the area of non-military defence preparations, stating that "in the area of non-military defence preparations, optimal legal and organisational conditions should be created for flexible action in the event of an external threat to the state's security in times of peace, crisis and war"[36].

Defense preparations play a key role in the national security system of the Republic of Poland, as reflected in their inclusion in the 2020 National Security Strategy of the Republic of Poland. The importance of defense preparations in the

31 *II wojna światowa – polskie straty osobowe*, https://dzieje.pl/aktualnosci/ii-wojna-swiatowa-polskie-straty-osobowe (access: 10.05.2026 r.).

32 *Milion to statystyka – liczba ofiar w czasie II wojny światowej*, https://warhist.pl/ciekawostka/milion-to-statystyka-liczba-ofiar-w-czasie-wojny/ (access: 10.05.2026 r.).

33 *Conflict-related civilian casualties in Ukraine*, https://ukraine.un.org/sites/default/files/2022-02/Conflict-related%20civilian%20casualties%20as%20of%2031%20December%202021%20%28rev%2027%20January%202022%29%20corr%20EN_0.pdf (access: 10.05.2026 r.).

34 *Skutki uderzenia nuklearnego na państwa NATO w UE. Na liście jest Warszawa*, https://wiadomosci.gazeta.pl/wiadomosci/7,114881,31502284,skutki-uderzenia-nuklearnego-na-panstwa-nato-w-ue-na-liscie.html (access: 10.05.2026 r.).

35 See Recommendations for the National Security Strategy…, p. 26.

36 Ibidem, p. 17.

Polish security system is also determined by the fact that legal solutions directly defining the competences of state bodies and their responsibilities related to national defense were included in the 1997 Constitution of the Republic of Poland, and further detailed in the 2022 Act on the Defense of the Homeland and its implementing regulations. Regulating the issue of state defense preparations through sources of generally applicable law has a beneficial impact on the implementation of defense tasks by all elements of the state defense system, including non-military elements of this system, which include independent public healthcare facilities.

Non-military defense preparations are closely linked to defense tasks. The primary legal act from which conclusions regarding the scope of defense tasks stem is the aforementioned 2022 Act on the Defense of the Homeland. References to defense tasks can be found, among other things, in the definition of defense programs contained in the act, which gives rise to the first type of defense tasks in the form of preparatory tasks, i.e., defense tasks carried out in peacetime, and the definition of operational plans, which gives rise to the second type of defense tasks in the form of operational tasks, carried out in conditions of threat to national security and in wartime. Despite the legislature's use of the term „defense tasks," the act does not provide a legal definition of this term. Based on an analysis of the provisions of the act, the conclusion is that defense tasks are primarily limited to the preparatory phase. This is further supported by the provisions contained in the Regulation of the Council of Ministers of 21 April 2022 on the manner of performing tasks under the defence obligation, which specifies the manner of performing defence tasks, i.e. tasks under the defence obligation, by public administration bodies and entrepreneurs and other organisational units, as well as non-governmental organisations.

Based on the type of defense mission, we can divide it into: general, preparatory missions; diplomatic missions; information missions; economic and defense missions; and protective missions – those aimed at ensuring the efficient functioning of state structures and meeting basic living and spiritual needs, as well as protecting the population. From the perspective of the research subject, defense missions aimed at protecting and meeting living and spiritual needs, as well as protecting the population, play a special role, as independent public healthcare facilities prepare for operations in peacetime under external threats and during wartime, including rescue operations, providing assistance to the injured, and providing healthcare services to civilians, not necessarily victims of warfare.

Based on the conducted research, it should be concluded that the place and role of independent public healthcare facilities in the non-military defense preparations of the state is determined by the scope of tasks imposed on this category of healthcare entities by the Act of 15 April 2011 on Medical Activity. Therefore, the preparations of independent public healthcare facilities for the defense of the state are aimed at ensuring the legal and organizational conditions for the provision of healthcare services, i.e., for undertaking actions to preserve, save, restore, or improve health in the event of an external threat to its security and in times of war.

Conclusions

Despite the adoption of the Homeland Defense Act on March 11, 2022, it still seems justified to enact a legal act that would comprehensively regulate all state defense preparations, precisely defining the place and role of individual elements of the state defense system, including independent public healthcare facilities, and the principles of cooperation between these elements. It is therefore necessary to continue efforts to rebuild the system of non-military defense preparations within state institutions. It should be remembered that the efficiency of healthcare entities in conditions of external threats to state security and in times of war will be influenced, among other things, by cooperation with other elements of the state defense system, as well as co-operation between individual healthcare organizational units.

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