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Date: 26/06/2018

DH-DD(2018)659

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Meeting: 1324th meeting (September 2018) (DH)

Communication from the authorities (22/06/2018) concerning the case of P. and S. v. Poland (Application No. 57375/08)

Information made available under Rule 8.2a of the Rules of the Committee of Ministers for the supervision of the execution of judgments and of the terms of friendly settlements.

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Réunion : 1324e réunion (septembre 2018) (DH)

Communication des autorités (22/06/2018) concernant l'affaire P. et S. c. Pologne (requête n° 57375/08) ***(anglais uniquement)***

Informations mises à disposition en vertu de la Règle 8.2a des Règles du Comité des Ministres pour la surveillance de l'exécution des arrêts et des termes des règlements amiables.

Republic of Poland
Ministry
of Foreign Affairs
Plenipotentiary of the Minister
of Foreign Affairs for cases and procedures
before the European Court of Human Rights
Agent for the Polish Government

Warsaw, 21 June 2018

Ms. Geneviève Mayer
Head of the Department
for the Execution of Judgments
of the European Court of Human Rights
Council of Europe
Strasbourg

Dear Madam,

With reference to the 1324th CM-DH meeting (September 2018) and process of execution of the European Court of Human Rights' judgment in the case of *P. and S. v. Poland* I would like to present you the following information received from the Polish Ministry of Health, which constitutes a response to the issues raised in the CM-DH decision of 21 September 2017, adopted in the case at hand.

Ad. para. 2 of the CM-DH decision of 21 September 2017: Reflection on measures to provide women seeking lawful abortion with appropriate consideration and adequate information on the steps they should take to exercise this right, in particular when the pregnancy results from a criminal act

The procedure in the regard stems directly from the provisions of the law on *Family Planning, Human Foetus Protection, and Acceptable Conditions of Pregnancy Termination* of 7 January 1993. In accordance with Article 4a (1) a pregnancy can be terminated by a physician if:
1) pregnancy endangers the mother's life or health;
2) prenatal tests or other medical findings indicate a high risk that the foetus will be severely and irreversibly damaged or suffer from an incurable life-threatening ailment;
3) there are reasonable grounds for believing that the pregnancy is the result of a criminal act.

It is further noted in Article 4a (5) of the said law that the circumstance described in point 3 is declared by a prosecutor. When the reasonable suspicion that the pregnancy had resulted from a criminal offence arise, in order to be provided with the lawful abortion, it is necessary

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to obtain the prosecutor's declaratory statement in this respect. The legal provisions cited above are stipulating precisely the conditions of obtaining such a statement.

The case of *P. and S. v. Poland* concerned such a situation. It should be pointed out that with regard to the first applicant, circumstances stipulated under Article 4a (1)(3) of the *Family Planning, Human Foetus Protection, and Acceptable Conditions of Pregnancy Termination* Law arose, i.e. there was reasonable suspicion that the pregnancy had resulted from a criminal offence. This circumstance was confirmed by a prosecutor in a relevant statement.

It should be also underlines that in in the case of *P. and S. v. Poland* the Court pointed to the need to define an effective and accessible procedure allowing for proving and implementing one's rights in respect of access to legal abortion.

An objection to a physician's opinion or ruling remains an efficient measure of legal protection, inter alia for women who were refused pregnancy termination (under any circumstance stipulated by the *Family Planning, Human Foetus Protection, and Acceptable Conditions of Pregnancy Termination* Law of 7 January 1993) or prenatal examination referral, and/or in the event a prenatal examination is not performed despite a proper referral having been issued. The patient's right to object to a physician's opinion or ruling was introduced into the Polish legal system under provisions of the *Patient Rights and Patient Rights Ombudsman Law* of 6 November 2008 (*Journal of Laws of 2016,* item 186, as amended), primarily for the purpose of implementing the judgment of the European Court of Human Rights in the case of *Tysiąc v. Poland*. However, the law is general in nature, i.e. it has not been narrowed down to the case of pregnancy termination refusal under the circumstances stipulated under the *Family Planning, Human Foetus Protection, and Acceptable Conditions of Pregnancy Termination* Law of 7 January 1993. Making the aforementioned norm general in nature was a purposeful action with the intention of protecting the rights of all patients whose rights or duties as stipulated by the law are affected by a physician's opinion or ruling (and under circumstances where no other legal remedies are provided for). A physician's refusal to terminate a pregnancy – regardless of the premise conditioning the performance of the procedure in a given case, and of the reason for refusal – affects the patient's rights. Notably, the physician may refer to the principle of conscientious objection in refraining from providing specific medical services, for the purpose of exercising his/her constitutional freedom of conscience and religion (with the exception of circumstances under which delayed medical assistance could potentially result in danger to life or a risk of serious bodily injury or a grievous health disorder)[1)]. Notwithstanding the above, the physician is obliged to justify said action, reporting it duly in the patient's medical file. Said responsibility applies to any refusal to perform a medical service for reasons of conscience or religion, i.e. to all circumstances under which pregnancy termination is permissible. Thus, any such refusal, given that it must be justified and documented in the relevant medical records, and that it affects the patient's right to receive a medical service, should be recognised as a physician's opinion and may constitute grounds for objection. Objection is, therefore, an appeal mechanism in all such cases, resulting in the execution of the right to the service.

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[1] As per Article 39 of the *Physician and Dental Surgeon Professions Law* of 5 December 1996 (*Journal of Laws of* 2015, item 464, as amended).

It should furthermore be pointed out that apart from introducing the right to objection, the *Patient Rights and Patient Rights Ombudsman Law* of 6 November 2008 appointed a central governmental authority – **the Patient Rights Ombudsman** – that is crucial to the protection of the rights of all patients, including pregnant women experiencing difficulties with access to pregnancy termination.

The Ombudsman's activities include the protection of patient rights as stipulated in the law under consideration and in separate legal provisions.

The scope of the Ombudsman's activities includes but is not limited to:

1) Conducting procedures concerning practices that violate collective patient rights,
2) Conducting procedures under Articles 50-53 of the Law (the provisions of which govern the Ombudsman's ability to launch clarification procedures, should he/she receive *prima facie* information of a probable patient rights violation);
3) In civil cases – performing tasks stipulated under Article 55 of the Law;
4) Co-operating with public authorities – with the respective minister for health-related issues – for the purpose of ensuring patient rights;
5) Submitting opinions and motions intended to provide effective protection of patient rights to relevant public authorities, organisations, institutions, and medical profession governing bodies;
6) Co-operating with non-governmental, social, and professional organisations with patient rights protection included in their statutory objectives;
7) Analysing patient complaints for the purpose of identifying threats and health protection areas that must be addressed.

Furthermore, in response to written motions and e-mailed reports, and in relation to personal patient visits to the Patient Rights Ombudsman's Office, the Ombudsman provides information concerning the broadly understood issue of pregnant women.

In light of the above it ought to be emphasised that a pregnant woman who has been refused access to the medical service requested has the option of applying to the Patient Rights Ombudsman as well, upon which the Ombudsman may initiate **clarification proceedings**. Thus, a patient who has been refused pregnancy termination procedure may also – in addition to raising her objection to a physician's opinion or ruling – exercise her rights with the use of the aforementioned remedy.

It should be noted that the case of *P. and S. v. Poland* refers to circumstances which arose in late May/early June 2008, i.e. preceding the enactment of the *Patient Rights and Patient Rights Ombudsman Law* of 6 November 2008. Thus, the applicants had no option to enforce the protection of their rights – primarily with regard to the rights of the first applicant to a pregnancy termination procedure – based on the provisions and mechanisms introduced under said Law.

Ad. para. 3 of the CM-DH decision of 21 September 2017: Information on how Polish authorities, when a doctor invokes the conscience clause, will ensure that women seeking

lawful abortion receive full and credible information about accessing the health care services to which they are entitled

In reference to the issue at hand, above all the current legal regulations should be referred to. Under Article 39 of the *Physician and Dental Surgeon Professions Law* of 5 December 1996 (Journal of Laws of 2017, item 125, as amended), a physician has the right to refer to the principle of conscientious objection when refraining from performing specific medical services, subject to the provisions of Article 30 of said Law (within the scope in which it provides for a physician's obligation to provide medical assistance whenever a delay in providing the same may result in danger to life or a risk of serious bodily injury or a grievous health disorder). In such cases, the physician is obliged to justify and record such decision in the relevant medical documentation. Furthermore, a physician performing his/her professional duties as an employee or as part of uniformed service shall also duly notify his/her superior in writing prior to exercising the conscience clause.

At the same time it should be pointed out that the above Law, in its Article 4b, provides that "persons covered by the social insurance and persons entitled to a free public medical care on the basis of other provisions, have the right to terminate the pregnancy in the medical facilities out of charge". The list of the guaranteed healthcare services connected with the termination of pregnancy is provided for in appendix no. 1 to the ordinance of the Minister of Health of 22 November 2013 *on the guaranteed healthcare services within the hospital treatment*.

It is important that under the legal provisions currently in force, including, above all, under the Regulation of the Minister of Health of 8 September 2015 *concerning the general conditions of healthcare service provision contracts* (*Journal of Laws of* 2016, item 1146), all medical facilities (hospitals) entering into a contract with the National Health Fund **shall be obliged to provide all services specified thereunder** – within their full scope and in conformity to the letter of law. By entering into a healthcare service provision contract, the service provider undertakes to provide all services guaranteed under implementing regulations relevant to the act, within the scope and inclusive of all service types specified by the contract.

Ad. para. 4 of the CM-DH decision of 21 September 2017: Information on action taken against medical service providers in respect of failure to comply with their contracts with the National Health Fund in respect of lawful abortion, and on the general availability of lawful abortion in the Polish healthcare system

In accordance with the information provided by the National Health Fund, the refusal of the medical service provider who is contracted in the field of obstetrics and gynecology, to perform the termination of the pregnancy in the cases provided for in the Law on *Family Planning, Human Foetus Protection, and Acceptable Conditions of Pregnancy Termination* with a simultaneous failure to indicate a medical facility where a woman could obtain the said healthcare service, counts as a faulty realisation of the contract. All complaints or other information about such a faulty realisation by a medical service provider

of its contract with the National Health Fund constitute a basis for institution of the **clarification proceedings**.

So far the National Health Fund did not receive any complaints from the patients regarding the refusal of performing such a healthcare service, the patients did not request information on the possibilities of carrying out the said service either. Notwithstanding the above, the National Health Fund send a letter to all of the directors of the regional branches of the Fund requesting the information whether in the given region any refusal of the pregnancy termination to a person entitled to such a service on the basis of the relevant law has been recorded. In the case of receiving information that in any region a medical service provider contracted in the field of obstetrics and gynecology refused to carry out the lawful abortion, the information in this respect will be forwarded without delay to the Ministry of Health, together with the information on the steps taken by the regional branch of the National Health Fund towards the service provider who refused to carry out the said healthcare service.

Ad para. 5 of the CM-DH decision of 21 September 2017: Additional clarification on why the existing mechanism to protect patient data was not effective in the applicants' case and the conclusions drawn to prevent a similar situation recurring

The physician-patient privilege obligation has been primarily regulated under the following legal provisions:

1) The *Physician and Dental Surgeon Professions Law* of 5 December 1996;
2) The *Patient Rights and Patient Rights Ombudsman Law* of 6 November 2008;
3) The *Family Planning, Human Foetus Protection, and Acceptable Conditions of Pregnancy Termination* Law of 7 January 1993.

The obligation is also provided for by the Code of Medical Ethics.

Under Article 40 of the *Physician and Dental Surgeon Professions Law* of 5 December 1996, a **physician shall be obliged to keep all and any patient-related information received in connection with performing his/her professional duties confidential**. The physician may be released from the aforementioned obligation under the following circumstances:

1) where such disclosure is permitted by law;
2) where a medical examination is performed at the request of authorised, pursuant to separate legal provisions bodies and institutions; under such circumstances, a physician shall be obliged to notify such bodies and institutions only of the patient's medical condition;
3) where observing the rule of confidentiality might endanger the life or health of the patient and/or other persons;
4) where the patient or his/her statutory representative consents to the disclosure of confidential information and prior notification has been provided of any consequences of said disclosure that might be unfavourable for the patient;
5) where the need arises to provide a forensic doctor with indispensable patient information;

6) where the need arises to provide indispensable patient information concerning medical service provision to another physician or to duly authorised persons participating in the provision of such services.

Under the aforementioned circumstances, confidential data shall only be disclosed to the extent required; under the circumstances described under point 4 above, such extent may be determined by the patient or his/her statutory representative. A physician, subject to the circumstances stipulated under points 1-5 above, shall be bound to secrecy also upon the patient's death, unless released by the next of kin as defined under Article 3(3)(1) of the *Patient Rights and Patient Rights Ombudsman Law* of 6 November 2008. The patient's next of kin consenting to confidential data disclosure may define the extent of such disclosure. Notwithstanding the above, physician-patient privilege shall not be violated upon the patient's death should another next of kin object to confidential data disclosure. Notably, in light of the Law discussed, **a physician shall not be authorised to make data that allows the patient to be identified public without said patient's consent.**

The obligation to respect the rule of confidentiality shall apply to all physicians, regardless of the legal form of professional duties performed or of the position held.

Furthermore, the *Physician and Dental Surgeon Professions Law* of 5 December 1996 obliges physicians to perform their professional duties in accordance with, *inter alia*, the principals of professional ethics, described in the Code of Medical Ethics. In Articles 23-28, the Code of Medical Ethics references the obligation to respect physician-patient privilege, further specifying that physician-patient privilege shall extend to any information concerning the patient and his/her environment received by a physician in connection with performing his/her professional duties. The patient's death shall not release the physician from the aforementioned obligation. Furthermore, the Code of Medical Ethics points to the fact that disclosing information concerning a patient's condition to another physician shall not be considered a violation of physician-patient privilege should such disclosure be indispensable to the process of further treatment or issuing a medical opinion concerning the patient's condition. Moreover, the Code enumerates the circumstances under which a physician may be released from the obligation to maintain physician-patient privilege, namely:

1) where the patient gives their consent;
2) where observing the rule of confidentiality would endanger the life or health of the patient and/or other persons; and
3) where the physician is obliged to do so by law.

The Code of Medical Ethics also points to the fact that physician-patient privilege shall not be considered to be breached if upon the completion of a medical examination ordered by an institution duly authorised by law, the results of such examination are submitted to the ordering party; nonetheless, the physician shall duly notify the person to be examined of the aforementioned circumstances before the examination is performed. Any information not vital to justifying examination-related conclusions will remain confidential under physician-patient privilege.

Furthermore, the physician shall have the right to disclose any identified facts where the patient's health or life has been endangered as a result of human rights violations. Concurrently, the physician should endeavour to ensure that all persons assisting or helping him/her in the performance of his/her professional duties respect the rule of professional secrecy. Allowing such persons access to confidential information shall only extend to information indispensable to the due and proper performance of such persons' professional duties. The physician shall endeavour to ensure the due and proper handling of medical documentation, protecting them against any undue disclosure. Medical documentation shall only contain information required for medical procedures. The doctor – and all co-operating persons – shall be further obliged to ensure the confidentiality of all information relating to the genetic material of patients and their families.

Physician-patient privilege inherently provides for the patient's right to keep all data relating to his/her person confidential, as stipulated by the provisions of the *Patient Rights and Patient Rights Ombudsman Law* of 6 November 2008. Under the provisions of the same, the patient shall be entitled to enjoy physician-patient privilege with regard to all his/her information revealed to medical professionals (including persons providing medical services to said patient) in connection with the performance of their professional duties. For the purpose of exercising the aforementioned right, medical professionals shall be obliged to keep all patient-related information, especially concerning his/her condition, strictly confidential. Furthermore, the *Patient Rights and Patient Rights Ombudsman Law* of 6 November 2008 lists premises constituting exceptions to the obligation to maintain physician-patient privilege, i.e.:

1) where stipulated under provisions of separate acts;
2) where observing the rule of confidentiality would endanger the life or health of the patient and/or other persons;
3) where the patient or his/her statutory representative consents to confidential data disclosure;
4) where the need arises to provide other medical professionals participating in the provision of medical services with indispensable patient information that relates to the provision of said services;
5) in the event of proceedings before the voivodship commission responsible for ruling on medical occurrences.

While the aforementioned regulations, notwithstanding physician-patient privilege, provide for physicians' obligation to ensure that all persons assisting or helping him/her in the performance of his/her professional duties respect the rule of professional secrecy, and the patient's right to enjoy physician-patient privilege extends to all medical professions, it ought to be emphasised that in the case of medical professions other than that of a physician, the rule of professional secrecy has also been provided for in separate legal provisions. With regard to:

1) nurses and midwives – under Article 17(1) of the *Nurse and Midwife Professions Law* of 15 July 2011 (*Journal of Laws of* 2016, item 1251, as amended);

2) medical assistants – under Article 7 of the *Medical Assistant Profession Law* of 20 July 1950 (*Journal of Laws* of 2016, item 1618);
3) laboratory diagnosticians – under Article 29 of the *Laboratory Diagnostics Law* of 27 July 2001 (*Journal of Laws of* 2016, item 2245);
4) pharmacists – under Article 21 of the *Pharmaceutical Chamber Law* of 19 April 1991 (*Journal of Laws of* 2016, item 1496);
5) physiotherapists – under Article 9 of the *Physiotherapist Profession Law* of 25 September 2015 (*Journal of Laws,* item 1994, as amended);
6) psychologists – under Article 14 of the *Psychologist Profession and Psychologists' Professional Governing Body Law* of 8 June 2001 (*Journal of Laws,* item 763, as amended).

Moreover, it should be pointed out that with regard to actions taken on the basis of the *Family Planning, Human Foetus Protection, and Acceptable Conditions of Pregnancy Termination* Law of 7 January 1993, Article 4c(1) introduces an additional and separate obligation to maintain confidentiality, emphasising that all persons taking actions arising from the act are obliged to keep all and any information received in the course of performing such actions confidential, in accordance with separate legal provisions. As highlighted in the Polish action report concerning the implementation of the European Court of Human Rights judgment concerning the case of *P. and S. v. Poland* violation of obligation to maintain confidentiality may result in liability under professional, labour, civil, or criminal law.

Under Article 53 of the *Chambers of Physicians and Dental Surgeons Law* of 2 December 2009 (*Journal of Laws of* 2016, item 522), members of Chambers of Physicians and Dental Surgeons are subject to **professional liability** for violations of the Code of Medical Ethics and/or provisions concerning the performance of a physician's professional duties, hereinafter referred to as *"professional misconduct"* – in the aforementioned scope for violating Articles 23-39 of the Code of Medical Ethics and Article 40 of the Law.

A physician providing services under an employment contract at a healthcare service facility shall be subject to **employee liability** for any unauthorised disclosure of information subject to physician-patient privilege. As an employee, the physician is liable to his/her employer under Articles 114-122 of the *Labour Code* of 26 June 1974 (Journal of Laws of 1998, No. 21, item 94, as amended). The physician is obliged to provide medical services in accordance with his/her expertise and authorisations. It is thus also assumed that the rules for performing professional duties arising from the *Physician and Dental Surgeon Professions Law* and the Code of Medical Ethics, and/or from the current level of medical knowledge and care shall be concurrently recognised as a catalogue of duties obligatory for all physicians as employees. Under such circumstances, any violation of the generally accepted rules of medical conduct (such as failure to secure a patient's consent to a medical procedure, breach of physician-patient privilege, culpable medical error) shall be recognised as a violation of employee obligations, resulting in the employee's liability before the employer.

Physician-patient privilege violation may result in **civil liability** relating to the infringement of the patient's personal rights under Articles 23-24 of the *Act* of 23 April 1964 (*Journal*

of Laws, No. 16, item 93, as amended - Civil Code, hereinafter referred to as *"CC"*). Under the referenced Article 23 of the CC, personal rights – such as the following in particular: health; freedom; dignity; freedom of conscience; name or pseudonym; image; secrecy of correspondence; inviolability of the home; scientific, artistic, inventive and technical creativity – are protected under civil law, regardless of any protection extended by other legal provisions. Anyone whose personal rights have been endangered by third-party action may demand that such action be discontinued, unless not unlawful. Should a person's personal rights be infringed, such person may further demand that the infringing party take action to remedy the consequences of such infringement, and in particular that the infringing party make a statement with the appropriate content and form. According to the rules stipulated in the CC, such person may further demand financial compensation or the payment of a relevant sum towards a specific social objective. Should personal rights infringement result in material injury, the injured party may demand that it will be remedied under general principles.

Under Article 448 of the CC, in case of personal rights infringement, a court of law may award a relevant sum as financial compensation for the damage suffered, or – at the request of the injured party – adjudge a relevant sum payable to social objective identified by the same, any other measures required to remedy injury results notwithstanding. Should the patient suffer damages as a result of the disclosure of his/her confidential data, liability for delict may also arise (Article 415 of the CC).

Liability under civil law notwithstanding, **criminial liability** cannot be excluded. Article 266 of the Criminal Code (hereinafter referred to as *"Cr.C."*) defines the criminal offense of disclosing or abusing information received in connection with professional duties performed, in violation of legal provisions or obligations assumed. Information abuse shall involve a physician's conduct aimed at the use of patient-related knowledge or information received from him/her for non-therapeutic purposes. Information disclosed or abused by the physician does not have to be provided by the patient directly – it can also be sourced from medical documentation. The act described under Article 266 § 1 of the Cr.C. is an intentional offence. The physician must, therefore, be aware or at least approve of an unauthorised party having potential access to information covered under physician-patient privilege. The obligation to keep information confidential shall be imposed on the perpetrator of the criminal offence under Article 266 § 1 of the Cr.C. not only as of the moment of information disclosure but also as of the moment he or she becomes acquainted with it. A person receiving specific information prior to voluntarily accepting the obligation of keeping it confidential or becoming obliged to keep it thus under a legal provision cannot be held liable for a criminal offence under Article 266 § 1 of the Cr.C., as the culpability for acts as described under said provision arises from the fact that the obligation of keeping information confidential and the resulting relationship of trust between the source and depositary of information facilitates the process of acquiring information for the latter, making him/her a particular confidentiality guarantor. Under said legal provision, patient-related confidential data disclosure by a physician is a criminal offence, regardless of the organisational framework within which he/she performed his/her professional duties (private practice, employment by a non-public or public medical facility).

This offence is punishable by a fine, restriction of freedom, or imprisonment for a period of up to two years and is prosecutable at the request of the victim.

The aforementioned information concerning available legal measures is indicative of the existence of legal provisions describing in detail the issues of hospital staff's obligation to keep all patient-related information confidential as well as the issue of liability for violating said rule of confidentiality.

To recapitulate: in the event of violation of physician-patient privilege, and thus the patient's right to the confidentiality of his/her personal data, the patient has the right to file a complaint with the Screener for Professional Liability of the respective District Chamber of Physicians and Dental Surgeons. Proceedings conducted by bodies of Chambers of Physicians and Dental Surgeons responsible for ensuring compliance with the Code of Medical Ethics and for the due and proper performance of professional duties by physicians are tasked with establishing whether a physician was guilty of professional misconduct in a given situation.

Concurrently, every case of violation of physician-patient privilege may also be filed with the Patient Rights Ombudsman, which may duly initiate relevant clarification proceedings. To that end, the patient should contact the Patient Rights Ombudsman's Office. Such measures may also be taken by the patient's family, his/her next of kin, or another person acting on his/her behalf (representative). Should the information submitted suggest *prima facie* probability of patient rights violation, the Ombudsman shall initiate clarification proceedings. All contact data and forms of submitting a relevant motion are available on the Patient Rights Ombudsman's Office website. Based on the information received, the Ombudsman may also – acting with prosecutor's rights – initiate *ex officio* proceedings or even demand that proceedings be initiated under civil law. All patients can contact the Patient Rights Ombudsman's Office via a nationwide toll-free helpline: 800-190-590. Staff on duty provide daily and current information concerning patient rights and action recommended under specific circumstances, listing legal measures available to patients. As the helpline is active Monday to Friday from 09:00 a.m. until 09:00 p.m., it can also be contacted in the afternoons and evenings.

With regard to the reasons why in the particular case of the applicants the mechanism for the protection of the patients' rights was not effective, a „human factor" should be pointed out in the first place. Simultaneously, it should also be noted that the case of *P. and S. v. Poland* refers to the circumstances which took place in May/June 2008, i.e. preceding the enactment of the *Patient Rights and Patient Rights Ombudsman Law* of 6 November 2008. Thus, the applicants had no option to enforce the protection of their rights – primarily with regard to the rights of the first applicant to a pregnancy termination procedure – based on the provisions and mechanisms introduced under said Law. The adoption of the said Law aimed at strengthening the obedience of the patients' rights. This Law formulated the most important patients' rights in the form of one and universally applicable act for the first time. Beforehand, the access to - and thus the implementation of - the said rights was potentially difficult for both the patients and the healthcare service providers.

Ad para. 6 of the CM-DH decision of 21 September 2017: Additional information on any general measures undertaken or envisaged to ensure the respectful treatment of minors seeking lawful abortion

The issue of general measures aimed at the implementation of the European Court's judgments in the cases *Tysiąc v. Poland*, *R.R. v. Poland* and *P. and S. v. Poland* will be included in the draft *Law on the amendment of the Patient Rights and Patient Rights Ombudsman Law* of 6 November 2008. Currently, the preparatory works for assessing the specific needs of the amendment are being conducted. It is envisaged that the first draft of the amending law will be prepared by the end of 2018.

With kindest regards,

Justyna Chrzanowska
Government Agent