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The Scientific and practical rationale for introducing the "Health Ombudsman" institution in the Republic of Bulgaria

ABSTRACT

Dissertation project
for awarding the educational and scientific degree "Doctor"

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The dissertation contains 154 pages, including 1 table, 32 figures and 1 application. 132 sources are cited, of which 50 are in Cyrillic and 82 are in Latin.

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The defense materials are available at the Scientific Department of the Medical University-Sofia and are published on the website of the Medical University-Sofia.

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Abbreviations used

APC Administrative-Procedural Code
BZS Bulgarian Dental Union
BLS Bulgarian Medical Union
BNR Bulgarian National Radio
EU European Union
HO Health Ombudsman
HL Health Law
ZM Law on Mediation
ZM Health Mediator
ZUH Law on Persons with Disabilities
IAMO Medical Audit Executive Agency
IAMN Executive agency medical oversight
CCD Commission for Protection against Discrimination
MP Medical Assistance
NELC National Expert Medical Commission
NA National Assembly
ORB Ombudsman of the Republic of Bulgaria
PIMP Primary outpatient medical care
RB Republic of Bulgaria
RZI Regional Health Inspection
RZOK Regional Health Insurance Fund
SIMP Specialized outpatient medical care
TELK Territorial Expert Medical Commission
YULNC Non-profit legal entities
ANVISA National Health Surveillance Agency
ANS National Agency for Complementary Health
SUS United Health System of Brazil

1. Introduction

Access to quality healthcare, the satisfaction of users of healthcare services, the behavior of possible violations of their rights in the course of the treatment-diagnostic process, as well as how they would seek and protect their rights, if necessary, is an important element of the opportunities to improve public health systems and the functioning of democratic legal societies. In every country, to varying degrees, barriers to health care exist. This makes it even more imperative that citizens' right to file complaints be considered as part of fundamental rights and obligations in health care. Thus, there is a need for an effective complaints procedure to ensure that patients can protect themselves when their rights are violated, as well as get help. The word "ombudsman" originates from Sweden and is used to identify someone who has the right and authority to speak for someone else, for example in court. Since the "ombudsman" was introduced by King Carl XII some 300 years ago, several national institutions were developed first in Sweden.

In principle, the position of the ombudsman exists in some EU countries, including Bulgaria. It is assigned functions to control compliance with the legal rights and interests of citizens by the bodies of the executive power and the officials of companies and institutions. The ombudsman's focus is mostly on people or groups of people who are not strong in society or are in a vulnerable situation and can hardly defend themselves (eg children, patients, and victims of violence). The Ombudsman of the Republic of Bulgaria is an independent constitutional body, elected by the Bulgarian parliament through 2005 Mr. He serves the protect the rights of all citizens, including the rights of patients, people with disabilities, and children.

The emergence of the Health Ombudsman institution is a relatively recent phenomenon. On the one hand, it is a respect for the serious asymmetry of power in the patient-professional relationship, but with the idea of respecting the rights of healthcare consumers. The need for the institution of the Health Ombudsman arose in Europe in the last two decades of the last century. In Finland, the Patient Status and Rights Act was passed in 1992 and a patient ombudsman was primarily introduced. Hundreds of patient ombudsmen (nurses or social workers) have been created and appointed throughout Finland. Since then, patient ombudsman systems have emerged across Europe.

The role of the Health Ombudsman is rapidly emerging in many countries such as Austria, Finland, Greece, Hungary, Norway, the United Kingdom, and Israel. These countries emphasize different approaches to protecting patients' rights, seeking an effective complaint mechanism in each social sphere as a

means for administrative authorities to respond to the expectations and complaints of citizens in a country.

Bulgaria is one of the countries in the EU that does not have an established Health Ombudsman institution. The life and health of citizens are a supreme value, proclaimed in the Constitution of Bulgaria. The state must guarantee citizens' access to health care in the best possible way. However, the long-term health reform in the country, along with its good achievements in our health system, has led to a distortion of the same. Instead of putting the patient and his rights at the center of the healthcare system, they are often trampled by poor medical practices, as well as loopholes and weaknesses in the Health Act. Bulgarian patients, as consumers of health services, often complain about a lack of sufficient information, efficient and affordable health care, as well as irregular payments for health services.

The good experience and effectiveness of the Health Ombudsman institution in several European countries make us seriously think about whether the Bulgarian society, the unreformed health and judicial system, needs a Health Ombudsman.

Where do we stand among these European countries? What legislative changes are necessary for Bulgarian citizens to live in a country where their patient rights will be protected? Why do we need a health ombudsman? And most importantly, what is the path we need to take, in terms of legislative changes, to introduce this institution?

For the purposes and tasks of the present work, a comprehensive, critical review of the experience of the countries that introduced the institution of the Health Ombudsman was made. Through comparative analysis and SWOT methods, the legal regulation and normative grounds (presence or not of special legislation) have been systematized; the structure and levels of action; independence; the functions; the powers; referral to the competent authorities; the specific features of each of the operating systems of the Health Ombudsman institution.

The dissatisfaction of Bulgarian citizens with the health care system, the lack of adequate protection of patient' rights and the reasons for this, the growing need for the creation of a Health Ombudsman institution for the out-of-court resolution of disputes in health care, as well as the possibilities for institutionalization/legal legitimization of the Health Ombudsman institution, are in the focus of the present work.

2. Purpose.Tasks. Material and methods

2.1. Purpose

To study, analyze and present the need and attitudes for the introduction of the Health Ombudsman institution in the Republic of Bulgaria.

2.2. Tasks

1. To conduct a cross-sectional study of:

- The existing problems in the healthcare system from the point of view of patients' rights
- Current opportunities to protect patients' rights
- The need to introduce the institution of the Health Ombudsman in Bulgaria

2. To analyze the results of the survey from the point of view of attitudes towards the introduction of the Health Ombudsman institution in Bulgaria.

3. To review the experience of countries that have introduced the institution of the Health Ombudsman.

4. To discuss and propose an option/options for institutionalization, incl. legally, in the figure of the Health Ombudsman in the Republic of Bulgaria.

2.3. Working hypotheses

- Problems in the health system affect patient satisfaction and are of different natures, some of which are of more serious concern than respondents think, such as co-payments, corruption, suspected medical errors, poor patient treatment, etc.
- There are currently quite a few opportunities to search for violated rights by submitting complaints and reports to various bodies and institutions (Management of Health Care; MOH/RZI; CPD; court; NHIF; social organizations), but with none of these reporting bodies there is no prevalence of complaints, resp. trust.
- In the last decade, with an emerging preference for the Ombudsman of the Republic of Belarus as a body for complaints and reports, it is possible

that the introduction of the institution, the Health Ombudsman in Bulgaria, will be received positively.

- Attitudes about the need to introduce the institution of the Health Ombudsman in Bulgaria are most likely different among groups of respondents differentiated by education and professions, for example between lawyers, doctors and users of health services.

2.4. Material and methods

To achieve the goal and tasks, we planned and conducted the following studies:

1. Study of the problems in the health system and the possibilities of searching for violated rights at the present time, as well as the attitudes about the need to introduce the institution of the Health Ombudsman in Bulgaria.
2. Assessment of foreign experience for the Health Ombudsman institution through SWOT analysis.
3. Proposal of options for institutionalization/legal legitimization of the Health Ombudsman institution.

The following methods were used:

1. Documentary

2. Sociological (survey)

3. Statistical:

- **descriptive (descriptive) statistics of the questions that appear as variables along with graphs**
- **study of relationships and dependencies between the question variables**
- **correlation coefficients**

4.SWOT-analysis of the practice/experience of the countries that introduced the Health Ombudsman institution.

Material and methods for researching the need to introduce the institution Health Ombudsman in Bulgaria.

A cross-sectional study of the problems in the health system and the possibilities of searching for violated rights at the present moment, as well as of the attitudes towards the need to introduce the institution of the Health Ombudsman in Bulgaria, was conducted among 396 people from the regions of Sofia, Plovdiv, Stara Zagora and Razgrad in the period from February to March 2022.

The information was collected through a questionnaire that includes 14 questions structured in panels (Appendix 1):

1. Socio-demographic characteristics (1-4)

The first group of 4 questions can be distinguished as the so-called passport block questions related to age, place of residence, level of education, which could be related to the subject of the research. For the purposes of the study, a question on the type of education was included to separate groups of respondents with legal and medical ones, as well as a group of respondents with different types of qualifications.

2. A panel of questions identifying the presence of problems in the health system (5-10)

Two of them are looking for a direct answer to the presence of corrupt practices in the "hand" payment system, as well as the so-called regulated payments; as well as questions about existing difficulties and problems in the system, identified by the respondents - whether, in their opinion, their rights are violated; whether, in their opinion, they or their relatives were victims of errors in the treatment-diagnostic process.

The questions clarify possible reasons for patient dissatisfaction. Question 8: "What do you think is the main problem in the health system?" provides six response options covering a wide range of problems.

3 . Panel of questions related to current and future rights-seeking opportunities (11-14)

The last three questions explore the patients' opinion regarding a possible violation of their rights during the treatment-diagnostic process and where they would seek their rights if necessary. The questions provide an opportunity to evaluate, through direct questions, the options for preferred bodies for submitting complaints and reports to various institutions at the present time and possibly when the institution of the Health Ombudsman is established in Bulgaria. The answers make it possible to indirectly evaluate the work and effectiveness of the control and protection bodies currently in operation.

Selection of subjects

Eligibility: population over the age of 18. Respondents from different sized settlements were included in the survey.

The sample does not strictly follow the principles of random selection.

Toolkit

The survey contains 14 closed questions, each of which can be given only one of the indicated answers. Nominal and ordinal measurement scales were used, which necessitates the application of chi-square analysis in the study of dependencies. The value of Pearson's chi-square test, $\chi^2$and its significance, $p$are given in parentheses after each test. A significance level of α=0.05 was used for analysis purposes. With a large number of answer options, the prerequisites for the correct application of chi-square analysis are sometimes violated: that there is no cell in the crosstab with an expected value less than 1, and secondly, if there are cells with an expected value less than 5, they are no more than 20%. In such cases, a chi-square test with a likelihood correction, denoted by $L\chi^2$, likelihood ratio statistic, was used. To assess the strength of dependence of the answers to a pair of questions, in cases where it is statistically significant, the Cramer's coefficient (Cramer's V) was also applied, as it is normalized in the range from 0 to 1.

Data processing

Survey data was entered into Microsoft Access , and the statistical software product SPSS was used for the needs of generalization and statistical analyses for Windows. Since all variables are qualitative, in the descriptive analysis they are presented as relative proportions, and in the hypothesis testing the non-parametric χ^{2} *test was used* . Alpha = 0.05 was used for significance level.

3. Results:

3.1. Study of the problems in the health system and the possibilities of searching for violated rights at the present time, as well as the attitudes towards the need to introduce the institution of the Health Ombudsman in Bulgaria.

A survey was conducted among 396 Bulgarian citizens.

To assess the strength of dependence of the answers to a pair of questions, in cases where it is statistically significant, the Cramer's coefficient (Cramer's V) was also applied, since it is normalized in the range from 0 to 1. The processing of the surveys was carried out with the software package SPSS.

The first group of 4 questions can be distinguished as the so-called passport block questions related to age, place of residence, level of education and type of education (with possible answers: law, medical and other) that could be related to the subject of the study.

The results for the age of the participants in the survey show the following data (fig. 1), and for the distribution by place of residence are reflected in figure 2.

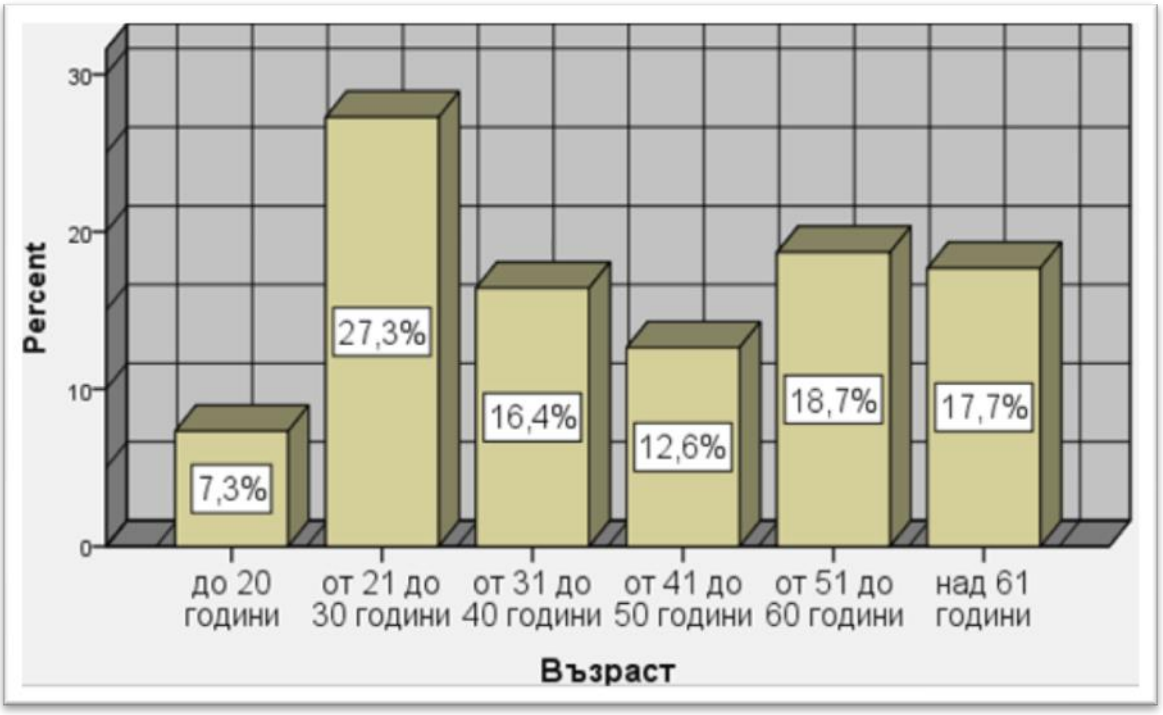

Figure 1: *The results for the age of the survey participants*

All 396 respondents answered. The largest percentage of respondents are between the ages of 21 and 30 (27.3%). These are the young people in Bulgaria. Statistics show an increased interest of this group in the problems in the health care system.

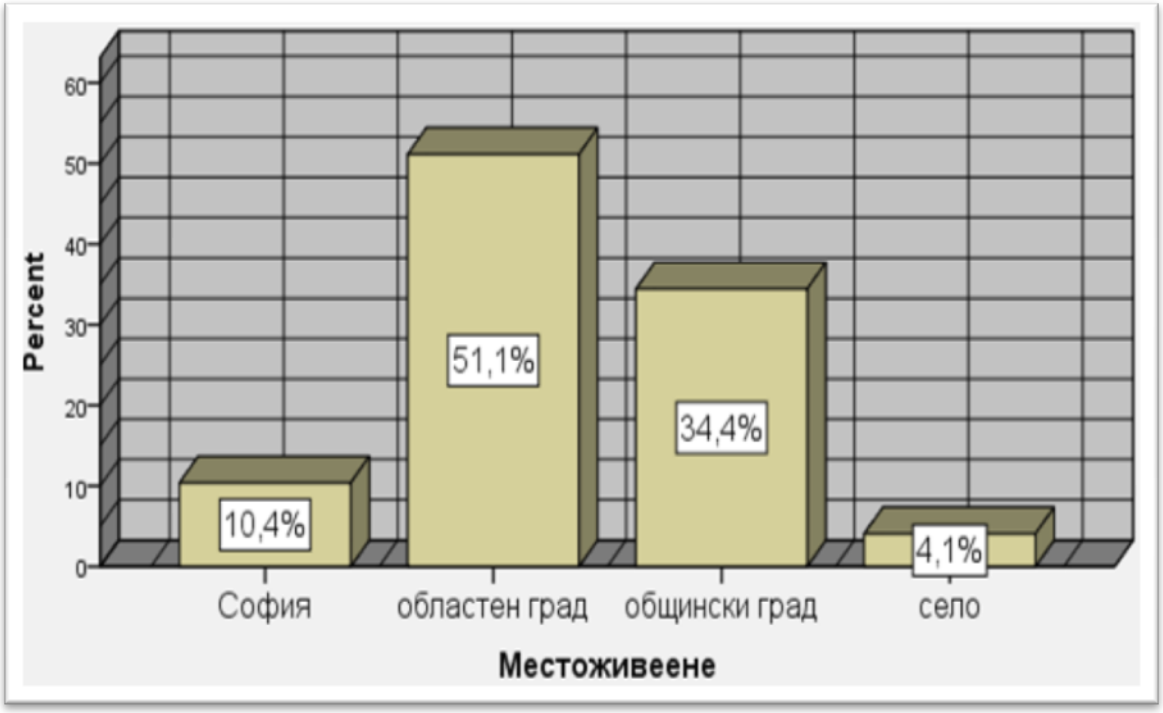

Figure 2: *Distribution by place of residence of survey participants*

Answers were given by 395 of the respondents, or 99.75%.

The question about the place of residence was answered by 100% of the respondents. More than half of them (55.6%) have a higher education, 42.9% have a secondary education and only 1.5% of the respondents have a primary education. (Fig. 3)

The largest percentage of respondents, more than half of them (55.6%), are people with higher education, assuming their high culture and commitment to what is happening in the healthcare system in the country.

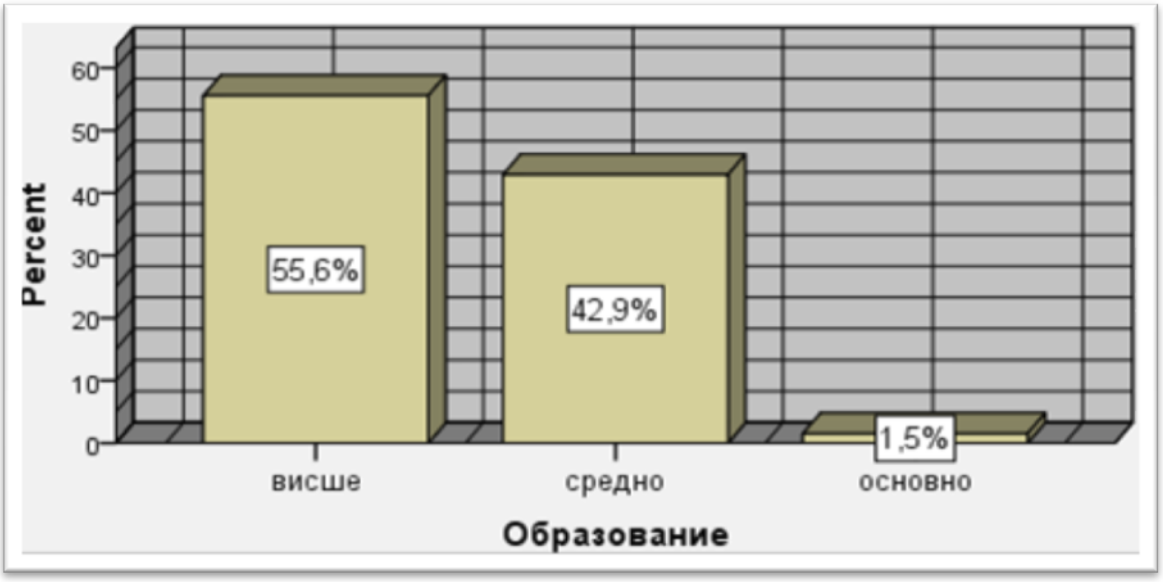

Figure 3: *Degree of education of the respondents*

All 396 people gave an answer to a question related to the type of education of the respondents. For the purposes of our study, the respondents were conditionally divided according to their position in relation to the health system - lawyers, doctors and people with other education (patients). The largest percentage (73.7%) answered "other", 21.2% have a medical education, and 5.1% of the respondents have a legal education. (Fig. 4)

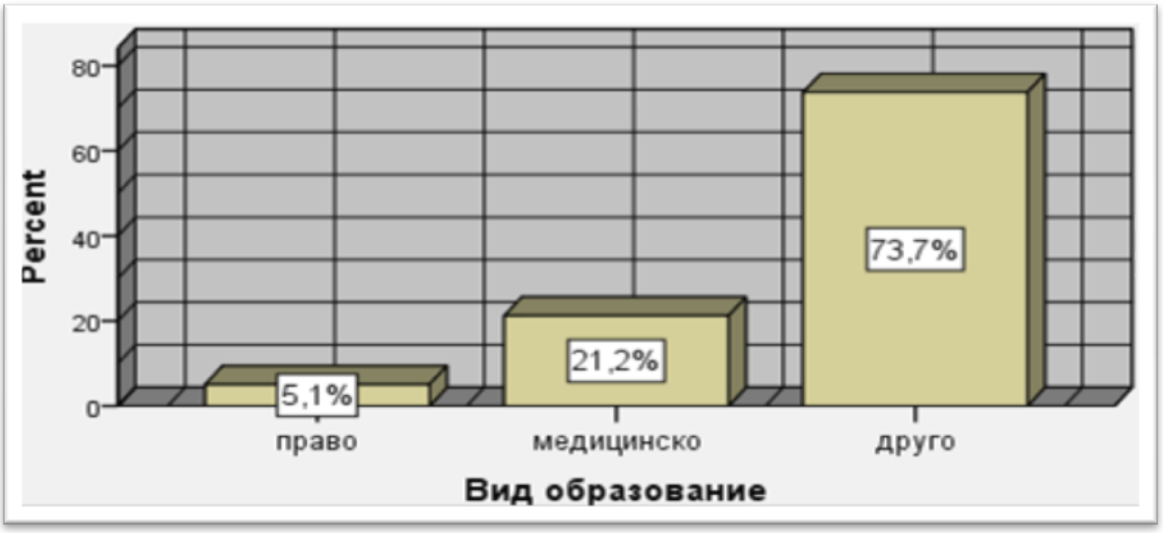

Figure 4 : *Type of education of the respondents*

- **How serious is the problem with regulated co-payments and manual payments?**

To the question “Have you been asked for additional regulated funds during treatment?” answer was given by all respondents, 249 (62.9 %) answered with "yes", the remaining 147 (37.1%) with "no". (Fig. 5)

A statistically significant relationship was established between the answers to this question and the age of the respondents (Pearson's chi-square test has a value of $\chi^2(5) = 32{,}340$; $p = 0{,}000$, Cramer's V=0.286).

The fact that 62.9% of the respondents answered "yes" is worrying. From this percentage, we can clearly outline a ripe problem in the Bulgarian health system. Although it is not right to ask for additional regulated funds for the treatment of most diseases, because health insured persons must be fully covered by the health fund, in Bulgaria patients have to pay considerable amounts as additional health funds. This is a problem for which, to date, there is no institution to which citizens can report their violated rights and are forced to pay any additional funds for treatment.

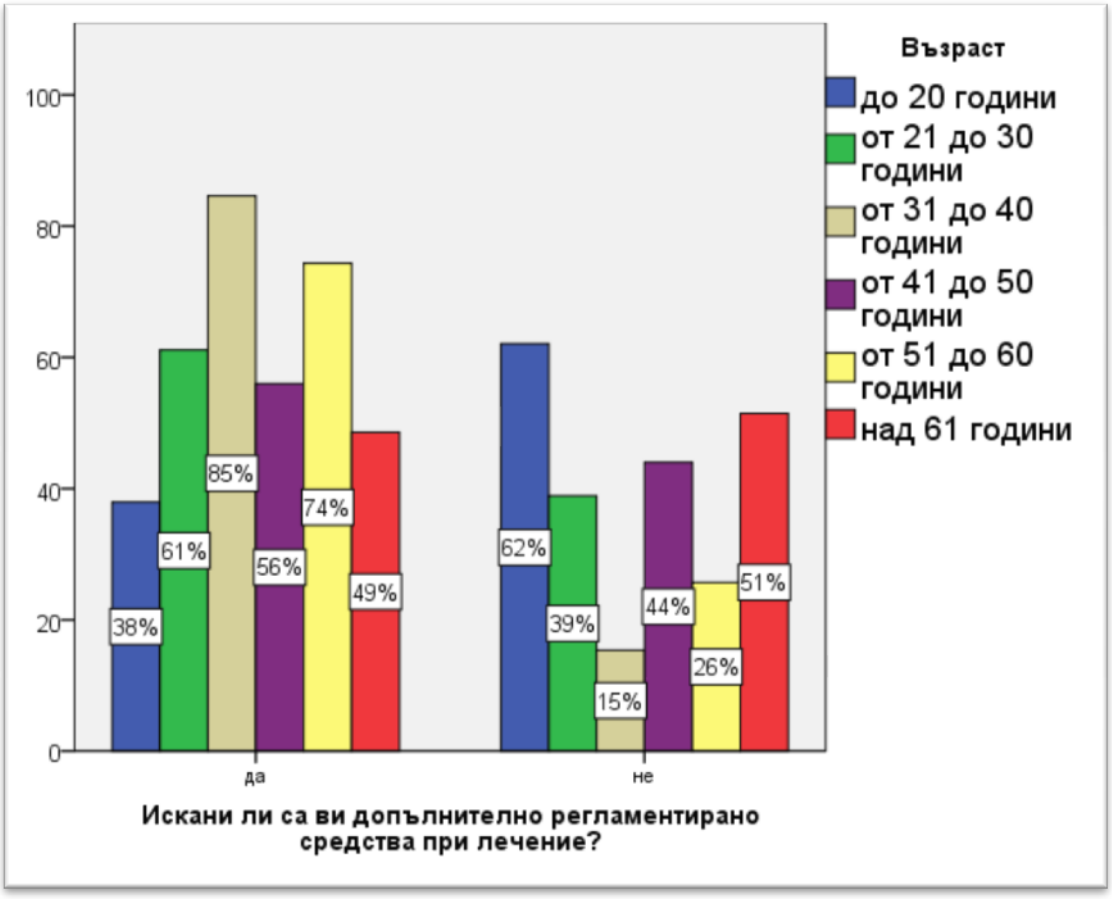

Figure 5: *Question about over-the-counter drugs in treatment*

Only in the groups "up to 20 years" and "over 61 years" answered "no" to the fifth question more than those who chose the answer "yes", and in the second they are almost equal, respectively 51% and 49% (see Fig .5) . Above the total percentage of 62.9 calculated for the six age groups combined, respondents from the groups "from 31 to 40 years old" (85%) and "from 51 to 60 years old" (74%) chose the answer "yes".

Let's divide the respondents into two groups: Group 1 - includes those up to 20 years old and those over 61 years old, and Group 2 - from 21 to 60 years old. From Group 1, 45% chose the answer "yes" to the fifth question, while from Group 2 - 69% (Fig. 18). The difference in percentages is statistically significant ($\chi^2(1) = 17{,}169$; $p = 0{,}000$; Cramer 's V =0.208).

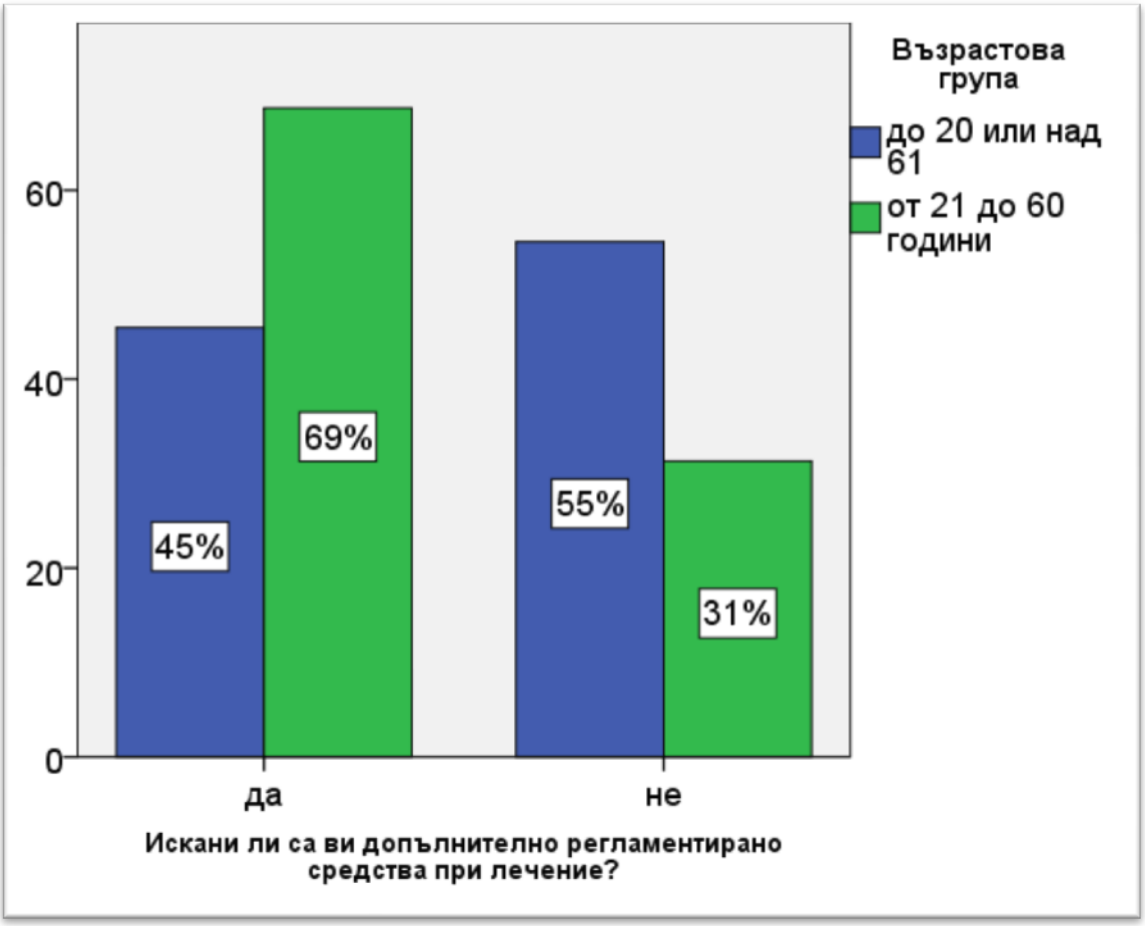

Figure 6: *Question about requesting additional regulated funds in the treatment*

No statistically significant relationship was found between the answers to question 5 and the place of residence ($\chi^2(3) = 6{,}038, p = 0{,}110$).

The distribution of answers to the question: "Have you been asked for additional regulated funds during treatment?", depending on the education (question №3) and the type of education (question №4) is shown in figures 7 and 8. For education, the significance of Pearson's chi-square test is close to the

accepted level of significance α=0.05 ($L\chi^2(2) = 5{,}814;\ p = 0{,}055$). This means that choosing a slightly higher level of significance, for example α=0.06 (or possibly with a larger sample size), would accept the hypothesis of a relationship between the patient's level of education and his response of the survey question in question.

Based on the distribution of responses to the question "Education" and "Have you been asked for additional regulated funds during treatment?", shown in Fig. 19, the assumption could be raised that with a lower level of education of the patient, it is more likely that he will be asked for additional regulated means during treatment. The verification of such a hypothesis could be the subject of additional research involving a larger number of respondents.

As can be seen from the answers of the respondents, in the Bulgarian health system there is a prerequisite for the abuse of the more unreasonable citizens, in which co-payments turn out to be a serious problem.

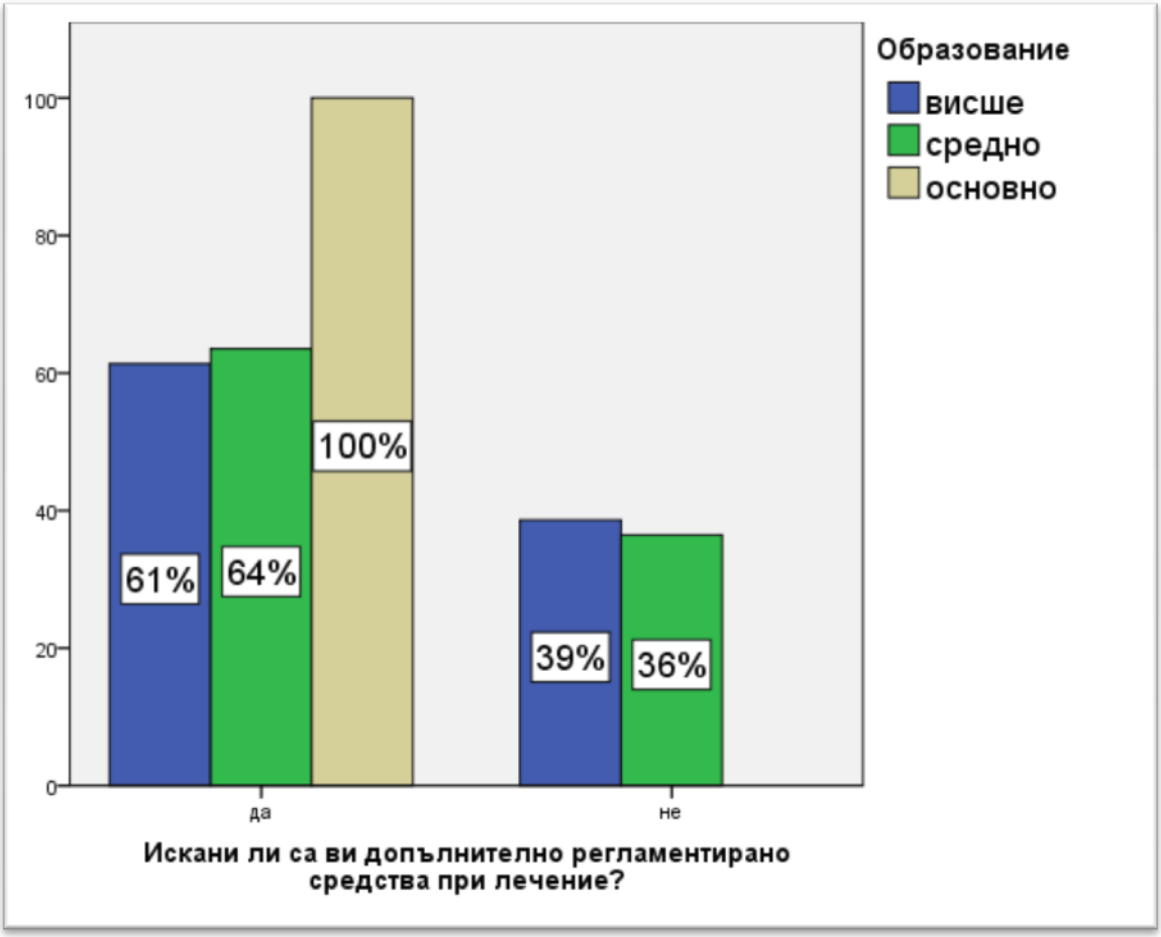

Figure 7: *Answer to the question of whether additional regulated funds were requested during treatment, depending on the level of education of the respondents*

It turns out that you answered the question: "Have you been asked for additional regulated funds during treatment?" are in a weak but statistically significant dependence on the type of education of the patients ($\chi^2(2) = 7{,}479$; $p = 0{,}024$; Cramer 's V =0.137). Only 54% of medical professionals answered yes. On the other hand, people with a legal education preferred a positive answer in a greater percentage (85%) compared to the others. (Fig. 8)

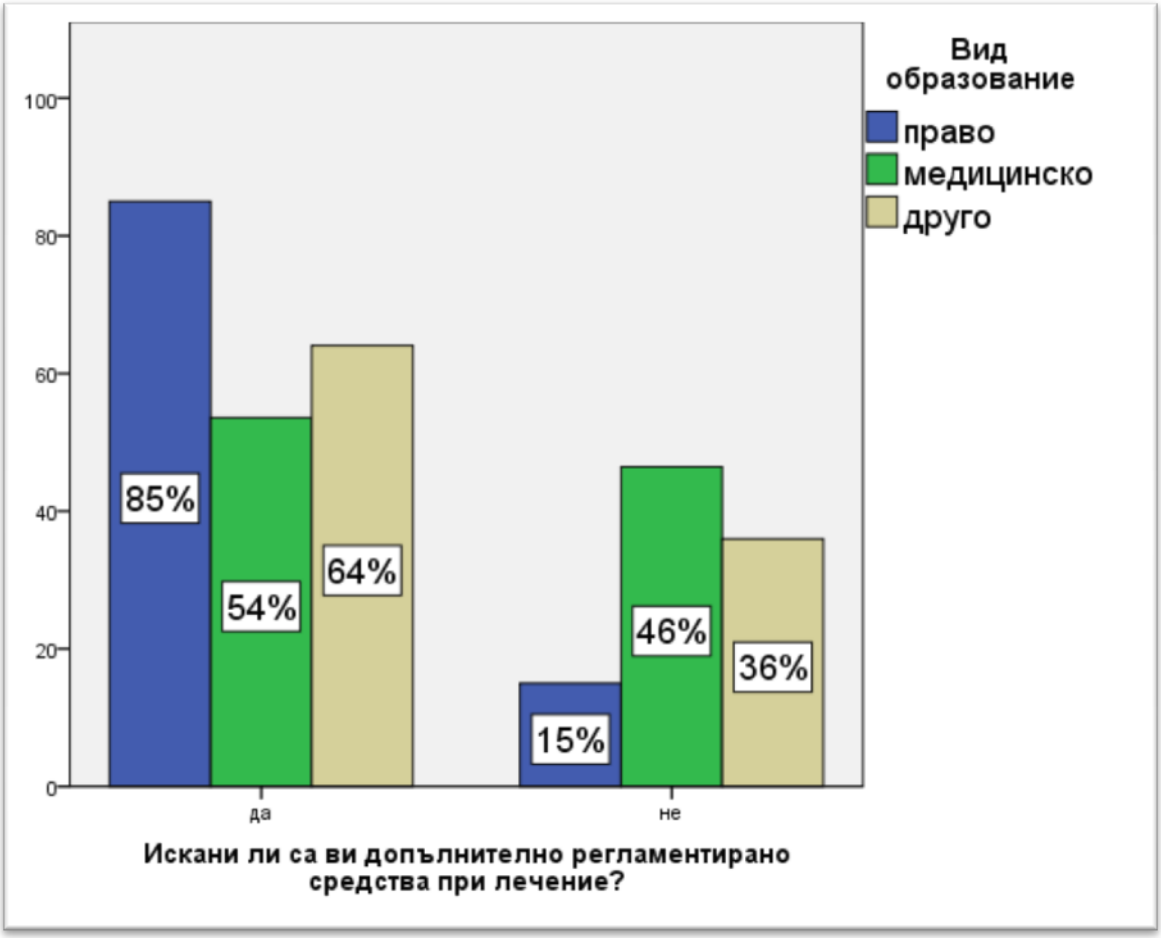

Figure 8: *Answer to the question of whether additional regulated funds were requested during treatment, depending on the type of education of the respondents*

To the question: "Did you pay extra for hand treatment?" all respondents answered, 171 (43.2%) answered "yes", the remaining 225 (56.8%) answered "no".

A statistically significant relationship was found between the answers to question #6 and the age of the respondents ($\chi^2(5) = 27{,}939$; $p = 0{,}000$; Cramer 's V =0.266).

Their joint distribution is shown in Figure 9.
People over a certain age are less likely to pay extra for hand treatments.

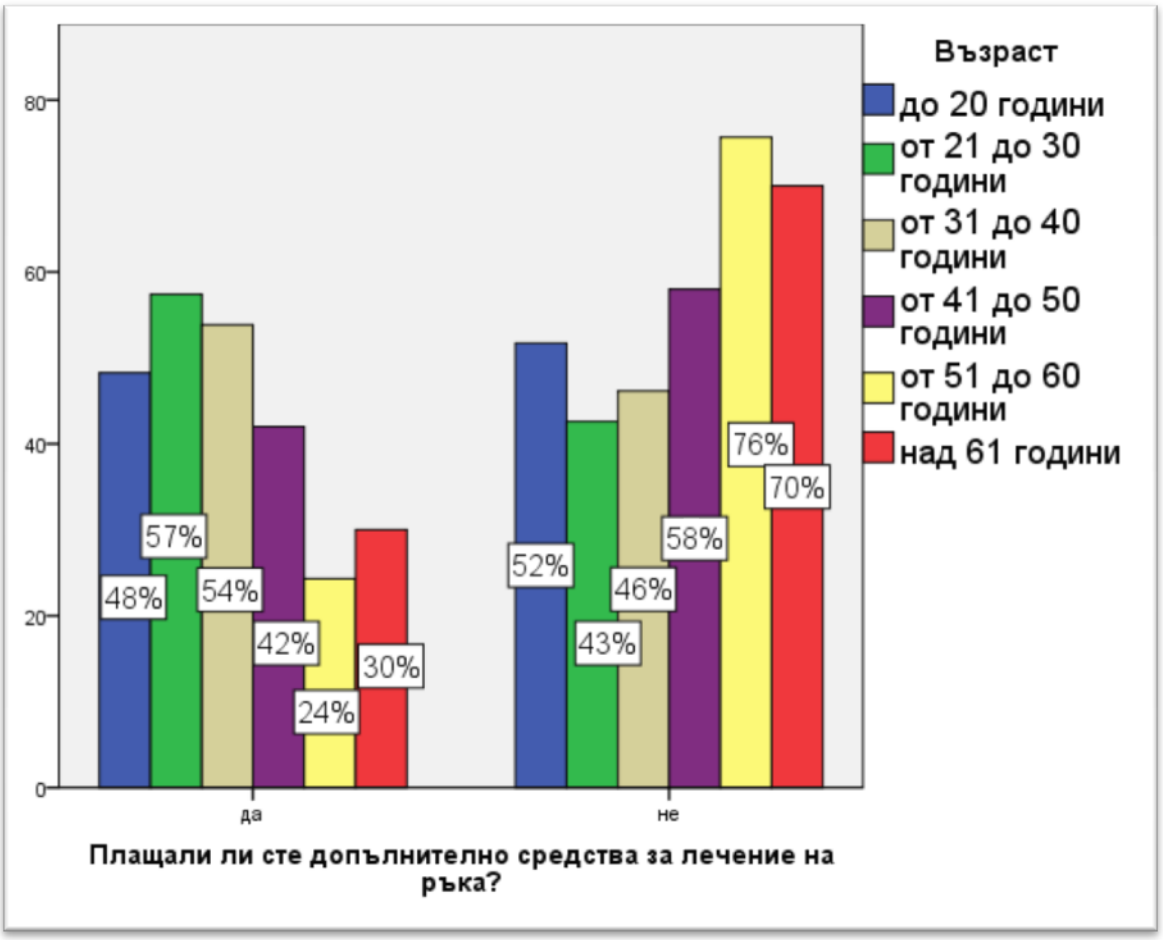

Figure 9: *Answer to the question of whether additional non-regulated funds were requested during treatment, depending on the age of respondents*

Place of residence does not influence the willingness to pay additional funds ($\chi^2(3) = 3{,}546$; $p = 0{,}315$).

The relationship with level of education is statistically significant ($\chi^2(2) = 17{,}046$; $p = 0{,}000$; Cramer 's V =0.207). The willingness to pay additional amounts for treatment is inversely proportional to the level of education. (Fig. 10)

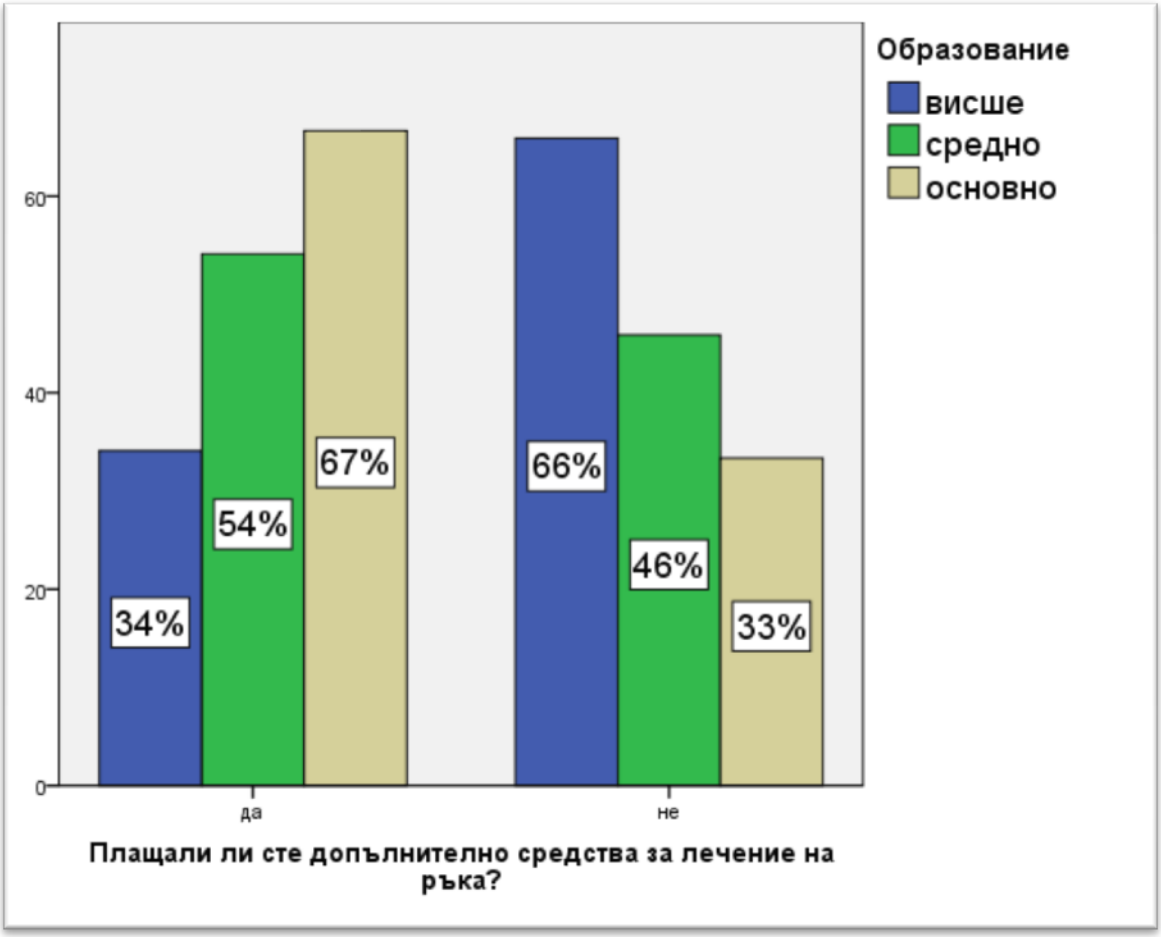

Figure 10: *Answer to the question of whether additional non-regulated funds were requested during treatment, depending on the level of education of respondents*

We can notice again that people with a lower level of education may be more inclined to give funds in hand, funds that are not regulated. Statistics show that people with a higher education are not so threatened by this vicious practice of the health services, because they know their rights and do not allow them to be abused, while people with a primary education, for example, do not have the culture necessary to protect their rights and interests and can easily be forced to pay extra for treatment.

The payment of additional amounts is also statistically significantly dependent on the type of education-question №4 ($\chi^2(2) = 26{,}126$; $p = 0{,}000$; Cramer 's_V =0.257). Respondents with a medical education in the smallest percentage compared to the rest declare payment of additional funds during treatment. (Fig. 11)

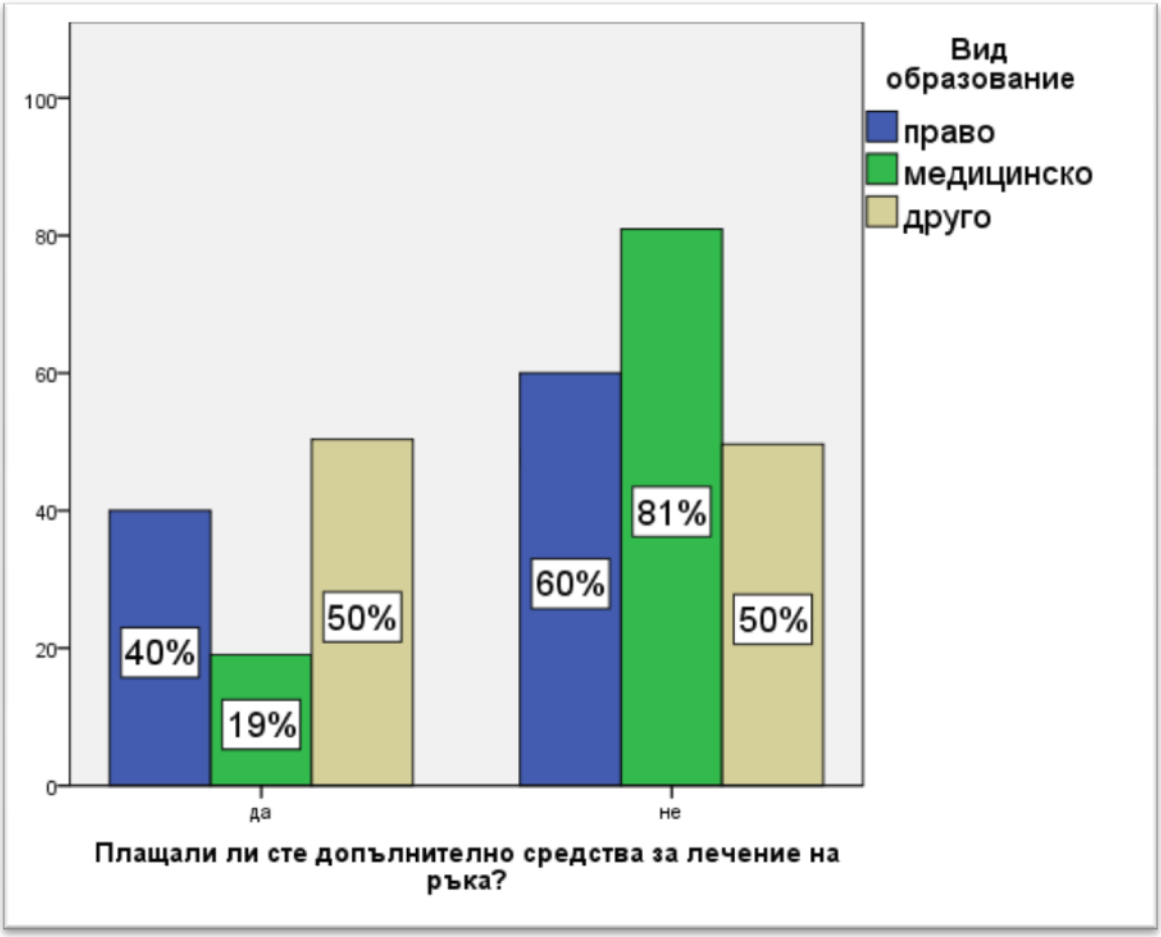

Figure 11: *Answer to the question of whether additional non-regulated funds were requested during treatment, depending on the level of education of respondents*

Among the answers to the question: "Have you been asked for additional regulated funds during treatment?" and "Have you paid extra for hand treatment?", a statistically significant relationship was found ($\chi^2(1) = 79{,}562$; $p = 0{,}000$; Cramer 's _ V =0.448). The answer "yes" to the last question is chosen by 60% of those who applied for the same answer to the question: "Were you asked for additional regulated funds during treatment?" and 14% of respondents answered "no" to this question. (Fig. 12) Of all 396 people who filled in both questions at the same time, 70% gave the same answer: 38.0 % - "yes" and 32% - "no". 5% of patients were not asked for additional funds, but they gave. 25% were asked for funds but did not pay.

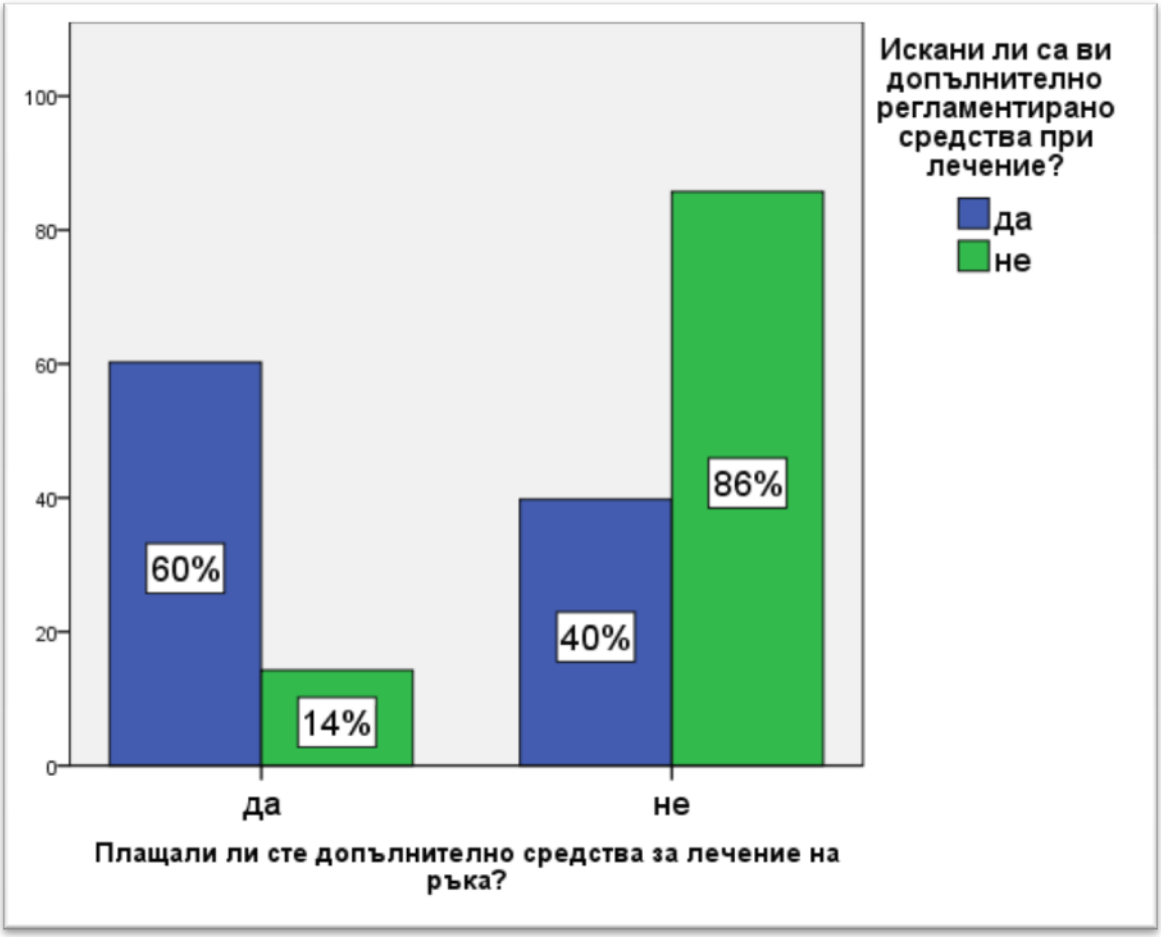

Figure 12: *Results when answering a question about paying additional funds in hand among respondents*

- **What do respondents think are the most serious problems facing the health care system today?**

When asked: "What do you dislike most about the healthcare system as a patient?" all respondents answered. The distribution among the six possible answers to this question is shown in Fig. 13.

The largest percentage of respondents do not like the lack of doctors and the difficulty in finding a specialist (33.8%). In the second place, the respondents are not satisfied with the attitude of the staff towards them, followed by a minimal percentage difference with the bad conditions in the hospitals. They find the smallest problem in the problems with TELK (3.5%).

Figure 13: *Answer to the question "What do you dislike most about the health care system as a patient?"*

According to the respondents, the most important thing in the healthcare system is the availability of quality medical specialists. Next in importance is the cost of treatment, which is expressed in "copayments" and "expensive drugs". Finally comes the environment - "the bad attitude of the staff towards the patients" and "the bad conditions in the hospitals".

A statistically significant relationship was established with the age of the respondents ($\chi^2(25) = 77{,}505$; $p = 0{,}000$; Cramer's V=0.198). The joint distribution of responses to the seventh and the first questions is given in Figure 14.

The responses were statistically dependent on age ($L\chi^2(20) = 37{,}381$; $p = 0{,}011$; Cramer's V=0.144) and education ($L\chi^2(10) = 29{,}401$; $p = 0{,}001$; Cramer's V=0.188). Patients "up to 30 years old" and those "from 41 to 50" dislike "the lack of doctors and the difficulty of finding a good specialist" and "the staff's bad attitude towards patients" to a greater degree than expected; those "from 31

to 40" - "the lack of doctors and difficulties in finding a good specialist" and "bad conditions in hospitals"; those "from 51 to 60" - the "expensive drugs" and the "bad attitude of the staff"; those "over 61" - the "expensive medicines" and the "lack of doctors".

The fact that multiple deficiencies of the system that have been identified and proposed as options receive an almost equal share of responses shows that there is no single, dominant problem, and with its eventual solution, things for patients will be resolved . On the contrary, there are many issues raised, almost with equality, according to people. However, there is a nuance according to age and place of residence. The most critical and, accordingly, the most dissatisfied with both the competence and the attitude of the medical staff are the young people living in the capital and regional centers.The levels of dissatisfaction among the respondents with the lack of doctors and the difficulties in finding a good specialist are impressive - it reaches 33.8%.

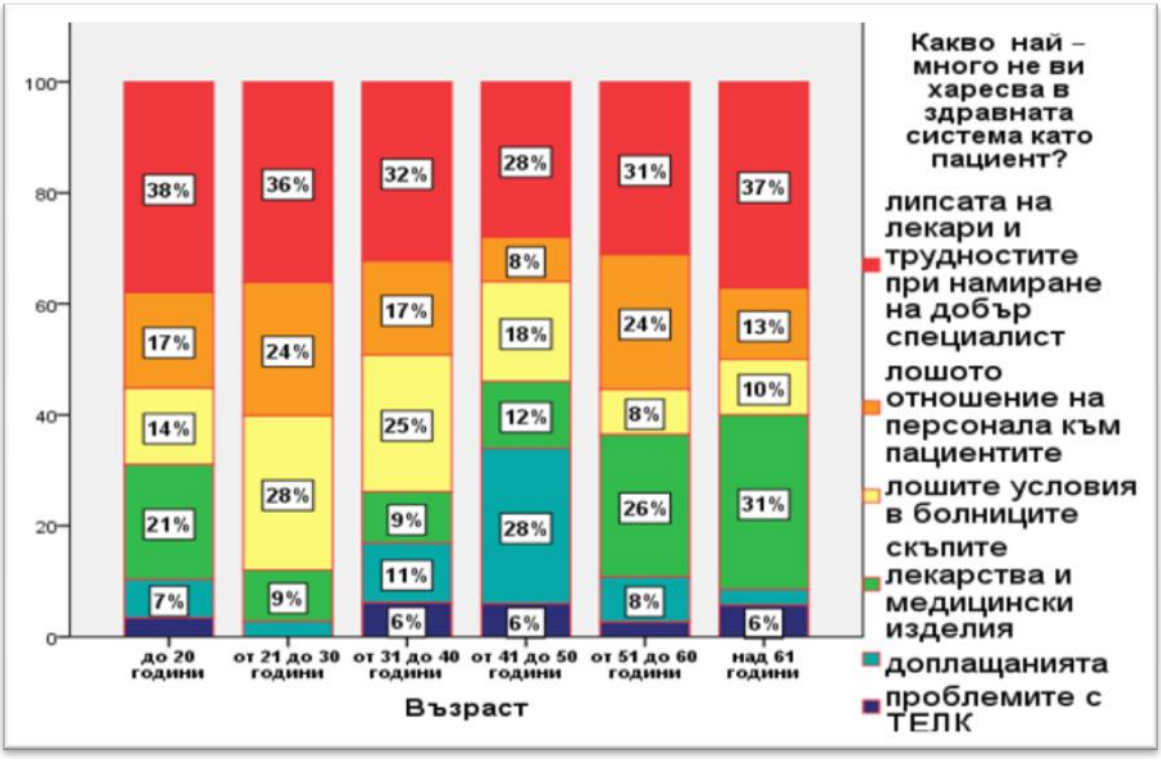

Figure 14: *Percentage of responses to the question "What do you dislike the most about the healthcare system as a patient?", depending on the age of respondents*

To the question: "What do you think is the main problem in the health system?", all respondents answered. The distribution among the six possible answers to this question is shown in Fig. 15.

Most, 25.3%, chose the third option - " poor quality of health care". On the second place, with 20.2%, is "corruption". It is followed by "poor organization" with 18.9 % and "lack of funding" with 18.2%. The remaining % is distributed between the "lack of personnel" with 9.8% and the "difficult access to health care" with 7.6%.

Figure 15: *Answer to the question "What do you think is the main problem in the health system?"*

The most, 25.3%, noted as the main problem in the health care system the poor quality of health care. "Corruption" ranks second, with 20.2%. It is followed by "poor organization" with 18.9%, "lack of funding" with 18.2%, "lack of personnel" with 9.8% and "difficult access to health care" with 7.6%.

The problem with the poor quality of the health care is of serious importance for the overall activity of the health system in Bulgaria. It is essential for the Bulgarian society to believe that patient care in the country is not up to par.

Every fifth of the respondents noted the problem of corruption as a distinctive feature of the health system (20.2%). This is a statement that undermines the prestige of the Bulgarian health system as a whole and signals a serious problem with citizens' trust in it.

A statistically significant relationship was found of the answers to the question: “What do you think is the main problem in the health system?”, with the age of the respondents ($\chi^2(25) = 118{,}792$; $p = 0{,}000$; Cramer's V=0.245). The joint distribution of the answers to these questions is given in figure 16.

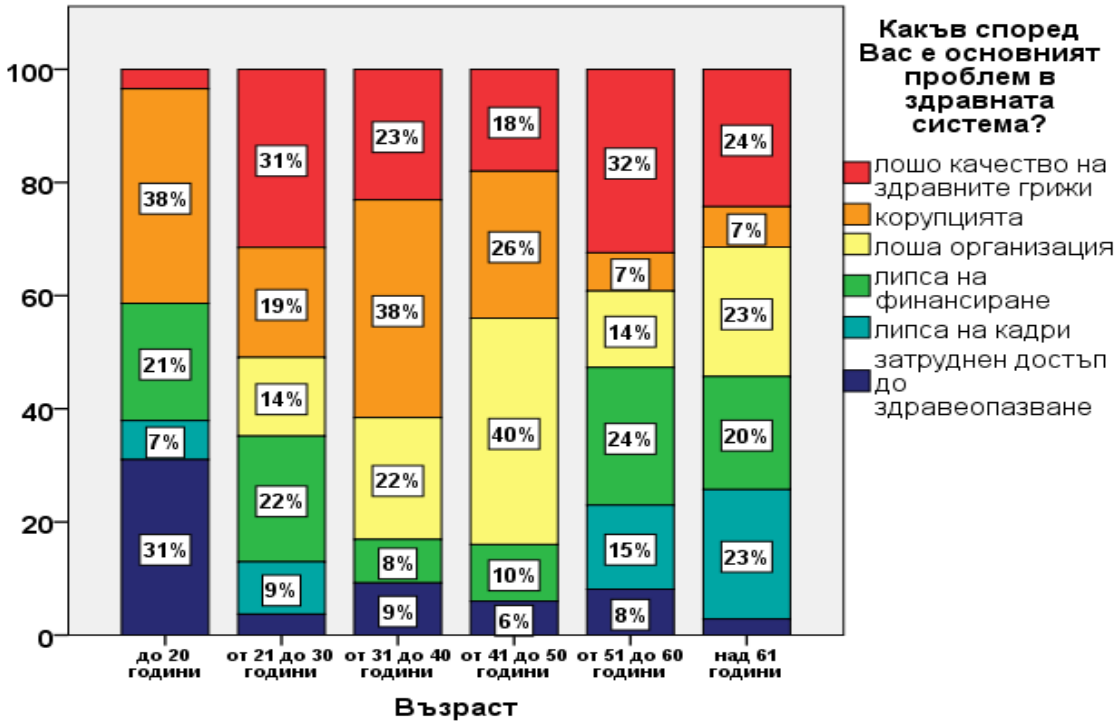

Figure 16: *Answer to the question "What do you think is the main problem in the health system?", depending on the age of the respondents.*

"Poor quality of health care" is the most important issue for each category (32% for "51 to 60", 24% for "over 61", 18% for "41 to 50", 23% for "from 31 to 40"), and the youngest (31% from "up to 30 years"). The same is true of

"corruption". For all age groups, this is the second most frequent choice (38% for "from 31 to 40", 7% each for "over 61" and "from 51 to 60", 26% for "from 41 to 50"), for the "under 30" category (19%). The least preferred option of all age groups is "understaffed" (15% of "51 to 60", 0% of "41 to 50", 0% each of "31 to 40" and "over 61 years" and "up to 30 years" (9% of them).

The degree of sensitivity to specific problems is different for the group of the youngest (under 20) and the oldest (over 61). Our research shows that for the youngest, the most serious problem is difficult access to healthcare. For the elderly respondents, however, two problems of almost equal weight are leading importance - poor quality of health care (24%) and lack of personnel (23%). For people of active age-from 21 to 50 years old, the most serious problems in our health system are corruption and poor organization. The poor quality of health care appears not to be a significant problem for the youngest age group.

- **Direct answer to a question about violated rights, incl. error in the diagnostic-treatment process.**

To the question: "Do you think that your rights as a patient have ever been violated?", all respondents answered. The distribution of possible answers to this question is shown in Fig.17 .

40.9% of all respondents answered “Yes”, 38.1% answered that their rights were not violated, but those of their loved ones were. And only 21% of the respondents stated that their rights were not violated by the health institutions.

This growing tendency to violate patients' rights, and with a high percentage of the educated citizens of the Republic of Bulgaria, signs a serious problem in Bulgarian healthcare and citizens' trust in it.

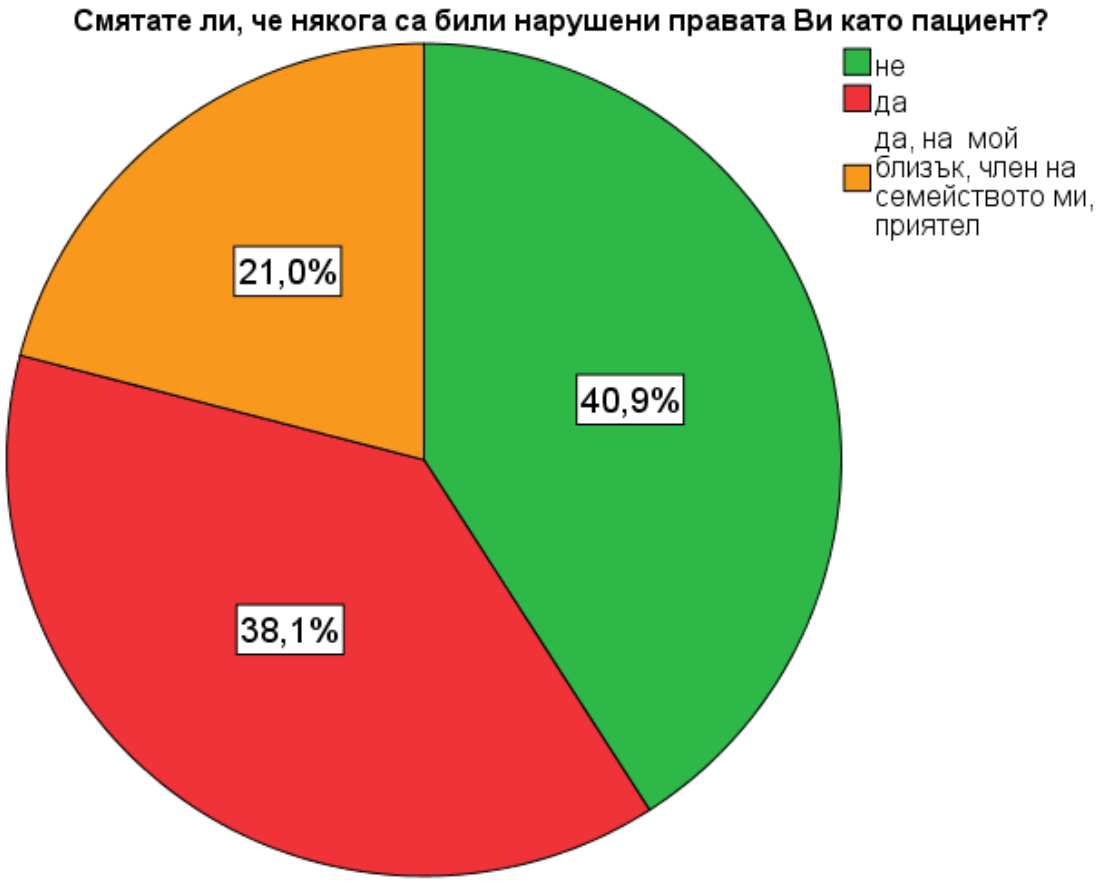

Figure 17: *Answer to the question "Do you think that your rights as a patient have ever been violated?"*

To the question: "Do you think you have ever been the victim of an error in the diagnostic - treatment process, incorrect treatment or medical error?" all respondents answered. The distribution of possible responses is shown in Fig. 18.

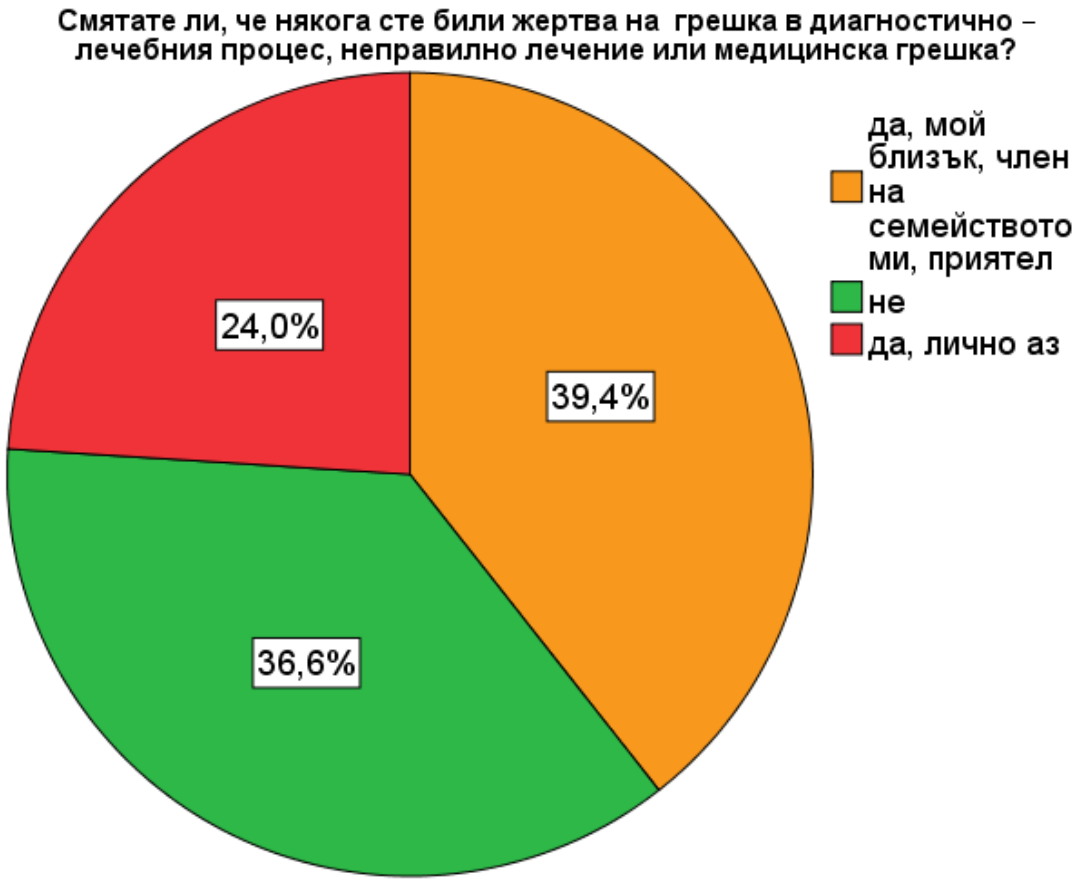

Figure 18: *Answer to the question: "Do you think you have ever been the victim of an error in the diagnostic - treatment process, incorrect treatment or medical error?"*

The results show that a considerable percentage of Bulgarian citizens have been or have heard of people in their neighborhood who have become victims of an error in the diagnostic-treatment process or incorrect treatment. This result once again signs problems in patients' trust in the healthcare system in Bulgaria.

- **We checked where patients are looking for their rights in the current situation?**

This question was answered by all respondents, the distribution among the seven possible answers to this question is shown in fig. 19.

Most, 33.8%, chose the first option - "The management of the medical facility". The second place, with 18.9%, is " Ministry of Health/RZI". Followed by "Court" with 15.9 % and "Media and social networks" with 9.8%. The remaining 21.5 % are distributed between "Ombudsman" with 9.1%, "Medical Audit Agency" with 6.3%, "Health Fund" with 6.1 %.

The answers statistically depend on the age ($L\chi^2(20) = 37{,}381$; $p = 0{,}011$; Cramer's V=0.144) and education ($L\chi^2(10) = 29{,}401$; $p = 0{,}001$; Cramer's V=0.188) of the respondents. The largest percentage of respondents (27.3%) are aged 21-30, 55.6% of respondents have a higher education. We conclude that that young people in Bulgaria, a large part of them, are with higher education, and would trust the management of the medical institution in terms of seeking their rights. The proportions of the categories "Health Fund" (respectively 6.1%), "Medical Audit Agency" (6.3%), "Ombudsman" (9.1%) and "Media" (9.1%) are slightly different). "Ministry of Health/RHI" (18.9%) and "Management of the medical facility" (33.8%), also representing the most preferred choices of the respondents.

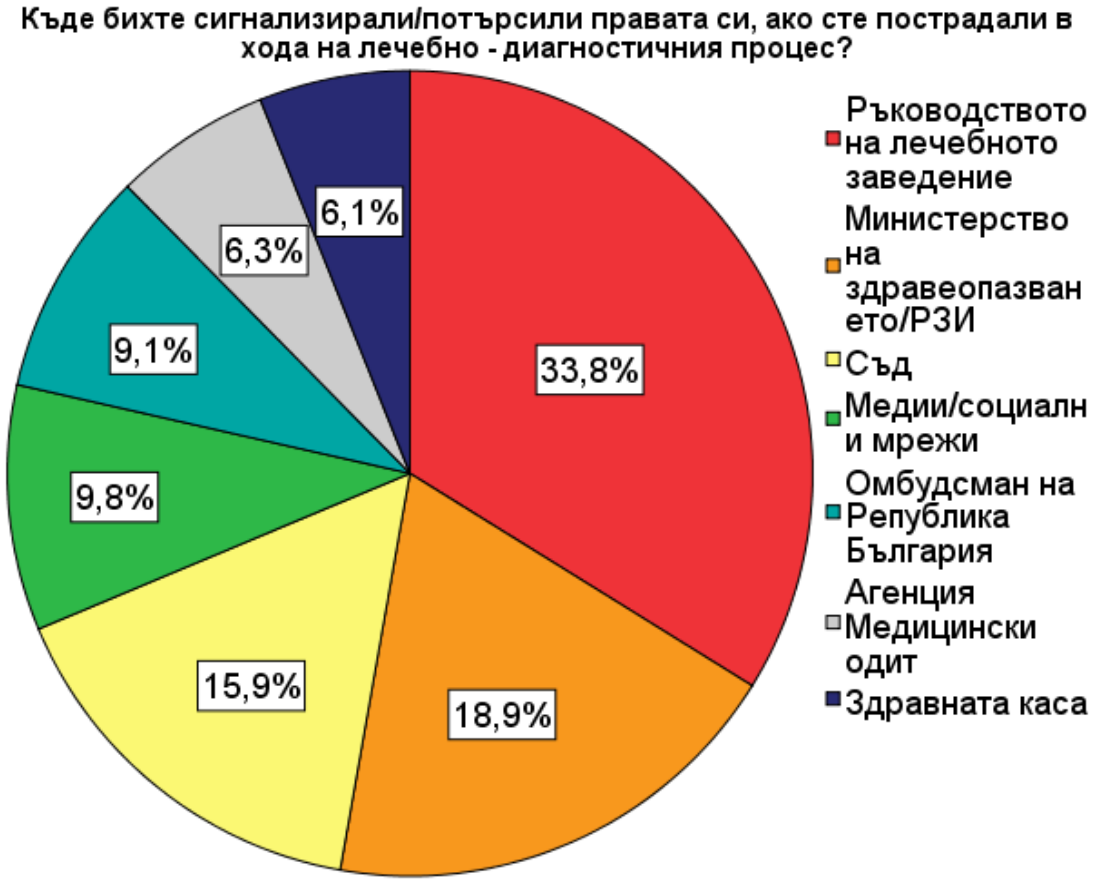

***Figure 19**: Percentage of responses to the question where do patients seek their rights in the current situation?*

The statistics show that Bulgarian patients would signal the most familiar and closest institution to the patients, namely the Management of the medical facility. The next most trusted institution for complaints is the RZI, as a regional division of the Ministry of Health. The court is the third instance to which the

patients would turn. The health insurance fund remains the least preferred institution for complaints and problems.

- **How, according to your position in relation to the system (according to your education - medical, legal, patients) and under what conditions, would you accept the introduction of the Health Ombudsman?**

When asked: "Where would you seek your rights as a patient if you had a choice?" 395 of the respondents answered (or 99.75%).

Preferences for the institution Health Ombudsman records the answers to the question ,,Where would you seek your rights as a patient, if you had the opportunity to choose? When given the choice between the Health Ombudsman and the court, 60% chose the answer "with the Health Ombudsman", the remaining 158 (40%) - the answer "in the court".

More than half of the respondents would trust the institution of the Health Ombudsman, if there was one established in Bulgaria, seeking their patient rights. The forty percent who answered "in court" would trust the institution known to them so far, as more secure, even though it is a long and cumbersome process.

To the question: "Do you think that the creation of a special Health Ombudsman institution, such as there is in other countries, would contribute to a better protection of the patient's rights?", speech was given by all the respondents. 325 of them (82.1%) answered "yes", the remaining 71 (17.9%) answered "no".

Regarding this question, a huge part of the respondents - 82.1 % answered "yes", and only 17.9% answered negatively. This percentage of positive responses points to the fact that the need to introduce the institution of the Health Ombudsman is an opportunity for a large part of society and would be of great benefit to protect their interests.

Based on the answers of the respondents, we can assume that the functioning of the Health Ombudsman institution would be positively received in Bulgaria as well.

To the question: "When, if any, would the Health Ombudsman be the preferred referral institution for problems related to the health system?" were answered by all respondents, the distribution between the possible answers to this question is shown in fig. 20.

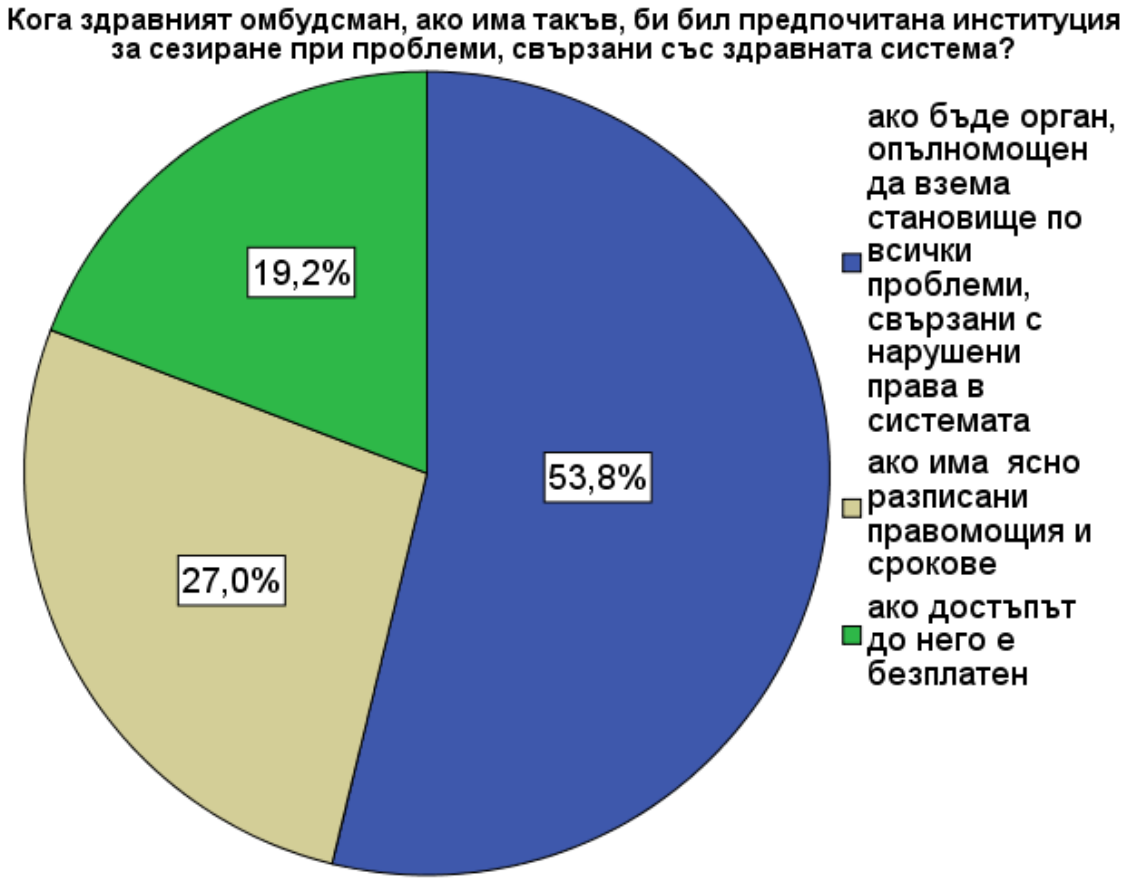

Figure 20: *Percentage of respondents' responses regarding when, if any, would the Health Ombudsman be the preferred referral institution for issues related to the health system?*

The question gives option for three answers covering possible prerequisites for choosing the Health Ombudsman institution by patients. 396 of the respondents answered. The largest percentage (53.8%) choose "if it is a body authorized to take an opinion on all problems related to violated rights in the system", followed by "if there are clearly defined powers and deadlines" (27.0%) and "if access to it is free" (19.2%). The largest percentage of answers show that Bulgarians would trust an institution that would have the authority to resolve the cases that have arisen, but they would also trust such an institution where there are clearly defined deadlines that are respected.

Analyzing the responses of the respondents, we conclude that Bulgarians believe that in order for an institution to be useful to them, it must have the right to express an opinion, have the weight and power to make decisions and not be limited only to a certain circle or department. but to serve the entire health

sector, to cover every problem that has arisen regarding the health of patients and most importantly - to be secure and reliable in protecting the patient rights of citizens.

Regarding the second answer in terms of percentage - "if there are clearly defined powers and deadlines", 27% of the respondents expect their problem to be resolved within the deadline set by the law, since in Bulgaria in a considerable percentage of cases there are no deadlines and this delays decisions. This leads to the moment when citizens lose their trust in a specific institution.

The results obtained by us correspond with some of the studies in different previous years, but in addition to the persistence of some problems, there are also specificities dictated by the imbalances in the health system, which unfortunately do not find a solution, but deepen and give rise to the ever-increasing need since the establishment of the Health Ombudsman institution in Bulgaria, similar to many European countries.

3.2. Review of the experience of the countries in which there is a Health Ombudsman institution

Today, in many countries around the world, the ombudsman institution is seen to be incorporated into the system as a result of the growing importance given to human rights, the rule of law, the control of the administration and the establishment of objections and mechanisms for complaints by citizens against the actions and work of the administration. The task of this institution is to deal with the problems that arise from the relations between public authorities and individuals in general, to accept the complaints and the requests of individuals against the public administration and to resolve the arising problems.

The ombudsman, who assumes the duty to protect the rights and freedoms recognized by positive law, fulfills the duty to investigate directly received complaints.

The need for the institution of the Health Ombudsman arose in Europe during the last two decades of the last century.

In the United Kingdom, the ombudsman, called the Health Service Commissioner, was created in 1973. It was created for England, Scotland and Wales, as a national body.

In Finland, the Patient Status and Rights Act was passed in 1992 and a patient ombudsman was introduced for the first time. Instead, hundreds of patient ombudsmen (nurses or social workers) have been created, assigned throughout Finland. Since then, patient ombudsman systems have emerged across Europe.

In most cases, complaints start with processes within the health institutions themselves. Local problem solving often proves to be the most efficient, quick and desirable method, both for the complainant and the healthcare institution.

While both parties are engaged face-to-face, there is an opportunity, outside the scope of more adversarial litigation, to:

- undertake a primary investigation
- directly confront the underlying systemic or management problems in the institutions
- apologize to the complainant for the error suffered

The advantages mentioned above can be the very reason for failure in the first instance: investigations may not be undertaken or there may be no transparency for the complainant. Institutions may decide to take internal measures to correct systemic problems, but are often highly defensive when asked to publicly admit that such problems exist.

The ineffectiveness of traditional complaint procedures is beginning to show. There is recognition of the need for effective appeal procedures to be independent, rigorous in their investigation from an impartial perspective and without fear of drawing conclusions from it. The need to be supported is certainly necessary for patients. They should be supported by the local local ombudsman, to the national impartial complaints investigator-the Health Ombudsman.

In the United Kingdom, for example, the ombudsman, also known as the Health Service Commissioner, was created by the NHS Reorganization Act in 1973. The institution was created for England, Scotland and Wales as a national body, similar to the common system of Parliamentary Commissioner for Administration, but with express powers with health competence.

On the other hand, in Finland, with the adoption of the "Act on the Status and Rights of the Patient" in 1992, a Health Ombudsman was introduced for the first time. Hundreds of patient ombudsmen have been appointed at local level across Finland, often working as nurses or social workers in addition to their normal functions. Since then, Health Ombudsmen have sprung up across Europe.

To some extent, the functions of the Health Ombudsman are the same as that of a country's ombudsman. This has a lot to do with the trust that must exist between a patient and the party responsible for receiving a complaint, as well as the party making a decision. For such trust to exist, the complete impartiality of the Health Ombudsman and his staff is necessary. Impartiality is best demonstrated and reinforced through administrative or legal independence. Impartiality must also be a demonstrable aspect of any subsequent investigation of a complaint, as well as the recommendations proposed as a result of the investigation. Individual health professionals who are often the focus of the complaint will also have a strong personal interest in terms of their professional reputation and integrity.

With so many conflicting interests of stakeholders, the question arises of how to ensure that each person performing the role of Health Ombudsman is fully independent. If he appears sympathetic, the ombudsman risks being criticized. Legal education is also required, ie the ombudsman may have to deal with conflicts that may be taken to court or require some kind of agreement between the parties.

Powers

In some countries, the office of the ombudsman commands respect if his investigations lead to fair and honest decisions. In others, it must be backed by a power to sanction wrongdoers, making the ombudsman's office similar to any other oversight body. In any case, it is important to use the principle of proportionality, as the ombudsman's office should not acquire more power or authority than is necessary.

Systematic approach

Complaints are a useful tool for creating change in any service delivery system. However, a good evidence base is essential to be able to convince someone that they need to change their professional behavior after a long career in healthcare. To collect such evidence, it is extremely important that all complaints are handled in a systematic way, proving that they are identified, documented, categorized and analyzed. When an analysis has been carried out, the conclusions obtained should be presented to the relevant medical specialist or manager responsible for quality improvement in the unit in question. Proposals for change will have a much greater chance of successful implementation if they are presented as scientific evidence based on systematic information gathering followed by appropriate analysis.

3.2.1. European Health Ombudsman systems

Health Ombudsman systems cover a wide range of approaches. The Finnish system, which employs thousands of ombudsmen, differs significantly from other systems in terms of the number of employed ombudsmen and how they allocate their time working both as ombudsmen and as health professionals.

The Norwegian and Austrian ombudsman systems have taken different approaches with full-time regional Health Ombudsmen. In addition, in both Norway and Austria the ombudsman function is perceived as part of the regional complaints procedure, with ombudsmen playing an independent role in health care.

In the United Kingdom, Greece and Hungary, where there are national commissioners or ombudsmen, none of these institutions were originally set up to deal with health-related issues. However, as a result of later developments in this area, the institution became actually operational.

The power, role and function of the Israeli Ombudsman are similar to those of the British and Greek institutions. However, an important difference is that the Israeli ombudsman is appointed directly by the Minister of Health and is supported-formally-by regional health fund ombudsmen and local patient rights representatives. In fact, the ombudsman plays different roles in different countries.

The Austrian ombudsman system was called the Council of Ombudsmen or People's Ombudsman (Volksanwaltschaf). Patient advocates are legally independent. Patient advocates find themselves in the privileged position of being seen as non-conflictual in their advocacy: it is a legal obligation to seek out-of-court resolution where possible, along with compensation. These actions aim to promote cooperative work with health institutions. This has the effect of encouraging cooperation in obtaining information during the course of the case. Public sector healthcare providers, down to the level of individual doctors, are legally obliged to provide information, when asked. Private providers are not, but often adhere to the same method voluntarily. However, it is not clear what the true extent of this cooperation is, as well what sanctions can be imposed for non-cooperation on the part of health facilities.

FINLAND

The Ombudsman in Finland is probably the most decentralized of the Health Ombudsman in Europe. It consists of a network of around 2,000 people acting as citizens' advisers within local health. The system stems from the

national drive to promote and support patients' rights in general. This is most clearly seen in the legislation enacted to support patients' rights and the related responsibilities of local health care providers.

The persons who carry out the functions of the ombudsman are largely part-time. The rest of the time they are social workers or nurses. Independence and the issue of conflict of interest are paramount in any assessment of this institution. These persons are required to act impartially and act as mediators between the health care provider and the patient. However, their ability to act as ombudsmen is limited by a lack of specific skills and training. Their powers are also limited. They do not have the authority to make recommendations for change.

GREECE

Although derived from a phrase literally translated as civil advocate, the Greek system reflects the more traditional concept of the ombudsman as a central mediator and investigator. The importance of the ombudsman in Greece as a service across the public sector is reinforced by the sheer size and scale of the public administration. The Office of the Ombudsman is explicit and legally independent and appears to be well structured. It is composed of a team of researchers with a wide range of relevant clinical and legal expertise. The ombudsman also has broad investigative powers with statutory access to records and subpoenas of witnesses. What is unclear is the ombudsman's ability to exercise these powers. This is perhaps highlighted by the fact that data on the ombudsman's activities are still scarce. The Office of the Ombudsman has only been in existence for a few years.

Healthcare is only a small part of the ombudsman's work. Much remains to be done to increase public awareness of the system. The small number of cases is a hindrance to the ombudsman acting as a powerful force to improve the quality of the health system as a whole. The self-improvement efforts and the strong legal basis given to the ombudsman show great potential for the future.

"Health mediators" are created with the task of helping susceptible (vulnerable and special) groups of the population , and their goal is to remove obstacles to the access of these groups to health services from the public system. "Health mediators" are appointed by the Minister of Health after their selection from relevant health service providers or legal entities controlled by the Minister of Health, of recognized prestige and experience, who belong to or come from the local community or vulnerable population groups who offer their services through contracts financed by European funds.

"Coordinators of health services" are created for vulnerable groups of the population with the task of meeting health needs and providing health services. "Health service coordinators" are health professionals who deal with community or public health and serve in organizations or units of the National Primary Health Network, National Health Service hospitals, and other public health services or those controlled and subsidized in full or partly by the public, bodies or units.

The order, conditions, method and criteria for selection, the scope of the project, the education and training of the persons assigned the role of "Health Mediator" and "Coordinators of Health Services" shall be determined by a joint decision of the Minister of Health and the relevant line minister. for vulnerable groups of the population.

HUNGARY

The Hungarian model of ombudsman functions, like that of the UK, derives first and foremost from the idea of a central, statutory, parliamentary oversight body. It is a parliamentary commissioner displaying the traditional range of powers of investigation, with powers of sanction.

The remit of the Hungarian Parliamentary Commissioner is categorized by type of human rights, with a range of commissioners with expertise in areas such as minority rights and data protection. There is no specific competence in the field of health care, but where human rights and patients' rights overlap, the Ombudsman can and does investigate.

An interesting development that complements this system is the emphasis on the introduction of new legislation to support patients' rights, and the subsequent introduction of local patient rights representatives. They are legally appointed individuals, independently employed, with expertise in patients' rights and powers to investigate, interview, access records and premises. They are also empowered to make recommendations for change as a result of complaints and to inform healthcare staff of the nature and scope of patients' rights.

NORWAY

For almost the same reasons as in Greece, although over a longer period of time, the institution of the ombudsman in Norway was initially created as a national one, in the face of a huge public administration. Since then, the concept has been extended to the health sector with a district level team - Health Ombudsman. In Norway, the ombudsman is seen as an informal mediator who can resort to a more formal investigation and judgement, and also an officer who can support and advise a patient in making an alternative complaint. This

merging of roles seems to work well, but with neutrality and independence still at the fore.

Although no national evaluation has yet been carried out, local evaluations show a high level of support and satisfaction with the Health Ombudsman - both among patients and health professionals. More importantly, health officials themselves identify the ombudsman as a driver for improving internal quality and safety controls. In fact, it appears that the hospital management is inviting the ombudsman to contribute to quality improvement. However, this is an emerging aspect of his role. There is still a need to achieve a minimum level of expertise-particularly in legal training-and a uniform approach to practice across the country.

Ombudsmen have various statutory powers to access records, even obtaining information from healthcare providers. They cannot impose actual sanctions directly, but they always have the option of referring a case to the district medical center, which has the legal power to sanction or the right to express its opinion publicly. As a result, recommendations are rarely followed in practice.

UNITED KINGDOM

The Health Ombudsman in United kingdom it works like important tool for accountability to parliament, guarantor of the right to information and a key democratic institution responsible for the overall quality of health in the country. Access to the ombudsman through a complaint is extremely easy, fast and systematic. The Health Commissioner, among the aforementioned ombudsmen, was established in England, Wales and Scotland under legislation made in the 1970s to deal with complaints against the National Health Service (NHS), founded in 1948. IN United kingdom The national healthcare service is based on on regulation from 1946 Mr. accepted from parliament, as the basis of basic health services.

The Ombudsman on the health department service on The UK received 13,310 complaints in 1997-2002 Mr. For the period 2012-2013, 26,583 applications were submitted. From them 6924 applications are taken for consideration. IN the period 2013-2014 Mr. are examined 7 760 of the 27th 273 applications. In 2014-2015, 29,000 applications were made and 6,815 were processed. The percentage of investigations completed within 12 months was 88%.

The UK has adopted the traditional notion of the ombudsman as a statutorily independent, nationally based investigator. Similar to developments in Israel and Hungary, the legal system is supported by a range of formal and informal mechanisms that provide the direct local advocacy support that patients need. They include:

- a patient advice and liaison office employed by each healthcare facility providing guidance on complaints procedures and in place
- a statutory independent complaints advocacy service for patients who wish to make a formal complaint

In this area, the ombudsman occupies a position supported by powers to subpoena witnesses and access records. They are independent as relative to the parliament and towards the government. Citizens do not have the right to address the Commissioner of Parliament directly and the Commissioner cannot act ex officio, but wishes and complaints can be made through a Member of Parliament (House of Commons). The Commissioner, having decided to investigate the complaints according to certain procedures, informs the relevant member of the House of Commons about the matter. The Commissioner prepares a report after the investigation is completed and it presents on the interested party country and on both chambers on the parliament . IN United kingdom the commissioner is also politically neutral. The commissioner can not to maintain relations with political parties. Except this the commissioner's decisions and proposals are advisory in nature.

Although this the ombudsman on the health department service a of the United Kingdom has no jurisdiction in the cases below and cannot exercise its own functions.

- Cases, taken away to the court or a council of independent judges.
- Complaints about the personnel matters of the National healthcare service, such as appointments, fees and disciplinary matters.
- Contractual and commercial matters, different from the contractual ones clauses regarding services provided to patients.
- Complaints about services provided from hospitals and childish manger which no are connected with The National Health Service.
- Complaints against government bodies such as the Secretary of State.

- The office on Wells, the Scottish Cabinet Secretary for Health and Sport and the National Health Executive Committee service .
- Complaints vs local authorities as social services.

Before submission on application to the UK Health Service Ombudsman, all other means of making an application must be exhausted. The system is also well supported by the presence of an expert directorate "Clinical Advisors".

However, the relatively small number of cases calls into question the ombudsman's ability to single-handedly improve the system as a whole. However, the comprehensive nature of the role, the methods of investigation available to the ombudsman and the unique perspective this institution offers make the ombudsman's findings very persuasive in assessing the future development of health services.

3.2.2. Non-European systems for Health Ombudsman

ISRAEL

The Israeli approach is one of the best in the world. Unlike the UK, where there is a traditional reliance on informal or conventional top-up mechanisms, there is an ombudsman at all levels.

The central health insurance ombudsman is complemented by a statutory obligation for each private health fund provider to appoint an internal ombudsman to be responsible for protecting patients' rights and investigating complaints, and for each local health institution to appoint a local ombudsman, acting as a representative of patients' rights. The system is comprehensive in its accessibility (allowing complainants direct access to every level of the system), its investigative powers and its support for individuals (providing both advocacy and dispute resolution).

The health care ombudsman is called "the Medical Professions Ombudsman". It works as part of the Department of Health's Public Inquiries and Complaints Unit. The Commissioner for the Medical Professions, as the ombudsman is called, deals with complaints when there is suspicion of unethical behavior or an unreasonable deviation from the standard of medical care in hospitals and clinics, both in the public and private health care systems. Complaints about the quality of care or personal behavior of a medical professional (doctor, nurse, physical therapist, occupational therapist, etc.), working hours, availability of doctors, coordination between different departments, accessibility of services, etc. are processed by the Ministry of Health - Public Inquiries and Complaints Department.

Any citizen who has national medical insurance can benefit the service. Individuals can make complaints to the Commissioner or appoint a representative to act on their behalf.

Citizens can contact the Health Professions Commissioner by phone, fax or email. Complaints must contain: Identification data of the claimant and the victim (they do not have to be the same person); Claimant contact information: name, address, telephone number (preferably a mobile phone number) and email address; Description of the incident: The act that was committed, the victim, a description of the sequence of events, name/s of the staff members involved and any other details that may help the Commissioner fully understand the claim; Relevant medical documentation. If the claimant is not the victim, then a power of attorney from the victim must be included. As part of the clarification process, the name of the person against whom the complaint is filed is also

indicated. A claimant who wishes to remain anonymous must so indicate in the written claim. The claimant must receive a preliminary response within two weeks of formal receipt of the complaint, in addition to a brief description of the expected date for a formal response. If the request is not within the commissioner's jurisdiction, it will be forwarded to the appropriate address (the applicant will be informed of this). After collecting information related to the case (eg medical records) and transferring the complaint to the person against whom it was filed for a response, one of the following will be decided: The review of the claim is completed and the claimant receives a response; A subsequent appeal that is transferred to another authority; Additional investigation of the person/body against whom the claim is filed; Decision to obtain an expert opinion; Summoning the claimant and/or the person against whom the claim is filed for clarification; Creation of a commission of inquiry.

Investigative Committee to Investigate Medical Care Complaints

If a decision is made to appoint a commission of inquiry after the complaint, the following actions are taken:

- The persons/bodies under investigation will receive a notification regarding the established committee; The Commission will identify experts in the relevant field;
- The commission will bring witnesses (the victim, family members, etc.) and medical personnel and inform the parties concerned of their right to legal representation. The conversations of the committees are registered or recorded in the protocol (partial immunity under Article 21 of the Patient's Rights Act).

The committee examines the matter and prepares a report. The findings of the commission, together with the recommendations of the High Commissioner, are transferred to the Director General of the Ministry of Health for approval, after which they are transferred to the person against whom the complaint is lodged and to the complainant. The commission's conclusions are submitted for operational implementation.

Turkey

So-called patient rights departments have been created in the health system. Defined as units responsible for training healthcare professionals and patients about patients' rights, who accept applications to prevent violations of patients' rights in hospitals, provide solutions to urgent problems and inform the higher unit (Directive on the implementation of patients' rights,2005). The main objective formulated in this provision related to patients' rights, besides ensuring that people recover their health, is to offer optimal quality of health care to

patients within a given process and to further develop this quality. In 2018, approximately 10,000 complaints were submitted to patient rights departments in Turkey. However, there are no statistics on how many of these appeals are resolved and how many are dismissed.

Brazil

The constitution of the Unified Health System of Brazil (SUS) is marked by civic participation. Its consolidation is directly related to the ability of governors to manage it democratically, with public control and participation in the definition and management of health policies by citizens. The development of public health ombudsmen is an instrument of social control and plays a major role in controlling the functioning of public administration by exposing any failures and spreading the principles of justice among citizens.

Ombudsmen are characterized as instruments of state visibility, democratic spaces for popular participation and administrative instruments based on the ethical and constitutional principles of public administration and the "Unified Health System". They are gradually established in other nations, such as the United States and various European countries, aiming to guarantee patients' rights. The activity of ombudsmen can improve the quality of health services when properly established in the management system.

The Municipal Health Ombudsman in Brazil was established in 2009. Currently, the team includes three professionals: one responsible for information management and two responsible for direct communication with citizens.

The Health Council and the Ombudsman belong to the administrative structure of the Municipal Health Department and are mechanisms for social control of public health policy.

A cross-sectional case study was conducted and data were collected between May and August 2010 using structured interviews. Bibliographic and documentary searches were also used as data sources in the analysis of the results. The sample is composed of two groups. The first was formed by users who turned to the ombudsman to express themselves about the dynamics of the municipal health system. The second group includes advisors, civil society representatives, health workers,SUS managers and service providers responsible for health policy formulation and monitoring. The user group was represented by 44 interviewees, with 46 recordings made in person, of which 2 users refused to participate in the study. Thus, the sample includes 95.6% of healthcare ombudsman users. The group of advisors includes all registered members .

The questionnaires applied to each group are different and consist of two main elements: closed questions, to characterize the interview profile; open-ended questions to reach the perceptions of the interviewee. The use of open-ended questions with consumers aimed at analyzing how they perceive the ombudsman's contribution to healthcare management, as well as their knowledge of the ombudsman's role and work. In addition to the questions described above, the questionnaire applied to the councilors aimed to verify the relationship between the ombudsman and the Health Board. The data collected has been analyzed taking into account the nature of the records, helping to qualify how the ombudsman functions as a governance tool and suggesting actions to improve democratic governance in healthcare.

Health advisers say the ombudsman's job is to ensure fairness in the implementation of health policies. According to one of the advisers: "the ombudsman corrects distortions fundamentally related to inequalities in the SUS and promotes equality".

The following statements were collected in the interviews: "The ombudsman listens to both sides of the story and tries to mediate in the best way and resolve the issue"; "The ombudsman is a communication channel that allows mediation and the search for a balance between civil and health services"; "The ombudsman should be a body that everyone can trust, he should be a refuge and help mediate conflicts between users of the system or between SUS workers and managers". The counselors believe that the citizen should have a dialogue with health officials and to seek to resolve the matter with the Health Board before going to the ombudsman.As for the reasons for seeking the help of the ombudsman - two councilors use it to obtain information and others to make suggestions for the functioning of the health care system, getting good service, solving problems in terms of people management and in terms of family health strategy.

The Brazilian ombudsman is hierarchically subordinate to the executive powers, which can limit his activities. The Health Ombudsman is appointed by the Ministry of Health as an instrument of public management and social control to improve the quality and efficiency of services provided in health care. Research shows that healthcare users accept the ombudsman as a management tool, especially when reporting functions such as receiving suggestions. The population wants transparency in state functioning, such as mechanisms to prevent corruption and increase morale and efficiency in public administration. In this way, receiving suggestions, complaints and claims through ombudsmen provides an opportunity to amplify the voice of citizens. Their perceptions of

public administration are conveyed to managers, who can turn them into effective tools for improving the effectiveness of public administration. Documentary analysis allowed us to identify that the project to create the ombudsman was widespread. Consequently, a partnership and collaboration between the ombudsman, the health board, the technical areas and the workers in the health department has been established. The biggest whistleblower for the ombudsman is government officials. This suggests that staff understand and believe in the ombudsman's work and see her as an ally in trying to change the health care system.

The health ombudsman is an important management tool by monitoring the functioning of the health system. The creation of ombudsmen specialized in health care is a recent phenomenon in Brazil, and the study carried out can contribute to the improvement of health care management in Brazilian municipalities, as well as encourage new research in the field.

The analysis of the role of ombudsmen in public health and their contribution to its administration, according to two groups of stakeholders: users of the health system and municipal health advisors, shows that complaints to the ombudsman indicate difficulties in accessing health services and actions, with a risk that to be perceived as shortcuts to accessibility, ignoring the principle of social justice. Based on a survey of users of health services, it is clear that the main activities of the ombudsman are: helping to solve problems in health care and hearing and explaining the functioning of SUS. Municipal health advisors define information as a tool for power and access to consumer rights. It is also noteworthy that the ombudsman plays an important role in mediating between the Municipal Health Council, the citizens and the managers of the health system.

It was identified that the following need to be implemented or improved: offering support, through the preparation of management reports, to monitor the quality and ability of the system to meet the health care needs of consumers, promoting coordination with health consultants, promoting the dissemination of information on the functioning of the health system and monitoring the implementation of actions to correct all irregularities identified in the functioning of the health policy.

The ombudsman is a key management tool in monitoring the health system. The establishment of the institution of the Health Ombudsman is a step forward in the field of democratic governance. However, there are challenges that need to be overcome in order to improve the ombudsman's contribution to

the implementation of health policies and the representation of citizens in guaranteeing their rights.

The adoption of laws for the rights of patients in certain countries has stimulated the understanding that, although it is an essential tool for their provision, it is not enough. Therefore, specific instruments have been created, with an emphasis on the Health Ombudsman, whose function is to promote these rights by examining complaints submitted by patients.

It is believed that Brazil lacks an effective institutional culture, which slows down the discussion among Brazilian professionals or that it contributes to increasing the vulnerability of the affected people and generates worse health outcomes.

The ombudsman must be distinguished from a patient and from a health care provider or hospital care provider, as the latter has a patient care function. On the other hand, the ombudsman is impartial in determining the claims of the various parties involved in health care, with a central function of disseminating information about the patient's rights, legitimizing their demands and mediating any conflicts. He specializes in complaints handling, emphasizing the hassles of two claims and the means of dispute resolution.

RIGHTS AND OBLIGATIONS

The ombudsman must act independently of the office, and this autonomy must be established in the rules to mark his action, and be impartial in the determination of claims, because if he does not take an adequate position, he may lose the trust of the citizens.

The ombudsman qualification implies training in legal matters and in dealing with claims to be brought before the judiciary, as well as in matters relevant to the clinical context. It is important that he has enough power to ensure the credibility of his actions. It is also important to have access to all records and to be able to legally demand compliance with the claims of all participants. In short, their central role is to support, serve and protect the individual patient.

The health ombudsman has some specific functions: to promote the rights of the patient by disseminating information and fast processing of claims, always for the patient and without restrictions or penalties, as well as mechanisms how to improve the quality of health care. Given these characteristics, it is confirmed that the functions of the Health Ombudsman are distinct from the SUS service, which focuses only on its users, being only obliged to receive, examine and refer complaints.

The local ombudsman appointed for Brazil must work with full dedication and without conflict of interest. In most cases, two models explored by Mackenney and Fallberg require a Health Ombudsman and, in addition, recommend regional ombudsmen, which work with the primary medical assistance. Still, regarding the Norwegian model, Molven points out that access to it should be informal for the patient.

In summary, the proposed ombudsman model for Brazil emphasizes the location of its action, specifically the hospital environment, but also includes regional ombudsmen to deal with patients in primary care. However, it is suggested that regional is optional, as the hospital is the setting with the most adverse events. It is also emphasized that the ombudsman's mandate is given by law, which establishes specific prerogatives, such as his autonomy and independence, appropriate qualifications and quick handling of complaints.

New Zealand

Health regulation in New Zealand is taking place at the national level given the unitary form of country management. Complaints against doctors manage in agreement for jointly regulation, at which the people they can Yes everything complain or to The medical council, or to the Commissioner of Health and disabilities who then refer cases, including to the Tribunal for the Review of the Rights of the person. The regulation of the health professions revises according to The law for insurance on competence on healthcare professionals from 2003 Mr. which replaces 11 the status for the separate ones healthcare professions, establishing a common framework for registration and disciplinary proceedings, creating an independent disciplinary tribunal of health professionals.

New Zealand creates Parliamentary Commissioner for the investigations through 1962 Mr. (El wood 2009). The health one an ombudsman was appointed three decades later under the Act for the Commissioner of healthcare and disabilities from 1994 Mr. after like a judge Cartwright urged for an independent commissioner and a code of patients' rights (Cartwright Report 1988). Cartwright In inquiry is created to investigate a scandal at the National Women's hospital in Auckland, where women with wounds were examined symptoms of cervical cancer but not treated. The Commission on Nova Zealand contains elements from three the model on ombudsman: standard model, focused on complaints on the patients some powers for “supremacy on the law" and rights on the person in consumer advocacy.

The commissioner on Health and Disability considers the violations on The Codex on the rights of consumers of health services and services for people with disabilities since 1996, which defines 10 legally applicable user rights and relevant obligations on all public and private providers. Except this the commissioner can Yes initiates penally persecution before tribunals and courts.

3.2.3. Health Ombudsman - different approaches to improve the quality of health services in Europe

Health services everything need from the institution Health ombudsman, which resolve conflicts and develop strategies for better health services to increase efficiency and efficient delivery of health services within ethical guidelines.

The example of Finland

The introduction of patient rights laws across Europe in recent years is an important step in protecting patients' rights. However, laws are ineffective unless they are properly implemented and accepted by all stakeholders. Applying the law in health care is particularly difficult because of its long history of decision-making traditionally based on the ethics of the individual physician or the medical community. To facilitate the practical application of patient rights laws, some countries have introduced Health Ombudsman systems.

The functions of Health Ombudsman systems often include responsibility for monitoring the extent to which patients' rights are respected. They are also usually an integral part of all national and regional complaints procedures.

The creation of an ombudsman focused exclusively on the patient appeared o later, in the last two decades of the last century. The United States is one example, although the term "ombudsman" is not as commonly used there as the term "patient advocate".

The structure of the Finnish Health Ombudsman system shows that the ombudsman does not represent the patient.

The majority of Finnish ombudsmen also work as social workers, nurses or even doctors. In many ways, the Finnish Health Ombudsman system is a precursor to a number of other systems and is taken as a starting point to consider some of the more advantageous and less advantageous aspects. They refer to:

- A starting point for turning patient rights legislation into a practical and enforceable tool;
- The need for impartiality;
- The role of the ombudsman in achieving improvements in health care in general.
- The necessity, or otherwise, of sanctioning power against those whose rights as patients have been violated.

Looking at them, first of all, the Finnish legislator realized that a system was needed to deal with the practical implementation of the Patients' Rights Act. As a result, a system of Health Ombudsmen has been introduced to educate the general public and health professionals about the content of the new law. It's a bold first step that has sparked action in a number of other countries that are creating similar systems. These and other parallel approaches are discussed in more detail in "Protection of patients' rights. A comparative study of the health ombudsman". However, given its origin and the dual nature of employment for Finnish ombudsmen, the procedure for appointing a Health Ombudsman in Finland is associated with potential problems in terms of conflict of interest. This reinforces the need for impartiality and independence as a platform for any new ombudsman system. Thirdly, complaints are a small part of the duties of the Finnish Health Ombudsman. There are other quality issues from the patient's perspective. Finally, the Finnish system does not include a procedure for sanctioning healthcare professionals who do not respect patients' rights. This is seen as a strength rather than a weakness.

Recent comparative analyzes of non-healthcare safety studies, including commercial airlines, nuclear power and the offshore industry show that the best way to improve quality is to have a system that focuses on systemic problems rather than individual errors. It is therefore possible that the Health Ombudsman system would benefit from not having the power to sanction offenders. Many patients, and ombudsmen, still see quality problems only as the result of incompetent individuals, rather than being partially or wholly caused by poor health systems. It takes time for professionals to learn and apply the right methods. Changing culture in healthcare organizations takes time, especially when trying to change the way two or more services interact.

The way in which ombudsmen have influenced quality in the past has largely been through health services, which fear being subject to their scrutiny. The ombudsman protects rights and provides the necessary protection, but also needs to adopt a modern approach to quality: really be part of the movement he advocates for these approaches to be more widely applicable.

An important feature missing from Finnish legislation is the right of the ombudsman to issue public statements about his findings, based on relevant documentation provided at his request. To be effective, any investigation must be conducted by competent and professional personnel, including lawyers, doctors, nurses, etc. Any concl'usion must be based on facts and be unbiased. If all of these requirements are met, it is likely that the Health Ombudsman's public statement will be a much more systemic change. There is no doubt that the

ombudsman has an important role to play in healthcare systems. It is generally agreed that its main purpose is to support and protect the individual patient.

Currently, resources and powers require ombudsmen to focus on individual complaints, and their future role should be aimed at improving the quality of health services as a whole.

3.2.4. Functions of the Health Ombudsman in European countries - basic elements

Healthcare users may need support, particularly in making a complaint, choosing which route to take, and deciding when and how to proceed to have their case investigated. The question that is important is – "What should be the main elements building a functional Health Ombudsman system that aims to protect and support patients?".

Some important elements have been identified: The purpose of the ombudsman institution should be to protect the legal rights, interests and support of individuals and the quality of patient care as a whole. The system must be based on law and on a culture among health personnel where the ombudsman is accepted as an institution. To serve many individual patients, also in a flexible and informal way, the advantage of the system is that it is localized at the regional and local level. Helping people in the best possible way, the ombudsman, in addition to providing information, guidance and advice, should have as part of his tasks to carry out investigations, make representations and represent patients in making complaints to the relevant authorities. In order to do this, the ombudsman must have the right to obtain information from health services; to work independently and autonomously, without dual roles, and to be composed of both lawyers and health personnel.

In terms of quality improvement, a system that has a central and coordinating body may have greater legitimacy and make better use of the accumulated knowledge across the country than local/regional measures.

An ombudsman is a person elected by society to speak on behalf of others, someone who can point out that mistakes have been made, but without the power to issue legally binding instructions to health services. Therefore, two groups are distinguished: on the one hand, the persons/departments who are in a position to help patients and citizens through information, advice, advocacy, mediation and/or arbitration, regardless of whether they are called or call the ombudsmen themselves, and by on the other hand, special control units that have formal powers to make decisions that formally bind health services, although these units can also be called ombudsmen. The latter, however, are not usually seen as real ombudsmen.

As health services and complaints systems are heterogeneous, it is appropriate to organize Health Ombudsman systems differently and to change their roles. The ombudsman institution should be built in a way that makes it functional and relevant within the health care system. Health Ombudsman systems can be different. There are arguments in favor of the institution of a

Health Ombudsman, designed to speak for someone else, which should be built on some basic elements. Some features regarding the organization of the institution and the definition of roles should be more or less the same, regardless of how services are organized and how complaints systems work.

The authors analyze what the key elements should be to build a functional Health Ombudsman system that aims to protect patients' rights. The scope of the problems for the rights of citizens - users of health services is getting wider and wider. These include their shared needs and interests, administrative justice and quality, which are often focused on patient safety and quality assurance. This raises the question of whether this way of thinking has become part of the reasons for the emergence of ombudsmen and how this perspective should be developed within the institution of the Health Ombudsman.

Important elements to consider in establishing the institution of the Health Ombudsman are those which relate to health services in general. The reasoning is comparable even to more limited systems, such as those involving only hospitals or nursing homes. Just like the Parliamentary Ombudsman, the Health Ombudsman has a function to protect people, both from public administrative systems and to carry out hearings on public health cases. Systems can also be created for private health services.

Patients' need for protection and support:

In addition to international conventions, comprehensive national laws affecting patients' rights have been introduced as an important step towards protecting patients' interests and needs. The latter often want to react or complain when they feel they have been abused by health systems or have been subjected to inappropriate treatment.

Patients who want to change the decisions of healthcare institutions can, after an unsuccessful appeal to the healthcare provider, present their concerns to separate independent decision-making bodies. Those of them seeking financial compensation for an alleged accident are forced to bring their claim before a special government body set up to deal with patient compensation as an alternative before going to court on the matter. Patients may also wish to have their case reviewed, even in the absence of expected change or compensation.

Some countries have a professional self-regulatory system that people can turn to. In other countries, such as Scandinavia, there is a system of public scrutiny that decides whether the law has been broken. Health personnel in case of serious violations of the law may be sanctioned by inspectorates or other

public authorities. The problem is that such complaints procedures are rarely simple, accessible or expeditious from the complainant's point of view.

Patients often need support to recognize that something is wrong, make a complaint, choose which path to follow and decide when and how to act to have their case investigated. They need help navigating these complex complaint systems.

The Health Ombudsman institution has defined purpose, scope and powers. Laws can be specific to the institution of the ombudsman or include it in a more comprehensive regulation, such as a law dealing with patients' rights. Another way to regulate it can be through administrative regulations set by the bodies or units of which the ombudsmen are part, such as a hospital.

Systems with a legal basis will provide the greatest legitimacy to ombudsmen. Such statutory provisions are a symbolic expression of the institution's importance to society. Legislation may also contain provisions that grant procedural and/or substantive powers to the ombudsman, powers that local authorities rarely have or are empowered to establish. As a rule, this authority will be more restrictive in the scope available to local authorities to enforce regulations, in a binding manner, and to whom those regulations may apply. Health ombudsmen in Norway have their basis in the Patients' Rights Act, Chapter 8.

Ombudsmen occupy a relatively free position, determining the way of carrying out their duties. The legislation itself and the given regulations place ombudsmen in a clear legal position and with specific rights and obligations. Not least on the basis of this legislation, the Norwegian Health Ombudsman has become an important institution.

Goals and tasks

The ombudsman's duty is to protect patients' rights. The question is whether the goals should have a broader spectrum. The purpose of the Health Ombudsman institution is to respond to the needs of individual patients and to resolve issues between patients and healthcare providers. In New Zealand, the institution goes further and aims to improve the quality of health services. These two elements should be seen as complementary with information from many individual cases providing a suitable basis for statements and making proposals for quality improvement. Innovative ombudsman systems should be quality improvement as well as redress oriented. The frame of reference for ombudsmen regarding the protection of individual patients can be either quite narrow or broad. This purpose may be limited to providing relevant information and

guidance to patients, or more broadly to providing a high-quality complaint handling service that offers feedback, corrects individual errors and requests changes.

Ombudsmen may have additional duties to protect individual rights as well as the needs and interests of patients in general by following up on cases that show potential for improvement even though the law has not been broken and issues that have not (yet) been subject to the legislation. Ombudsmen can be group-oriented, on their own initiative, dealing with issues related to vulnerable groups and addressing their special needs and interests in order to improve relevant arrangements for them.

The Norwegian Health Ombudsmen "work to protect the needs, interests and legal rights of all users of health services in the county" and "to improve the quality of services", reflecting a broad-based approach. The ombudsman deals with complaints from individual patients, while acting on his own initiative to investigate cases of which he is aware and which endanger the needs and interests of patients. This demonstrates a wider commitment to protecting patients as a whole. Ombudsmen are expected to pass their knowledge back to health services to motivate other quality improvement measures.

The tasks of the institution must be legally defined. This will bring transparency to everyone and define what the ombudsman can or cannot do. Many countries have provided for such provisions, some being quite specific, as is the case in New Zealand, while others offer more general guidance on the scope of their work, as is the case in Finland and Norway.

The primary purpose may be to inform patients and possibly health care providers. This may mean that the main task involves providing information to patients about their rights and obligations and the right place to make their complaints. This is the main duty of the Finnish ombudsmen - they do not represent patients, but rather act as an information service.

The central task goes beyond providing information about rights, obligations and procedures to explain to the patient what has happened and to consider further possible actions. The situation can lead to confusion for the patient whether to seek his rights from the health care provider or to file a complaint with a public body. The patient may need advice on the most sensible next step in the complaints procedure.

Alternatively, the ombudsman can act as a facilitator, correcting possible errors. In addition to providing advice and guidance, he may play an active role in providing oral or written communication and/or in meetings with health

services. He must retain the right to hear cases, the power to make inquiries and the ability to give his opinion on health service matters. In doing so, the ombudsman will act and be seen as a representative, as a person speaking on behalf of someone else, as a true ombudsman.

Ombudsmen, in addition to having the power to investigate cases, can be tasked with giving opinions on what is right and wrong and have the capacity to order health institutions to correct their wrongdoing, similar to the traditional role of a parliamentary ombudsman . This empowers ombudsmen to resolve cases. They may be empowered to decide what is right and wrong in a formally binding way. If this is the case, it would be inappropriate to expect an ombudsman to speak for anyone, but rather to be seen as part of the regular health administrative system. It follows from the Norwegian Patients' Rights Act that "to a reasonable extent, the patient ombudsman must give anyone who asks for information, advice and guidance on matters that are included in the work of the patient ombudsman." In addition to providing information, advice and guidelines, the provision understands the ombudsman to be a representative who can help patients communicate with, write to or meet with healthcare staff to clarify, overturn or change decisions. The ombudsman can also make substantive "statements", suggesting that he may represent the patient.

Organizational structure:

The Health Ombudsman institution should be well structured and organized to increase its legitimacy and potential to operate independently of health services.

In England, the Health Ombudsman is part of the parliamentary ombudsman system. It is common for Health Ombudsmen to be organized as part of a government, regional or local health administration and to be funded by one of these administrative units.

In some countries, such as Finland, ombudsmen may belong to separate units of the health services, for example a hospital. Being part of the parliamentary ombudsman system has the most authority. Being part of the health administrative system or health services creates challenges for perceived independence. This applies to Israel and Finland, where the ombudsman functions in an additional management or staff position within the health services.

In Norway, the institution operates under the health management, the body responsible for the implementation of decisions and policy regarding health is the Ministry of Health. This means that the government is responsible

for the institution of the ombudsman and must inform the parliament about its structure and organization. Parliament has the ability to her influences by giving viewpoints or instructions on how to support the system by being responsible for its funding.

The ombudsman, created as a government unit, may be directed and instructed by this organization, which appears improper and creates a sense of conflict of interest. To avoid such a perception, the Norwegian Patients' Rights Act requires the ombudsman to perform his duties "independently" and "autonomously". This ensures that the directorate or any other body cannot influence how ombudsmen operate, how they deal with individual cases or how they present such cases in their annual report. The Directorate can only deal with matters such as personnel and training.

Features and localization

Health ombudsmen can operate at a central level, such as the Health Services Ombudsman in England, at a regional level, such as Norway, at a local level, as in Finland, or a combination of these, as in New Zealand. The US national long-term care ombudsman program seeks to resolve complaint cases, particularly for nursing home and residential care residents, and is structured around a central institution with some regional offices and many local ombudsmen.

A national ombudsman may have more legitimacy but be inaccessible and rather bureaucratic if it operates without regional or local units that receive and process cases. Regional or local units provide easier access to needed local support, while central agencies can have more influence in policy-making, standardizing complaint handling and coordinating work across the country.

A regional or local ombudsman is in a better position to respond to patients' needs. It is important for people to use oral communication without having to write a letter or fill out forms. It is easier for ombudsmen to work in an informal way to solve problems. Knowing local working procedures, routines and changes makes ombudsmen more relevant to the local community and better equipped to suggest improvements. When organized regionally, ombudsmen may have offices in other cities and/or hospitals, plus a central office. Some of the regional Norwegian ombudsmen have additional offices in larger hospitals. When working at local level, for example at municipal level, ombudsmen may have an office to meet patients, or they may appoint staff members within the local health units , and as is the case in Finland, be very easily accessible.

Therefore, as in some other countries, there is a gradual spread at all levels of the system. This means providing local, impartial advocacy and advice, up to a national, statutory independent investigation of complaints. Both the national ombudsman and local patient representatives appear to be well-used mechanisms. The role of patient rights representatives has not yet been assessed and there is a lack of aggregated data on their work and functions. However, if nothing else, these local advocates have the power and position to influence improvement in service delivery.

Staff

The health ombudsman can be appointed for a limited period of time or permanently. Its appointment for a limited period may pose some risks, especially if it is to a medical facility such as a hospital. If the ombudsman creates too many difficulties for health services, they risk not renewing their contracts, as can happen in the Austrian system.

Since the main focus is on patients' rights, it seems reasonable to conclude that the ombudsman should be a lawyer. In practice, this is not always the case. As the objectives of the ombudsman may be more comprehensive, the ombudsman's professional experience required may vary. Ombudsman offices should have experience in the assessment of clinical factors as well as legal education, which translates into a need for both legal and health professional competencies.

Norwegian Health Ombudsmen are employed on permanent contracts. About half of them are lawyers, and most of the rest include various types of health personnel. The offices are usually staffed by both lawyers and health personnel (since 2010 also social workers). On average, ombudsmen have three full-time staff, serving a population of around 200,000 people, handling an average of 700 patients a year.

Independence

The health ombudsman, as an institution under parliamentary authority, should be completely independent of the health administration and health services. In most countries, the institutions are part of or linked to the Ministry of Health, regional or local health administration or hospitals. This can be a challenge to the independence of ombudsmen, especially if the latter are at the same time employed as part of the administrative or professional staff of an institution, or have a limited mandate.

Where ombudsmen are administratively linked to the Ministry of Health or other parts of the health administration, this may affect their degree of

autonomy. The work of ombudsmen can be regulated by guidelines that threaten their independence. If ombudsmen are not independent, this can prevent patients from speaking freely to them or lead to inadequate investigation of cases or limit their ability to give an opinion indicating that health services have made a mistake.

In countries such as Norway, it is stipulated that the ombudsman, while functioning administratively under the direction of the health authorities, carries out his work independently and autonomously, meaning that no one can influence the ombudsman's handling of cases. The Norwegian Patients' Rights Act states that "The ombudsman shall carry out his work independently" . This means that the ombudsman performs his rights and duties independently. Where stated in law in this way, the independence of the ombudsman requires that guidance from health authorities relate only to organizational and administrative matters and not to decision-making processes in cases.

Powers

The formal powers conferred on ombudsmen by law or regulation include procedural steps. This may include such elements as the right to information, timely receipt of adequate responses from health services, the right to access documents, free access to health institutions, the right to thorough investigation of cases and the right to freely express one's opinion. Ombudsmen who have powers can also refer to what the material outcome of a patient complaint will be. However, ombudsmen do not have decisive power in terms of how they can overrule and instruct others. Their material strength will be established by the credibility of their findings as a result of the work done.

Norwegian ombudsmen are given some express procedural rights in relation to health services. According to the Patients' Rights Act: "Public bodies and other bodies that provide services to the public administration shall provide the ombudsman with the information necessary for him to carry out his tasks". This means that hospitals and GPs in primary care must answer to the patient ombudsman who investigates a case involving a hospital and/or GP. In addition, the law states that the ombudsman has access to all units where health services are provided.

An additional important procedural right is to make representations. The ombudsman decides to whom these statements are directed. Many ombudsmen operate in this way, while some limit their activities to providing information, advice and guidance. This power to offer support makes the ombudsman an important body in introducing solutions and improvements. This may relate to patient complaints or to improving the quality of services.

According to the Norwegian Patients' Rights Act, "Norwegian health services recognize the Health Ombudsmen's right to investigate cases and make statements, their duty to provide patients with the information they seek and to provide them with access to all premises where health services are provided . If a patient contacts the ombudsman alleging that he has been harmed during a hospital stay, the ombudsman has the right to answer any questions related to what happened on behalf of the patient. Similarly, other health units involved in treatment must be accountable to the ombudsman.

The material statements of the ombudsmen are not binding on others. Statements have only the weight that the health personnel or health services concerned choose to give them. This largely depends on the real impact of the submissions, how persuasive they are in substance and the general trust that ombudsmen have built up through previous investigations related to patient complaints or quality improvement.

Case Review: The Law

How the relevant complaints and applications are handled will initially depend on the purpose of the system, the procedural provisions and how the tasks are ultimately defined. Cases can be resolved by providing information, by giving advice and guidance, by making inquiries and statements, and by making formal complaints.

The ombudsman should have the individual powers to determine whether or not the request provides adequate grounds for further consideration, according to the Norwegian Patients' Rights Act. It necessarily depends on the ombudsman's priorities whether a case is accepted. The ombudsmen are supposed to accept the request if it is reasonably justified. If the case is not heard, the same provision states that the person who made the request is notified along with a brief written explanation of the decision.

If the ombudsman's job is only to inform patients of their rights and explain how to make complaints, then he does not need any procedural powers. If the ombudsman represents patients, he should have the right to request relevant information, and if he is tasked with making statements, he should also have the power to investigate cases, for example, to be given relevant information by health institutions. The question then is to what extent the ombudsman is given procedural rights through which he can make relevant and reasoned statements.

With no fixed endpoints and standardized methods for handling complaints, the ombudsman has the freedom to choose the approach he considers most appropriate to resolve the case. The Norwegian Parliamentary Ombudsman has so far received only one complaint about the way the Health Ombudsman handles cases.

The question is whether ombudsmen deal only with cases initiated by patients or also with requests from other persons. Ombudsmen should not be empowered to act on behalf of the individual patient unless he or his legal representatives have requested this. It seems appropriate to also consider cases initiated by others if the aim of the institution of the Health Ombudsman is to protect the interests and needs in general and to contribute to the improvement of quality in health care.

An important question is whether patients and others disclosing information to the ombudsman have a right to anonymity. Confidentiality may be important for healthcare staff who report wrongdoing when working and seek the ombudsman to take action. Questions remain as to whether the ombudsman can assist complainants who file complaints anonymously and whether the ombudsman is required to deal with cases brought by unidentified individuals anonymously.

Patients should have the right to make anonymous requests to the ombudsman. The Ombudsman should be empowered to decide whether or not to proceed with the case. He or she should be able to support the patient with information and guidance, even though he or she is anonymous, and to encourage better quality services if the basis of the complaint relates to a lack of quality services in a more general way.

Persons contacting the ombudsman should also have the right to anonymity, especially as "whistleblowers" reporting errors and organizational failings of health services. They should not be afraid to provide such information to the ombudsman for fear of their identity being disclosed to the healthcare provider who may be their employer.

Casework: The Practice

The institution of Health Ombudsmen can formally and effectively have a central or a more marginal position within health services. Ombudsmen can support many patients or just a few, and the support can relate to homogeneous or more heterogeneous issues. They may also have specific provisions on case management and their outcomes. Ombudsmen are often in a position to determine different approaches based on their own assessment. Practice may not

follow specifically from the regulations and may vary depending on the type of investigation and the truth of the circumstances. The institution of the Health Ombudsman operates in different health services and complaints systems, which makes it difficult to harmonize the activities of the ombudsmen.

Based on four selected systems, one operating at central level, one at central and regional level, one at regional and one at local level, it is illustrated what the difference in composition can be in practice. This does not mean that the practice among other systems operating at the same level is or should be identical to those selected, there may be variations. The different figures illustrate what the practice might be outside of different types of systems.

The Health Services Ombudsman in England (population 51½ million), which operates centrally, receives approximately 14,500 complaints a year. The ombudsman's main task is to investigate cases and make decisions, and his powers are mainly derived from the Health Service Commissioners Act. Having first filtered out-of-scope cases, those that were not properly filed or premature, such as the complainant failed to first attempt to resolve the issue locally, those discretionary ones that were not accepted in the absence of what was deemed inappropriate activity and those withdrawn by the complainant, it appears that only about 3% (346 cases) are left for investigation. About half of the decisions in these cases have not been confirmed. In the remaining cases, 1-2% of all cases, the ombudsman made decisions in which he asked for an apology, financial compensation or the return of money due, for example taxes or benefits, better conditions for patients, etc. At local level, there is a 'Patient Liaison and Advice Services' section which provides an identifiable person to whom health service users can contact if they have a problem or need information. Above all, managers must provide information. However, they can also provide advice and help resolve problems and concerns and generally assess the need for service improvements. They do not express their opinions or make formal complaints, do not have as part of their remit complaints to other agencies and are not called ombudsmen.

The “Health and Disability Commissioner” in New Zealand (population 4 million) functions as an ombudsman at both central and regional level, but not as part of the Parliamentary Ombudsman institute. The Commissioner's duties are set out in the Health and Disability Commissioner Act. Complaints about the violation of patients' rights are decided at the lowest level by the commissioner . It is independent from other bodies and promotes the resolution of patient complaints. Complaints are dealt with in different ways. Except for those few outside the jurisdiction, the rest, about 90%, are settled by referral to providers,

especially if no previous complaints have been raised against them. These can be settled on a discretionary basis, sometimes without notice, often through letters to providers, a formal investigation and finally referral to other agencies. Referrals to agencies account for about 20% and are used in cases where immediate action is needed to protect patients and where a complaint raises questions of competence and professional conduct. These cases are referred to the Registration Board. In addition to the system, there is a national advocacy service with lawyers located in twenty-five community offices who provide free information about rights when using health services . They deal with thousands of inquiries annually, with around 4,000 complaints resolved in various ways in conjunction with healthcare providers. Advocacy is generally reserved for cases that do not appear to raise issues of exploitation, incompetence, or public safety. Some cases are referred by solicitors to the Commissioner and others are also referred by the Commissioner to Advocacy Services. Only a few health-related cases refer to the Parliamentary Ombudsman.

Health ombudsmen in Finland (5 million inhabitants) operate at the local level, occupying regular positions in health service units, for example as a nurse in a hospital or a primary health care unit. The ombudsmen's roles are regulated in the Patients' Status and Rights Act. Every facility that provides treatment must have a patient ombudsman; accordingly, there are more than 2,000 patient ombudsmen. It is not clear the number of patients they support annually due to the decentralized nature of the system and the lack of record keeping and statistical data collection obligations. Surveys showed that 61% had less than two contacts per year, 20% had two to ten contacts, and the rest had more. This suggests that together they have thousands of contacts. Of the ombudsmen, 65% spend less than 1 hour per week on patient ombudsman tasks, while 5% spend more than 7 hours a . They inform patients of their rights and can guide them in making a complaint or claiming compensation. Patient ombudsmen do not make judgments. The Parliamentary Ombudsman in Finland receives about 800 cases related to health services, of which about 18% result in action, mainly court decisions. This number of cases is quite different from the numbers in Norway and New Zealand and can be seen in the light of the limited tasks related to the Finnish Health Ombudsmen.

Health ombudsmen in Norway (5 million inhabitants) operate at regional level. Each of the ombudsman's 18 offices serves an average of about 250,000 residents. They receive about 700 inquiries per year, a total of about 12,000 inquiries. Their functions are regulated in the Patients' Rights Act and depending on the circumstances of each case they provide information, give advice and guidance, support patients contacting health services, investigate relevant cases

and make judgments where appropriate, help patients to report to the appropriate authorities when necessary.

Approximately 90% of cases lead to some action being taken - 70% through giving advice and guidance; in 14%, ombudsmen represent patients to health services, including their perspective on cases; in 3% they sent complaints to the supervisory authority; and in 3% they requested economic compensation from the system for compensating harm to patients. Regardless of patient complaints, ombudsmen also refer cases to the supervisory authority on their own initiative.

In addition to those cases dealt with by the Health Ombudsman, the Parliamentary Ombudsman receives around 100 cases a year about health services, deciding about half of them in a similar way to the Health Services Ombudsman in England.

These four systems illustrate how regional and local Health Ombudsman institutions can support many more patients than a centrally organized ombudsman who supports only a small percentage of people seeking help. While the main task of a centrally organized ombudsman is to make decisions, local institutions concentrate on providing information and guidance. Regionally organized institutions (Norway and partly New Zealand) deal with cases in both ways: providing information, guidance and advice, and contributing to the resolution of cases, including representing patients, making decisions and presenting cases to relevant authorities. The institution in New Zealand is more formalized than in Norway, which appears more receptive to informal and less standardized approaches to cases. Locally organized ombudsmen have to comply with fewer and relatively more flexible provisions, so that ombudsmen have different (professional) experience and are more aware of special local health-related circumstances. They may act differently in otherwise similar cases.

The institution requires different personnel. New Zealand is dominated by lawyers. The institution in England is somewhat split: at national level it is the lawyers, while the new local 'Patient Liaison and Advice Services', which also form an ombudsman role, are made up of social workers and others. Finnish ombudsmen are mostly nurses and social workers, while ombudsmen in Norway are lawyers or health personnel and some others with higher education, but their offices are usually composed of both health professionals and lawyers. The objectives of the different institutes and their degree of independence affect the handling of cases and appeals, as do the different officers who can influence the way cases are tracked and decided. There is reason to believe that the

ombudsmen in New Zealand, composed mainly of lawyers, would be more oriented towards legal conflicts when representing patients, compared to the ombudsmen in Finland, which is composed mainly of health staff.

Quality improvement

Patient safety and quality assurance are fundamental elements in health service development. The Health Ombudsman is an institution responsible for investigating complaints and protecting rights and freedoms in this area. In addition, the institution of the Health Ombudsman not only improves communication, but also helps to increase the quality of the service by systematically investigating the incidents that are the subject of the complaint and organizing the findings .

Institutions in Finland and England do not have quality improvement as an explicit aim of their work. In addition to promoting the resolution of patient complaints, other ombudsman institutions, such as those in New Zealand and Norway, specifically aim to contribute to quality improvement. The law can provide for them to act on their own initiative, but it can also dictate, as in New Zealand, how they contribute to improving the quality of health services. Contribution can be in different ways. Patient complaints have been, and likely still remain, a largely underutilized resource for quality improvement. Inquiries and complaints received by ombudsmen should be seen as an integral part of established national complaints procedures and thus used as an important source describing what is not working well.

According to the guidelines for analyzing and investigating individual cases, to promote quality, ombudsmen should have a systematic but individualized approach. The ombudsmen's contribution to quality improvement thus depends on their own work. The contribution of ombudsmen to improving the quality of health services, regardless of the examination of individual cases, depends on their role provided for in the law and the extent to which health services are prepared to request their involvement.

If the law does not provide a clear definition, their involvement will largely depend on what the health services deem appropriate. This will reflect the real situation of the ombudsman or his office within the health services. This can depend on many factors, not least the personality of the ombudsman and the staff in his office.

Apart from the objectives clause, in the declaration establishing the institution of the ombudsman, Norwegian ombudsmen are empowered to contribute to quality improvement, although the law offers few provisions on the

ombudsman's involvement in such activities. The only act specified in the law is that ombudsmen publicize their activities. It is understandable how ombudsmen publish reports focusing on problems that are particularly identified in their own constituency. In addition, the 18 ombudsmen publish annually a joint statistical report and a general report focusing on issues that are registered as common and important throughout the country. Their success depends on the ability and capacity of ombudsmen to cooperate, as there is no central ombudsman to coordinate their work.

Norwegian ombudsmen are involved in activities to improve the quality of healthcare services, independent of handling complaints. Almost all ombudsmen regularly participate in such programmes, meet with hospital managers, train patient organizations and give speeches and lectures at colleges.

Bringing cases to the control authorities

Helping patients to resolve their problems, protecting their legal rights and interests, usually involves representing them and presenting their concerns to health care providers. Circumstances may require further action such as filing cases with health authorities. Patients often need support to choose which path to follow and how to proceed when cases are investigated.

Supporting patients to resolve their problems may include allowing public authorities to deal with their complaints and determine solutions, referring them to supervisory authorities or obtaining compensation. Once they have found the appropriate pathway, patients may also need support to voice their concerns. The question is whether the ombudsman, supporting such patients, should also be able to function independently and on its initiative to bring cases before such institutions.

The Norwegian Health Ombudsmen are required to include the supervisory authority. They notify supervisors of conditions that require follow-up by the authorities. By law, the supervisory authority is required to monitor cases brought before it that involve possible negligent breach of duty by health personnel or health services. In practice, the provision means that Health Ombudsmen who, through a patient or otherwise, become involved in such matters must report it to the supervisory authority.

Health ombudsmen take on a role to represent patients by taking cases to the supervisory authority. About 15% of the approximately 2,500 complaints handled by the Norwegian Health Supervisory Board about health services originate from the ombudsmen. This shows that the institution of the Norwegian Health Ombudsman is both seen and acted as an important source for securing

the interests of the patient as a whole, not only for the individual patient making a complaint, but also regardless of the opinion of the patient concerned. Ombudsmen do not have the same duty in relation to other ongoing control or compensation institutions. Nearly 20% of the more than 4,000 cases a year originate from patient ombudsmen.

In terms of bringing cases to the relevant (control) authorities, the Health Ombudsman should act differently from the Parliamentary Ombudsman.While the parliamentary ombudsman usually only deals with cases that have first been referred to the bodies that deal with cases as complaints, patient ombudsmen must deal with cases by bringing them to the attention of healthcare providers and regulatory bodies, regardless of what has been done before. Sick people need guidance and support to reach the authorities.

Systematized tabular model of the health ombudsman institution by country

	Austria	Norway	Finland	Hungary	Greece	United Kingdom	Israel	Brazil	New Zealand
Special legislation	Yes	no (STD)	Yes	Yes	Yes	Yes	Yes	Yes	Yes
Independence	Yes	Yes	no	no	Yes	yes/accountability	no	Yes	Yes
Structure	regional level	national level/region	regional level	national level/region	national level using local administration	national and local administration	regional level	regional/local level	national level
Functions	limited	limited	limited	wide	Wide	limited	wide	wide	limited
Powers	→out-of-court decisions →compensations →access to any information	→tips →improve quality →improve safety	→mediators between patients and medical facilities	→investigations →sanctions →recommendations →access to personal data	→investigations →mediators →investigators →subpoena →access to information	→investigation →quality improvement →complaint assistance →access to information →power to sanction	→consideration of complaints →protection of patients' rights	→training →quality improvement →awareness raising →listening →clarification →mediation	→resolve complaint →initiate legislative prosecution →improve quality
Referral to a competent authority	no	Yes	no	Yes	no	no	Yes	Yes	referral to a special tribune
Peculiarities	→private structures are not obliged to comply, but they do	→HC may resort to more formal investigation and adjudication →HC are lawyers or health personnel →exercise their rights and duties independently	→over 2000 people →part-time →social workers and nurses	→clinical and health knowledge	→before filing the appeal, all other means must be exhausted	→complaints can be made through a member of parliament →politically neutral →availability of expert directorate clinical advisors	→appointed directly by the Minister of Health →formally supported by ombudsmen of the regional health funds →existence of an Investigative Committee to investigate complaints about medical care	→intermediary between the Municipal Health Council, the citizens and the managers of the health system →specific instruments have been created with the function of promoting the rights of patients through the examination of complaints	→handling complaints, correcting individual mistakes and requesting changes →considering issues that have not (yet) been subject to legislation →can be group-oriented on their own initiative →transparency due to legally defined tasks

3.3.SWOT analysis of the practice/experience of the countries that introduced the Health Ombudsman institution

Strengths internal to the system

- Through this institution, effective mechanisms for submitting complaints are created in an important social sphere, such as health care.
- Various approaches are applied to protect patients' rights, which strengthens the confidence of complainants.
- The Ombudsman is perceived more as a mediator than an investigative body.
- Increases transparency in the activities of the institutions and assistance when needed.
- Often the body is made up of a network of thousands of people with the aim of promoting and supporting patients' rights, as well as facilitating access to the institution in case of a problem and referral.
- The authority to conduct investigations, interrogations and access to documents and premises increases the authority of the institution.

Weaknesses internal to the system

- Each country has a different Health Ombudsman system.
- Unclear limits of the powers of the Health Ombudsman.
- Most ombudsmen work part-time, and the rest of the time they practice various medical professions, for example as nurses, which allows for a conflict of interest but also increases the body's expertise.
- This body uses a team of researchers with a wide range of clinical knowledge and legal expertise, while at the same time they are entrusted with medical advice in the form of expert opinions - a prerequisite for a conflict of interest.
- The health ombudsman may be an institution without the right to order and issue decisions.
- The health ombudsman cannot impose real sanctions directly for non-compliance by the health service provider.
- In some countries, the Health Ombudsman institution is decentralized - there is no central, coordinating and methodological unit. In the presence of only a central/national unit, the access of the complainants, as well as the efficiency of the actions, may be hindered.

- The maximum level of competence has not been reached, especially in the field of legal education.

Possibilities external to the system

- Increasing civil activity and people's desire to seek their rights, respectively to file complaints regarding various public systems, incl. the health department.
- The imposition of the general institution of the Ombudsman as an authoritative defender of the rights and claims of citizens in various spheres, incl. healthcare. A significant share of complaints to the Ombudsman institution concern problems in the health system.
- Public sector healthcare providers are required by law to provide information when requested.
- Cumbersome legal proceedings.
- Specialized institutions for precisely defined sectoral problems and policies have a higher level of trust on the part of citizens than those of a general nature.

Threats external to the system

- The trend in recent years for a general low level of people's trust in institutions in general and the rapid development of civil movements and the non-governmental sector that "seize" the powers of state institutions.
- The scarce data and analyzes of the ombudsman's activity do not provide an opportunity to improve the functioning of the institution in accordance with people's expectations.
- The short-term history of the development of the institution of the Health Ombudsman does not allow serious conclusions regarding the future development: in the direction of mediation or investigative functions close to those of judicial bodies.
- The relatively small number of cases calls into question the ombudsman's ability to independently handle complaints and ensure protection.
- The aggressive invasion of legal teams, especially in some countries, for complaints and lawsuits related to suspected violations of patient rights.

3.4. Proposal of options for opportunities for institutionalization/legal legitimation of the Health Ombudsman institution

The institution of the Health Ombudsman should not be seen simply as an additional complaint mechanism. The purpose of this institution is to meet the needs of patients, increase satisfaction by resolving problems between patients and healthcare providers without lawsuits, improve access and quality of the healthcare system in the country.

We offer two options for institutionalization/legal legitimization of the Health Ombudsman institution:

Option 1

The health ombudsman is part of the Ombudsman of the Republic of Bulgaria institution, respectively an indivisible part of the structure of this already existing institution. He can be elected by the National Assembly or appointed by the Council of Ministers, which would give more weight to the figure of the Health Ombudsman.

A special legislative initiative is required to regulate the establishment, activity, independence, powers and referral to other bodies in the functioning of the institution within the framework of the existing Ombudsman Institution.

After legal changes in the Law on the activities of the Ombudsman, with normative changes of the rank of internal regulations, the functioning of the Health Ombudsman is regulated as a relatively independent structure within the Ombudsman Institution.

The health ombudsman should be completely independent of the health administration and health services.

The aim is to create an effective mechanism for filing complaints, as a means for administrative bodies to respond to the expectations and complaints of citizens in Bulgaria.

Regional decentralization of local Health Ombudsmen can also be accepted.

The health ombudsman should have various statutory powers to access information, including receiving information from healthcare providers. It cannot impose actual sanctions directly, but there is always the possibility of referring a case to the relevant services that have the legal power to sanction. The Health Ombudsman should be recognized as a legally independent, nationally based investigator.

Option 2

This option creates an absolutely new institution for Bulgaria - the Health Ombudsman Institution.

A draft Law on the Health Ombudsman is proposed, after its approval by the National Assembly, bylaws for the activity of the Health Ombudsman with an independent structure, staff, administration and internal work rules are adopted.

The Health Ombudsman operates at a central level, working with regional or local units to receive and process complaints. Regional or local units provide easier access to needed local support, while central agencies can have more influence in policy-making, standardizing complaint handling and coordinating work across the country. A regional or local ombudsman is in a better position to respond to patients' needs.

The Health Ombudsman must make public reports and must have statutory powers to disclose them.

4. Discussion

The work of the Health Ombudsman must develop hand in hand with the expectations of citizens and the respect of health professionals. The experience points to some key areas in introducing future systems for dealing with patients who are dissatisfied with the care and treatment they have received. One important crossroad is whether the Health Ombudsman system should be organized at national or regional/local level. A closer look at the Israeli and Hungarian systems makes it clear that the existence and work of local patient representatives facilitate the work of the national ombudsman. This position may also be successful with the new advocacy and support systems being introduced in the UK, although this is yet to be assessed. The national ombudsman plays an important role in coordinating the work going on across the country and can provide feedback with experience and examples of good practice where needed-especially from the perspective of national policy reform. In Finland and Norway, where local and regional ombudsman systems are in place, it is clear that there is a need for a central function with responsibility for collecting and disseminating information. Facing such problems and being geographically spread over a large territory necessitates being more efficient in solving problems and reviewing cases. Standardizing the handling of complaints and systematizing the process for recording and reporting outcomes is likely to make ombudsmen more effective. In addition, the central ombudsman may be in a better position to make judgments about what resources are needed in different areas. In some of the countries, the Health Ombudsman is an additional institution to which citizens can lodge a complaint. This is, of course, positive from the patient's point of view, who is given another opportunity to complain. However, when analyzing existing systems for monitoring the quality and standard of health professionals and health units, a recurring problem is the tension between the health inspector on the one hand and health professionals on the other. Fear of disclosure or accusation of malpractice is often a barrier to quality improvement. One of the advantages of the Health Ombudsman is that this institution is not empowered to sanction health professionals or impose fines. However, the ombudsman's professional judgment to report the case to the appropriate authorities or to put pressure on an organization or unit to improve its activities can in any case be even more effective.

The systems reviewed demonstrate that there can be confusion about the real function of the ombudsman. Where patient care advocacy is relied upon exclusively, questions are raised as to whether they are truly ombudsmen. The principles of impartiality, appropriate skills, sufficient powers and coherent systems are met in each example. The work of the Health Ombudsman is a

delicate balance for every institution in every country. Independence and impartiality are key words: although the extent of the definitions applied to each country can be debated and criticized. However, the best way to demonstrate that the decisions taken by the Ombudsman are justified is through the acceptance of the Ombudsman by the various stakeholders and the continued confidence in his work .

From a legal point of view, the Health an ombudsman should be able to seek information and investigate a hospital employer, whether private or public. In both cases, it is important that the law provides certain prerogatives, such as: independence of the investigation when dealing with complaints; access to all outpatient information and records, regardless of authorization; the ability to interview health professionals who can provide relevant information. In addition, qualifications for the full exercise of his function must be established, such as professional competence in the legal and health spheres.

In terms of the ombudsman's role, it is essential that he prepares public reports and has the statutory power to disclose them, whether to professionals or providers, aiming for a culture of rights for both parties, combined with quality of care and patient safety.

As can be seen from the analyzes made, there are different models that can be applied. However, two characteristics are essential to all: focus on patients and processing their complaints. In this way, the Health Ombudsman differs from ordinary ombudsmen, mainly by preventing conflicts by reacting quickly to them.

The survey we conducted and the responses of respondents to it reveal a palette of problems in the health care system at the moment. The dissatisfaction of Bulgarian citizens, the lack of adequate protection of patient rights and the reasons for them, as well as the growing need for the establishment of the Health Ombudsman institution in the country are the subject of the present work.

The results obtained by us correspond with some of the studies in different previous years, but in addition to the persistence of some problems, we also observe specifics dictated by the imbalances in the health system, which unfortunately do not find a solution, but deepen.

The questions we asked the respondents who are Bulgarian citizens aged 18 to 61 years, clearly show their distrust of the institutions that are active in protecting their patient rights.

The emergence of the Health Ombudsman institution is a relatively recent phenomenon. On the one hand, it is a respect for the serious asymmetry of

power in the patient-professional relationship, but with the idea of respecting the rights of health care consumers. The objectives of the Health Ombudsman institution should be to protect the legal rights of individual patients, as well as their interests and needs, and to contribute to improving the quality of care. In a discussion, the authors of several studies set out the characteristics regarding the organizational structure and role of the ombudsman that can be considered important in achieving these goals. The role of the ombudsman and his possibility are considered to take certain actions.

The institution of the Health Ombudsman should be built in such a way that it can support as many users of health services as possible who need support in order to preserve their rights. It is also important to have a low-threshold system that can support marginalized users who regularly encounter major problems by taking care of their needs and interests.

Typically, patients, both individually and as groups, seek support from Health Ombudsmen to resolve a conflict with a healthcare provider. In order to reach people who particularly need support, it is often beneficial to have a local or regional service localization structure where it is possible to contact the ombudsman and visit his office. If such a low-threshold agreement is coupled with a broad mandate on the nature of the support offered, including considerable flexibility on how the ombudsman can respond to various questions and complaints, this will reduce the wide range of concerns that patients may have about health services.

As a tool for realizing patients' rights, it is often not enough to simply inform patients about it. Patients need someone who can provide advice related to their concerns and also be able to speak on their behalf. They often need advocacy when "in-house" troubleshooting fails. This takes on greater importance within health systems where comprehensive health legislation is a fairly new phenomenon and at the same time where the expectation of compliance with the law can challenge established professional cultures in the way they think, deliver health care and manage related obligations.

Ombudsman institutions that are integrated as part of health services usually include the provision of information, guidance and advice to consumers as an integral part of their mandate. If ombudsmen also review cases and are active in oral or written communication or in meetings with health services to promote the rights and interests of patients, they will often face a potential conflict of interest. This shows the need for impartiality and independence as the main calling card for the ombudsman.

When patient dissatisfaction is not addressed by health services, patients will need an authoritative opinion to distinguish between right and wrong. Such an opinion should be based on appropriate documentation and an investigation conducted by competent personnel, including health professionals and attorneys. If it does not meet their needs, patients will need support to make formal complaints to relevant authorities, such as institutions. Such activities imply that the ombudsman is working independently. If the ombudsman does not have the power to assess and help people make complaints to health authorities and when necessary to represent them, patients may feel that they are not getting the support they need to protect their rights. Such an ombudsman may be considered irrelevant to the patient's rights. There is a need for an ombudsman who, as part of his powers, can also make decisions and take action by referring the relevant authorities. This is particularly important for sick people and vulnerable groups of patients who may lack the necessary knowledge and courage to make complaints.

Ombudsmen operating at every level should have appropriate information, based on their caseloads, as a resource for improving health services. The experience of ombudsmen in the health service, which contributes to quality improvement, is valuable for society. Ombudsman institutions that operate simultaneously at central, regional and local levels are likely to be best placed to be active on quality issues.

5. CONCLUSIONS:

- The Ombudsman in principle, is a key management tool in health care monitoring system. A large part of the complaints that the institution receives are related to the health system. This is a reality that affects all countries. That is why, over the years, some countries have created a separate Health institution ombudsman, concentrating his activity and powers only in the system of health care and the problems arising in so far with it.
- Consumer dissatisfaction with health care has been on the rise over the past decade. Patients are increasingly seeking their rights and contacting various institutions.
- Characteristics such as age, place of residence, socio-financial situation , according to a number of studies, predetermine the health behavior of different groups of the population, and are also essential factors for dissatisfaction with the health system. The survey we conducted and the responses of respondents to it reveal a palette of problems in the health care system at the moment. The fact that multiple deficiencies of the system that have been identified and proposed as options receive an almost equal share of responses shows that there is no single, dominant problem, and with its eventual solution, things for patients will be resolved. On the contrary, there are many issues raised, almost equal, according to people. However, there is nuance according to age, place of residence, education and position in the health system.
- More than the half by the respondents (53.7%) who participated in our study believe that their rights or those of their relatives as patients have ever been violated. 29.5% of them tend to report the violated rights of their loved ones and relatives and only 16.8% answer with "no".
- The most critical and, accordingly, the most dissatisfied with both the competence and the attitude of the medical staff are the young, those living in the capital and regional centers, people from ethnic minorities and those without health insurance.
- 43% of respondents in our survey paid funds in hand. People over a certain age are less likely to pay extra for hand treatments, while the young are more susceptible. The place of residence has no influence on the willingness to pay additional funds, according to

the results and sections of the conducted survey. The conducted and presented research show the seriousness of the scope of the problem with co-payments in the Bulgarian health system, regardless of whether it refers to the so-called additional payments regulated by law (Regulations, National Framework Agreement, internal rules, orders of directors of medical institutions) or not regulated by a regulatory document, for which the patient does not receive any financial document (payment under the table). Payments, for example, for choosing a team treating a doctor, payments and co-payments for the price of a medical device or for drugs unpaid by the Health Insurance Fund or partially paid for patients with health insurance can be defined as regulated.

- Young people are particularly sensitive about the topic of "corruption" in health care (38% significance for those under 20 and those from 31 to 40). For patients over 50 years of age, this is a problem in 7% of cases. However, people over a certain age are less likely to pay extra for hand treatments than younger people. For the group of people of active age, the main problem in the health care system is poor organization - 40%. The poor quality of health services is a problem for people over 50, as well as for those between 21-30 – that is, both younger and older people identify it, with no clear age distinction. The sensitivity of young people to corrupt practices in health care on the one hand and the fact that they are more inclined to pay "in hand" and stated that they have done so can be explained by the fact that they have no obstacles to share it openly and to fight against additional payments in the system, as well as against similar phenomena in general.
- There is a serious discrepancy in the assessment of health problems in the care of groups with different positions in the treatment-diagnostic process. The leading problem for patients (poor quality of health care - 31%) is of no importance to doctors, placed second to last for them (7%). For 30% of the rights activists, there is a violation of the constitutional right to access treatment. The primary problem for people with a legal education (difficulty accessing health care) is the ultimate problem for medical professionals. The most serious concern and disapproval for

patients and lawyers is the lack of doctors and difficulties in finding good specialists (35-45%), but for doctors, expensive drugs and medical devices have the most serious impact on the system. Poor treatment of patients by staff is a significant problem for lawyers and patients, but less so for medical professionals. For people with different types of education, the main identified problems are different. For medics, the first leading "problem of problems" is poor organization in health care (37%), followed by a lack of funding (32%). For patients, poor quality (31%) and corruption (26%) in the healthcare system were identified as the main problem, and for every third lawyer - difficult access to healthcare. The lack of personnel is visible for doctors (19%), but invisible for lawyers. Co-payments are not a problem for law graduates, but they are an objective reality frowned upon by patients, even by physicians.

- The results show that there is no referral institution that clearly wins the trust of the patients and gets a preponderance of preferences in violated patient rights at the moment in Bulgaria.

- We have categorically established that the Bulgarians are interested in the establishment of the Health Ombudsman institution in Bulgaria. We checked what their attitudes are regarding the functions and under what conditions they would benefit from its referral. The largest percentage (53.8%) choose "if it is a body authorized to take an opinion on all problems related to violated rights in the system", followed by "if there are clearly defined powers and deadlines" (27%) and "if access to it is free" (19.2%).

- The establishment of the institution of the Health Ombudsman is a step forward in the field of democratic governance, an attempt to refine the management toolkit for the benefit of citizens. Patients need someone who can provide advice related to their concerns and also be able to speak on their behalf. They need advocacy when “in-house” healthcare troubleshooting fails. This creates another prerequisite for the need for the institution of the Health Ombudsman in Bulgaria.

6. CONCLUSION

The life and health of citizens are a supreme value, proclaimed in the Constitution of Bulgaria. It is the duty of the state to guarantee citizens' access to health services in the best possible way. The ongoing health reform in the country, along with its good achievements in our health system, has also led to a number of distortions.

One of the most serious distortions is the observed violated rights of Bulgarian patients and poor medical practice. They can be explained on the one hand by a number of amendments and corrections in the standards and the Health Act, and on the other hand by the introduction of clinical pathways, as the only regulated instrument for financing health services in Bulgarian health care.

Bulgarian citizens as users of health services often complain about lack of sufficient information, efficient and accessible health care, as well as unregulated requests for payment of health services. All this gives rise to the need to introduce an institution called the Health Ombudsman, similar to the one already established in many European countries.

In the field of health care, the emergence of the Health Ombudsman is a relatively recent phenomenon with slightly different powers. The institution of the Health Ombudsman entered at a rapid pace in many European countries such as Austria, Finland, Greece, Hungary, Israel, Norway and the United Kingdom. In these countries, different approaches to "Protection of patients' rights" are applied, looking for effective mechanisms for filing complaints in every social sphere.

Every citizen in a given country has the right to file a complaint when he is harmed, to know to which institution to file it, and even more importantly to be understood and assisted. However, in health care there are many barriers that have not yet been overcome, which respectively explain the high number of complaints filed, considered as part of the basic structure of patients' rights and obligations. This gives rise to the need to create effective complaints procedures to ensure support for patients when their rights are violated.

The good experience and effectiveness of the institution of the Health Ombudsman in the examined countries, the problems in the Bulgarian health system, as well as the conducted research confirm our opinion that Bulgarian patients and citizens need the introduction of the institution of the Health Ombudsman.

Analyzing the strengths and weaknesses of each of the examined Health Ombudsman systems, we can clearly outline the path we must take to create a healthy, functioning Health Ombudsman institution in Bulgaria.

Through the institution of the Health Ombudsman, effective mechanisms for submitting complaints in the field of health care are created. Various approaches are applied to protect patients' rights, which strengthens the confidence of complainants. Also, the ombudsman is perceived as a mediator rather than an investigative body. As a result of the activities of the Health Ombudsman, the transparency in the activities of the institutions and the provision of assistance when needed increases. Often the body is made up of a network of thousands of people with the aim of promoting and supporting patients' rights, as well as facilitating access to the institution in case of a problem and referral. The authority to conduct investigations, interrogations and access to documents and premises increases the authority of the institution.

The establishment of the Health Ombudsman institution would contribute to an increase in civic activity and the desire of people to seek their rights, respectively to file complaints regarding various public systems, incl. the health department.

With the establishment of the institution, the work of the Ombudsman of the Republic of Bulgaria would be facilitated, since a significant share of complaints to it concern problems in the health system. Cumbersome court proceedings would also be avoided.

The introduction of the institution of the Health Ombudsman in the Bulgarian health care would lead to a significant improvement in the quality of health services in the country, respectively in our health system as a whole. The purpose of the institution is to respond to the expected needs of health insured citizens and to resolve problems between them and health service providers. Additionally, the institution of the Health Ombudsman will ensure the implementation of a fair and effective health policy, while also playing the role of a connecting link between hospitals and health-insured citizens.

7. REFERRALS

To the Council of Ministers:

- Submission to the National Assembly of legislative texts for the establishment of the institution of the Health Ombudsman in Bulgaria.
- Creation of a secure and fast mechanism for filing complaints by citizens in defense of their rights as consumers of health/medical services.

To the Ministry of Health:

- Preparation, proposal for public discussion and submission to the Council of Ministers of legal texts to regulate the establishment and activity of the Health Ombudsman institution in Bulgaria.
- Development of by-laws.

To the Ombudsman of the Republic of Bulgaria:

- Structural-organizational and functional integration of the Health Ombudsman institution into the structure of the Ombudsman of Bulgaria (in option 1).

To patients and non-governmental organizations:

- Argued support for the need to regulate and establish the institution of the Health Ombudsman in Bulgaria **.**
- Strengthening the efforts to protect the rights of the patient, which is their main function and mission, and facilitating referral to the institutions in case of violations.

8. Contributions of a scientific-theoretical character

- A comprehensive, critical review of the experience of the countries that introduced the institution of the Health Ombudsman was made. Through benchmarking and SWOT methods the legal regulations and normative grounds are systematized (presence or not of special legislation); the structure and levels of action; independence; the functions; the powers; referral to the competent authorities; the specific features of each of the operating systems of the Health Ombudsman institution.
- A scientific and practical justification for the introduction of the Health Ombudsman institution in the Republic of Bulgaria has been made.
- The problems in the health system and the possibilities of searching for violated rights at the present moment, as well as the attitudes towards the need to introduce the institution of the Health Ombudsman in Bulgaria, have been studied.
- A differentiated analysis of the opinion and assessment of health care users, doctors and lawyers about the health system and the possible introduction of the Health Ombudsman institution was made in view of the problems they identified in health care, the possibilities of appeal and seeking patient rights at the present time.

Contributions of a scientific and applied nature

- Two options for institutionalization and normative regulation of the institution Health Ombudsman of the Republic of Bulgaria are proposed:

1. The Health Ombudsman as part of the Ombudsman of the Republic of Bulgaria institution

2. Creation of a new institution for Bulgaria - Health Ombudsman.

Contributions of a confirmatory nature

- The presence of multiple problems in the healthcare system, which increase patient dissatisfaction, has been reaffirmed. The results obtained by us correspond with some of the studies in different previous years, but in addition to the persistence of some problems, we also observe specifics dictated by the imbalances in the health system, which unfortunately do not find a solution, but deepen. There is a serious problem related to the

scale of co-payments in the system (regulated and unregulated), as well as the feeling of health care consumers that their rights have been violated or they have been the victim of an error in the treatment-diagnostic process.

9. APPENDICES:

Survey Questionnaire:

QUESTIONNAIRE

CARD Place:…….. Date:……

The survey is anonymous. Please mark only one answer in the indicated box.

1. Age

☐ until 8 p.m
☐ from 21 to 30
☐ from 31 to 40
☐ from 41 to 50
☐ from 51 to 60
☐ over 61 years old

2. Residence Sofia

☐
☐ regional city
☐ municipal town
☐ village

3. Education

☐ high
☐ average
☐ basically

4.Type of education

☐ right
☐ medical
☐ something else

5. Have you been asked for additional regulated funds during treatment?

☐ yes
☐ Not

6. Did you pay extra for hand treatment?

☐ yes
☐ Not

7. What do you dislike most about the healthcare system as a patient?

☐ the lack of doctors and the difficulties in finding a good specialist
☐ the bad attitude of the staff towards the patients
☐ the surcharges
☐ expensive drugs and medical devices
☐ poor conditions in hospitals
☐ the problems with TELK

8. What do you think is the main problem in the healthcare system?

☐ lack of funding
☐ difficult access to healthcare
☐ poor quality of health care
☐ bad organization
☐ lack of staff
☐ corruption

9. Do you think that your rights as a patient have ever been violated?

☐ yes
☐ Not
☐ yes, to my loved one, family member, friend

10. ***Do you think you have ever been the victim of a diagnostic error - the healing process, incorrect treatment or medical error?***

☐ yes, me personally
☐ yes, my dear, my family member, friend
☐ Not

11. Where would you report/seek your rights if you were injured during the medical-diagnostic process?

☐ The management of the medical facility
☐ Ministry of Health/RZI
☐ The health fund
☐ Medical Audit Agency
☐ Ombudsman of the Republic of Bulgaria
☐ Court
☐ Media/Social Networks

12. Where would you seek your rights as a patient if you can to choose?

☐ at the health ombudsman
☐ in court

13. Do you think that the creation of a special "health ombudsman" institution, as is the case in other countries, would contribute to a better protection of the patient's rights?

☐ yes
☐ Not

14. When, if any, would the health ombudsman be the preferred institution to refer problems related to the health system?

☐ if it is a body authorized to take an opinion on all problems related to violated rights in the system (medical, financial, TELC, access to treatment, etc.) if access to it is free
☐
☐ if there are clearly spelled out powers and deadlines

10.Publications and participations related to the dissertation work

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