

Older adults in the Polish healthcare system

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Abstract

Introduction. The ageing of population increases demand for healthcare, long-term care and measures supporting independence. This review analysed current legal and organizational solutions for the healthcare of older adults in Poland, focusing on pharmaceutical policy, palliative and hospice care, special geriatric care and long-term care coordination.

Materials and methods. A structured narrative review of the literature and legal acts was performed. Publications from 2019–2026 were searched in the PubMed, Scopus, Web of Science, and Google Scholar databases using the terms: senior, healthcare system, geriatric care, senior policy, palliative care, free medicines, healthcare services. Legal acts were identified in the Internet System of Legal Acts (ISAP) without a time restriction.

Current state of knowledge. Poland has progressively reduced economic barriers to pharmacotherapy, extended free-medicine eligibility from people aged 75+ to those aged 65+, and established a framework of special geriatric care for people aged 75+. The model integrates primary healthcare, geriatric wards, and Health Centres 75+, with comprehensive geriatric assessment, coordination, rehabilitation, medication reconciliation, education and interdisciplinary support. The 2026 Act strengthens cooperation between healthcare and social assistance services and long-term care coordination.

Summary. The proposed changes indicate a transition from fragmented services towards a more integrated model of care for older adults. Effectiveness will depend on workforce availability, the geographical distribution of services, efficient information exchange, intersectoral cooperation, and systematic monitoring of implementation.

Keywords: aged, health services for the aged, health policy, geriatric care, long-term care; care coordination, palliative care.

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INTRODUCTION

Population ageing is one of the major challenges facing contemporary healthcare systems. As life expectancy increases, so does the number of people living with multimorbidity, functional limitations, and in need for long-term use of medical and care services. Older adults are not a homogeneous group. They differ in health status, functional capacity, family and economic circumstances, and the level of support available in their place of residence [1-5]. In Poland, the growing needs of this population coincide with limited availability of geriatric professionals, fragmentation of care and the need for better cooperation between healthcare and social assistance services [6,7].

The constitutional basis for health protection is Article 68 of the Constitution of the Republic of Poland, which obliges public authorities to provide special healthcare, among others, to older people [8]. Under Polish law, an older person is currently defined as an individual aged 60 years or over. Since 7 August 2026, the basic framework for policy on older people and the coordination of long-term care has been set out in the Act of 11 June 2026 on Older Persons and the Coordination of Long-Term Care, which replaced the 2015 Act on Older Persons. The new regulation retains the statutory definition of an older person while extending the role of the state from monitoring the situation of older people to coordinating long-term care, promoting cooperation between healthcare providers and social assistance services, and supporting informal caregivers [9,10].

The aim of this article is to analyse current legal and organizational solutions concerning healthcare for older adults in Poland, with particular emphasis on pharmaceutical policy, palliative and hospice care, special geriatric care, and the coordination of long-term care. The analysis focuses on the shift from sector-specific and service-based solutions towards a more integrated model aimed at maintaining independence, reducing the risk of hospitalization, and improving continuity of care.

Review methodology. A structured narrative review of the literature and legal acts concerning the legal and health situation of older adults in Poland was conducted. Scientific publications were searched in the PubMed, Scopus, Web of Science and Google Scholar databases for the period 2019-2026. The following keywords were used: senior, healthcare system, geriatric care, senior policy, palliative care, free medicines, healthcare services, combined according to the thematic area. The search covered the organization of healthcare for older adults, policy on older people, access to pharmacotherapy, geriatric care, long-term care, and palliative and hospice care. Publisher websites and journal archives were additionally checked to verify bibliographic data, full-text availability and final publication versions, but no separate manual search of all issues of individual journals was performed. Legal acts were identified in the Internet System of Legal Acts (ISAP), with no time restriction, including regulations forming the basis of the solutions analysed and their subsequent amendments.

Peer-reviewed original and review articles published between 2019 and 2026 were included if they directly concerned the health or organizational situation of older adults in Poland or the functioning of the healthcare system in relation to the needs of this population. Legal acts concerning the rights of older people, the financing and organization of healthcare services, and geriatric, palliative, hospice, and long-term care were also included. Publications were selected on the basis of their relevance to the aim of the review, recency, source type, sample size and population scope, and usefulness for evaluating system-level solutions. The principal strengths of the included studies were, among others, the use of nationwide or public-payer data, large sample sizes, peer-reviewed

publication status, and direct relevance to the Polish healthcare system. Their limitations included the cross-sectional or single-centre design of some studies, heterogeneity of populations and methods, and limited comparability of findings. No formal numerical risk-of-bias assessment was performed because of the narrative nature of the review and the diversity of source types. Duplicates, publications unrelated to the Polish healthcare system, and materials that did not provide information relevant to the objective of the review were excluded. The limitations of the adopted approach are its narrative character and the absence of procedures typical of systematic reviews and meta-analyses.

CURRENT STATE OF KNOWLEDGE

Older adults and policy on ageing – from monitoring to care coordination

Policy on ageing encompasses public actions aimed at creating conditions for dignified and healthy ageing. The 2015 Act on Older Persons introduced a statutory definition of an older person as someone aged 60 years or over and established a system for monitoring the situation of older people. In 2026, this legislation was replaced by the Act on Older People and the Coordination of Long-Term Care. The new act retained the 60-year age threshold while defining long-term care as a system of services and benefits for people requiring support in everyday functioning or in implementing therapeutic recommendations, aimed at maintaining or improving functional capacity and independence [9,10].

An important element of the new model is the assignment of responsibility for coordinating long-term care to districts. The coordinator is expected to assist in identifying appropriate services, provide information on available forms of care, cooperate with healthcare providers and social assistance institutions, and identify local barriers to access. The Act also requires healthcare providers and social assistance services to cooperate in identifying the needs of people who may require long-term care [9]. This solution addresses the previously identified problem of fragmented care and the transfer of the coordination burden to patients or their families.

The importance of coordination is supported by data on healthcare utilization. An analysis of more than 42,000 patients aged ≥ 60 years using primary healthcare (PHC) in Poland demonstrated a high number of contacts with the healthcare system, frequent issuance of prescriptions and referrals, and an association between service use, age, and chronic disease burden [7]. At the same time, access to elements of coordinated care in PHC remains regionally differentiated, indicating that the effectiveness of system-level solutions depends not only on their legal basis but also on their actual implementation [11]. Studies of residents of long-term care institutions in Poland show the coexistence of functional, psychological, and nutritional problems, emphasizing the need for multidimensional assessment and matching the place of care to individual needs [12]. A review of the organization of home-based care for older adults in different countries likewise highlights the importance of clear eligibility criteria, financing mechanisms, caregiver preparation, and monitoring of care outcomes [13].

TABLE 1. Methodological assumptions and publication selection criteria.

Element	Adopted assumption
Type of review	Structured narrative review
Publication databases	PubMed, Scopus, Web of Science, Google Scholar
Publication time range	2019-2026
Source of legal acts	Internet System of Legal Acts (ISAP)
Time range of legal acts	No time restriction
Keywords	senior; healthcare system; geriatric care; senior policy; palliative care; free medicines; healthcare services
Thematic scope	Legal and health situation of older adults in Poland; organization of care; pharmacotherapy; geriatrics; palliative, hospice, and long-term care
Supplementary searching	Publisher websites and journal archives; verification of bibliographic data and final publication versions
Inclusion criteria	Peer-reviewed original and review articles concerning older adults in Poland or the Polish healthcare system; direct relevance to the aim of the review
Exclusion criteria	Duplicates; publications unrelated to the Polish healthcare system; materials not providing information relevant to the aim of the review
Assessment of source usefulness	Recency, source type, sample size and population scope, representativeness, and usefulness for evaluating system-level solutions

TABLE 2. Major regulatory changes concerning healthcare and care for older adults.

Year	Regulation	Significance for care of older adults
2015	Act on Older Persons	Definition of an older person (60+), monitoring of the situation of older people; act repealed in 2026.
2016	Amendment to the Act on Healthcare Services	Introduction of free medicines for people aged 75+.
2019	E-health-related amendment	Expansion of the group of professionals authorized to issue prescriptions for older adults.
2023	Amendment to the free medicines programme	Reduction of the eligibility age from 75+ to 65+.
2023 /2024	Act on Special Geriatric Care	PHC, Health Centres 75+, geriatric wards; geriatric assessment, coordination, and an individual care plan.
2026	Act on Older Persons and the Coordination of Long-Term Care	Coordination at county level, healthcare-social assistance cooperation, support for informal caregivers, and monitoring of long-term care.

Pharmaceutical policy and economic access to pharmacotherapy

In 2016, a special entitlement to free medicines was introduced for beneficiaries aged 75 years or over [14]. The measure was intended to reduce the economic barrier to pharmacotherapy in a population in which the coexistence of multiple diseases increases the demand for medicines. In 2019, the group of professionals authorized to issue prescriptions was expanded to include, among others, physicians and nurses providing services within outpatient specialist care (OSC), as well as physicians involved in the discharge process following hospital treatment [15].

Further major changes occurred in 2023, when the right to free provision of listed medicines, foods for special medical purposes, and medical devices was extended to people aged 65 years or over [16]. The current wording of Article 43a of the Act on Healthcare Services Financed from Public Funds maintains this entitlement, provided that reimbursement criteria are met and the prescription is issued by an authorized professional [17,18].

The importance of safe pharmacotherapy, however, extends beyond the issue of cost. Nationwide analyses indicate that polypharmacy is common among older adults [19]. A study based on public-payer data found that its prevalence increased with age and that, among people aged 65 years or over, it affected a substantial proportion of the population [20]. In the PolSenior project, polypharmacy, defined as the use of at least five medicines, was identified in more than half of the older participants [21]. Therefore, pharmaceutical policy for older adults should combine economic access to medicines with

periodic medication review, assessment of drug interactions, and reduction of unnecessary polypharmacy. Medication reconciliation has also been identified as one of the objectives of special geriatric care [22,23].

Palliative and hospice care

Palliative and hospice care comprises comprehensive symptomatic treatment for people with incurable, progressive, life-limiting diseases, aimed at improving quality of life and alleviating pain and other forms of physical, psychological, spiritual, and social suffering [24,25]. Services are provided in inpatient, home and outpatient settings, and guaranteed benefits include, among others, medical and nursing care, pain management, psychological support, rehabilitation and prevention of complications. Patients’ rights also include the right to pain treatment and respect for dignity at the end of life [26-28].

The ageing of the population increases the number of people requiring end-of-life care, and the effective delivery of such care requires appropriate eligibility assessment, communication, and coordination [27,29]. A study conducted in a Polish specialist palliative care centre found that some referrals lacked information necessary for efficient eligibility assessment, including information on functional status or prognosis [30]. This highlights the importance of earlier identification of needs, improved communication between levels of care, and the establishment of clear patient transfer pathways.

Palliative care should not be equated with long-term care [31,29]. These are distinct areas of care, although in practice patients’ needs may require smooth transitions between them. The 2026 Act strengthens this element by assigning the long-term care coordinator, among other responsibilities, an advisory role in selecting appropriate services, including palliative and hospice care, where this is necessary to ensure continuity or the appropriate type of care [9].

Special geriatric care and Health Centres 75+

The Act of 17 August 2023 on Special Geriatric Care, most provisions of which entered into force on 1 January 2024, established a framework for special care for people aged 75 years or over [22]. Its objectives include maintaining the highest possible level of functional capacity and independence, coordinating care, ensuring comprehensive geriatric assessment and an individual therapeutic plan, medication reconciliation, prevention, health education, and psychological support.

The model assumes cooperation among three basic components: primary healthcare, Health Centres 75+, and hospital geriatric wards. Within PHC, an initial geriatric assessment is intended to facilitate early identification of the risk of deterioration in health and functional capacity. The Health Centre 75+ is intended to provide multidisciplinary outpatient care involving a physician, nurse, physiotherapist, psychologist and dietitian, as well as occupational therapy and health education. The structure of the Centre includes a consultation clinic, a geriatric day-care unit, a geriatric home-care team, coordinators and health educators [22].

The concept of Health Centres 75+ had previously been proposed as a response to the underdevelopment of geriatric care in Poland, workforce shortages and fragmented services. An analysis of the model indicated potential benefits from integrating medical care, rehabilitation, and social support at the local level [6]. The Act provides a legal framework for such a

TABLE 3. Evolution of the free medicines programme for older adults.

Period	Age criterion	Who may issue a prescription – summary	Significance of the change
2016	75+	PHC and specified authorized professionals	Introduction of a special entitlement to free products included on the list
2019	75+	Expanded group, including OSC and specified situations following hospital treatment	Improved access to prescriptions and an obligation to verify pharmacotherapy
from 30 Aug 2023	65+	PHC, OSC, specified hospital services, and other professionals authorized by law	Extension of the programme to people aged 65 years or over; reimbursement criteria retained

model. However, its effectiveness depends on staff availability, financing, infrastructure and the capacity to cooperate with PHC, hospitals and social assistance services.

Comprehensive geriatric assessment is particularly important for people with multimorbidity, functional limitations, and a risk of polypharmacy. Its findings should be used not only to identify diseases but also to determine rehabilitation, care, psychological, and social needs. From this perspective, special geriatric care represents an attempt to move away from a model based on numerous uncoordinated specialist consultations towards an interdisciplinary approach focused on maintaining independence [32,33].

TABLE 4. Components of the special geriatric care and care coordination model.

System component	Main tasks	Expected significance
PHC	Initial identification of geriatric risk, referral, and continuity of care	Early identification of needs and reduced fragmentation of care
Health Centre 75+	Geriatric assessment, treatment plan, rehabilitation, psychological and dietary support, education	Multidisciplinary and coordinated outpatient care
Geriatric day-care unit	Time-limited intensive rehabilitation and functional support	Return to independence and reduction of rehospitalization
Geriatric home-care team	Services provided at home for people unable to use outpatient care	Improved access and maintenance of the patient in the home environment
Geriatric ward	Comprehensive diagnosis and treatment of the geriatric patient. Advice, information,	Comprehensive assessment and planning of further care
Long-term care coordination (2026)	cooperation between healthcare providers and social assistance services, identification of barriers	Continuity of care and better matching of services to needs

SUMMARY

Legal changes introduced in Poland over the past decade indicate a gradual transition from solutions addressing individual services towards a more comprehensive model. The free medicines programme lowered the eligibility age from 75 to 65 years, while the Act on Special Geriatric Care established a framework for coordinated care for people aged 75 years or over, involving PHC, geriatric wards and Health Centres 75+. The 2026 Act on Older Persons and the Coordination of Long-Term Care extended this direction by introducing formal mechanisms for cooperation between healthcare and social assistance services and local coordination of long-term care [9, 16,22].

From a public health perspective, particular importance should be attached to measures that reduce the consequences of multimorbidity and polypharmacy, improve access to services in the place of residence, and ensure smooth transitions between PHC, outpatient specialist care, hospital treatment, rehabilitation, palliative care and long-term care [34,35]. Data concerning the Polish older population confirm high healthcare utilization and a substantial scale of polypharmacy, supporting the development of medication reconciliation, geriatric assessment, and care coordination [7,20,21].

The effectiveness of the new solutions should nevertheless be assessed cautiously. The establishment of new entitlements and structures alone does not guarantee improved health outcomes. Key factors will include actual workforce availability,

the equitable geographical distribution of services, access to rehabilitation and home care, the efficient information exchange, and cooperation between the healthcare and social sectors. Systematic monitoring of the implementation of the new regulations is therefore needed, together with an assessment of geographical accessibility and quality of services and evaluation of their impact on older adults’ independence, hospitalization rates, and the burden on informal caregivers [2].

A strength of this review is the integration of current scientific literature with an analysis of legal sources and the use of several search sources. Given the broad scope of healthcare for older adults, the review does not address every aspect of the Polish healthcare system. However, it provides a structured starting point for further, more detailed analyses of health policy, geriatric care and care coordination [2,3].

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