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THE ISSUES OF MANAGING THE EPIDEMIC SITUATION IN THE HEALTH CARE SYSTEM IN HUNGARY

Abstract: *In my study, I intend to explore the impact of the current epidemic situation on the health care system in Hungary. To this end, the legal environment applicable to the epidemic situation and the measures related to the health care system in the context of the epidemic situation will be presented. I think that in the 21st century and beyond, it will be increasingly important to deal with emerging epidemics, to which all countries must be able to respond appropriately. Managing the epidemic situations effectively and appropriately is in the interest of society as a whole. Furthermore, public health considerations are essential, and every country has to enhance efforts to fight epidemics. In the 21st century, states still have to consider their task to provide the necessary financial resources to combat epidemics. Health care systems should be suitable to meet public health and epidemiological considerations and the demands of general patient care.*

Keywords: *epidemic situation, health law, health care system, SARS_CoV-2.*

I. INTRODUCTION

Managing the epidemic situation impacts providing health services as a whole. In Hungary, the Act CLIV of 1997 on health (hereinafter: Eütv.) lays down among its principles that the rights of patients shall be protected in the course of delivering health care services and measures. A patient's personal freedom and right to self-determination shall be restricted exclusively in cases and in a manner justified by his health status and defined in Eütv.¹ Regarding the objectives of

¹ Act CLIV of 1997 on Health – *Magyar Közlöny*, No. 1997/119. (hereinafter: Eütv.). Art. 2, para. 1.

Eütv., it is stated that it shall contribute² to ensuring equal access to health care services for all members of society,³ furthermore, it shall create the conditions whereby all patients may preserve their human dignity and identity, and their right to self-determination and all other rights may remain unimpaired.⁴ It is clear from that provision that patients shall receive health care equally, and no difference can be made between them according to the legal basis of their entitlement to health care. The provisions of Eütv. shall be applied to all natural persons residing in the territory of Hungary.⁵ It is necessary to emphasize, particularly in the current epidemic situation, that the patient or the individual also has a role and responsibility related to their state of health, so society's obligations related to health care, together with the individual's responsibility for his own health and that of his environment, ensure the protection and promotion of the population's health.⁶ It is essential to maintain this provision in an epidemic situation, so if the individual or patient has symptoms of a viral illness or there is a well-founded reason to believe that he was in a group where the virus appeared, he should be examined as soon as possible, and shall not be around others in any community if possible until his state of health is cleared. It also underpins the necessity of mask mandate and the necessity of other personal protective equipment such as regular hand washing, which all individuals need to pay attention to.⁷

Closely related to this is the requirement that each individual shall respect the rights of others to promote and protect their health and to the prevention of disease and restorative health.⁸ In Hungary the Eütv. states that everybody has the right to acquire knowledge, empowering him to be informed about the possibilities related to the promotion and improvement of his health and to make informed decisions regarding health matters.⁹ Therefore, the individual must also be informed about the health care options available to him.¹⁰ Also, everybody shall have the right to be informed of the features of healthcare services delivered by the healthcare providers, the accessibility and order of use of such services, as well as on the scope and assertion of patients' rights.¹¹ Even in an epidemic situation,

² Ottó Czúcz, *Szociális jog I.* UNIÓ Lap- és Könyvkiadó Kereskedelmi Kft. Budapest, 2003. 35. p.

³ *Ibid.* Art 1, pt. b).

⁴ Eütv Art. 1, pt. c.

⁵ *Ibid.* Art. 4, para. 1. pt. a.

⁶ *Ibid.* Art. 5, para. 1.

⁷ Árpád Olivér Homicskó: *The Taxonomy of the Health Services System in Hungary.* Patrocinium Kiadó, Budapest, 2015. 18. p.

⁸ *Ibid.* Art. 5, para. 2.

⁹ *Ibid.* Art. 5, para. 3, pt. a.

¹⁰ Árpád Olivér Homicskó: *Egészségügyi jogi ismeretek.* Patrocinium Kiadó, Budapest, 2020. 52. p.

¹¹ *Ibid.* Art. 5, para. 3, pt. b.

the individual or the patient has to know whom to turn to in case of medical complaints, according to which procedure and how his examination takes place. The individual shall assume reasonable responsibility for his health¹² so he can contribute to the success of his own medical treatment by the quality of his lifestyle and the amount of attention he pays to his general health. The individual shall be obliged to abstain from all behaviors and activities commonly known to endanger others' health beyond a socially acceptable level of risk.¹³ He shall also be obliged to provide help, as expected, and notify a healthcare provider that he believes is competent if he identifies, or becomes aware of, an emergency or critical condition.¹⁴ Therefore, if the possibility of viral disease arises in the individual's environment, he shall take the necessary measures in this regard.

It should be pointed out in the context of the epidemic situation that the prevention of infectious diseases is based on immunization, and other types of treatment focused on prevention, screenings conducted for epidemiological considerations, the fulfilment of general epidemiological tasks, the use of personal protective devices, and evolving and shaping a general health-conscious attitude.¹⁵ I will address these measures separately in the next part of my study, but I consider it necessary to emphasize here that in the context of dealing with the epidemic, it has become clear today that health culture plays a significant role in combating epidemics. Individual responsibility and compliance are necessary to keep the infection under control.

The fight against epidemics is taking place within the current health care system. In the course of patient care, public health objectives, including the performance of epidemiological tasks, must also be taken into account. Where possible, the necessary capacities have to be provided, and the standard of care needs to be gradually improved, while the implementation shall happen in view of the current social and economic resources.

II. THE ISSUES OF MANAGING THE EPIDEMIC SITUATION IN THE HEALTH CARE SYSTEM IN HUNGARY

In 2020 the health care system faced serious challenges in Hungary because of an unprecedented epidemic situation in previous decades. The health care system in Hungary was – and is – supposed to respond to challenges appropriately. In order to be able to analyze the events of the recent period, it is important to be aware of

¹² Ibid. Art. 5, para. 3, pt. c.

¹³ Eütv. Art. 5, para. 3, pt. d.

¹⁴ Ibid. Art. 5, para 3, pt. e.

¹⁵ Ibid. Art. 80, pts. a-e.

the regulations, and by applying them, we can properly manage the epidemic situation in the health care system. The system and regulatory environment of the operation of the Hungarian health care system have been outlined above, and now the specific epidemiological measures will be presented. Epidemiology aims to prevent and control the spread of infectious diseases and epidemics and to increase human resistance to infectious diseases.¹⁶ In the event of epidemics, the health care system has to be able to provide appropriate treatment for patients in need. For epidemiological tasks, the health authority may limit the rights of individuals to exercise personal liberties as set forth in Eütv. in Hungary may limit the rights of patients as outlined in Eütv., may mandate natural and legal entities as well as unincorporated entities to tolerate or take the measures defined in Eütv; the health service taking mandatory epidemic management measures may limit the rights of patients as set forth in Eütv.¹⁷ It can be seen that in order to fight and manage epidemics, patients' rights have to be placed behind the protection of the community since it is necessary to protect healthy people who have not caught the illness yet, and thus it can also be ensured that those who are in need of health intervention shall receive it. If the protection of the community, including prevention, were not a priority, a situation could arise where the overburdened health care system can no longer provide adequate patient care.¹⁸

Concerning epidemiological measures, vaccinations have an important role. The objective of immunization is to provide an active or passive immunity to infectious diseases.¹⁹ The Minister of Health shall issue a decree setting forth the infectious diseases for which mandatory immunizations may be ordered as a function of age, when there is a risk of contracting a disease or when traveling abroad, in which case the traveler shall cover the immunization costs.²⁰ There is also a possibility that as a prerequisite for employment in certain occupations, the Minister of Health in Hungary may mandate immunization, the costs of which shall be covered by the employer. In the current COVID-19²¹ virus situation in Hungary, these provisions are of great importance, as they are justified by the protection of the community and the preservation of workers' health. In Hungary the Act I of 2012 on the Labor Code (hereinafter: Mt.) also states that the responsibility for implementing occupational safety and occupational health requirements

¹⁶ Eütv. Art. 56, para. 1.

¹⁷ Ibid. Art. 56, para. 2, pts. a-b.

¹⁸ Árpád Olivér Homicskó: *The Taxonomy of the Health Services System in Hungary*. Patrocinium Kiadó, Budapest, 2015. 19 – 20. p.

¹⁹ Ibid. Art. 57, para. 1.

²⁰ Ibid. Art. 57, para. 2, pts. a-c-.

²¹ The name “coronavirus 2 causing severe acute respiratory syndrome” (SARS_CoV-2) and the disease caused by it is “coronavirus disease 2019”, an abbreviated version of which is COVID-19. see: <https://www.nnk.gov.hu/attachments/article/567/Aktualiz%C3%A1lt%20elj%C3%A1r%C3%A1srend%2011.07.pdf> (as of January 5, 2021.)

lies with the employers.²² Immunization only shall be given with a vaccine authorized by the health authority and only for the purpose and under the conditions specified in the permit.²³

Unchecked and unauthorized vaccines cannot be administered officially, which also guarantees that vaccines authorized by the health authorities can be administered and are safe. The question arises whether COVID-19 vaccination can be made mandatory and whether it is expected from the individual to get vaccinated. In the current situation, it cannot be made mandatory, it has to be the individual's decision whether to take up the available vaccine or not. Should the legislator opt for the mandatory nature of the vaccine, it would raise further questions which need to be answered. In this case, the issue is why the seasonal influenza vaccine is not if the COVID-19 vaccine is mandatory. The same question would arise with regard to several further viral infections. The issue of responsibility would also be an important aspect in this case. If a vaccine is mandatory, in the event of side effects experienced by the vaccine, which also has health care consequences for him, their compensation, and liability for damages shall be borne by the entity who ordered the use also, given that the patient's entitlement to health care, i.e. whether or not he wishes to receive care, would be limited by the state.²⁴

It does also raise the question in this case whether, regarding seasonal influenza, against which there is also a vaccine and which can also have a lethal outcome, the definition of mandatory nature can be applied by analogy and, if not, how the action against the two viral diseases differs. In the case of COVID-19 vaccination, there are also views that certain benefits should be provided for those vaccinated against coronavirus. This also raised a number of patient rights issues. Thus, the question arises as to whether the individual may be disadvantaged because he or she refuses particular health care. In this case, exercising the right to health care could be significantly infringed; in fact, the patient could be at a disadvantage compared to those who have been vaccinated due to exercising his rights. In my view, this is unacceptable under the current regulations. From the aspect of patients' rights, derived from its provisions of Eütv., no distinction can be made between patients based on whether or not they have been vaccinated. The Eütv. also states that it shall be required to enforce equity throughout the utilization of healthcare services.²⁵ However, as long as vaccination is only available to a limited extent and circumstances beyond the individual effect when he can take up the vaccine, I think he should not be disadvantaged because he has not yet been vaccinated.

²² Act I of 2012 on the Labor Code, *Magyar Közlöny*, No. 2012/2. (hereinafter: the Labor Code). Art. 51, para. 4.

²³ Eütv. Art. 57, para. 6.

²⁴ Árpád Olivér Homicskó: *Egészségügyi jogi ismeretek*. Patrocinium Kiadó, Budapest, 2020. 52. p.

²⁵ Eütv. Art. 2, para. 2.

The objective of screening for epidemiological considerations in Hungary is to detect the presence of infectious diseases in an early phase, track down the sources, and avert the danger of contagion.²⁶ The Minister of Health shall issue a decree setting forth the infectious diseases for which the health authority may order the mandatory screening of the entire population, specific population groups, the residents of a specific area, all people at a workplace, in a family, or in another community, persons arriving from other countries, persons in contact with one of the more infected persons to prevent contagion.²⁷ I think it is definitely a significant provision in the current viral situation to protect the population as a whole. In my opinion, in the case of COVID-19, screening tests should be extended to the broadest possible range, even screening of the entire population could be justified, thus localizing the spread of the virus. However, microbiological screening for epidemiological reasons is mandatory for asymptomatic close contacts – beneficiaries or employers – in the health care system and long-term care and nursing facilities.²⁸ Persons with infectious diseases and persons suspected of having infectious diseases shall be notified to the registry of persons with infectious diseases in paper or electronic format (on-line).²⁹ Rules for notifying and registering infectious diseases and for handling related data shall be set forth in a separate Act.³⁰ Codes according to the International Classification of Diseases (ICD) code system should be used to report cases of COVID-19 infection.³¹

Any person noticing symptoms of infectious disease on his own person or on that of a person under his care is mandated to initiate a medical examination.³² Any person ordered to appear for a medical examination by a physician because of a suspected infectious disease is mandated to appear for the said examination, or if unable to appear for an examination because of the illness, to submit to said examination at his place of residence, to provide samples for necessary laboratory examinations or to make the collection of said samples possible; to subject himself to treatment including preventive drug treatment, to comply with medical instructions.³³ The Minister is in his decree, in the case of certain infectious dis-

²⁶ Eütv. Art. 59, para 1.

²⁷ Ibid. Art. 59, para 2, pts. a-f.

²⁸ National Public Health Center (NPHC). Protocol concerning the new coronavirus identified in 2020 (epidemiological and infection control rules to be followed), November 07, 2020, p 8. see: <https://www.nnk.gov.hu/attachments/article/567/Aktualiz%C3%A1t%20elj%C3%A1r%C3%A1srend%2011.07.pdf> (as of January 10, 2021)

²⁹ Eütv. Art. 61, para. 1.

³⁰ Ibid, Art. 61, para 2.

³¹ Information for healthcare providers on the reporting of care for patients treated for coronavirus (COVID-19) infection. National Health Insurance Fund Manager. see: http://www.neak.gov.hu/felso_menu/szakmai_oldalak/koronavirus_szakmai_tajekoztatas/koronavirus_kozlemeny_15.html (as of January 11, 2021)

³² Eütv. Art. 62, para 1.

³³ Ibid. Art 62, para. 2.

eases, in order to prevent the spread of the infection, may order the infected person to be taken into mandatory care in a health care institution according to the nature of the infection and to undergo regular medical examinations.³⁴ The physician detecting the disease shall take measures to isolate the infectious patient for the period of communicability.³⁵

In Hungary the patient care provider (general practitioner or outpatient/inpatient provider) is obliged to report the data of a person suspected of having COVID-19 infection or a positive laboratory result within 24 hours to the Expert System Infectious Patient Reporting Subsystem of the National Professional Information System (hereinafter: OSZIR) operated by the National Public Health Center (hereinafter: NNC).³⁶ As defined in the Minister of Health Decree, a person suffering from infectious disease shall be isolated in his home, residence, or a separate ward for infectious diseases in an inpatient facility or designated healthcare institution. People suffering from certain infectious diseases, as specified in the Minister of Health Decree, shall be isolated and treated exclusively in a ward for infectious diseases in an inpatient facility or designated healthcare institution.³⁷ The isolation of a suspected patient with mild symptoms at home may be carried out on the instructions of the health care provider (primary care, outpatient specialist care).³⁸

An infectious patient may be isolated in his home or place of residence if the condition of the patient makes this feasible, isolation conditions can be provided, and the patient or legal guardian agrees to adhere to epidemiological regulations for the duration of the isolation.³⁹ The patient isolated in his home, with mild symptoms, can be isolated from his family contacts in the same property if the conditions are met.⁴⁰ According to the governing professional protocol, it is feasible in the event of mild symptoms. It is an important condition that the COVID-19 patient can be isolated in his home or place of residence. The health status of patients at risk should be monitored continuously to promptly detect any deterio-

³⁴ Eütv. Art. 62, para. 3.

³⁵ Ibid. Art. 63, para. 1.

³⁶ National Public Health Center (NPHC). Protocol concerning the new coronavirus identified in 2020 (epidemiological and infection control rules to be followed), November 07, 2020, p. 1, see: <https://www.nnk.gov.hu/attachments/article/567/Aktualiz%C3%A1lt%20elj%C3%A1r%C3%A1srend%2011.07.pdf> (as of January 10, 2021).

³⁷ Eütv. Art. 63, para. 2.

³⁸ National Public Health Center (NPHC). Protocol concerning the new coronavirus identified in 2020 (epidemiological and infection control rules to be followed), November 07, 2020, p. 1, see: <https://www.nnk.gov.hu/attachments/article/567/Aktualiz%C3%A1lt%20elj%C3%A1r%C3%A1srend%2011.07.pdf> (as of January 10, 2021) p. 3.

³⁹ Eütv. Art. 64, para. 1., pts. a-c.

⁴⁰ National Public Health Center (NPHC). Protocol concerning the new coronavirus identified in 2020 (epidemiological and infection control rules to be followed), November 07, 2020, p. 9, see: <https://www.nnk.gov.hu/attachments/article/567/Aktualiz%C3%A1lt%20elj%C3%A1r%C3%A1srend%2011.07.pdf> (as of January 10, 2021)

ration in the patient's condition. In this case, referral to an inpatient clinic should be decided on a case-by-case basis by the therapist.⁴¹ When isolated in an inpatient facility, the right of an infectious patient to freedom of movement within the facility and the right to maintain contacts with others may be restricted.⁴²

If an infectious patient within an inpatient facility is non-compliant with isolation requirements, the health authority may issue a decree mandating compliance. The decree mandating compliance with isolation restrictions may be executed immediately for public health or epidemiological reasons.⁴³ Therefore, if the inpatient care is justified due to the patient's condition or isolation in his home is not feasible, the patient is placed and isolated according to the current referral process.⁴⁴ The isolated patient should be informed of the infection, the precautionary measures to be taken, and the fact that he should not leave the isolation room unreasonably. The hospital room can only be accessed by healthcare professionals involved in patient care, and access by other hospital staff is restricted.⁴⁵ If the epidemiological inspection is carried out in a health care institution, in an inpatient hospital, it must be ensured that the patients are isolated from each other in a separate room. Their care, including health and other care, may be provided by a health care worker only in appropriate protective equipment, and the exchange of protective equipment must take place between the persons concerned in accordance with the rules.⁴⁶

In Hungary a person who has been in contact with someone suffering from an infectious disease and who is assumed to be in the incubation period for the said disease may be placed under epidemic observation or quarantine for infectious diseases set forth in the appropriate Minister of Health Decree.⁴⁷ Under this provision, a contact person means a person who got into contact with a person affected

⁴¹ National Public Health Center (NPHC). Protocol concerning the new coronavirus identified in 2020 (epidemiological and infection control rules to be followed), November 07, 2020, p. 3, see: <https://www.nnk.gov.hu/attachments/article/567/Aktualiz%C3%A1lt%20elj%C3%A1r%C3%A1srend%2011.07.pdf> (as of January 10, 2021).

⁴² Eütv. Art. 64, para. 2.

⁴³ Ibid. Art. 64, para. 3.

⁴⁴ National Public Health Center (NPHC). Protocol concerning the new coronavirus identified in 2020 (epidemiological and infection control rules to be followed), November 07, 2020, p. 3, see: <https://www.nnk.gov.hu/attachments/article/567/Aktualiz%C3%A1lt%20elj%C3%A1r%C3%A1srend%2011.07.pdf> (as of January 10, 2021)

⁴⁵ National Public Health Center (NPHC). Protocol concerning the new coronavirus identified in 2020 (epidemiological and infection control rules to be followed), November 07, 2020, p. 5, see: <https://www.nnk.gov.hu/attachments/article/567/Aktualiz%C3%A1lt%20elj%C3%A1r%C3%A1srend%2011.07.pdf> (as of January 10, 2021)

⁴⁶ National Public Health Center (NPHC). Protocol concerning the new coronavirus identified in 2020 (epidemiological and infection control rules to be followed), November 07, 2020, p. 9, see: <https://www.nnk.gov.hu/attachments/article/567/Aktualiz%C3%A1lt%20elj%C3%A1r%C3%A1srend%2011.07.pdf> (as of January 10, 2021).

⁴⁷ Eütv. Art. 65, para. 1.

by the COVID-19 disease, does not show the symptoms of the COVID-19 disease and is declared to be a contact person by the authority.⁴⁸ An asymptomatic person who has been in close contact with a patient who has been confirmed for COVID-19 should be placed under epidemic observation immediately according to the current professional protocol in the event of possible fever and respiratory symptoms characteristic of the disease. During the epidemiological investigation, the public health department of the district/county district office shall look for persons who have been in contact with the confirmed case during the presence of symptoms in the confirmed COVID-19 patient and for maximum precaution in the two days before the onset of the symptoms and who shall be placed under epidemic observation for ten days. Close contacts will be subject to epidemiological observation in their home if feasible. This must be done in such a way as to ensure the prevention of the further spread of the virus.⁴⁹

In Hungary the epidemiological authority, in its decision order epidemiological observation, may also restrict the freedom of movement of the contact person by designating for him a home, a fenced area of it or another location not qualifying as a healthcare institution that the contact person is not permitted to leave during the period of epidemiological observation according to the main rule.⁵⁰ The epidemiological authority may, in a decision, lift the restriction, provided that the contact person certifies that at the time of the examination, the SARS-CoV-2 coronavirus could not be detected in him by furnishing a document that contains the results of molecular biological examinations (SARS-CoV-2 PCR tests) complying with the professional rules of healthcare, carried out during the period of epidemiological observation on two occasions within five days, with at least 48 hours passing between the examinations.⁵¹ A decision by the epidemiological authority ordering epidemiological observation shall not form an obstacle to the contact person leaving his designated home, the fenced area of it or other location not qualifying as a healthcare institution for the purpose and duration of undergoing the examinations.⁵² A decision taken by the health authority may be executed immediately for public health or epidemiological reasons.⁵³ During the period in which a person has been placed under epidemiological observation, he

⁴⁸ Government Decree No. 409/2020 (30 August) on specific rules applicable to epidemiological observation related to the COVID-19 disease, *Magyar Közlöny*, No. 2020/195. (hereinafter: Government Decree 409/2020 (30 August) Art. 1.

⁴⁹ National Public Health Center (NPHC). Protocol concerning the new coronavirus identified in 2020 (epidemiological and infection control rules to be followed), November 07, 2020, p. 9, see: <https://www.nnk.gov.hu/attachments/article/567/Aktualiz%C3%A1lt%20elj%C3%A1r%C3%A1srend%2011.07.pdf> (as of January 10, 2021).

⁵⁰ Government Decree 409/2020 (30 August), Art. 2, para. 1.

⁵¹ *Ibid.* Art. 2, para. 2.

⁵² *Ibid.* Art. 2, para. 4.

⁵³ *Eütv.* Art. 65, para. 2.

may be restricted in pursuing his occupation, his right to maintain contacts, and his right to freedom of movement.⁵⁴ Epidemiological observation shall be concluded within 48 hours after the expiration of the average incubation period for the given infectious disease if medical examination/testing precludes the possibility of contagion.⁵⁵

In Hungary quarantine is defined as observation or isolation based on tightened and special requirements that shall occur at a venue stipulated for such purposes.⁵⁶ If during the epidemic observation /quarantine, clinical symptoms characteristic of COVID-19 develop, COVID-19 infection shall be confirmed by laboratory testing, and the contact person shall be considered a confirmed case. At the end of the epidemic observation /quarantine, it is not necessary for the person subject to the measure to undergo laboratory testing.⁵⁷ The epidemiological authority on entry from certain countries, or in the event of infection or illness, may provide that the person subject to the epidemiological measure is not permitted to leave home designated for him, the fenced area of it or another location not qualifying as a healthcare institution for the period specified in the decision (hereinafter: official home quarantine).⁵⁸

In the future, health care must be thoroughly prepared for the development of epidemics. Modern civilization must face new diseases in the future for which the necessary treatment will not be immediately available. In the future, it will also be crucial for the countries of the European area not only to deal with the epidemic situation on their own, but also to work more closely with the Member States of the European Union to ensure freedom of movement concerning epidemic-related treatments. The Regulation governs the issue of the financing of health services in the European Union on the coordination of social security systems for persons moving freely within the territory of the Member States.⁵⁹

On this basis, the European Commission⁶⁰ has issued a Communication setting out several important guidelines. It is stated in the Communication that patients who have to be transported to a hospital in a neighbouring or another

⁵⁴ Ibid, Ar. 66, para. 1.

⁵⁵ Ibid, Art. 66, para 3.

⁵⁶ Ibid, Art. 67, para. 1.

⁵⁷ National Public Health Center (NPHC). Protocol concerning the new coronavirus identified in 2020 (epidemiological and infection control rules to be followed), November 07, 2020, p. 9, see: <https://www.nnk.gov.hu/attachments/article/567/Aktualiz%C3%A1lt%20elj%C3%A1r%C3%A1srend%2011.07.pdf> (as of January 10, 2021).

⁵⁸ Eütv, Art. 67/A, para. 1, pts. a-b.

⁵⁹ See: Regulation (EC) No 883/2004 of the European Parliament and of the Council of 29 April 2004 on the coordination of social security systems, *Official Journal of the European Union*, L 166, 30.4.2004, p.1.

⁶⁰ European Commission: Communication from the Commission: Guidelines on EU emergency assistance for cross-border healthcare cooperation in the context of the COVID-19 crisis (2020 / C 111 I / 01) <https://eur-lex.europa.eu/legal-content/EN / TXT / PDF / ? Uri = CELEX:>

Member State offering assistance should typically be in possession of prior authorization from the competent social security institution. This is not practical because of the COVID-19 pandemic and the emergency situation. The Commission calls on the Member States to take a pragmatic approach for patients requiring urgent care and, in view of the public emergency, consider a prior general authorization to ensure the coverage of all the expenses incurred by the hosting health care provider. It should be sufficient for the competent Member State to ensure that the patient carries a document attesting that he is covered at the time of hospital admission, making it possible at the same time that the Member States involved may agree upon any other practical arrangements. This guidance applies to emergency healthcare only in the context of the COVID-19 pandemic. For patients still able to access non-urgent planned healthcare, the usual procedures apply in principle for healthcare treatment in another Member State.⁶¹

The Communication also sets out essential guidelines for cross-border health care cooperation in the near-border regions. The Communication states that the EU supports the cooperation and integration of health care systems in border regions with its Interreg programmes. Several projects in Interreg regions are now contributing to a more coordinated approach to the pandemic. Member States, regional and local authorities should use the maximum flexibility offered by the Interreg programmes to address the challenges of the pandemic. Many border regions have already a history of and structures for cooperation, including in health care, which should now be fully exploited to help each other in the spirit of European solidarity.⁶²

The twenty-first century sees rapid development of medical technology, and it is unlikely to change in the future. Technological development makes it possible to improve the chances of survival even in previously incurable diseases, further reduce infant mortality rates, and significantly expand life expectancy, thanks partly to medical advances. These developments also pose severe challenges to functioning health insurance systems. In the course of high-standard health care provided by the advances of modern medical technology, each natural person residing in the territory of Hungary is entitled to the same level of health care according to the relevant law; however, ensuring this puts or can place a significant strain on the current budget even today. One of the most significant issues of the 21st century will be to the government admit extent private health services into the health care system, and if it proves feasible, in what form this will be financed. It could envisage a particular system if, within the framework of social security, health care services could only be obtained from publicly funded health care providers while people with private insurance could only resort to private health

52020XC0403 (02) & from = EN (as of 02/11/2020) Item 4., *Official Journal of the European Union*, CI 111/1, 3.4.2020.

⁶¹ Ibid, Item 4.

⁶² Ibid, Item 7.

care providers; or establishing a system where privately insured people could be provided both by public health care and private health care providers while people with social security could receive care only in the publicly financed, public service health care system. Regarding the management of the epidemic situation, it should also be specified how, if necessary, private health care providers can be involved in an emergency. In my view, if the epidemic situation so requires, in addition to the public service health care institutions, private health care providers should also be involved, they should also take part in providing the necessary health care services.

III. SUMMARY

In my present study, I intended to outline the effect of the epidemic situation on the health care system in Hungary. Hungarian legal regulations adequately contain the rules based on which the epidemic situation is manageable. It shall be an essential aspect that in this context, in addition to state intervention, individuals should also recognize their role and pay attention to the importance of prevention. I believe that one of the most serious challenges for humanity in the coming decades and centuries will be the ability to anticipate the emerging epidemics appropriately. However, the epidemic situation has also revealed that the advancement of modern technologies and the fast-paced spread of digitalization cannot guarantee the safety of future societies; thus, developing the health care systems and recognizing the prominent role of health workers shall be important in the coming period.

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Систем здравствене заштите у Мађарској пред изазовима епидемиолошких ситуација

Сажетак: У овом раду, аутор настоји да испражи утицај иренујне епидемиолошке ситуације на здравствени систем у Мађарској. У том циљу, у раду се полази од правног оквира који се примењује у случају епидемије, као и од мера које се односе на здравствени систем у контексту епидемиолошке ситуације. Аутор је ставља да ће се друштво током и након XXI века све чешће суочавати са епидемијама у настајању, те је неопходно да државе буду припремљене да одговоре на друштвене изазове које доносе епидемиолошке ситуације. Штавише, ишпање јавног здравља је од суштинског значаја и свака земља мора да појача напоре у борби против епидемија. Зато, у XXI веку, државе морају да размисле преку потребу обезбеђивања неопходних финансијских средстава за борбу против епидемија. Системи здравствене заштите треба да буду одговарајући, у смислу да су у стању да задовоље јавно-здравствене и епидемиолошке циљеве, као и захтеве ошће неће пацијента.

Кључне речи: епидемија, систем здравствене заштите, право на здравље, SARS CoV-2.

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