

Green (Medicare) Card and Ethical Problems¹

YEŞİL KART UYGULAMASI VE ETİK SORUNLAR

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Summary

As a result of developing technology, the obligation of society to increase the financing of health services have caused it to get bigger and bigger day by day. In our country, nearly one-third of the population has no systemic social guaranty.

In order to solve this problem, Law no.3816 concerning Green Cards became valid on June 18,1992 and still valid. Thanks to law Turkish citizens residing in Turkey but with no guarantees under any social security association and who can not afford the expenses of health services are covered and paid by the state until the application of General Health Insurance (According to Business Law No.1475, the monthly salary or income in the family should be less than one-third minimum wage excluding tax and social insurance premium)With this law, the expenses of the people with Green Cards for ambulatory treatments without medicine, and all expenses with bed-fast treatment have been covered by Ministry of health. Although it has been decade since the first expenditure of law, it is still valid , because General Health Insurance has not yet been presented. About Green Card application:

-The presence of rumors about the politicians has an effect on the distribution of Green Cards

-There are problems with patient forms in the event of emergency

-During the postnatal period, when it is necessary to send the baby to another hospital, the baby does not have the same right as its mother with with Green Cards

These are some of the problems we have faced during its application.

Key Words: Green Card, Social Security, Ethics

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Özet

Hiçbir sosyal güvenlik kurumunun güvencesi altında bulunmayan ve sağlık hizmetleri giderlerini karşılayacak durumda olmayan Türk vatandaşlarının bu giderlerinin, Genel Sağlık Sigortası uygulamasına geçilinceye kadar devlet tarafından karşılanması ve bu hususta uyulacak usul ve esasları belirleyen 3816 sayılı “Ödeme gücü olmayan vatandaşların tedavi giderlerinin yeşil kart verilerek devlet tarafından karşılanması hakkında kanun” 18.06.1992 tarihinde kabul edilmiştir.

Yeşil Kart uygulamaları; yeşil kartlıların ülkemizde yataklı tedavi kurumlarında yatarak tedavilerini ve her türlü masraflarını karşılamaktadır. Yeşil kart uygulaması ülkemizin üçüncü büyük sosyal güvenlik sistemini oluşturmasına rağmen özellikle sınırlı sağlık kaynaklarının kullanılması ile bağlantılı etik sorunları da gündemde tutmaktadır.

Hem sağlık hem de etik sorunların çözümlenebilmesi için vakit geçirmeden Genel Sağlık Sigortası hayata geçirilmelidir.

Anahtar Kelimeler: Yeşil Kart, Genel Sağlık Sigortası, Etik

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Health services are provided by state and state inspected and controlled institution currently in modern societies. 25th article of United Nation’s Human Right Declaration has stated that, “ everybody has right to benefit from the health services.” This situation may be like this in theory and ideal,

but it is always not in practice. Health services, provided by government, change based on wealth of a country and allocated budget to health field. But, basic duty of every social state is to guarantee its people’s lives and welfare. Diseases, after war and foreign threat, are the third biggest threat for

public life and welfare in a country. The basic duty of the state is to give equal health service to its citizen in peacetime. Allocations of the limited financial source in an equal and the most productive way has always been a crucial talked out subject. (1).

Social security arises as a protector institute for individuals against negative affects of various factors, which appear in socioeconomic structure, and relationships of the society as a result of definite production technology and institute for providing security in a time line that turns toward the future. This subject is defined in accordance with 60th article of our constitution as follow: "Everybody has social security right. State takes the necessary measurement to provide social security and builds an organizational frame."

Social Security system is based on three institutions, which can be categorized as T.C.Emekli Sandigi, Sosyal Sigortalar Kurumu and Bag-Kur.

The law numbered as 3816 and named as "The Law About Compensating the Expenses of Poor Citizens Who Cannot Pay for Their Health Expenses by Giving Them a Green Card" is accepted in 18.06.1992 and this law will be implemented until general health insurance practice.

For the purpose of regulating elements of the practice of related law, a regulation "The regulation About Compensating the Expenses of Poor Citizens Who Cannot Pay for Their Health Expenses by Giving Them a Green Card" which was prepared by Health Ministry, is issued in official gazette dated as 13.08.1992 and numbered as 21314. (2).

Green card practices are for compensating the treatment and other expenses of cardholders in hospitals, (state hospitals, university hospitals, and the other official health institutions that belong state institutions and organizations.)

Treatment expenses of cardholders who are not in the content of this law and get treatment services on foot, and people who don't have any social security and couldn't have right to hold green card, are paid form advance system that is transferred to Health Ministry from the Prime-

Ministerial Social Cooperation and Mutual Support Found.

According to statistics of Health Ministry the number of green card holders in our country has reached 11.044.000 persons.

Health right is one of the most basic human rights and is guaranteed by our institutions.

%60 of Turkish citizens have the health insurance %38 of this ratio is insured by SSK (Sosyal Sigortalar Kurumu), %18 is insured by Emekli Sandigi, %4 is insured by Bag-Kur (3-4)

Information above shows that green card practices, in which 17 percent of the population benefits, is the third largest social security system of our country.

Application-Investigation

For getting green card, individual should apply to related authorized institutions such as governor office for city dwellers, and other authorized offices in towns and villages and declared information (dwelling address, names and surnames of people who are under guardianship, declaration of members of the family, forms that shows family incomes and financial situation) has to be correct and convenient to the criteria for having green card. The criteria for having green card is that the family income per person should not be above the one third of the minimal wage.

Duty for granting green card has been given to quimakam¹ by state. This governing post, based on green card applies' declared information, sends subject information to provincial treasury and tax office, bureau of register of title deeds, municipality, police headquarters, gendarmerie, and other public and private institutions for the information be investigated.

Having green Card

Faced Trouble and Solution Suggestions

If a family gets right to have green card all family members can have green cards when he/she applies for it.

¹ Official charged with governing a provincial district.

After green cards are received, a dispatching chain that may have 1st, 2nd and 3rd step, is defined and this step is written on the green card.

In accordance with 15th and 16th articles of law and implementation regulation (numbered as 3816);

Card holders application and dispatching is done as follows:

A) Village clinic, district state hospital, provincial (administrative) state hospital that is written on medicare card.

B) In the case that people get sick out of dwelling, they are dispatched according to the dispatching order of health main office in provincial district (administrative), and dispatching order of village clinic in districts, and dispatching order of village clinic in villages.

C) Dispatching the patients to University Hospitals depending on Medical Obligation:

In the 15th article and 4th and 5th paragraphs of the Dispatching Practice Regulation in Emergencies “In emergencies, application to state owned Universities and Public institutions and organization owned hospitals can be done. But, Emergency situation should be considered by authorized doctors of the health institution and organization and state hospitals be informed as soon as possible in order the expenses be compensated ” Furthermore consultant doctor should approve that the treatment can be made in subject hospital.

According to present regulation, it is stated that individuals will take their medicare-cards in their dwellings. But surveys in this filed have shown that cardholders are taking their cards from the centers out of their dwellings (5-6).

In the reports that prepared during the inspections by the inspectors of Health Ministry and Financial Ministry; Causes of the problems are stated and taking measurements is suggested. One of the most important defined deficiencies stated in this report is as “not following the green card dispatching chain”.

Some studies confirm that cardholders are not informed enough in the process of granting green

card (5-6). For that reason, cardholders follow wrong process, as a result, another problem that is difficult to solve and a contingency occur. The way one cardholder follows makes an example for the other patients and contingency occurred from false practice brings out needless burden for health institutions.

It is suggested that this problem can be solved basic and clear informing of the patients.

It is not a hurdle to receive a green card for the other members of a family; in the case that one of the family member has a social security. It is found that, however the numbers very few, some individuals are the green cardholders, even though they have another social security. (5).

Green card is granted to needy people by provincial district official (quimakam). That income of the needy person must not exceed the one third of the minimal wage is necessary condition. It is suspicious that the declared income by needy people does reflect the truth. It is necessary to evaluate the situation by defining other criteria beside “monthly income per person in a family” and to follow equality principle much more in granting green card.

Granting green card can be done for two groups of people without investigation.

- People who had received charity from provincial district social charity organization
- People, who get salary by the law, as numbered 2022, about “ giving salary for the people who are 65 year-old and needy”, and their needy family members.

Green card holders must give a roll-call-form filling it to the location where they received their cards in May every year. (3).

Taking the forms in a reevaluation process by province and provincial district boards will lessen the numbers of people who benefit from this opportunity in an unjust way.

There is not any regulation related with cardholders’ life standard. Some regulations should be issued in order to prevent both people’s deprivation and misuse of the limited sources.

For example; It seems necessary that People should be informed where to apply when they change their permanent dwellings, and which 1st step health institution they be subject to in dispatching chain. (5).

As some studies show (7) women had used green cards more than men, and adults had used it more than children. After a card holder- mother gives a birth to a child, and in the case that the baby be transferred to another hospital for health reason, infant takes advantage of the mother's rights directly. Completing the procedure takes time and some problems occur. Related regulations should be carried out as soon as possible for the infants receive necessary medical care and support.

Poverty frequently converts to desperation in front of the hospitals. It is known that, a lot of medicine including insulin and expensive antibiotics (ex: for cancer disease) and equipment (ex: kidney problems) that save a lot of children's lives can be obtained by green card. (8).

In spite of the fact that, green card is the third largest social security institution, it is not completed its dispersal for it is new.

Our country is one of the two countries, which do not have "General Health Insurance Scope in OECD. (9). According to Alma Ata Declaration's Objectives, all citizens should be in health insurance scope, when this responsibility is remembered, our country should legalize general insurance policy as soon as possible.

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