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Mirosław Grochowski

SPATIAL ACCESSIBILITY OF MEDICAL SERVICES IN THE URBAN AREA IN THE LIGHT OF PATHOLOGICAL URBANISATION PROCESSES

The aim of this paper is to present the impact of the institutional forms of space organisation, as one of the elements shaping the human environment, on possibilities of obtaining medical aid in the town whose development is considered to be pathological. The paper has been based on the results of the investigation which was conducted in Warsaw in 1986 together with A. Kowalczyk.

The development of urbanisation processes shows that it is the policy of developing a city as primarily the place of the simple reproduction of labour force that leads to the rise of such living standards as make the psychical and social well-being very difficult to achieve. Thus such a policy leads to pathology in urbanisation processes as it does not i.a. ensure the creation of a health human environment. The term "pathology of urbanisation" continues to arouse many controversies and is defined in very many ways (Haynes, Kukliński, Kultalahti 1985, Jałowiecki 1986). The scope of the term is very wide. Since in this paper we are interested in spatial accessibility. I suggest that we should discuss the problem of the pathology of urbanisation in the following way: in the town there is a competition for space. The competition occurs both between individuals (for example, struggle for individual's space among people crowded in small flats) and between large economic and bureaucratic organisations, which can be considered as the main agents that shape space. We are interested in the latter type of competition, and to be precise — of dominance of those large organisations, since the phenomenon of the pathology of urbanisation is the consequence of competition of institutions and social groups with opposing interests in which the winner — often incopetent but sufficiently powerful — manages the city's space according to his particular interests. This leads to disfunctionality of socio-spatial structures.

In the case of medical services that disfunctionality is bound up with improper organisation of provision of services which finds its reflection

in insufficient number of health-care centres, their improper localisation and/or wrong organisation of the service, i.e. regionalisation of services carried out in the interest of service providers and not service receivers.

SPATIAL ORGANISATION OF MEDICAL SERVICES IN WARSAW

Warsaw is divided into eleven preventive and therapeutic districts in which health-care centres operate. This subdivision corresponds to the administrative sub-division into districts, although only four districts overlap exactly with the district boundaries. There are considerable differences between the particular districts as regards the area, number of regions[1] within the district and an average number of population in the region (see Table 1). Generally speaking, the smallest regions in terms of population are found in the peripheral areas and in the city's centre. The largest regions are in the areas of new residential districts.

Table 1

The name of health care centre	Number of population serviced	Number of district dispensaries (areas served by general dispensaries)	Average — number of population in the region
1. Bródno	109,287	7	15.612
2. Mokotów 1	164,500	10	16,450
3. Mokotów 2	138,800	4	34,522
4. Mokotów 3	114,000	4	28,500
5. Ochota	179,454	14	12,818
6. Praga—Południe	275.439	17	16,202
7. Praga—Północ	131,483	6	21.914
8. Śródmieście	172,087	14	12,291
9. Wola—Wschód	113,254	6	18,876
10. Wola—Zachód	128,178	4	32,044
11. Żoliborz	213,000	8	26,625
Warszawa	1 738,761	94	18.497

The analysis was made of the basic environmental health care services (the care of a general practitioner, dentist, paediatrist and gynaecologist), as well as some chosen specialised services (laryngologist, eye surgeon, neurologist, and surgeon). These are the most widely spread services in Warsaw in terms of the number of places where they are being rendered and their utilisation by patients. The services under investigation are provided by free social medical service and are subject to regionalisation, that is to say the inhabitants of the particular areas should seek medical

[1] A patient is "ascribed" within the district to a given region.

aid in the particular health-care centres.[2] The regionalisation is supposed to facilitate continuity, complexity and accessibility of medical aid. Yet the analysis of ranges of services within the particular regions permits the following conclusions:

— spatial organisation of medical services in preventive and therapeutic districts in Warsaw exhibits considerable differentiation. Beside districts that are organised correctly, where the regionalisation causes that the health-care premises are easily accessible, there are districts where within regions centres are localised in the peripheries and provide services for the population from a large area. This concerns various medical specialisations in various preventive and therapeutic districts.

— The number of health-care premises and the size of the regions are spatially differentiated. Unfortunately, this is often not related to the number of population for which service should be provided by the given centre.

— Cases of delimitation of regions using the criterion of demand for services are rare (this chiefly concerns paediatric services). In the remaining cases, particulary specialised services and dispensaries for women, the subdivision into regions was based on the supply and not demand for services, which considerably deteriorates their accessibility.

— Only one-third of the centres of the basic environmental care meets the requirements that are made to such centres, i.e. the possibility of provision of four services: general practitioner's, paediatric, dentist's and gynaecological. The lack of overlapping of the regions of services in case of these four services makes people seek medical aid in various health--care centres, which sometimes is bound up with deterioration of spatial accessibility.

— The worst situation is found in new residential districts. This is reflected in the number of population for one health-care centre, size of regions and poor transport accessibility to these regions.

This leads to the conclusion that a decisive impact on spatial aspects of the provision of medical services is exerted by the bureaucratic organisation which often ignores spatial differentiation of demand for services. Those who are interested in making use of services rarely have the opportunity to affect the localisation decisions. In competition for the impact on the shape of medical space the bureaucratic organisation turns to be stronger. Its interests are placed above the interests of patients.

— One of the aspects of pathology of urbanisation in Warsaw is the rise in its peripheries of residential districts that are usually called "dormitories", most of their inhabitants make time-consuming travels to

[2] In Poland there are also separate medical services subject to the ministries of Communication, National Defense, Domestic Affairs and Justice. Besides, there are medical cooperatives and privately practising doctors. In these cases there is no regionalisation.

their job and service places everyday. Thus this population is in a way discriminated in comparison with other inhabitants of the city. Inconveniences related to the underdevelopment of medical services in those areas are further strengthened by the institutional forms of space organisation, i.e. regionalisation of services. This is particulary conspicuous in case of specialised services.

All in all, the following conclusion can be made: the form of satisfying medical needs based on regionalisation principle is in the case of Warsaw an improper solution and deepens difficulties in spatial accessibility of services which result from spatial development of the city and under-development of social infrastructure.

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