Grzegorz Kamieński[1], **Aleksandra Wiśniewska**[2], **Adrian Borys**[3]

Specificity of Evidence Proceedings in Medical Trial – Selected Aspects

Quote as: Kamieński, G., Wiśniewska, A., Borys, A. (2025). Specificity of Evidence Proceedings in Medical Trial – Selected Aspects. In: B. Detyna, P. Szymaniec (red.), *Administracja publiczna i polityki publiczne. Tom poświęcony pamięci Profesora Ryszarda Herbuta. Seria: Administracja Publiczna – Zagadnienia Prawne, Instytucjonalne i Koncepcje Zarządzania nr 5/2025* (s. 154–166). Publishing House of The Angelus Silesius University of Applied Sciences.

DOI: 10.71433/2025.99.4.10

Abstract: *The following publication presents the elements of evidence proceedings which are characteristic for so-called medical trials. The doctor's involvement in civil proceedings, as an expert and a witness, was also analysed. The author discussed in detail the structure of a prima facie evidence. In this article the doctor's involvement in civil proceedings was juxtaposed with a duty to maintain confidentiality of patient's information.*

Keywords: evidence *proceedings, medical expert, witness evidence, prima facie evidence, physician-patient privilege (doctor-patient confidentiality)*

Specyfika dowodzenia w procesie medycznym – wybrane aspekty

Streszczenie: *W rozdziale zaprezentowano elementy postępowania dowodowego charakterystyczne dla tzw. procesów medycznych. Analizie poddano udział lekarza w postępowaniu cywilnym w roli biegłego oraz w roli świadka. Omówiono konstrukcję dowodu prima facie. W niniejszym tekście udział lekarza w postępowaniu cywilnym zestawiono z obowiązkiem zachowania tajemnicy lekarskiej.*

Słowa kluczowe: postępowanie dowodowe, biegły lekarz, dowód z zeznań świadka, dowód *prima facie*, tajemnica lekarska

[1] Legal counsel, PhD, The Angelus Silesius University of Applied Science, e-mail: gkamienski@ans.edu.pl, ORCID: 0000-0002-1278-7950.

[2] M.A., The Angelus Silesius University of Applied Science, ORCID: 0000-0003-1933-5890.

[3] PhD, University of Wrocław, ORCID: 0000-0002-1620-285X.

1. Introductory Remarks

Life and health protection can currently be understood as both one of the basic human rights, but also viewed as the responsibility of a public authority (Kubiak 2021, p. 1). This right is assumed to be so-called basic right, due to the inherent and inalienable human dignity. According to the approach towards health protection, being a result of deviation of paternalistic model of a patient – doctor relation, patient's legal awareness is increasing and that leads to the increase of legal disputes mainly concerning the civil proceedings for damages and compensations. For the above reasons, the aspect of the evidence proceeding is of a great, practical significance. However, the fact that prerequisites of civil liability appear, does not mean winning the case. The prerequisites are to be proved in the court, and that might not be easy because of the specificity of medical trial itself.

The specifics of a medical law as an interdisciplinary branch of law is also reflected in civil proceedings. The article presents characteristic elements of evidence proceeding – typical for a medical trial.

Firstly, in the damage and compensation trials against entities that are healthcare providers, it often occurs that the expert being a doctor *is, in substance,* the judge. The doctor – expert's opinion is being decisive to prove if the medical treatment or service were performed correctly.

Moreover, in such proceedings, witness statements are submitted by doctors or medical staff that participated in that particular medical procedure. They testify in facts related to specialised knowledge which may lead to blurring the lines between the evidence of the witness statement and the evidence from the expert's court.

An indisputable fact is that specialised knowledge should only be determined by a an expert, not a witness, that is often biased, especially when participated in medical procedure which findings may affect witness liability. The doctor's involvement should also be juxtaposed with a duty to maintain confidentiality of information.

The use of the structure of a *prima facie* evidence, which constitutes another specific characteristic in a medical trial, is significant when making factual findings in a medical trial.

2. Evidence from the Opinion of an Expert Doctor in the Civil Trial

Expert's opinion, as followed by the art. 278, act 17.11.1964- Code of Civil Procedure 1964 (consolidated text: Journal of Laws of 2023, item 1550, as amended; hereinafter referred to as: CCP), is said to be an impartial opinion of

a person, not interested in the settle of court, and presenting sufficient facts, data to establish the assessment of the facts (Gajda-Roszczynialska, 2015, p. 619).

Because of the specialised knowledge, the evidence from an expert's opinion cannot be replaced with any other evidence (Judgment of the Supreme Court of November 24, 1999, file no. I CKN 223/98). When the specialised knowledge is required (as in most medical trials), the judge should appoint an expert. Otherwise that would lead to law violation (art. 232 CCP). The opinion is said to be a primary and necessary evidence.

The doctor is considered to be the best candidate to become an expert in a medical trial because of the specialised knowledge which is supported by professional practice. The evidence of an expert opinion is assumed to be a judgement of factual findings about a particular medical occurrence in reference to a person's examination to assess the health condition as the consequence of that medical occurrence or on the basis of the evidence gathered, especially medical records of the patient.

In case of legal actions taken by the victim, claiming for damage/compensation, the court, as a part of the investigation procedure, should consider the type of injury sustained and the future consequences on the victim's health condition. The medical record such as illness description, medical certificate or other certificates and opinions are considered to be helpful. However, the court should not make factual findings based on the evidence gathered, without a proper medical knowledge. The expert, with a specialised knowledge, appointed by the judge, may help to explain the factual state of the case. In reference to the position of the Supreme Court, the expert's opinion, in the case of a doctor as an expert, aims to facilitate the Court a proper assessment of evidence, especially the medical records, where the specialised knowledge of medicine is crucial. However, the opinion itself should not only be considered as a source of factual findings but also the basis to establish the facts being the subject of a an expert's opinion (Judgment of the Supreme Court of July 11, 1969, file no. I CR 140/69).

It is necessary to distinguish between the expert's opinion as the source of factual findings and an opinion that might only facilitate the assessments of the facts. It should be emphasized that the omission of the expert may lead to the violation of the Art. 278 para. 1 in conjunction with Art. 232 CCP in case when the facts of the case indicate that as for cognizance and judicial decision specialised knowledge is required and the expert's opinion might be replaced with the clarification of the party (despite being a specialist) (Judgment of the Supreme Court of May 24, 2012, file no. II CSK 429/11).

The doctor who is an expert, appointed by the court to prepare an opinion, is assumed to have specialised knowledge, skills and intuition acquired during the professional practice. The expert determines: the health condition of

the injured person before the accident or before the medical intervention, the course of the treatment process, the nuisance of the medical procedures performed, the current state of the health of the victim, as well as prognosis for the future. Expert doctors can also determine the degree of health detriment, i.e. the percentage reduction of the injured person's mobility compared to the moment before the medical intervention. They are able to determine the degree of health damage, which enables a clear presentation of the effects of the injuries. The information and conclusions may help the court in assessing the facts and in determining the amount of compensation and redress.

In cases of compensation for damage caused by improper performance of professional duties by a physician, the selection of the expert is difficult because of the hermetic nature of the medical environment. It is also considered to be common that medical community lack the objectivity in issuing expert opinions. This may be due to an incorrect interpretation of Art. 53 sec. 2 of the Code of Medical Ethics ordering physicians to "be especially careful in formulating opinions about the professional activity of another physician, in particular, a physician should not publicly discredit another physician in any way".

Obviously this is not about banning criticism completely, but part of the medical community perceives this legal provision in a way that its representatives are not always objective in preparing opinions or refuse to prepare them. This problem, also presented by the Supreme Court, which stated that "in cases for compensation for damage caused by improper performance of professional duties by a doctor, the court should, as a rule, in order to avoid possible suspicions of bias – even if these suspicions were objectively unjustified – use the opinion of the institution or specialist from a different area than the area of professional activity of the doctor who has caused the damage" (Judgment of the Supreme Court of January 7, 1966, file no. I CR 369/65).

Another specific feature of an expert evidence in medical matters is the specific inadmissibility of adjudicating against the opinion of an expert. According to the position of the Supreme Court, the court cannot resolve medical issues against the opinion of an expert physician. A different decision must be based on medical knowledge, i.e. the opinion of another expert doctor in a given field of medicine (Judgment of the Supreme Court of January 10, 2012, file no. I UK 235/11). The court cannot verify or disqualify an expert opinion based on the criteria of logical thinking, life experience or common knowledge, i.e. criteria that do not include specialist medical knowledge (Judgment of the Supreme Court of May 14, 2009, file no. II UK 211/08).

That is why, the court, arguing with the expert's conclusions in the area that requires special knowledge without consulting another expert or by

supplementing the position of experts who issued a different ruling, violates art. 278, 286 and art. 233 § 1 CCP (Judgment of the Supreme Court of June 24, 2013, file no. II PK 324/12).

In fact, it would be rather impossible for an expert doctor to issue an opinion without examining the patient – as this is another specific feature of proving in the medical trial. Such examination is carried out with the use of both specialist knowledge of an expert and specialized medical equipment – the expert with his own sensory knowledge issue an opinion. The examinations above are called „medical examination" (Gleixner, 1965, p. 1445).

It should be emphasized that the medical examination does not constitute an examination within the meaning of the provisions of the procedural act, but is only a preliminary stage before the expert doctor prepares his opinion. Only the examination of the injured patient, i.e. the direct sensory observations of an expert doctor, make it possible to issue a correct and reliable opinion. The doctor who prepares the opinion and conducts the medical examination is subject to the standards of the medical profession typical for each medical procedure. This is primarily about the obligation to respect the rights of the patient.

The opinion of an expert doctor should be drawn up on the basis of current medical knowledge. Expert doctors, especially those on the permanent list of experts, are obliged to constantly improve their professional qualifications (Fiutak, 2021, p. 15). The duty of medical confidentiality cannot be omitted either.

3. The Doctor as a Witness in a Medical Trial

The testimony of a witness as an evidence is assumed to have a special position in civil proceedings, because it implements the principle of oral examination and immediacy, so the fundamental principles of civil procedure (Klich, 2013, p. 161).

The doctor witness in a civil trial, gives evidence regarding facts related to his specialised knowledge. In such a case, an expert witness should, firstly, limit himself to only presenting to the court his knowledge of the facts (his observations and information possessed), and secondly, he should refrain from evaluating presented facts.

The role of the court in this case is to draw the line between evidence from the testimony of a witness and evidence from an expert opinion. There are different purposes of taking evidence from the testimony of a witness, to establish the facts (art. 227 CCP), and appoint an expert in a given proceeding (art. 278 § 1 CCP). The role of a witness, despite being the doctor with a specialised knowledge, cannot be the assessment of evidence or the assessment of the facts of a given

case – he does not act as an expert, he is not appointed to issue an opinion (Judgment of the Court of Appeal in Białystok of April 3, 2014, file no. I ACa 885/13). In other words, the role of the witness is to formulate statements about facts, not to evaluate those facts.

The doctor, as a witness in civil proceedings, may be in conflict with the responsibility to maintain confidentiality. The resolution of the conflict is important, especially due to the fact that the knowledge obtained by the doctor is often indispensable for the resolution of a given civil proceeding.

The point of analysis of the above conflict of duties is the fact that the patient has the right to maintain confidentiality of their personal information by all medical and healthcare professionals. The above results directly from the provision of art. 13 of the Act of 6.11.2008 on patients' rights and the patient's commissioner for human rights (consolidated text: Journal of Laws, 2023, item 1545). The regulation in above provision constitutes one of the fundamental rights of the patient, that might be applicable to doctor's confidentiality; disclosure of medical confidentiality may lead to a violation of the personal dignity of the patient. As indicated in the literature, the right to maintain medical confidentiality has both utilitarian and formal justification (Boratyńska and Konieczniak, 2001, p. 330). It highlights the so-called conventionalist concept, assuming that for accurate diagnosis and proper treatment, it is necessary to obtain information about the patient and his condition which might be possible by interviewing the patient (by medical workers). In order for the patient to reveal often intimate information, the trust between a patient and a doctor must be built. Respecting medical confidentiality builds the appropriate relationship between these entities and serves the proper performance of medical services (Boratyńska and Konieczniak, 2001, p. 330).

In reference to art. 261 § 2 CCP, a witness may refuse to answer a question if the testimony may lead to the violation of a significant professional secret. Thus, unlike in criminal proceedings, the entitlement resulting from professional (medical) secrecy is limited only to the refusal to answer a question, and not generally to the refusal to induce a testimony.

Due to the possibility of disclosing professional confidentiality, the right to refuse to answer a question applies to those professions in which the obligation to maintain secrecy results directly from statutory provisions. In civil proceedings, it is not possible to release a witness from the obligation of professional secrecy if they refuse to answer a question. It should be emphasized that the doctor providing a health service is entitled to refuse to answer a question concerning information covered by medical confidentiality i.e. confidential information acquired as a result of professional relationships, even if no longer practicing the profession at the time of submitting the testimony.

The right to refuse to answer the question is granted only if professional (medical) confidentiality is significant. Problematic in the context of procedural law in this case is the issue of who is to assess the significance of a breach of professional secrecy? Will this competence belong to the court, or should such an assessment be made by a physician acting as a witness?

It has rightly been noted that the materiality assessment should be made by a witness. Firstly, this view is supported, by the fact that the court has limited ability to act ex officio, which results from the adversarial principle in civil proceedings. Secondly, it is indicated that only a witness who has information protected by professional confidentiality - in the analysed case a doctor, can assess the importance of this information, and thus decide what information (Preussner-Zamorska, 1998, p. 287). When giving evidence in the court, the doctor decides whether the answer to the question asked may violate professional secrecy.

If the information in question falls within the scope of confidentiality, then, acting in accordance with art. 40 of the Act of 5.12.1996 on the Professions of Physician and Dentist (consolidated text: Journal of Laws, 2023, item 1516) should refuse to answer the question. However, it has been expressed that if the third party's interest is objectively more important, the physician's disclosure of information in civil proceedings will not be qualified as unlawful. However, such a position seems to be too liberal and as a consequence may lead to a violation of art. 13 of the Patient's Rights and Commissioner for Patient's Rights, and thus the responsibility of the doctor giving evidence as a witness.

The court in civil proceedings is not entitled to release the doctor from the obligation of professional confidentiality; however, such a position does not make it impossible to determine the facts relevant to the resolution of a given civil case. Firstly, it should be pointed out that the court may use the evidence collected in the medical documentation, because pursuant to art. 26 sec. 3 points 3 of the Patient's Rights and Commissioner for Patient's Rights, the entity providing health services provides medical documentation, among others, to courts – this issue is the subject of broader considerations in the further part of the analysis. Secondly, it should be noted that medical confidentiality is not absolute, and the legislator has provided a number of exceptions to the above rule.

The catalogue of exceptions contained in art. 40 sec. 2 Medical Profession & Dentist's Act might constitute an example in which the legislator specifies that the obligation to maintain medical confidentiality regulated in art. 40 sec. 1 of Medical Profession & Dentist's Act does not apply when:

1) it is regulated by the law;
2) the medical examination was carried out at the request of authorized institutions under separate laws; then the doctor is obliged to inform only these authorities and institutions about the patient's health;

3) maintaining the confidentiality may pose a threat to the life or health of the patient or other persons;
4) the patient or his statutory representative consents to the disclosure of the secret, after prior notification of the adverse consequences of its disclosure for the patient;
5) there is a need to provide the necessary information about the patient to the medical examiner;
6) there is a need to provide the necessary information about the patient related to the provision of health services to another physician or authorized persons participating in the provision of these services.

L. Ogiegło indicates a specific situation that allows the disclosure of medical confidentiality. The doctor might be forced to disclose the patient's confidentiality in his own defence, to demonstrate the appropriateness of his conduct in a case protected by confidentiality, and the patient's good gives way to the interest of physician with a stronger justification (Ogiegło, 2015, p. 40.6). Such a situation will take place when e.g.: the patient accuses the doctor of breaching the confidentiality or making allegations based on facts covered by the secret, and also when the doctor is accused by superior authorities related to the facts covered by the secret, or when a doctor acting in good faith has been involved in criminal, fraudulent activity organized by third parties (Ogiegło, 2015).

It has been indicated that it will not be allowed to circumvent the restrictions resulting from medical confidentiality in the course of taking evidence. Therefore, it should be considered unacceptable to question a person as a witness who, while not being a member of the medical staff, came into possession of information covered by the provision of art. 13 of the Patient's Rights and Commissioner for Patient's Rights in e.g. she was present during the doctor's conversation with the patient concerning his health; the inadmissibility of using such a means of evidence should be independent of the manner in which an unauthorized person came into possession of the sensitive data. A different position would mean that the protection of the patient's privacy provided in art. 13 of the Patient's Rights and Commissioner for Patient's Rights would only be illusory. Such evidence in the doctrine is called "fruits from the poisonous tree". It should be noted, however, that judicial decisions regarding the admissibility of evidence from the "fruit of the poisonous tree" (Piasecki, 2012, pp. 34-35). Do not present a uniform line of jurisprudence, which means that there are judicatures both admitting such evidence and pointing to their inadmissibility.

In order to ensure greater protection of the patient's right to secrecy of information, when breaching the confidentiality is possible, it should be postulated that hearings where there is a possibility of breaching medical confidentiality, proceedings shall take place in camera. Currently, pursuant to

the provision of art. 153 § 2 CCP, the court, as requested by the party, may order that the meeting or its part to be held in camera considering the justified reasons given by the party or if the details of family life are to be discussed. This regulation should be compared with art. 45 sec. 2 of the Constitution of the Republic of Poland, indicating the protection of private life, which includes the right to the protection of medical information, as the basis for inclusion of openness. In this case, it is important to assess whether the presented regulation is sufficient to protect the patient's right to confidentiality, resulting from the provision of Art. 13 of the Patient's Rights and Commissioner for Patient's Rights It seems that the structure of the optional order to hold a hearing in camera does not ensure proper protection of the patient's interest.

In civil proceedings, the burden of proof (*onus probandi*) lies with the claimant, who in medical proceedings is usually the patient. The claimant is obliged, pursuant to art. 232 first sentence CCP, to indicate evidence of facts, drawing legal effect for the liability of the entity that has provided medical services. In order to fulfil this obligation, the plaintiff usually requests evidence from the testimony of a doctor witness At the same time, pursuant to art. 14 sec. 2 points 3 of the Patient's Rights and Commissioner for Patient's Rights, consents to the disclosure of information covered by medical confidentiality.

This consent is limited in time and space – it concerns only doctor witness testimony, in a given trial. It cannot be presumed that the patient waives the right to confidentiality of information in its entirety. It should be emphasised that the information is required to be disclosed to a minimum extent, sufficient to prove the facts in the court. As part of the *de lege ferenda*, it is necessary to postulate the amendment of art. 153 CCP. The construction of an obligatory application ordered by the court to hold a closed-door hearing in cases where medical data covered by medical confidentiality may be disclosed, will ensure better protection of the patient's right to privacy, because the decision will not be made by the court, but by the patient.

4. The Structure of a *prima facie* Evidence in a Medical Trial

In order to establish facts in a medical trial, it is important to use the construction of *prima facie* evidence, which constitutes another specific feature of the medical trial. The definitions of *prima facie* evidence differ primarily as to the location of this evidence in terms of factual presumptions (art. 231 CCP, which states that the court may recognize established facts significant for resolving the case, if such a conclusion can be drawn from other established facts) or outside them. Taking a position on this issue implies a fundamental consequence from the point of view of the party to the trial – "pulling" *prima facie* evidence into the

framework of factual presumptions means that the burden of proof is not shifted to the opposing party, because the application of art. 231 CCP does not lead to this (Góral-Jaworska, 2010, p. 161).

Undoubtedly, this construction facilitates the evidentiary situation of the party on which, pursuant to art. 6 of the Act of 23.4.1964 – Civil Code (consolidated text: Journal of Laws, 2024, item 1061), the burden of proving the causal relationship between the damage and the event causing it lies.

As it has rightly been assumed by A. Stefaniak, that both factual presumptions and *prima facie* evidence are used to establish the truth of those assertions of facts that cannot be proved by means of evidence known to the party, and that these are not identical concepts, because *prima facie* evidence is not an independent source providing the court with information about persons, things and facts to which the evidence proceedings relate (Stefaniak, 1970, p. 1452). It is therefore a method of establishing the veracity of a specific causal relationship in the context of the typicality of cause and effect relationships. Presumptions of fact are used to prove any claim that cannot be directly demonstrated, while *prima facie* evidence is only used to prove causation. Presumptions of fact are based on facts that are generally irrelevant, from which the existence of the main fact is inferred, while in the case of *prima facie* evidence, only those statements about facts that are relevant are shown to be true. According to A. Stefaniak, the use of *prima facie* evidence only leads to a reduction of the burden of proof on the party, without shifting the burden of proof to the opponent (Stefaniak, 1970, p. 1452).

The above means that *prima facie* evidence is a significant facilitation for the party to whom it is applicable – in a medical trial it will be the claimant who is the patient. The evidentiary construction, helps to demonstrate a causal relationship between the current state of health of the injured patient and the act or omission of the entity providing the medical service. The claimant – the patient – is in fact relieved from carrying out the most tedious evidence to prove the claims. The very conclusion about their veracity can be derived with high probability from the normal, typical course of given events. In medical trials, the performance of the entity providing the medical service will be assessed in terms of compliance with all medical standards and procedures. The mere violation of the indicated medical procedures gives grounds for assuming that the doctor's action is the cause of the patient's health disorder. Due to the fact that medicine is a very extensive and complex area of science, it would often be impossible to accurately demonstrate the relationship between individual actions and the resulting consequences, without accepting the indicated facilitation of evidence. At the same time, the defendant, on general terms, may demonstrate the lack of a causal link in a given case, denying its civil liability.

The use of this particular construction in medical trials is significant, because a patient who pursues his claim in the court would often not be able to demonstrate all the premises for liability for damages, and as a consequence, the claim would not be accepted by the court. It should be noted, however, that the use of a *prima facie* proof structure is admissible only when it is impossible to take evidence on general principles. As it is has been assumed, the main reason for the use of *prima facie* evidence is an objective difficulty in demonstrating the grounds for tort liability of the aggrieved party, and even the actual inability to demonstrate them with certainty. Undoubtedly, axiological considerations, which support granting protection to a patient injured in the course of treatment, also had an impact on the development of the aforementioned practice.

5. Summary

A medical trial is a procedure in which the evidentiary aspect is significant, not only because of the specialised medical knowledge but also due to the protection of the patient's right to privacy. One of the burdens resting on the claimant in accordance with art. 6 CC is the burden of proof in the formal sense, consisting in the fact that the burden of proving a given fact lies with the person who derives legal effect from this fact. For the above reasons, it is the claimant who is not a specialist in the field of medicine who is forced to prove the facts, as well as the causal relationship between them, justifying the liability of the entity providing the medical service. In the case of the so-called medical trials, the burden of proving the guilt of the doctor (medical staff) lies with the patient. Having in mind problems that arise in the medical process, evidence from an expert opinion is one of the basic evidence used in evidence proceedings, because without it it would often be impossible to establish the facts or make the proper analysis. Blurring of lines between the evidence from the testimonies of witnesses and the evidence from the expert's opinion, which requires special attention from the adjudicating court, is assumed to be problematic. In addition, difficulties in demonstrating the cause-and-effect relationship in medical trials, without the construction of *prima facie* evidence, would make their demonstration difficult.

The presented considerations regarding the aspects of command in the medical process are therefore important due to the possibility of ensuring effective protection of the patient's rights and proper conduct of the medical trial.

References

Boratyńska, M., Konieczniak, P. (2001). *Prawa pacjenta*. Difin.
Fiutak, A. (2021). *Prawo w medycynie*. C.H. Beck.
Gajda-Roszczynialska, K. (2015). Pojęcie dowodu z opinii biegłego. W: Ł. Błaszczak, K. Markiewicz (red.), *Dowody i postępowanie dowodowe w sprawach cywilnych. Komentarz praktyczny z orzecznictwem. Wzory czynności sądowych i pism procesowych dotyczy dowodów i postępowania dowodowego w postępowaniu cywilnym (619)*. C.H. Beck.
Gleixner, T. (1965). Dowód z biegłych lekarzy przed sądami ubezpieczeń społecznych. *Nowe Prawo*, (2), 1445.
Góral-Jaworska, E. (2010). Dowód prima facie. *Przegląd Sądowy*, (11–12), 159–166.
Klich, A. (2013). Lekarz jako osobowe źródło dowodowe w postępowaniu cywilnym. Część 1: Lekarz jako świadek. *Prawo i Medycyna*, *15*(3–4), 120–136.
Kubiak, R. (2021). *Prawo medyczne*. C.H. Beck.
Ogiegło, L. (2015). Komentarz do art. 40. In L. Ogiegło (red.*), Ustawa o zawodach lekarza i lekarza dentysty. Komentarz (2nd ed)*. C.H. Beck.
Piasecki, K. (2012). *System dowodów i postępowanie dowodowe w sprawach cywilnych*. Legis Nexis.
Preussner-Zamorska, J. (1998). Zakres prawnie chronionej tajemnicy w postępowaniu cywilnym. *Kwartalnik Prawa Prywatnego*, (2), 287–310.
Stefaniak, A. (1970). Dowód prima facie w procesie cywilnym. *Nowe Prawo*, (10), 1450–1465.

Legal acts

Act of December 5, 1996 on the Professions of Physician and Dentist (consolidated text: Journal of Laws, 2023, item 1516)
Act of November 6, 2008 on patients' rights and the patient's ombudsman (consolidated text: Journal of Laws, 2023, item 1545)
Civil Code of April 23, 1964 (consolidated text: Journal of Laws, 2024, item 1061)
Code of Civil Procedure of November 17, 1964 (consolidated text: Journal of Laws of 2023, item 1550, as amended)
Constitution of the Republic of Poland of April 2, 1997 (Journal of Laws, no. 78, item 483 as amended)

Judgments

Judgment of the Court of Appeal in Białystok of April 3, 2014, file no. I ACa 885/13, published in: Legalis, no. 831314
Judgment of the Supreme Court of January 7, 1966, fiIe no. CR 369/65, published in: Orzecznictwo Sądów Powszechnych, 1966, no. 12, item 278

Judgment of the Supreme Court of July 11, 1969, file no. I CR 140/69, published in: Orzecznictwo Sądu Najwyższego, 1970, no. 5, item 85
Judgment of the Supreme Court of November 24, 1999, file no. I CKN 223/98, published in: Wokanda, 2000, no. 2, item 7
Judgment of the Supreme Court of May 14, 2009, file no. II UK 211/08, published in: Legalis, item 492244
Judgment of the Supreme Court of January 10, 2012, file no. I UK 235/11, published in: Legalis, item 471269
Judgment of the Supreme Court of May 24, 2012, file no. II CSK 429/11, published in: Legalis, item 526856
Judgment of the Supreme Court of June 24, 2013, file no. II PK 324/12, published in: Monitor Prawa Pracy, 2013, no. 12