Türkiye's Healthcare System Undergoes Major Legal Reforms

On July 24, 2025, Türkiye introduced the Law Amending Certain Laws Related to Health ("the Law No. 7557), a wide-ranging reform aimed at modernizing and improving its healthcare industry. This legislation comes at a time when rapid social and economic changes, advancing technology, and growing healthcare demands require continuous adaptation and improvement of the healthcare system. Over the years, Türkiye has made significant progress in expanding healthcare access, enhancing physical and human resources, and boosting preventive and therapeutic care. However, to sustain and build upon these gains, new measures were needed to ensure more effective, high-quality healthcare delivery across the country.

Guided by the "Healthy Türkiye Century Program" and the "Protective, Developing, and Productive Health Model" - two strategic health policies aimed at strengthening public health, boosting local innovation, and increasing system efficiency - the law aims to maintain Türkiye's leadership in healthcare by addressing the evolving needs of patients, professionals, and the health system itself. Focused on improving service delivery, reinforcing professional standards, and integrating modern technologies, the legislation impacts nearly every facet of the industry. From physicians' working conditions and disciplinary regulations for healthcare workers to digital consent processes, organ donation systems, pharmaceutical traceability, and medical device oversight, this new legal framework represents a major milestone in Türkiye's ongoing health sector transformation.

New Restrictions for Physicians' Employment

Significant amendments have been introduced to the Law on the Practice of Medicine No. 1219, directly affecting how physicians and dental practitioners can organize their professional engagements. The most notable change is the imposition of a limit on the number of healthcare institutions in which a physician can practice.

Under the former version of the law, physicians, dentists, and specialists, as defined by medical specialty legislation, were permitted to work in multiple healthcare institutions within the framework of employment planning by the Ministry of Health and in accordance with the law.

As per the revised article, these professionals are now restricted to working in a **maximum of two healthcare institutions**.

This change signals a policy shift aimed at standardizing employment structures, strengthening oversight, and potentially preventing fragmented or unregulated medical practice across numerous institutions. It may particularly impact physicians who previously maintained multiple part-time roles across various facilities.

To support the transition, physicians currently working in private healthcare institutions or foundation universities under previously granted permits must apply for a new work permit in accordance with the revised conditions by **June 1, 2026**. Any physician who fails to do so by this deadline will have their existing permit automatically revoked, making reapplication essential to maintain lawful practice.

Some members of parliament, in their dissenting remarks, have highlighted that limiting physicians to a maximum of two workplaces may inadvertently worsen access problems in underserved areas if not coupled with broader workforce planning.

Disciplinary Regulations for Contracted Healthcare Personnel

Under the revised provisions of the Decree Law on Certain Regulations in the Field of Health No. 663 (“the Decree Law No. 663”), contracted healthcare personnel employed in specific designated positions, such as hospital directors, deputy directors, and other management roles defined in an official schedule of positions, are now subject to the disciplinary framework of the Civil Servants Law No. 657, except where other provisions in the Decree Law No. 663 apply.

Specifically, disciplinary actions, including termination of contracts due to misconduct, must be decided by the High Disciplinary Board, ensuring that dismissal procedures for contracted staff follow a formalized process like that for permanent civil servants. Following such a decision, the contract is terminated, and the individual's civil servant status is officially severed.

Although formalizing disciplinary procedures aligns contracted personnel with civil servant standards, some members of parliament argued in the dissenting opinion that the law overlooks ongoing challenges such as inconsistent enforcement and insufficient transparency in disciplinary actions. It was also emphasized that the wider systemic issues affecting healthcare personnel motivation and retention have not been addressed.

Advertising Restrictions on Private Health Institutions

A new provision under the Basic Law on Health Services No. 3359 (“the Law No. 3359”) introduces a complete advertising ban for private healthcare providers. Only limited promotional content is allowed, such as address and contact details, operating hours, specialties served, professional qualifications of medical personnel, and general health education material.

Violations of this rule will result in administrative fines ranging from TRY 100,000 to up to 2% of the provider’s gross service income.

Some members of the parliament expressed scepticism in the dissenting opinion regarding whether restricting advertising alone will meaningfully address issues of unfair competition and patient protection without complementary measures to improve transparency and public awareness. Additionally, concerns were raised about the economic impact of heavy fines on smaller private providers.

Electronic Consent and Digital Transformation in Healthcare

Modernizing patient rights, the law now permits electronic informed consent, commonly referred to as "e-consent." Amendments to the Medical Practice Law allow patients to give consent via electronic devices or communication systems. This process will involve identity verification through biometric methods or officially recognized electronic IDs. The specific technical standards for implementation will be determined by the Ministry of Health in coordination with the Information and Communication Technologies Authority.

While digital consent mechanisms are welcomed, some members of the parliament pointed out in the dissenting opinion that accessibility issues persist, especially among elderly and rural populations who may face barriers in using e-services. The lack of comprehensive infrastructure and user education risks limiting the effectiveness of such digital initiatives.

Organ and Tissue Donation via e-Government

Revisions to the Law on the Removal, Preservation, Vaccination, and Transplantation of Organs and Tissues No. 2238 now allow citizens to register organ and tissue donation declarations through the national e-Government portal or related Ministry systems. Notably, once a declaration is made, it will remain valid even in the event of family objections after the donor’s death. In addition, first-degree

relatives of registered organ donors will be granted prioritization right in transplant procedures, ranking just after emergency patients.

The new organ donation registration process through e-Government platforms is seen as a positive step, but some members of the parliament noted that public awareness campaigns and trust-building measures are insufficient.

Pharmacy Operations, Tracking, and Penalties

Amendments to Laws No. 984, 6197, and 1262 have clarified and strengthened legal provisions concerning the traceability of pharmaceuticals and specialized medical nutritional products. Previously regulated through secondary legislation, the Pharmaceutical Tracking System (İTS) is now governed by explicit legal rules and enhanced sanctions at the statutory level.

Pharmacies and pharmaceutical warehouses are now legally obligated to report all product movements to the İTS. While earlier regulations covered only medicines, the updated law now includes specialized medical foods within the tracking system.

Using QR codes on every unit of medication and medical food packaging, the system allows real-time tracking of product entries and exits in a centralized database. This mechanism plays a critical role in ensuring product safety and preventing counterfeit, smuggled, or illegal items from entering the supply chain—thus serving as a key public health safeguard.

Non-compliance with reporting obligations will lead to significant administrative fines. For a first violation, the penalty will be twice the total wholesale value of the affected products. Repeat offenses within a one-year period will result in higher fines, and a third violation will lead to the revocation of the pharmacy's commercial license.

Alongside these provisions, a temporary exemption has been granted for pharmacies, pharmaceutical warehouses, and license holders that made reporting errors in the ITS before 15 March 2025. If they correct records for products that were either reported but not in stock or present in stock but unreported—within three months from the law's publication on 24 July 2025—they will not be subject to penalties.

On the other hand, in their dissenting opinions, some members of parliament pointed to practical challenges in the system's functioning. They cited technical difficulties faced by pharmacists in accessing and using the system, the impact of currency fluctuations on medicine availability, pricing inconsistencies caused by off-system products, and ongoing problems with the Social Security Institution's discount scheme; all of which remain unresolved under the new amendments.

New Sanctions and Oversight for Medical Devices

To address issues with counterfeit and unregistered medical devices, the Law No. 3359 now includes strict penalties. Entities found distributing or using fake medical devices may be fined between TRY 1 million and TRY 10 million. Unauthorized advertising, distribution, or technical servicing of devices will incur penalties ranging from TRY 500,000 to TRY 5 million. Repeated offenses within a year will result in escalated fines.

Both the Turkish Medicines and Medical Devices Agency ("Agency") and the highest-ranking local government official will be authorized to enforce these penalties.

Tougher sanctions are necessary, but some parliamentarians cautioned that enforcement capacity and regulatory coordination must be strengthened to ensure these penalties have real impact. Concerns also included whether penalties alone can deter sophisticated illegal operators without broader systemic reforms.

Expanded Authority for Agency in Financial Oversight

A new article added to the Law No. 3359 grants Agency the authority to request any financial records or documents from individuals and organizations for auditing purposes. This expands the Agency's regulatory capabilities significantly.

While enhanced oversight powers may improve regulatory effectiveness, some members of the parliament questioned transparency safeguards and the potential administrative burden on institutions. They advocated for clearer guidelines to balance oversight with operational feasibility.

Evaluation

The Law No. 7557 reflects many of the issues and discussions that have been voiced within Türkiye's healthcare community over the past several years. As such, not all changes have come as a surprise to professionals and stakeholders; some reforms are designed to formalize practices and regulations that have already been in place at the Ministry of Health or within the sector. This alignment at the legislative level helps to clarify expectations and improve consistency across the system.

On the other hand, while the law marks a significant milestone, some members of parliament expressed concerns that the reform package does not address critical issues currently affecting the healthcare system. Problems such as appointment system congestion, insufficient intensive care beds, and the ongoing failure to administer HPV vaccines to at-risk groups remain unaddressed. These members urge that these urgent matters require swift and targeted solutions alongside legislative reform.

The law incorporates several changes aligning legislation with current ministry practices and addresses some longstanding challenges. Nonetheless, the concerns raised underscore that pressing problems, ranging from Social Security Institution discount fairness, drug shortages linked to currency issues, healthcare infrastructure bottlenecks, to administrative and reimbursement complexities, remain inadequately tackled. These areas warrant immediate policy attention to complement the legal reforms and ensure comprehensive improvements in Türkiye's healthcare system.

Author:

- https://gun.av.tr/people/dicle-dogan
