

Monitoring Romanian Medical System: International Perspectives

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Abstract

In order to change a system or a part of it, there is a profound need to actually know, in depth and with accuracy, how it works. Many things have been said, mostly bad ones, about Romanian medical system. Plus, both patients and doctors have growing necessities and complaints, while the population's need for medical assistance is bigger and bigger. The world is looking towards Romania and the organizations that have a say at an international level are expecting a reaction and solutions to the multitude of problems signaled by various means. Meanwhile, the government continues to obstinately avoid taking the bull by the horns, and more than that, keeps reducing the state financing for the medical sector.

The subject of our paper is based on the economic realities of nowadays. Recently, social media and NGOs have been assuming a difficult role: the indirect monitoring of the quality of the services. Same interest in monitoring is shared by UE and different international organizations.

Keywords: *medical system, healthcare, public hospitals, health reform*

JEL Classification: H10 I15, I18, M10.

1. Introduction

For the European Union, having clear data to compare the situations of the member states has been always a priority. At the same time, this is a very useful and ingenious way to make the countries try harder in the areas they could do better.

Health status in Romania is poor compared with the other European countries: average life expectancy is six year shorter than the EU average. There is a little information on health system and the impact of reforms (Potcovaru, 2014, p. 32)

The importance of access to healthcare has been recognized at European Union level. The health policy cannot operate in isolation. (Potcovaru, 2014, p. 452)

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For an accurate perspective over the Romanian medical system, there is extremely important to have access to external points of view. This happens mainly because the mass media has been focused on exceptional situations and has brought them to the public as normality, causing the decrease of population's trust in the system. At the same time, the good experiences are not getting attention, because it is considered that people simply get what they paid for or what the system should provide.

All this results conducts to the measuring of the healthcare organizations performance. The performance is a key result for the measuring of the management. When it comes to measuring the performance, there are two major aspects to deal with. First is the economic approach, focused mainly on budgets, costs, investment and mainly profit, while the second approach is concerned with the behavioral and sociological aspects (Potcovaru, 2014, p. 84).

The problemes of the Romanian healthcare system, are confirmed by the external statistics. The medical system has been affected by a lack of medical staff. This is due to the low wages and the attractive working conditions in Southern and Western Europe. (Potcovaru, 2014, p.455). Another problem for the Romanian healthcare system is the shortage of physicians in certain specialties such as anesthesia and intensive care, radiology, psychiatry and emergency medicine. (Potcovaru & Girneata, 2015)

2. Methodology

The purpose of the article is is to observe and compare the different statistics offered by these sources, and to compare the results with the Romanian reality, in order to understand better the system and maybe, to offer some suggestions or improvement possibilities

The sources for this article are the international reports regarding the healthcare system. The most important references are from:

- WHO (World Health Organization);
- HCP (Health Consumer Powerhouse) – through EHCI reports (Euro Health Consumer Index);
- World Bank;

3. The external point of view regarding the Romanian medical system

In the early 1960s, health status in Romania was comparable to that in western European countries. In 2014 Romania does have severe problems with the management of its entire public sector. In healthcare, discrimination of minority groups such as romani (3½ - 4% of the population) it is a real problem.

According to EHCI, the situation is the following regarding the Balkans countries:

1. Former Yugoslav Republic Of Macedonia (FYROM) (ranking 16th in the EHCI 2014 with a score of 700 points)

2. Slovenia (19th place, 668 points)
3. Croatia (23rd place, 640 points)
4. Greece (In 28 th place, 561 points)
5. Bulgaria (29th place, (547 points)
6. Albania (30th place, 545 points)
7. Serbia (33rd place, 473 points)
8. Montenegro (34th place, 463 points)
9. Romania (35th place, 453 points)
10. Bosnia and Herzegovina (the last rank, 420 points)

Tabel 1.The Balkans countries- EHCI Report

Countries	EHCI SCORE
Former Yugoslav Republic of Macedonia (FYROM)	700
Albania	545
Bosnia and Herzegovina	420
Serbia	473
Montenegro	463
Greece	561
Romania	453
Bulgaria	547
Croatia	640
Slovenia	668

Source: Björnberg, 2015 http://www.healthpowerhouse.com/files/EHCI_2014/EHCI_2014_report.pdf

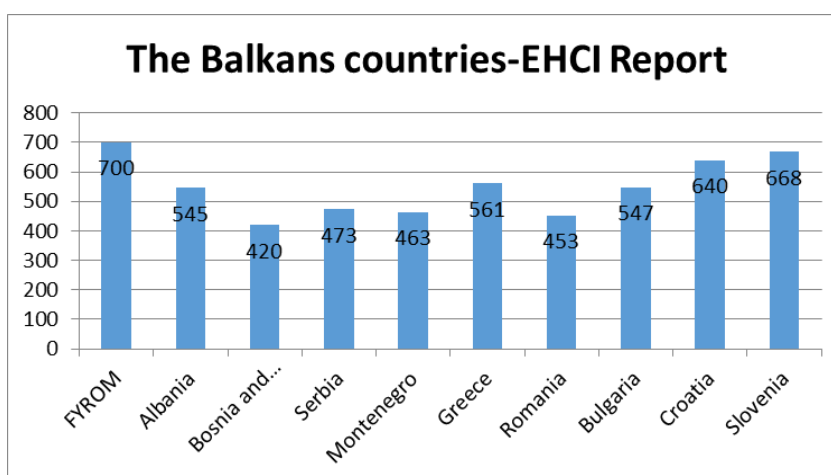


Figure 1. The Balkans countries- EHCI Report

Source: Björnberg, 2015

http://www.healthpowerhouse.com/files/EHCI_2014/EHCI_2014_report.pdf

For the four EU-members and five countries with ambitions of becoming a EU member the situation is presented in Tabel 1 and Figure 1.

Former Yugoslav Republic Of Macedonia (FYROM) is on the first place and Romania is almost the last. The situation is alarming.

According to the World Health Organization (WHO, 2013), Romania spends, per capita, less than any other EU state on medical care. (Potcovaru, 2014, p.454)

By publishing statistics and comparisons, first of all, the interested ones can get the big picture of the system, the ups and downs. More than that: as we know, a chain is as strong as its weakest link, so the whole can focus on the countries that mostly need help for improvement. The bad news is that Romania seems to be, from almost all points of view, one of the weakest parts of European Union. The good news is that there is a lot of place from improvement, and that we are given plenty of instruments to adopt and adapt to our needs, so our medical system has a very good chance to become an efficient one. Of course, this process is going to take some time, but as long as citizens, civil society, doctors and medical staff and government put together the experiences, the expertise, the good will and keep a keen eye on the evolution, the process of modernization should end up by being a success.

One article from The New York Times figured that the European Union was alarmed that Romania was one of the countries “undermining the bloc’s rule of law”, being ranked as the second most corrupt country in UE. It seems that what communism has done to this “poor Balkan country of 22 million” will take many more years to be undone - “long lines just to get basics like eggs and milk and bribes to acquire scarce products and services.” (Bilefsky, 2009). Although the article is pretty old, the image of Romanian society as a whole is more or less the same. And not only the image; the figures are giving plenty of reasons of concern.

3.1 The Reports from the World Bank

“Many reports over the last few years by the World Bank have highlighted alarming figures on the Romanian healthcare system” (Rossi, 2014). Although “Romania offers benefits of a universal healthcare system, the state finances primary, secondary and tertiary healthcare” (http://en.wikipedia.org/wiki/Healthcare_in_Romania).

One of the biggest problem, that can be seen not only through organized research, but also by asking patients or visiting public hospitals, is that access to qualitative health care services seems a privilege for „the more affluent classes. Half of the poor population cannot access the treatment they need and most of the funds allocated to the sector are lost in services and treatments that are inefficient and unnecessary" (Rossi, 2014).

The main reason is that the system is flooded by corruption. It is known at an international level – World Bank stated, in 2005, the “so-called informal payments amounted to \$360 million annually.” (Bilefsky, 2009).

It is known by patients that “mistrust institutions and feel the need to have a personal relationship with the doctor. This is why they pay bribes.” (Stancu, 2014). The doctors are also part of this, because it’s their needs that patients are trying to cover for, when the government doesn’t seem to care. Most of them never ask for money, but they are likely to receive it, when given. For too many of them, it’s hard to cover basic necessities: “What’s the most difficult thing about working in the Romanian health care system? Andreea, medical student: Thinking about the welfare of your patient when you know your electricity at home might be turned off, that you might be pregnant and that you need to eat more, but that you don’t have the time or money to do so.” (Moisil, 2014)

Maybe not all the stories are like these, but the most of doctors, residents and medicine students, getting help is vital, although the help takes shape of money from parents or attentions from patients. One way of thinking about this issue is acknowledging that corruption might not be the acceptance, without demanding, of money from a patient. Corruption might be sought for at another level, where government and big actors negotiate contracts for medicine, utilities etc. What patients do is filling in for the government, when it fails to make assure that doctors are fairly paid.

But this situation benefits no one. Romanian patients are seen as completely aggrieved. Oreste Rossi, member of parliament's environment, public health and food safety committee, says that UE must commit to monitor the reform in Romanian health care system, in order to get some “justice for the Romanian patients”.

3.2 The Special Eurobarometer 411

According to “Special Eurobarometer 411” 2014, 78% of the respondents in Romania consider that “healthcare quality in their country is worse than that of other Member States”. (European Commission, 2014). This shouldn’t be a surprise, as long as “the relationship between doctors and patients is two doctors in every 1000 of population, the lowest average in Europe”. (Rossi, 2014). On the other side, only 17% have experienced an adverse event when receiving healthcare, while the EU average is 27%. (European Commission, 2014).

Romanian doctors are embarked in a process of leaving the country, although they’ve tried not to. Almost every successful doctor that gets a job in a different state will emphasize this: that the state was not guaranteeing a decent lifestyle, nor decent work conditions.

The impact of this on Romania’s already alarming image is huge. Doctors, patients, citizens and ethicists know that bribery is infiltrated in all the levels of the system. And for someone who needs healthcare, it will be almost impossible to avoid it. “nowhere are the abuses more glaring than in the socialized health care system.” (Bilefsky, 2009)

3.3 The EHCI reports

Another side of Romanian medical system is reflected in EHCI reports. The next table (Tabel 1: Romanian rank regarding the most important affections) allows us to understand where Romania stands between the other member states when it comes to the most important affections: hepatitis, diabetes, heart, HIV, headaches and pancreatic affections.

Table 2. Romanian rank regarding the most important affections

Affection	Romania	Best score	Maximum score	Romania rank
Hepatitis	606	872	1000	25
Diabetes	551	936	1000	27
Heart	545	900	1000	30
HIV	548	857	1000	29
Headaches	555	845	1000	25
Pancreatic	576	879	1000	23

Source: EHCI reports, 2014

Conclusions

In the healthcare sector higher skills, better managed human resources and higher productivity and innovation raise revenues and profits. (Potcovaru & Girneata 2014).

For Romania, the conclusions are at least alarming. In January 2015, the Euro Health Consumer Index for 2014 was launched. While on the continent as a whole (36 countries + Scotland), the situation is getting better and better, the situation in Romanian is characterized as being unstable, in downfall and ranked on last positions in almost all categories.

It is said that in 2014, the gap between the top and the last of UE states is most visible than ever.

Obtaining organizational performance means investing in the health workforce.

The diagnosis for Romania is focused mainly on:

- Reduction of the already not enough services for the patients;
- The generally very poor quality of services and the reduced access to health care for vulnerable groups;
- Infantile mortality, which is no longer decreasing;
- The exodus of medical staff;
- The insufficiency of basic services (vaccines, maternal care and general medicine).

What can be really scary and is seen as a challenge for the UE solidarity is the perspective of a real collapse of the Romanian health system. That's the reason

why so many eyes are on Romania now, in a moment of vital decision and reforms. "The basic principal role for the European commission is to support and improve the national health system and monitor the progress of Romanian health system reforms" (Rossi, 2014)

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