

ROMANIAN LEGISLATION IN THE HEALTHCARE SERVICES DOMAIN

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ABSTRACT: *The current research study aims to reflect some of the operating modes of the Romanian healthcare system, which seem to have remained unchanged in the last 30 years. A general background of the medical system will bring into play principles such as: society responsibility for the public health, multidisciplinary approach, decentralization of the public health system or an integrated informational and computerized system for the public health management. Two important dimensions we considered to be the most relevant have been highlighted in our paper, namely, the patients' rights and obligations and accessibility to medical services, as well.*

KEYWORDS: *health system, patients' rights and obligations, health services, access to information*

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Introduction

“The health system consists of all health organizations that compose it. They are different in terms of organizational structures, logistics, purpose, organizational culture, but their common frame is represented by the patient” (Popa F. et al, 2007, p. 54). “The particular elements of a health system refers to” (Popa F. et al, 2007, pp. 54-55):

- “Pacient centered services, as main aim of the system”;
- “Increase of the quality of the health services provided”;
- “Management responsibility in the area of human and material resources”;
- “Involvement of both the internal(doctors, staff) and external(Ministry of Health, patients) groups of interes, in order to carry on the objectives taken into account by the health organization”.

Overview of the Romanian Health Care System

“The health system in Romania has in many respects the same operating modes which remained unchanged in the last 30 years. First, the system is built around the central administration and then around the staff, the patient or his representatives being powerless to influence the system they are funding or accessing” (http://www.presidency.ro/static/ordine/COMISIASANATATE/UN_SISTEM_SANITAR_CENTRAT_PE_NEVOILE_CETATEANULUI.pdf).

“Currently, according to the GD. 303 / 23.03.2011, the Ministry of Health as a specialized body of central public administration is the main authority in the field of public health care. The Ministry of Health performs the following main responsibilities” (GD. 303 / 23.03.2011):

- a) “develops policies, strategies and action programs in terms of population health, in accordance with the Government Program, on the one hand, and coordinates and

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- controls the implementation of policies, strategies and programs in the field of public health at national, regional and local level, on the other hand”;
- b) “assesses and monitors the population health, takes action to improve this and informs the Government on the health indicators and the evolution trends, and measures the improving needs”;
 - c) “regulates the organization and operation function of the health system”;
 - d) “monitors, controls and evaluates the work of medical institutions and takes action to improve the quality of the healthcare provided to the population”;
 - e) “it assures in cooperation with the central and local public administration the human, material and financial resources necessary for the functioning of the public health institutions”;
 - f) “collaborates with the representatives of the central and local public administration authorities, with the civil society and the media to provide health education for population and to adopt a healthy lifestyle, as well”;
 - g) “establishes, implements and coordinates the national health programs in order to achieve the objectives of the public health policy”.

Principles of the Health System in Romania

The principles that govern the medical system in Romania are regulated by Law no. 95/2006, concerning the healthcare reform, Chapter 2, Article 7 and they are as follows (http://www.ms.ro/documente/Legea%2095%202006_12548_11878.pdf):

- a) “society responsibility for the public health”;
- b) “focus on population groups and primary prevention”;
- c) “preoccupation for the health determinants: social, environmental, behavioral and health services”;
- d) “multidisciplinary and intersectorial approach”;
- e) “active partnership with population and with the central and local public authorities”;
- f) “decisions based on the best scientific evidence existent at that moment (public health based on evidence)”;
- g) “in specific conditions, fundamental decisions according to precautionary principle”;
- h) “decentralization of the public health system”;
- i) “existence of an integrated informational and computerized system for the public health management”.

The main functions of the public healthcare presented in the Law. 95/2006, Chapter 1, Art. 5, concerning the health assistance, have the following aspects (http://www.ms.ro/documente/Legea%2095%202006_12548_11878.pdf):

- a) “development of policies, strategies and programs on the public health assurance”;
- b) “monitoring and analysis of the population health”;
- c) “planning in the public health system”;
- d) “epidemiological supervision, diseases prevention and protection”;
- e) “strategic management and marketing of the public health services”;
- f) “regulation of the public health system, put in practice of this and control of this regulation”;
- g) “quality insurance for the public health services”;
- h) “research-development and implementation of innovative solutions for the public health”;
- i) “prevention of epidemic diseases, inclusively the epidemic alert and response programs”;

- j) “protecting population against environmental risks”;
- k) “information, education and communication for promoting health”;
- l) “involvement of the community partners in identifying and solving the health problems”;
- m) “evaluation of quality, efficiency and access to medical services”;
- n) “development and planning of the human resources and the institutional development for the public health”;
- o) “integration of the public health priorities into the sectorial policies and strategies of sustainable development”;
- p) “assuring the alert and response operations in case of disasters or population health treating, inclusively by introducing on both population and goods free circulation”.

“The medical system in Romania is regulated by the law on the public health system organization and function. The public health system is the set of all medical structures, public and private organizations, institutions and resources designed to prevent illness, to maintain, to improve and to restore the population health” (Law on the organization and functioning of the medical system, Article 1, <http://www.ms.ro/upload/Lege%2002%2007%202012.pdf>).

In 2012, according to the European Index Report on Healthcare Systems, Romania's health system does not show improvement despite the EU contribution. In contrast, the Netherlands obtained 872 out of 1,000, followed by Denmark (822), Iceland (799), Luxembourg (791) and Belgium (783). Romania scored 489 points, placing itself on the 32nd position out of 34 countries (its position has not changed from EHCI 2009). The European Index of Healthcare Systems has been published since 2005 by the Sweden think tank, called the Health Consumer Powerhouse (HCP) (<http://www.healthpowerhouse.com/files/ehci-2012-press-romania.pdf>).

According to the same report, countries were investigated in the light of the 5 dimensions, each one having a number of indicators. Ratings used were: good, acceptable and poor. In this paper only two categories have been presented, considered as being the most relevant ones; in Table no. 1 and Table no. 2 the dimensions and scores of Romania are presented, as it follows.

Table 1

Patients rights and access to information

Indicator	Score
Legislation based on patients rights	good
Patients involvement in decision taking	acceptable
Insurance against malpractice	poor
Access to the personal report	good
Right for a second opinion	acceptable
Doctors registrar of “bona fide” type	poor
Internet availability or a 24/7 phone service	poor
Opportunity of accessing the medical services abroad with national financial support	poor
Existence of catalogs with doctors qualitative description	poor
Opportunity of keeping patients electronic registration	poor
Electronic networks	poor

Source: Euro Health Consumer Index 2012 report,
<http://www.healthpowerhouse.com/files/Report-EHCI-2012.pdf>

Table 2

Accessibility to health services– waiting time until treatment receive	
Indicator	Score
Accessing the family doctor’s services in the same day	acceptable
Direct access to specialist	acceptable
Major surgeries < 90 days	acceptable
Therapy on cancer treatment <21 days	acceptable
Tomographer scanning < 7 days	acceptable

Source: Euro Health Consumer Index 2012 report,
<http://www.healthpowerhouse.com/files/Report-EHCI-2012.pdf>

Patients Rights in Romania

In Romania the Law no. 46/2003 regarding the patient rights defines the patient as the user of medical services. It does not represent the only law governing the rights, duties, responsibilities and penalties in the field of patients' rights in Romania, the current legal framework comprising a wide set of special laws.

The Constitution of Romania guarantees and protects the right to health in the Article no.34. This article provides that "The right to health is guaranteed by the state, which is obliged to take measures to ensure the population hygiene and health".

In order to apply the principles of patients' rights in Europe (WHO, 1994 Amsterdam), the Law no. 46 of 2003 on patients' rights has been adopted in Romania. This law contains also the implementing rules. These rules set out the patients rights (to information, confidentiality, consent, respect, treatment, medical care), on the one side, and the penalties and responsibilities derived from non-implementation and non-compliance with the law, on the other side.

Responsibilities and Obligations of Health Services Consumers

The health programs and services contribute to improving the consumers' health in this area. We have previously shown how the state regulates their rights, obligations and responsibilities, but without respecting the obligations and responsibilities of the medical services consumers, these programs / services can not reach their own goal. In this respect we set out below some of the responsibilities / obligations that consumers of health services should respect when accessing these services:

- to adopt healthy habits such as gymnastics and to renounce at smoking and alcohol
- to become involved in decisions about their health by disclosing relevant information and to request clearer information on treatment methods and on the diet they should respect;
- to recognize the reality of risks and medical limits in the moment the patient benefits of health care;
- to be aware of the medical staff obligations of being reasonable, efficient and fair in providing medical services to other patients, as well, and to adopt a civilized behavior in front of the medical staff;
- to announce urgently if their disease might be a threaten for the rest of the citizens;

- to communicate all the important information related to their healthcare to the current medical staff in order to avoid extra financial and medical resources necessary for useless analyses;
- to communicate exactly the causes leading to a certain medical symptom in order to benefit of the optimum treatment in real time;
- to respect the medical staff and the other patients;
- to accomplish their financial obligations towards the accredited institutions and to check periodically if the employer pays these services;
- to report a medical negligence to the legal authorities in charge of solving them;
- to belong to a family doctor, by enrolling himself in the health monitoring lists;
- to communicate to the family doctor any modification occurring in his health;
- to present, at the medical staff request, either in the case of hospitalization or when accessing any kind of medical service, the medical insurance certificate;
- to respect the hospital timetable, silence and cleaning, to show respect for all the goods and equipment in the hospital;
- to respect the personal and collective rules of hygiene.

Conclusions

One can notice that the Law no. 46/2003 regarding the patient rights defines the patient as the user of medical services. It does not represent the only law governing the rights, duties, responsibilities and penalties in the field of patients' rights in Romania, the current legal framework comprising a wide set of special laws.

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