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Responsibility in the Romanian Healthcare System and Social Security

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Abstract. Understanding the meaning of responsibility is not a philosophical or obsolete action in a post-modern, post-industrial, post capitalist and informational society as the one we currently inhabit, but a crucial issue when a society has to manage its limited resources. In this paper, based on the theoretical substantiation of both social responsibility and the community dilemma, I will analyze a dramatic situation faced by Romania: the mass emigration of a very specialized and valuable human resource – the medical staff. Based on the existing figures of Romanian medical personnel emigration I used the secondary analyses to discuss this phenomenon and to explain it from a psycho sociological point of view. Unfortunately, amid a low social responsibility of the authorities, "the medical desertification" of Romania is increasingly obvious and the effects of medical staff emigration on Romanian social security are ever more acute.

Keywords: health system, social security, social responsibility, immigration.

1. Introduction

The choice of studying social responsibility is very appropriate considering the main characteristics of the sinuous path of healthcare in Romania over the last year. An increasing number of physicians are considering the meaning of responsibility in the health system while having in mind some recent tragic events: three burned babies at the Giulesti Maternity Hospital, one child dead in Slatina because of a simple arm fracture and so on.

These are only some of the prerequisites to begin a thorough study on the social responsibility issue and its meaning for the health system. Understanding the meaning of responsibility is very important in a society which should acknowledge the limits of its available resources and the significance of choosing the most efficient behaviour under the given circumstances, as is the case of Romania.

The debate on social responsibility requires an interdisciplinary approach because of the complexity of the concept and its reverberation: responsibility is present at individual, family, group and society level and is analyzed in close connection with issues of ethics and morality, cooperation and self-sacrifice, social solidarity and so on.

1.1. The significance of individual and social responsibility

From the very beginning of the paper it is important to explain the differences between individual, collective and social responsibility. Individual responsibility occurs in situations in which a person behaves "according to moral principles", "is responsible for an action already done" or even for "a wide range of possible actions" [1]. In such cases, the individual may be "labelled as responsible" or he may "accept the responsibility". Differences between the two above-mentioned situations are obvious: to appoint someone as responsible for a situation is not the same as the acceptance of responsibility and guilt. Often, such cases fall within the parameters of the psycho-sociological "scapegoat theory" or in Romanian popular terms are defined as "Paun the Pointsmen"[i]. Thomas Zenisek [2] noticed that the meaning of the term "responsibility"

i Ion Paun was a switchman considered solely responsible for a collision between two trains in 1923 in Buzau County, Romania, resulting in 66 dead and 105 wounded. Since then, Paun the Pointsmen" is a Romanian cliché equated with ""the scapegoat" and is referring to the person who has to suffer the consequences of another's actions.

is not the same for everyone. While certain people circumscribe responsibility to the legal aspect, others consider responsibility to be a behaviour which is ethically correct, and for others it is equivalent to "being responsible for" or "charitable contributions" or even the legitimacy of fiduciary duty. Even "irresponsibility" and "no responsibility" as the opposites of this concept present a versatility of meanings [3, 11-13]. Specialists have added some nuances to the characteristics of people designated as responsible for a given fact or another. For example, physical and psychological integrity of a person is not necessarily correlated with responsibility. Thus, managers of cigarette companies may fall under this category because, despite a concern for their own health, they do not take any responsibility for their collaboration in the widespread health risks and harm cigarettes may cause for human beings.

The significance of social responsibility has changed as society itself has changed [4]. Theories on social responsibility are usually the reflection of the era in which they were conceived. Although it seems to be a creation of civil society, the concept of responsibility has theological roots and it is often discussed in close connection with the issue of free will. Contemporary society, also called post-modern, post-industrial, capitalist or knowledge society, has as a main feature unprecedented changes in all fields. "The world that will result from this rearrangement of values, believes, economic and social structures, political systems and concepts, in other words the conception of the world will be different from anything one would conceive now." [5]

Generally, in regard to serious global problems such as hunger, conflicts, demographic explosion and so on, there is the belief that no one can solve anything by oneself. Therefore, when debating such issues, people feel de-individualized [6] and do not assume responsible for anything. But in the same way that the individual's lack of response makes one partially responsible for a wrong result, the inaction of a group of people should make them collectively responsible for the harm.

Unlike individual and collective responsibilities which are conceptualized, rather, in terms of liability to certain activities undertaken by the group or individual, social responsibility is described in terms of liabilities that social group have towards society. Social responsibility as a concept pertaining to social sciences has a short history but it is a concept with a rapid evolution. In general, social responsibility is considered to be a feature of managers and leaders of institutions that can contribute to the collective good, such as governments, non-profit organizations, corporations. Social responsibility can be negative (when a social actor is blamed for some fault or weakness) or positive (when the entity is acting proactively in the benefit of the community).

It has been shown that over time social responsibility may generate many positive effects, both in the socio-economic field of the actors engaged in those activities and for the wider community. For example, the countries that emphasize cooperation and trust between actors and that value human and social capital (such as people's ability to work together for common goals and to form useful connections between them) have registered the highest levels of prosperity [7].

1.2. "Community dilemma" and social responsibility of the health care system. Migration statistics on medical staff and its effects

Garrett Hardin [8] presented a biblical parable-like scenario that enables everyone to understand the tragic consequences of the manner in which community members (or people who share the same limited resources) may think and act. The scenario took place in a village whose pastures could feed about 100 sheep and, thus, every shepherd knew exactly how many sheep he had the right to grow. But one shepherd made his mind to buy one more sheep thinking that one more sheep on those pastures will not be noticed by the others so it is nothing to worry about. Unfortunately, the other people were like-minded in thinking that one more sheep purchased without the approval of the others would not change the situation greatly. Therefore, the animals soon multiplied excessively, starved, got sick and died, and everybody suffered of abject poverty. Thus, the trajectory of pursuing exclusively the personal interest proves to be a disastrous strategy.

This type of behaviour and the tendency to use community resources for personal interest is labelled in the psycho-sociological literature as "the community dilemma" and refers to the fact that the juxtaposition of individual selfish interests will exploit resources extremely. Overlap losses are accumulated until it is too late and nothing can be done: this way individual interests turn against the community and in the end against the

individual himself. The connection between social responsibility and the community dilemma issue is obvious. The punishment of selfish behaviour and the rewarding of the desirable one, efficient communication among group members and the creation of positive social norms are some of the ways to prevent resource depletion and to enhance social responsibility.

Starting from the prerequisite that human capital is the most valuable resource of a community, we will further examine from this psycho-sociological perspective a dramatic situation facing Romania: the emigration of medical personnel.

Immigration figures show an increasingly more difficult situation within the Romanian health care system. Most of the country's medical personnel is more interested in living standards offered by other countries. Since 2008, the migration of physicians exceeded 2% and this is equivalent to a code red in the field according to the World Health Organisation. In the same time-span, more than 4% of physicians (from the total number of doctors) requested the recognition of their studies abroad. So far, about 15% of the total number of doctors in Romania has already emigrated. Consequently, in nowadays Romania a doctor has to provide healthcare to more than 645 patients while a nurse to more than 200 people [9]. These figures warn about the possibility of imminent bankruptcy of the medical system, especially because of the lack of staff: „we [Romanian People] will have hospitals functioning as museums, which will take patients as visitors, because there are no qualified people inside to treat them" [10].

Since 2007, about 70% of the directors within the Romanian public health system were complaining of having to face a shortage of staff due to migration and 60% of all Romanian hospital managers have recognized they are extremely affected by this phenomenon [11]. According to a study of the Federation of Solidarity for Health about 70% of healthcare workers consider the possibility of migrating for work, while 38% of them are already very keen on working abroad. Most of them are specialized professionals between 30 and 39 years with over 10 years experience in their field of specialty [12].

The "push-pull theory of migration" enables us to understand the mechanisms that trigger this phenomenon in Romania. Therefore, it is possible to identify the push factors of migration in the country of origin and the pull factors in the host country of emigration, e.g. the desire to escape from poverty or family rejection are push factors and the availability of jobs in the host country can be a facilitator of migration. Presently, theoretical approaches on migration are based on the idea that any macro phenomenon is, in substance, the juxtaposition of individual actions. In other words, migration is not the result of the collective action of a group, but the sum of decisions of rational individuals who have the ability to compare costs and benefits and to decide accordingly. According to the President of the Romanian Physicians' College: "Among the causes of migration are the low income Romanian doctors get [in their country of origin], the better equipped healthcare facilities abroad and also their social status" [10].

In this context, authorities should remember that a human resource of such value is formed only after many years of academic training, a considerable amount of individual effort and a significant collective investment. Ordinary Romanian people are the first to suffer because of the fact that authorities act in accordance to the community dilemma paradigm framework.

The lack of government social responsibility regarding this issue will generate over time a situation in which the children and grandchildren of today's decision makers will live, most likely, in a less hygienic environment, they will interact with people who may carry the germs of various diseases and they will not be able to use the health system of the country.

On the other hand there are some highly developed Western countries, such as Great Britain, France and Germany that experienced "health care desertification". One of the solutions identified was to start a recruitment campaign in Eastern Europe, including Romania (as availability of medical jobs is considered a very strong pull factor in those areas). For example, villages in France are willing to spend up to 40,000 euros per year for each Romanian doctor brought in the region, while the United Kingdom offers a specialist a salary of about 2000 pounds per week. In comparison, from a financial point of view, Romania has very little to offer doctors (about 100 pounds per week) [13].

Nevertheless, my hypothesis is that many of them would probably not have gone abroad if they had been able to fulfil their individual needs in Romania. According to healthcare system representatives the migration

of doctors "could be reduced if there was political responsibility for the future of this nation. In addition, appropriate working conditions for health professionals should be created, hospitals gaps should be cleared, the dignity of medical professional restored, the work performed by doctors should be well appreciated and not underfinanced by the Health Insurance House, the doctors should be paid accordingly and their image should not be soiled." [14].

The effects of migration manifest in many areas of social life and an extensive study of the phenomenon is needed in order to underpin intervention measures of social responsibility, public policy and local development strategies to combat the existing and future effects, e.g. loosing the children that this population would have had.

Devising solutions to this problem seems to be a Sisyphean endeavour. In the absence of competitive financial resources and the lack of career opportunities, the administration should take into consideration the possibility of orientating towards more flexible labour markets and creating opportunities that enable the workforce to benefit from the extension of their field of expertise. In the end it is likely that Romania will undergo a gradual transformation from a source country of migration to a host country. The ellaboration of public policies aimed at attracting qualified personnel from Moldova, Ukraine and other countries outside the EU should become a priority agenda of policy makers. Spain, Portugal and Italy, but also Slovakia, Poland and Hungary, who have become EU member countries in 2004, have undergone similar crises, and then turned into host countries of migration as their income levels and living standards were rising. Analyses conducted during 1991-1995 on 15 European countries have proven the contribution that immigration has had in producing wealth for the host country: each percentage point of additional immigration was reflected in the growth of the country by 1.25% or 1.5% [15].

1.3. Conclusion

In a low social responsibility context reflected in the authorities' approach on the issue of Romanian "health care desertification", the emigration of medical personnel becomes increasingly acute and its effects become more frequent in the social arena. I have previously shown that, according to sociological studies the most dramatic effect is the decrease in the medical staff's qualification standards, as the most competent and experienced professionals are attracted to other countries. In the same time one can not neglect the decrease in the number of the medical staff. Together, these give rise to catastrophic dysfunctions for patients: the physical inability to provide quality services, the lack of appropriate specialist expertise, a considerable increase in stress and corruption.

Cases of malpractice are more frequent and they seem to surprise no one, being considered symptoms of a system in clinical death because of lack of oxygen – its human resource. Amid the lack of public policies to address this situation and that of the healthcare staffs itself, authorities follow the same path as before by choosing the parameters of the community's dilemma and giving up their own social responsibility for the community. Therefore, healthcare personnel choose the narrow path of individual and family responsibility... or perhaps just their survival.

As a conclusion I consider that social responsibility of the healthcare staff will appear only if basic human needs are met: therefore doctors will assume their social responsibility only if they are provided with a minimum decent standard of living in Romania. If that were the case then the tempting wages from abroad may no longer have the same effect on them.

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