



## The Importance of Respecting Patients' Rights in the Context of the Interdependence between Public Health Services and Romanian Economic Services

Adriana ZANFIR<sup>1</sup>, Roxana SÂRBU<sup>2</sup>, Cezar MILITARU<sup>3</sup>, Mihai MARINESCU<sup>4</sup>

<sup>1,3</sup>Faculty of International Business and Economics, "Dimitrie Cantemir" Christian University, Bucharest, Romania,

<sup>1</sup>E-mail: [adriana\\_zanfir26@yahoo.com](mailto:adriana_zanfir26@yahoo.com), <sup>3</sup>E-mail: [caesarmil@yahoo.com](mailto:caesarmil@yahoo.com)

<sup>2</sup>Faculty of Commerce, The Bucharest Academy of Economic Studies, Bucharest, Romania, <sup>2</sup>E-mail: [sarburoxana@yahoo.com](mailto:sarburoxana@yahoo.com)

<sup>4</sup>Doctoral School: Business Administration, The Bucharest Academy of Economic Studies, Bucharest, Romania,

<sup>4</sup>E-mail: [mihai.marinescu@adpharma.com](mailto:mihai.marinescu@adpharma.com)

### Abstract

Health services have their very precise place inside a country's economy and this thing cannot be denied. The population's health condition is directly reflected in the economy of a country and can become a factor which is able to influence the quality of large consumer goods or services of public interest which are highly important in the economic sector. This paper starts from the idea that there is a strong interdependence relationship between health services and economic services, and the observance of our rights as patients is directly reflected in our efficiency as determinants of the country's economic level. A research study has been developed in order to sustain this idea. It was made on the basis of a set of 400 respondents who had been the beneficiaries of one of the most important hospitals in Bucharest. The process of approaching this theme starts from studying the literature in this field of interest and the publications in the field of sanitary economy. Its objective is that of highlighting the fact that health is the most important factor of a good development of economic, political and social activities and respecting patients' rights represents the key element in this equation.

### Key words:

Economic services, health services, human resources of sanitary system, patients' rights, life quality

### JEL Codes:

I15

### 1. Introduction

In the course of time, the ascending tendency of the economic and social development rate had been shaken by the appearance of certain epidemics or highly influencing factors in what regards humanity's health. The rapid spreading of viruses of contagions had been favored especially by the globalization phenomenon which significantly contributed to increasing the vulnerability degree of the citizens' health. It is obvious that there is a strong connection between the population's health and the developing manner of a certain state. The economic increase is mainly funded on accumulating a physical and human capital, as well as on the technological progress, which is perceived as "the propellant of the long term increase" (Howitt, 2005).

The population's health is one of the most important elements that favor the technological development. Moreover, under the circumstances of an adequate state of health, the efficiency of the goods and services production will be higher. Currently, citizen's health is considered to be "the main vehicle of social and economic progress". Citizens in developed countries have a higher life expectancy, better living conditions

and the capacity of easily adapting to environmental changes. However, there are states which do not afford to invest in health. Therefore, it appears the so-called "vicious circle" between economy and health. In other words, poverty determines a poor health state and the low level of health is a barrier when it comes to fighting poverty (Poenaru, 2007).

The researches in this field indicate that poor societies have a higher morbidity level than those countries which afford to allot funds for health. However, the only thing to be done is to distribute the poor available resources to solving medical emergencies. The impossibility of allotting resources to the sanitary domain results in a decrease of productivity and an increase of treatment expenses. This determined the analysts to present society's morbidity as being "an obstacle in economic development" (Doboş, 2005).

All these elements contribute to the process of shaping a country's general economic frame and highlight the quality level of the citizens' life. Researchers in this field proved that in most of the developed countries, both life quality and life expectancy had increased in the last two decades as a result of the doubling of the health investments' volume. However, countries with limited

resources confront with a series of problems and without identifying some solutions for escaping this vicious circle it will be impossible for any country to hope for an improvement of life conditions.

## 2. Methodology of research

The research started from a detailed study of the specialized literature regarding the sanitary economy issues, especially the sanitary units' behavior in their relationship with healthcare services consumers. In the context in which requirements become higher and higher and the quality of healthcare services are one of the most nationally and internationally discussed subjects, we considered necessary highlighting the importance of the human factor in order to respect patients' rights.

The research had been developed during two years. It includes a series of steps in order to reach the final results: documentaries from the national and international specialized literature in order to better understand the relationship between a country's healthcare and economic services, conceiving a large questionnaire for identifying the qualitative level reached by the services provided by one of the most important emergency hospitals in Romania, applying the questionnaire to patients from four important wards (internal medicine, surgery, neurosurgery and ophthalmology), creating a database that would help to obtain various information, analyzing and interpreting the data, establishing the final conclusions.

In order to obtain clear answers that would be able to reflect the reality in the hospitals, the analysis tool that we used was a detailed questionnaire applied to the patients from the medical fields presented above. The questionnaire consists of twenty questions with pre-stated answers that were conceived in order to highlight some key elements for determining the quality of healthcare services, such as: the way in which the patients arrived at the hospital (on their own or by ambulance), the area by means of which the patients' registration was made (the Emergency Unit or Ambulatory), the waiting time, the personnel's behavior during the hospitalization, apparatus, accommodation, alimentation and cleaning services' quality, the information degree regarding the health state and diagnosis, assessing the quality of services in comparison to services received in other medical units, respecting patients' rights or identifying the basic principles for a continuous qualitative improvement.

400 questionnaires had been distributed to patients of different ages, in order to obtain significant results. As the distribution had been made in person in order to provide extra data, all the questionnaires were correctly filled in. Therefore, they were all considered relevant for achieving the goal of this paper.

It is important to say that the results presented in this paper are only a part from a much larger research which had been developed in order to identify the methods for improving the quality of healthcare services provided by the Romanian hospitals and the advantages brought to the implementation and certification of a quality management system in an emergency hospital.

## 3. Literature review

Moreover, the efficiency of providing highly qualitative medical services directly reflect in the state budget, in the sense that a healthy population means a decrease of expenses in this domain or sick leaves and an improvement of health indicators. The direct relationship between health and economy is underlined by the President of the Romanian College of Physicians, who insists in saying that *"health is the most productive segment of the economic sector"*. An interview recently published in a prestigious magazine in the medical field mentions, on the basis of the results of researches in this interest field, shows that developers are more interested in area where people work without requesting sick leaves or invoking other diseases that imply funds allotments. It also states the fact that *"increasing life expectancy by one year in a certain area leads to a 5% increase of the Gross Domestic Product of that area and a 9% increase of foreign direct investments"* (Astărăstoae, 2012).

However, the issue of citizens' health is not limited only at financial aspects regarding the sanitary domain. An overview of the "sick society" phenomenon raises a series of questions about the image of the country's production in the near future and the quantitative and especially the qualitative level of the other economic services of general interest (for example, transportation services, communications, bank services, consultancy services, insurance services etc.).

In this context, it shouldn't be omitted the weight that services have in the economy of a country and the fact that *"the services domain influences the other compartments, the manner of valorizing human and natural-material resources, having a major contribution to the economic and social progress"* (Militaru, 2009).

We should also highlight the fact that the development of the society has lead to an increase of the requirements regarding the way of providing services. It is known that in the current economy *"it is not sufficient anymore to provide services of certain standards, the providers having to be able to prove their ability of ensuring a continuous quality for their services"* (Militaru, 2011).

There are many authors who state the fact that the human resource is the one providing substance to all things, the only one able to generate high performances

in any activity field, by means of efficiently using the other resources. Most of those focused on analyzing human behavior think that *“the human resource represents one of the most dynamic and unpredictable elements, which can dictate the manner in which a service is made or even provided”* (Grigore, 2012).

The specialized literature presents a high number of arguments in what regards the increase of investments in the sanitary field, saying that *“a good health state implies the reduction of the degree of failing in education, the decrease of the lack of safety level and that of the unemployment rate and it also implies the improvement of life standards”* (Wilkinson and Marmot, 2003).

Therefore, the questions mentioned above become more profound when referring to a state which has a human capital unable to obtain a maximum efficiency because of its health state.

### 3.1. The right to health – determinant factor of economic development

The developed countries understood that ensuring an adequate health state significantly contributes to the increase of the economic development rhythm. As a result, they focused towards building solid sanitary systems (that would be able to answer the citizens' necessities) and especially towards developing a series of morbidity prevention policies (being known the fact that health is influenced by an increasing number of factors). Specialists underline that *“European countries in general and the member states of the European Union have been confronting, over the last two decades, a common demographic problem – the ageing phenomenon”* (Drăgoi, 2008).

Therefore, we notice at least two aspects that will amplify the need of developing some viable policies for maintaining a high level of the health state: on the one hand, the multitude of factors that modify in time the health state (for example, biological factors such as age, genetic inheritance, organism's ageing rhythm; environmental factors such as the conditions in which the activity develops or economical and social factors) and, on the other hand, the population's ageing. Although, at the first sight, the manner of approaching these two aspects could seem a simplistic one and easy to solve, the process of identifying the optimal solutions is in fact really difficult, especially under the current economic instability circumstances which do not allow allotting funds only in one direction.

In this context, we consider that for obtaining a high efficiency of the human capital the attention of National Governments should be oriented towards respecting the consumers' rights to sanitary services. The researchers interested in the issue of consumers' rights in any domain say that *“the policy regarding the*

*consumer must be considered an independent component with its own objectives, priorities and tools – well integrated in the state's policies”* (Petrescu et al., 2010).

At an international level, there have been developed a series of documents that regulate the process of respecting citizens' rights. Chronologically, on December 10, 1948, the UNO General Assembly elaborates *“The Universal Declaration of Human Rights”*, in 1966 two important documents are elaborated (*“The International Covenant on Civil and Political Rights”* and *“The International Covenant on Economic, Social and Cultural Rights”*).

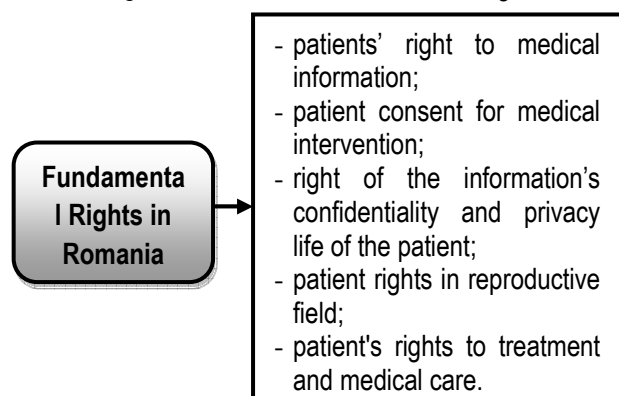
1950 comes with significant improvements by means of *“The European Convention for the protection of Human Rights and Fundamental Freedoms”*. However, the most important document is *“The Declaration on the Promotion of Patients' Rights in Europe”* which establishes a set of principles for promoting and implementing patients' rights in the European states member of the World Health Organization.

The Declaration on the Promotion of Patients' Rights in Europe was elaborated in 1944, on the basis of the documents presented above and includes six chapters referring to patients' rights: human rights and values in healthcare, information, consent, confidentiality, care and treatment, application and definition of key terms.

Since the issuing of this common frame, there has been noticed an intensification of the preoccupations for respecting patients' rights both at a national and at an international level. The importance of the document resides in the fact that this set of principles had been applied and included in the legislation referring to patients' rights of all countries.

In order to succeed in applying the set of principles presented in The Amsterdam Declaration, Romania adopts in 2003 a special law (46/2003) – The Law on Patients' Rights which presents the patients' fundamental rights (figure no. 1) and the sanctions for breaking them.

Figure no. 1. Patients' fundamental rights



Source: Law 46/2003 – The Patient Rights Law, published in the Official Magazine, Part I, No. 511/29.01.2003

It is important to mention that *“patients’ rights are part of a complex represented by human rights, and the disease will advantage a spiritual, biological and economical waste of individuality”* (Vulcu and Vulcu, 2008).

At a European level, this thing is sustained by the European Commission, which is the main organism to develop health policies and programs for respecting patients’ rights.

In what regards sanitary units, the process of respecting patients’ rights implies a whole series of activities, many of them purely informative. It is a common thing to create a wrong impression on the way in which patients’ rights had been respected as a result of the lack of information regarding this type of human rights.

Therefore, information activities are generally focused towards the patients or the holders (persons who use the services of a sanitary unit).

Citizens are the central element of economic activities. Therefore, satisfying their needs and maintaining a high level of health are essential for the good functioning of economy’s sectors. The consumers are the main assessors of the quality of healthcare services and they are highly subjective.

Generally, the important elements are those which contribute to increase the satisfaction degree, perceived by many authors as *“a common tool for measuring and assessing the patients’ treatment in health institutions”* (Cherechieş and Cherechieş, 2006).

Therefore, we considered to be important the analysis of the manner in which consumers consider that their fundamental rights are being respected when they need a certain healthcare service.

### 3.2. What believe the most Romanian people about their patients’ rights?

We will extract only the questions that we consider to be relevant for analyzing the manner in which the respondents believe their rights as patients had been respected (table 1).

### 3.3. Data analysis and interpretation

Some authors consider that the notion of *“patients’ rights includes a combination of various legislative regulations and ethical principles of medical practice”* (Ciutan, 2008).

Therefore, besides the juridical duty, providers also have the moral duty of respecting the patient’s rights, the patient being the main actor of any sanitary system. In what regards our country, the sanitary sector still needs many improvements because it is not developed enough so that it could cover the services’ request.

Table 1. Extract from questionnaire

Questions applied:	
<b>1. What age range do you fit in?</b>	<input type="checkbox"/> 18 – 30 <input type="checkbox"/> 31 - 40 <input type="checkbox"/> 41 - 50 <input type="checkbox"/> Over 50
<b>2. Gender.</b>	<input type="checkbox"/> male <input type="checkbox"/> female
<b>3. How did you come to this hospital?</b>	<input type="checkbox"/> I was taken by an ambulance <input type="checkbox"/> I arrived by their own means
<b>4. The internment was made thru:</b>	<input type="checkbox"/> Emergency Unit <input type="checkbox"/> Ambulatory
<b>5. Do you consider that the conducting of medical act was conditioned or constrained in any way?</b>	<input type="checkbox"/> yes <input type="checkbox"/> no
<b>6. Do you appreciate that during hospitalization were respected your rights as a patient?</b>	<input type="checkbox"/> yes <input type="checkbox"/> no
<b>7. If will be necessary, do you come back to the same hospital?</b>	<input type="checkbox"/> certainly, yes; <input type="checkbox"/> probably, yes; <input type="checkbox"/> probably, no; <input type="checkbox"/> absolutelv. no.

Source: original

Unfortunately, we are still dealing with a series of difficulties related to under-financing, work conditions or remuneration of the personnel (under the European Union average).

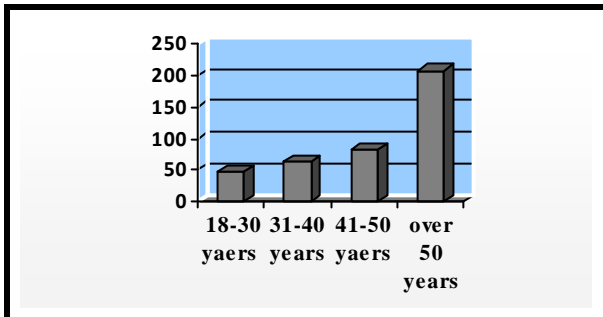
When it comes to Romania, the results of various researches highlight two negative demographic tendencies: population’s decrease and ageing (Petrescu and Ioncică, 2012).

Specialists in the medical field warn us that from the perspective of its health state, *“Romania’s population presents some of the most unfavorable indicators in the EU”*, registering decreases of over 7.5% between 1990 and 2008 (Vlădescu and Buşoi, 2011). Therefore, respecting patients’ rights represents a real challenge for the providers.

As mentioned above, we applied the questionnaire to a varied range of patients who were being hospitalized in various wards, regardless their social condition, gender

or age, as the aim was to analyze the quality of the services received in the hospital and the way in which they considered that their rights had been respected.

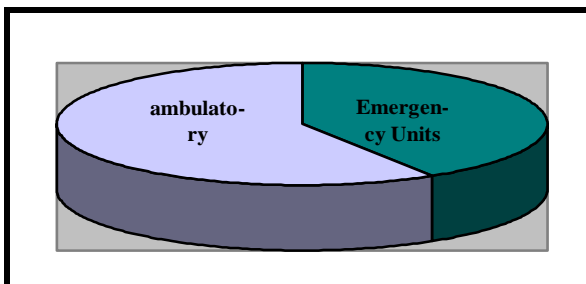
Figure no. 2. Patients' distribution by age



Source: original

As showed in the picture presented above (fig. no. 2), most of the respondent are persons over 50. This is considered to be a problematic age from the point of view of the health state. 49% of the respondents are male and 51% female, coming from both urban and rural areas.

Figure no. 3. Structure of respondents according to the interment area



Source: original

Most of respondents included in this study arrived at the hospital on their own (over 82%) and almost 18% by ambulance straight to the Emergency Units. As it can be noticed (fig. no. 3), most of the persons who arrived on their own chose the Ambulatory (236 persons from a total of 331), therefore the number of those being treated at the Emergency Department is lower (69 persons brought by ambulance and 95 persons who arrived on their own).

One of the questionnaire's most sensitive questions was that referring to the quality of the medical act, in order to analyze if the patients had been respected as human being, without being discriminated. Starting from the fact that only six persons considered that the medical act had been conditioned by certain aspects, we have all the reasons to believe that there are significant improvements at the level of the medical unit and that providers had acknowledged the fact that is

important to offer highly qualitative services. It is important to say that those who perceived the medical service as being under their level of expectancy are persons who had already been hospitalized in foreign medical units, where the qualitative level is much higher than that in our country.

A highly significant aspect can be drawn from the fact that almost all the respondents (388 persons) consider that their rights as patients had been respected during hospitalization. This indicates that the hospital management is highly interested in achieving a high qualitative level of the services they provide. Having a quality management system built on the basis of ISO 9001:2008 standard, the medical unit proves that it is "patient oriented", this being its main principle. The positive effects are easy to be noticed if we take into consideration that almost 62% of the patients will come to the same medical unit.

#### 4. Results

The results of this analysis show that the change in attitude in what regards the quality of services and the relation with the patient must belong to medical units. Despite the deficiencies of the Romanian medical system, there are certain hospitals which have understood the importance of respecting the patient and the patient's rights. The positive results are easy to be noticed in the performance indicators of the hospital management and in the high trust degree that patients have for that precise medical unit. Although the general perception of the population regarding the quality of medical services is not a favorable one, the hospital involved in this study managed to gain its patients' trust and the guarantee that most of them will return for treatment. This is possible thanks to the implementation of a quality management system. Moreover, this thing had been noticed in the direct conversations with the patients, many of them being at their second hospitalization in the same medical unit. Most of the critics brought to the manner of organizing the activity, accommodation conditions or waiting time had been noticed in the case of the respondents in the first age category.

Starting from the positive aspects noticed during the research we can state the fact that, despite all deficiencies, the near future will bring a superior qualitative level in Romanian hospitals, because the youth's requirements are higher and higher. These improvements will surely reflect in our country's economic development rhythm.

#### 5. Conclusions

As we mentioned in the beginning of our paper, we consider that there is a strong connection between a country's economy and the population's health state. It

is obvious that an increase of incomes represents a higher number of opportunities when it comes to treatments and healthcare and a better health state directly reflects in the quality of workforce and in the productivity.

Taking into account the fact that Romania is a developing country, it is very important to ensure a good health for the employed workforce. Referring to our sanitary system, we are still short in comparison to the rest of the countries in the European Union. Unfortunately, we are one of the countries that faces the existence of that vicious circle mentioned above which is highly detrimental to our country. Currently, our economy is still recovering from the financial crisis and it doesn't allow building a solid and efficient sanitary system, as the current one cannot answer all the requirements regarding the accessibility to high quality services for the entire population. This thing will accentuate the disequilibrium between rural and urban areas, will affect the efficiency of each employee and will influence the quality of work. These things will reflect especially in the field of economic services, where there is a higher sensitivity degree.

However, the premises of some improvements are favorable both at a microeconomic and at a macroeconomic level, where the legislation is to be changed and there will be some interventions in the problematic areas. By means of their relationship with the patients, hospitals, which are the most important medical institutions, sustain the fact that population's health is a feature of economic development

The results obtained from the direct field research indicate that hospitals have understood the importance of a continuous improvement of quality and patients' rights observance. The fact that positive changes have already begun to appear in hospitals represents an extremely important start, even if we need a longer period of time to reach the level of the European countries.

## References

1. Cherechieș, R. and Cherechieș, A. I. (2006). Patient's perception of some aspects of the administrative system of hospitals, *Transylvanian Review of Administrative Science*, No. 16: 26
2. Ciutan, M. (2008). Patients' rights in Romania - from regulation to implement, *Management in Health*, No. 2/2008: 21;
3. Doboș, C. (2005). Public health services and social development, *Life Quality Magazine*, No. 3-4/2005: 376
4. Drăgoi, M. C. (2008). Main indicators of health and its economic implications, *Economic Journal*, Year XI, No. 28 (2): 26
5. Grigore, C. (2012). Clients versus Employees: A Strategic Proposal to Transfer Emotional Knowledge, *International Scientific Conference Proceedings „13<sup>th</sup> European Conference on Knowledge”, Cartagena, Spain*: 1395
6. Howitt, P. (2005). *Health, Human Capital and Economic Growth: A Schumpeterian Perspective*, available on-line at [http://www.econ.brown.edu/fac/peter\\_howitt/publication/PAHO.pdf](http://www.econ.brown.edu/fac/peter_howitt/publication/PAHO.pdf)
7. Militaru, C. (2011). Ensuring quality of tourism services in Romania, *International Scientific Conference Proceedings „Dimensions of the crisis of contemporary society”, Bucharest*: 323
8. Militaru, C. (2009). *Quality management systems in the Romanian universities*, Bucharest: Printech Publishing House
9. Petrescu, E. C. and Ionciă, D. E. (2012). Perception of private and public medical services in Romania, *Economic Amphitheater*, Vol. XIV Special Number No. 6, Bucharest: A.E.S: 653
10. Petrescu, I. et al. (2010). Human factor involvement in the consumer protection management, *Economic Amphitheater*, Vol. XII28: 268
11. Poenaru, M. (2007). Public health in strategies for sustainable development, *Management in Health*, No. 3: 21
12. Vlădescu, C. and Bușoi, C. (2011). *Health policies in the European Union*, Bucharest: Collegium Polirom
13. Vulcu, L and Vulcu D. (2008). The patient, an actor without the medicine not exist, *Journal of Public Health and Health Management*, Vol. II No. 1: 1
14. Wilkinson, R.; Marmot, M. (2003). *Social determinants of health – The solid facts*, Second Edition, Danemarca: International Centre of Health and Society
15. \*\*\* Astărăstoe, V. – interview published in the Medical Life Journal, No. 45/noiembrie 2012, available on-line at [http://www.viata-medicala.ro/\\*articleID\\_6018-dArt.html](http://www.viata-medicala.ro/*articleID_6018-dArt.html)
16. \*\*\* [http://www.cnsmf.ro/drepturi\\_pacient.htm#1](http://www.cnsmf.ro/drepturi_pacient.htm#1)
17. \*\*\* Law 46/2003 – The Patient Rights Law, published in the Official Magazine, Part I, No. 51/29.01.2003.