Ethical responsibility and social responsibility of organizations involved in the public health system

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Abstract

The present text examines the general concept of responsibility, ethical responsibility and social responsibility with special reference to the public health system and particularly to the public health system in Romania. A central issue is the analysis of the individual ethical responsibility and the problematic of the way ethical responsibility may be extended also to the level of organizations understood as distinct entities required behaving ethically and socially responsible. The concept of social responsibility extrapolates from the social responsibility of corporations to the responsibility of all types of organizations, and especially of the state understood as an organization that acts ethically and responsibly in the global system.

Keywords: ethical responsibility; social responsibility; organizational ethics; medical ethics; freedom and responsibility; public health; ethical management; fairness; ethical expertise.

Ethical responsibility and public action

One usually accepts the fact that responsibility includes in fact several distinctive categories, each conveying in its own way the general concept of responsibility. Following is our attempt to understand possible contents and outlines of the concept of responsibility so as to decide whether individual responsibility may be extended to group level, or whether an organization may be deemed ethically responsible. We shall examine the issue of responsibility and ethical responsibility of organizations by discussing the subject of ethical responsibility

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in the health system. We are making use of a more extended discussion on the issue of responsibility because recent studies invoke not only the difficulty of defining social responsibility, but also the confusions concerning the contents of responsibility (Fassin, van Rossem, Buelens, 2010; Cozma, 2010; Crouch, 2010).

One way of understanding and assuming ethical responsibility begins with a comment on the four foundations of morals in order to attain Good as proposed by Georg Christoph Lichtenberg. He proposes four modes of considering the idea of doing well as a central element of ethical action. One way to understand well is the philosophical way which implies the urge: "do well for good's sake, out of respect for the law". Turning Good into a purpose in itself means indeed that good appears in the human being as a way to assert transcendence without transcendence, as a kind of generosity in which ethical responsibility appears as a consequence of assuming legal responsibility. Another way of understanding is religious, which supposes that Good must be done because "it is God's will, out of love for God". To be responsible in this respect supposes submission to the divine commandments, to be virtuous supposes an ethics of virtue built on the principles of religious morals. The idea of doing good may be embraced from a humane perspective: in this case, good ought to be done for the welfare and love of oneself. One may discover within the resources to find oneself and accomplish oneself for good's sake. A possible starting point is political: doing well for the prosperity of society. By doing well, one identifies oneself as a socially responsible being that contributes to the development of the public domain, which also means establishing the political (Lichtenberg, 2001). Social responsibility is founded on philosophical, humanist, political principles, while religious principles are pushed to a secondary level. It is not the divine will that shapes the set of values and actions implied by social responsibility, but the voluntary engagement in social responsible activities. This does not suppose a rejection of religious values. We may even note that the value system of social responsibility may originate in religious values. However, with modernity, the other perspectives implied in Lichtenberg's picture are more important in taking the action responsible for attaining Good. We may say that "in the self-proclaimed lay states, the law remains the only spine of society as it tends more and more to identify with morals" (Trif, Astărăstoae, 2000: 46). Thus, medical ethics need not have as starting point the miracle of the person. The dignity of the person is based on human experience and international documents on human rights, and the main professional concern of the doctor must not be "to demonstrate love of the other person" (Buta, Chirilă, Rebeleanu, 2010: 34). Beyond the evident value of religious morals and of the spiritual dimension, the responsibility to do good must have an ethical and legal base capable to render human action significant beyond the control that any type of transcendence might exercise upon the individual, even as a person of free will. Whether it is the individual moral responsibility or the organizational one, we are

considering a non-theological, non-ecclesiastical meaning of responsibility.[1] From the angle of medical ethics, stated is not a godly quality of the doctor, but the source of the ethical responsibility and the close connection to the legal responsibility. Thus, responsible action is conceived as human engagement to humans, society, the legal system and the community ideology at its base, the global vision and action it embraces. Social responsibility is part of this society modernizing system that supposes conscious and free action for the good of the other.

Responsibility between determinism and voluntary action

The issue of responsibility, in general, brings into discussion the topic of the relationship between conscious decisions, control of choices, and voluntary action in which the individual takes into account the other. From the examples below, we shall see that once we clarify the meaning and limits of freedom we may have a nuanced understanding of the principles of ethical action and responsibility.

In order to explain the relationship between determinism and freedom, Fernando Savater guides us by two examples. In the first example, he compares white warrior ants of Africa with the action of warrior Hector. He indicates that the termites, for lack of a shell, build ant hills of a few meters height that are hard as a rock for protection against other animals. Sometimes, however, such ant hills collapse because of external factors. Then, ants quickly set off to build back the hill. Other ants take advantage of the situation to attack them. They continue the construction work and close the hill leaving warrior ants outside to fight to the very end, as soldier-ants are programmed to sacrifice their life for the safety of the others. Compared to this sacrificing attitude, another type of giving oneself for the good of the others is provided by Homer whose Iliad tells how Hector, the most important warrior of Troy, waits for Achilles outside the fortress walls, knowing the latter is stronger than himself and may kill him. He lets himself driven by the sense of duty and sacrifice in order to protect his family and fellow citizens. Fernando Savater wonders: is Hector a hero like the soldier-termites? Undoubtedly, both attitudes are heroic. But the difference between the soldier ants and Hector is a radical one: while termites live under radical necessity, they cannot escape, and are "necessarily *programmed* by nature to accomplish their heroic mission", Hector confronts Achilles because he consciously and deliberately wants to do so. "Unlike of termites, we say about Hector that he is free, and for this reason we admire his courage", writes Savater (1997: 23).

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[1] A complex presentation of the theological perspective on responsibility may be found by those interested in a book whose author holds important bioethical concerns in terms of Christian analysis see Iloaie, 2009; see also Iloaie, 2009a: 38-52. In a similar theological perspective, significant for an ethics of dialog, is the text by Jitianu, 2009. Our approach, however, is from a lay perspective. A special contribution on relationship between religion and the system of social and medical services one can see in Cojocaru, D., Cojocaru, Ș., Sandu, A. (2011).

Thus, voluntary, conscious engagement, assumed to the ultimate consequences is the one that makes us more sensitive and pragmatic in understanding responsibility. In other words, responsibility is a sacrifice assumed under an open option to choose an alternative that is not given or generated by an external decision. Responsibility supposes sacrificing several possibilities for action in favor of one sensed to be more adequate for self accomplishment and for attaining a balance with the outside world. Therefore, we suppose that in a responsible action the individual controls the decision and the act, and this capacity deems the individual responsible, he/she may be blamed or rewarded on account of the finality and effects of the acts (Glover, 1970: 19). The mechanical action, which is not a result of choice, and the instinctual sacrifice of termites cannot be judged in terms of punishment or reward, as the question of responsibility only applies to Hector, who bravely takes on the fight even risking defeat. The meaning of sacrifice is rendered by the dimension of freedom associated with the sacrifice. In a discussion on determinism and freedom, it is important to point out that theoreticians base responsibility on the control of one's acts and on the idea of holding humane feelings for a person who should be praised or blamed for the consequences of his/her acts (Fischer, 1986: 13).

Without resorting to texts from the theological, philosophical or cultural thought, we can contribute a second example on the importance of control and voluntary action. Related to this complex philosophical and theological issue, Fernando Savater uses an anecdotal situation. He gives Amador the following piece of advice: "If someone persistently denies the idea that humans are free, remember the example of the Roman philosopher. In ancient times, a Roman philosopher was talking to a friend who denied human freedom on account that one does what one has to do and cannot do otherwise. The philosopher gripped his stick and started hitting his friend with it: 'All right, stop hitting me!' the friend cried. Without stopping, however, the philosopher said: 'Didn't you say that I wasn't free and could only do what I had to do? No use asking me to stop: I'm automatic'. Only when the friend admitted that he could deliberately stop the blows did the philosopher cease hitting him" (Savater, 1997: 25). Fernando Savater does not advocate for this method of persuasion but mentions the story for its symbolic value. This example simplifies a complex issue to a life situation in order to conclude that any freedom denial may trigger a constraint that reflects negatively on the denier; human action is not automatic, or subject to blind natural necessity; the conflict between mechanic determinism and freedom assertion may only be solved in an inter-human situation perceived as a dialog situation; the negation principle is converted into freedom assertion, an act symbolically perceived as an exercise of violence because the pressure of evidence brings balance to the conflict.

An essential question is the following: may an individual who cannot make free decisions under certain given constraints be considered responsible? A potential response is that an individual cannot be held responsible ethically for acts that are not the result of his/her intentional action or non-action. However, one should not make absolute the direct relation between being responsible and holding action control. R. A. Duff opines that we should be reserved as regards the fact that having control is sufficient for being responsible. If we have absolute responsibility for the effects of our acts, we may reach conclusions that could not be accepted logically or ethically. He uses the example of the action on the free market that could render an agent responsible for everything happening to the competition, including an ethical commandment according to which the agent would be responsible for the fact that on the free market his/her competition proved inefficient and went bankrupt (Duff, 1998: 292). What we understand from the above is that there are theorists in whose opinion holding control on things does not always represent sufficient reason for deeming the negative effects of an action proof of lack of responsibility. Often, an action belonging to a series of actions subject of the complex processes of economy and real life, is part of a certain causality; regarding the possibility to hold someone responsible based on causal responsibility (Shiner, 1999: 974) it is necessary to consider the fact that the causal chain brings elements that cannot be controlled by the individual whose action is exposed to the pressure of events at the interface of determinism and hazard, of controlled action and chance, of personal action and the action or passivity of others.

This general discussion on freedom and responsibility is important for our topic that targets the health system because the physician needs to make decisions while subject to several types of constraints. Among these let us mention: constraints resulting from rules provided by legislation, by good practice codes, and also by economic conditioning, in addition to patient's will, and the will of the patient's family, as well as constraints related to their expectations and decisions. Thus, discussing responsibility related to freedom and to the control of the situation and of decisions is extremely important because from the ethical and legal perspectives, as a specialist, "the physician must be the master of his/her decisions and should take attitude before the family and dependants in order to save the patient's life" (Trif, Astărăstoae, 2000: 116).

Ethical expertise and responsibility in the health system

One question to ask is whether and to what extent responsibility should operate or not also in the health system. A question I have encountered in specialized literature is whether the physician should not be exempt from potential negative consequences of his/her acts as long as he/she proves to have acted according to

the protocols of the respective situation. Is it a firm and sufficient guarantee for exempting the physician from responsibility the observance of the scientific standards and technical criteria of professional qualification? May the physician be exempt from responsibility for the negative consequences of his/her professional practice by virtue of the very fact that he/she did his/her duty, or may the patient hold the physician responsible for the negative consequences upon his/her health that can be connected to the medical acts in the case? Trif and Astărăstoae call to our attention the fact that more and more "the relation physician-patient has been evolving towards a contractual relation, based on trust the patient chooses the physician, who is fully aware of the obligations of the contract. Among the contract clauses may be the incrimination of the medical act for: 1) not taking the risk of acts that could have been useful to the patient; 2) non-intervention resulting in privation of chance; 3) results that fail patient's expectations" (2000: 21). The medical professions are well regulated both in deontological codes and to a growing extent from the legal point of view. These target the protection of professionals and of the patients, with positive consequences upon the improvement of medical assistance and increased confidence in the health system. The border between ethical and legal responsibility may be established in the general terms of the relation between the ethical and the legal. Clarifying in this respect is the fact that "deontological deviation will constitute an act sanctioned by public opinion, but also by the doctor's conscience while the legal deviation makes the object of legal coercion." (Trif, Astărăstoae, 2000: 59). The relation between what is personal and what pertains to the public domain is sometimes invoked as a possibility to distinguish between the ethical and the legal. Ethical responsibility is related to the deep resources of the individual and the interpersonal relations, while the legal one pertains to public decision and legal regulations at its foundation (Martinez, Richardson, 2008: 15). Thus, claims of patients' rights go beyond the ethical problematic and reflect in legal consequences for the doctor. Regulations of the medical profession through deontological codes have an impact not only upon the moral order governing the profession but also upon the legal order, in many cases implied, other times operating explicitly. This way, "doctors' failure to observe professional obligations, inadequate observance of orders, laws, regulations and instructions may generate not only a moral responsibility for the violation of deontological norms, but also a legal one." (Trif, Astărăstoae, 2000: 49). Legal responsibility is relevant in our discussion from two perspectives: on the one hand it protects patients' rights, who sometimes find themselves subject to inadequate practices, or neglect, or are even ignored by specialized personnel; on the other hand it may also have real value in preventing cases from going to court for *malpractice* or associated activities, as legal medical responsibility "stimulates doctor's initiative in the interest of the patient." (Trif, Astărăstoae, 2000: 52).

　　Ethical and legal expertise show, however, that in the medical sector, unlike other activity sectors, ethical requirements prevail by comparison with the

legal or administrative ones. Therefore, doctors need ethical training as a significant part of their professional qualification. This need is a growing part of the European trend visible in the tendency of the European fora to stimulate ethical and legal competence in the medical profession, to encourage bioethics programs and even include bioethics exams in the medical schools, etc. (Ioan, Gavrilovici, Astărăstoae, 2005: 9). A new type of applied ethics valorization is a debate at the intersection of academic studies and practical action and is represented by the introduction of appreciative methods (Cojocaru, 2005: 36-48) in the complex relation between doctor and patient. Sandu and Ciuchi believe there is a possibility for a new paradigm available to the physician as a way to adapt classical methods to the new requirements of current medicine (Sandu, Ciuchi, 2010: 57).[2] Applying appreciative methods, ethical counseling may become central in attaining ethical competence and developing abilities for responsible action.

Besides ethical training, an important aspect lies in the ethical regulations of medical practice. In addition to the growing importance of the deontological codes, relevant is the tendency to create multidisciplinary ethics committees that should prepare guidelines. These ethics committees could have, among others, the mission to "provide consulting to pertinent fora for a dynamic finalization of the legal and deontological framework in response to the new issues appearing. Thus, Bioethics precedes legislation" (Ioan et al, 2005: 15).[3] The relation between the ethical and the legal proves to be in this case dynamic and complementary, with each of the two elements supporting the other in its specifics. At this point in our discussion it is important to mention that the creation of multidisciplinary ethics committees that should prepare an ethical model for resource allocation in the health system is directly tied both to the doctor's individual responsibility and, at a general level, to the organizations in which the doctor is engaged, on which the doctor depends for the decisions he/she makes, or which interfere with the doctor's activity often conditioning decisions. The importance of the "medical ethicist" within the profession is conveyed in the studies of Trif and Astărăstoae, 2000: 46. Also, in the drafting of the ethical model strategies for the system and for the profession one cannot ignore the outsider view that the ethics expert brings. The latter has significant input in the training of the medical personnel, in the analysis of critical situations under the provisions of deontological codes, through the ethics counselor, more and more needed from the daily activity of the doctor to the establishment of development strategies in the system (Frunză, 2010: 14).

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[2] On the development of appreciative methods in a multicultural context, a relevant presentation is to be found in Cojocaru, 2005, p. 36-48. See also issue 30/2010 of Revista de cercetare și intervenție socială which is dedicated to this method.

[3] The importance of the medical practice guides (both as regards a series of economic requirements in the health system and health policies, and the systematic preparation of recommendations in support of practitioners and patients in the decision-making process and in ethical interactions was highlighted in Boloșiu, 2007, p. 261-268.

Another open and sensitive issue under debate concerns the relation between the individual and the community. In this context there is the debate on the relation between the individual responsibility and the collective one (Duff, 1998: 293). From this perspective, a special subject of medical responsibility is team responsibility. Team work triggers the group responsibility as a typical issue of responsibility. Thus, the personal responsibility of the team head for the activity of each team member should be correlated to the responsible involvement of each member of the group and with the responsibility of the group acting as a distinct entity that consciously and responsibly assumes action. It is worth noting that the team has both ethical and legal responsibilities, and that in relation with those the physician supervises it is specified that "the responsibility of the physician for those he/she supervises deriving from the responsibility for the acts of a third party, is as follows: if the doctor's order is wrong, the doctor is responsible, not the person executing the order; if the doctor's order is right but the person executes it wrong, it is the responsibility of the person executing it; if the doctor's order is right but the person executing it does not have the competence to carry it out, the doctor is responsible; if the doctor's order is right but the person executing it is not supervised or checked, the doctor is responsible" (Trif, Astărăstoae, 2000: 97-98).

The complexity of the issue is also revealed by Duff who raises the problem of the way in which we may talk about group responsibility and organizations' responsibility. It is legitimate to ask whether the responsibility of the organizations is of the same nature as the responsibility of the individuals that make up the group, whether a member of an organization is responsible in solidarity with the acts of the group or organization, whether we can truly speak of the responsibility of corporations, universities, governments, nations, or of the responsibility of states to the extent that we note that their acts may be judged in terms of responsibility (Duff, 1998: 293). Thus, one issue to be raised is that of the ethical responsibility of the state in relation with its citizens when it comes to securing access to a fair health system, in the context of states' action as organizations at a global level that adopt the international decisions in the field. Let us remind here a brief statement of such regulation: "Considering health requirements and the available resources, Parties shall make appropriate decisions in order to secure, within their jurisdiction, a fair access to quality healthcare" (*Convenția*, 1997).

Ethical responsibility and social responsibility of organizations involved in the medical system

Generally, it seems legitimate to ask: to what extent may organizations be considered ethically responsible? Discussing the possibility for an organization to be regarded as a moral person, Patrick Maclagan points out to two competing stands: 1. a reductionist one, according to which only individuals or small groups of individuals can act as responsible agents; 2. a holistic one, with anthropomorphism elements, according to which the organization as a whole may be regarded as a moral agent. The presence of these anthropomorphism elements helps us consider the idea of organizational responsibility. However, Patrick Maclagan believes the discussion on the ethical or non-ethical character of the organization is problematic as these characteristics rather apply to the conduct of the organization members. Consequently, the emphasis should not be on the organization but on its members, with the whole set of values and responsibilities on their account. But he does not ignore the fact that individuals, managers, other factors and interest groups involved have sufficient freedom to make ethical choices in an organization. Moreover, organizations are entities with a legal status. This means that organizations may be treated as if they were distinct from their members, that they have a well defined legal responsibility and consequently may be sued as distinct entities (Maclagan, 1998: 106). Even if he does not agree that we may speak of the moral responsibility of organization literally, he is close to the views of authors who speak of firm criteria, decision-making procedures, distribution of responsibilities, and formal definition of modes of action. All these may justify attributing the quality of moral agent to organizations. For example, starting from the analysis of the decision-making in a corporation, Kenneth E. Goodpaster and John B. Matthews, Jr. explicitly state that we may demand that corporations should be responsible to the same extent as individuals. The holistic view on organizations supposes however that the idea of moral person should be regarded only as a metaphor, that the organization is a moral person only metaphorically and it is necessary to avoid any process of transforming an organization into a mythical entity with trans-individual attributes (Maclagan, 1998: 108).

The usefulness of such an interpretation may be noted from the special perspective proposed by Preda, when he examines the organizational behavior and the theories one may elaborate on organizations, and brings into discussion Gareth Morgan's views on the metaphorical approach of organizations. Using metaphors for a better understanding of organizations proves the explanatory function through analogous means. These are eased by the fact that practically there is no total similitude between the analyzed organization and the metaphoric image by which we make it more accessible, while differences resulting from the absence of a

total overlap simplify reality a lot and describe it in a significant way (Preda, 2006: 39). One of the metaphors helping us for a better understanding of organizations is provided by the human relations theory, which implies understanding organizations from the perspective of the metaphor of the living body, capable to meet human needs. Thus, they are conceived as "living bodies that adapt to the environment are divided into species, categories, and fight for survival" (Preda, 2006: 43).[4]

One way to avoid any deviations and overestimates of organizations' responsibility is for Goodpaster and Matthews, Jr. that of using for base of discussion the way groups act in certain situations as if they were a person. As groups, in certain situations, have a unitary action, an internal decision structure, a system of rules that cover authority relations, a protocol regulating cases in which the action of an individual is assimilated to the official action of the group, similarly, organizations act in a unitary way and manifest responsibly. To attribute moral responsibility to organizations supposes an extrapolation of an individual state of matters or that of a group to an organization. During such an extrapolation, it attributes to corporations types of acts, strategies, decisions etc. according to which organizations appear as agents with distinct moral responsibility (Goodpaster, Matthews, Jr., 1984: 148).

In this perspective, there are multiple situations in which medical organizations may be held responsible on ethical and legal grounds. For example, "The responsibility of health units as legal persona is engaged as a rule for faulty equipment, lack of control of the equipment, nonobservance of functional routes, nonobservance of hygiene norms, switch of children and use of false identity. Known incriminations are for interference with sterile circuits, no testing for hepatitis or HIV of blood used for transfusion, faulty irradiation equipment, and mandatory vaccination with no prior check-up for side effects. The responsibility rests with the head of the section or the manager of the hospital. The lack of patient supervision leading to accidents also constitutes a problem for the hospital as a legal persona" (Trif, Astărăstoae, 2000: 99). Ethics appears in this context as evident for the well-functioning of the system and for the creation of a cooperative environment for all factors involved in the medical activity. Ethics does not suppose only a system of evaluation, it is not just a field of expertise helping us provide awards or sanctions in connection with the way responsibilities are assumed. Ethics may be "used as a connection element between patient, clinician, and hospital manager" (Borzan, 2007: 226).

For an adequate understanding of the social responsibility and of the way in which we may establish a series of similarities between the social responsibility of corporations and the social responsibility of the organizations in the public

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[4] From Gareth Morgan's descriptions, Marian Preda also retains metaphors according to which organizations may be conceived as machines, brains, political systems, prisons of the psyche, flows and transformation processes, domination instruments.

health system, we ought to be aware that a central concept in the ethical definition of an organization and of the ethical behavior is the concept of responsibility. As it generally occurs in the organizational ethics, business ethics brings up for debate the subject of responsibility and raises the question whether an organization may or may not be held ethically responsible. Clarifying the issue of ethical responsibility of business organizations helps us state that if with organizations whose main objective is gaining profit the ethical requirements is present; all the more the other types of organizations should assume an ethical responsibility.

The ethical behavior supposed by the assuming of social responsibility is quite often seen as a part of the key to success on a certain market, especially in transition countries. It involves an enlargement of the influence of that organization in the community it serves, as well as in the political and economical fields. Especially in the case of multinational corporations, there is the tendency of involving in programs that the state does not cover, or does only partially cover. Such programs "include education, health care, water services, policing services, waste management, telecommunications, social housing, public transportation, and security. Firms' decisions to build schools or health care facilities represent a direct fulfillment of public services associated with the absence of child education or proper medical treatment" (Valente and Crane, 2010: 57).

Theoreticians agree in general that the idea of social responsibility creates for the decision-makers in an organization the general framework of an ethical choice. Organizations are in the situation to choose between voluntary restraining profit maximization, and accomplishing desirable social objectives. The positive side on the short term appears only in an increased sensitivity to the social costs of the economic activity and a focus of the corporation on social objectives. However, in time, it becomes obvious that what may seem less attractive from an economic point of view achieves an important economic function and may have consequences upon alternative ways of profit increase. This choice that in certain cases may be a dilemma, supposes a voluntary action climate in which, based on the reflections of Andrews, we include: 1) determining a corporation to cut profit by voluntary contributions to education, support of health system, aid, charity work, water saving and environment protection acts, support for the victims of domestic violence etc; 2) as the action does not follow a legal or financial obligation, one should choose a higher level of ethical action than the one required by tradition and laws; 3) when the possibility to choose between various business opportunities exists, companies will choose the ones with social value; 4) the deliberate act of investing for reasons that are not economic and that contribute to a better quality of life. If we ask a company to be sensitive to the economic action climate privileged by these elements, we should assume that the organization acts as a responsible person to the extent that the decision-makers of a company choose social responsible programs for implementation (1984: 137-138).

There is a growing tendency at the international level that various types of organizations publicly assume public responsibilities left underserved by government actors in societies that are at a transition stage in what concerns their economical development. In this respect, "companies must be ready to face challenges not commonly experienced in industrialized countries, where public infrastructure is typically already in place. Present research and management best practice tends to presume that public policy exists to guide firms in their social responsibilities. However, increasingly companies are forced to blur the lines between private and public activities by taking on roles typically undertaken by government bodies" (Valente and Crane, 2010: 73). These new relations involve a new dynamics of relations between corporation management and the management of public institutions, entrenching new challenges and new types of collaboration and interferences of ethical responsibilities.

Theories promoting social responsibility lead to the idea that organizations have moral rights and responsibilities. These are assimilated as such by organizations even if a series of difficulties appear while supporting the programs that are unavoidable during implementation. McFarland suggests that assuming the organizational behavior ethically is largely determined by the fact that the ethical problems penetrate the communication, public relations and publicity processes as well as everything pertaining to the effort to attain a correspondence between the image and the ethical behavior of the company (1982: 206). Also, he surprises us in two of his statements: that every managerial decision has implicitly also an ethic dimension, and that the extreme dependence of society upon various types of counseling is manifested in the dependence on ethical expertise (McFarland, 1982: 273). Thus, ethics seems to be a dimension one cannot escape, which may mean that in reality, being a responsible ethical agent becomes evident for every organization.

Generally speaking, existing studies discuss on the social responsibility in connection with the responsibility of corporations. What is missing is a discussion on other types of organizations that should be required to have ethical behavior, especially the organizations represented by various state institutions. Social responsibility is often seen as a PR or marketing element, optional for organizations, but also valorized as it determines a market behavior based on shoppers' preference for the products of organizations with an ethical behavior on the market. Recent research, still in an incipient phase in Romania but of remarkable potential, try to connect social responsibility directly to state responsibility in providing resources and equal non-discriminating opportunities for guaranteed access to adequate health services of all communities.[5]

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[5] One must highlight the contributions in this respect of Vasile Astărăstoae concerning a change of mentality based on the ethical foundation of public policies in general and on the ethical and cultural foundation of health policies in particular.

To set the grounds for effective and sustainable action in the spirit of social responsibility, several program documents have been prepared in Romania. One of these is the *Report of the Presidential Committee for analysis and preparation of policies in the public health field in Romania* (Vlădescu et. al., 2008).[6] In order to diminish the problems facing the health system, the presidential Committee contributes a set of proposals that should reshape the system by making all those involved responsible and by situating the patient in the center of the whole system. The conclusions of the presidential Committee are important as, in order to function, according to principles of social responsibility, the health system in Romania should have at least the following features that are presented in the report:

- "To provide integrated health services, based on continuous healthcare, in which the patient should receive the medical services needed, at all levels, 24 hours a day, 7 days a week, 365 days a year.
- Patients/citizens shall become *partners* in the decision-making process, receiving the necessary information and having the opportunity to exercise control – to the desired extent – upon the decisions and medical treatment affecting them directly, replacing the existing model with a partnership for health.
- The new organization of the system will facilitate increased access to *relevant information* of all protagonists in the health system, according to the strategy of health information.
- The health system will have to *create transparence*, make available to patients and their families the information necessary for informed decisions when they choose a health service provider, a hospital or a certain treatment alternative. These should include information on the system's performance as regards *safety, practice based on proof, and patient satisfaction*.
- All decisions made in the system, from those for resource allocation at national level to those related to diagnosis and treatment should have to be *based on the best scientific knowledge*, available at the time.
- Ensuring the *quality* of medical acts will become a fundamental element of the system,
- The new proposed structures should have as exclusive object of activity this field.
- *Safety* will be a basic characteristic of the system. Risk reduction and the safety of the patient will be supported through the proposed computer systems and procedures and through the quality system which will help recognize, prevent and diminish errors" (Vlădescu et. al., 2008: 63).

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[6] The presidential Committee for analysis and preparation of policies in Romania: Cristian Vlădescu, Oliviu Pascu, Vasile Astărăstoae, Ion Verboncu, Rodica Anghel, Alin Stănescu, Geza Molnar, Victor Olsavszky, Cezar Irimia.

Consequently, beyond the beneficial promotion of the principle of decentralization, when we talk about the public system of health, we must speak of a direct responsibility of the state in providing equal access to healthcare services, in developing the prevention system, in focusing the medical act on the patient and the patient's satisfaction, in implementing methods based on up-to-date scientific knowledge, in ensuring the quality of the medical act and of the quality, safety and integrity of the system. The social responsibility of the state should function beyond any economical calculation. If the global trend demands event profit organization to be socially responsible and reinvest a part of the profit for the benefit of community, all the more should the state, which should serve all its citizens, should behave like an ethical organization with social responsibilities to each individual and society as a whole. This involves a new attitude towards those benefiting from the public health services that should be involved as active beneficiaries and not regarded as passive clients (Cojocaru, 2006: 32-38). The necessity of an ethical model presupposing a fair distribution of the financial burden in the case of health care is obviously justifiable from an ethical standpoint. Moreover, one can note that "the perception of a right to health care has unduly led to an entitlement mentality and uncontrollable cost escalation" (Frangenberg, 2010). A solution for avoiding the unethical spending of resources would be a system where state social responsibility and the social responsibility of organizations involved would be correlated with the individual responsibility.

To improve relations between the organizations of the health system, for a better functioning of each organization, and also in order to secure an adequate climate for assuming responsibility, provisions as the ones below are important:

- "*Cooperation* between fields and professions should be encouraged, both between various levels of assistance and between specialists of the same level. The development of *multidisciplinary teams* as a base for services should need – besides changes pertaining to the health system – also changes at the level of medical education, undergraduate and graduate.
- The system should be organized so that it facilitates *cooperation between sectors*, which is essential in approaching high impact determiners of health" (Vlădescu et. al., 2008: 63).[7]
- All these elements should be part of the public policies system prepared by the government and assumed in the spirit of social responsibility by all types of organizations involved. An important role in assuming social responsibility belongs, as in the case of economic organizations, to the managerial structure. It is evident that the management of the healthcare system implies on organizational culture based on structures, value systems,

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[7] A description of the developments of the reform in the public health system in Romania, as well as recommendations for priorities of future development of the system, are to be found in Baba, Brînzaniuc, Chereche, Rus, 2008, p. 15-25.

attitudes and complex modes of action. It is shaped by economic, social, cultural factors, by legal regulations, and stereotypes influencing health. The central role belongs to the manager, who is responsible for combining these elements into a functional structure (Borzan, Mocean, 2002: 249). The manager's responsibility is deemed by specialists as a crucial one. The manager has the mission of bringing things together, of making them work as a whole, of influencing opinions and directing all action (Hinþea, Mora, Þiclău, 2009: 93). The dynamics of all these elements provides the image of taking responsibility.

Instead of conclusion

The debate on responsibility proves that responsibility entails a voluntary action that is situated beyond juridical obligations, without contradicting them. The problematization of individual ethical responsibility can help us understand the ethical responsibility of organizations and the social responsibility of the state. Both individuals and organizations can not postpone ethical responsibility, in general, and social responsibility in particular.

More than in any other kind of organization, in the public health system the ethical responsibility has an obvious social function. In a world of global interdependence, we expect public policies to be issued by responsible organizations that constitute the institutions of a rule of law, ethically and socially responsible. Assuming responsibility is a central issue in the building of an ethical system of public health. The periods of crises prove that there is a need of balance between the individual responsibility for their own health and the various types of institutional responsibility in ensuring the ethical and efficient medical services. The premises of assuming such action already exist in international regulations on the importance of the social responsibility of organizations. States and governments are called in their turn to act as ethical organizations and managerial structures that should be responsible for social problems in general and for public health problems in particular as part of a larger concept of improving the quality of life and of the level of health globally.[8]

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