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On the need for a model of social responsibility and public action as an ethical base for adequate, ethical and efficient resource allocation in the public health system of Romania

Sandu FRUNZĂ[1]

Abstract

The present text intends to draw attention to the need for an efficient ethical model that should regulate the activity and resource allocation in the healthcare system, and particularly in granting access to healthcare to families with high poverty rates, as well as in caring for children. Thus, the paper focuses on an ethical perspective using the idea of the social responsibility of organizations and especially of the state as an organization that takes responsibility in the social field. From an ethical point of view, the social responsibility principle eliminates the divergences between ethical responsibility and financial responsibility that may appear in establishing public health policies and in the construction of an ethical model for service providing and resource allocation. The intention of the paper is not to propose a model but rather to emphasize the need for creating an ethical model in the Romanian public health system starting from the *National Strategy* and the *Report of the presidential committee for analyzing and elaborating public health policies in Romania*.

Keywords: the social responsibility of the state; organizational ethics; an efficient ethical model; ethical competence; public health; right to health; fairness; family health; children.

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Introduction

The present paper does not attempt to create an ethical model for the health care system. The most important concern is to emphasize the need for an institutional effort directed to the creation of a model of ethical analysis and of an ethical foundation for public health policies. There are two aspects to be taken into consideration as regards this issue. Firstly, there is a theoretical dimension that should lead to the framing of a model of social responsibility applicable in the form of ethical action within organizations, either as part of corporations, or as structures of the rule of law institutions. Secondly, there is a practical part that targets mechanisms in order to apply the social responsibility principle for the purpose of adequately securing financial resources in the health system, and in particular in the problems connected to family health and child caring. A special concern is that of family health because, apart from the concern for the health of an individual as a member of a family, "family health is more than the sum of the health of individuals composing the family, by expressing the inter-relations that are established inside this social group" (Borzan, Mocean, 2002: 137). Such an endeavor proves its importance by setting the general framework for the construction of a coherent ethical model of analysis of health policies in accordance with the values of the organization and of the community.

Social responsibility

The analysis of social responsibility has become one of the major concerns of some specialized studies in the West. It is situated at the intersection of theoretical discussions on the conceptual bases of ethical principles with marketing, PR, and ethical management activities. Ample analyses were dedicated to activities of multinational corporations resulting in concepts like *corporate governance, corporate citizenship, corporate social responsibility*. Even if the social responsibility of corporations appeared rather as a cultural fashion than as a way to regulate the relations of businesses with beneficiaries and society (Schifirneț, 2009), some specialized studies in Romania started taking over these topics and linking them to the business environment and the ethical behavior of organizations on a market insufficiently developed in terms of the laws regulating the free market.[2] In this context, it is necessary to extend social responsibility from corporatist organizations towards all kinds of organizations, especially towards state responsibility

[2] Considering that the social responsibility of companies is of growing importance in Europe (even if CSR mandatory reporting is not introduced), as a country belonging to the European space, Romania will take important steps in developing social responsibility programs not only due to practices typical of multinational companies, but also due to the understanding of the need of Romanian companies to promote an ethical behavior (Stancu, Orzan, 2007: 49).

understood as a complex organization that should also assume ethical responsibility. Thus, in the perspective of the paper, special attention is paid to the social responsibility of the state in preparing and implementing public health policies.

Social responsibility is a complex concept with multiple definitions. Among the tendencies manifested in the definition of the social responsibility of corporations, theoreticians compare diverse perspectives. Starting from the five modes of understanding it, as summed up by Andrew Crane, it is to note that: 1) social responsibility remains an open problem in the case of business organizations. Yet, if one can talk about social responsibility in the business area, the social responsibility of corporations is only one, that of making profit. To make profit means to be socially responsible. It is true that the supporters of this stance submit that making profit implies an ethical action and ethical responsibility, but the purpose of companies is not social; it is profit making; 2) social responsibility does not seem to be part of the intrinsic logic of economic activity. However, one may note that there are organizations whose activities are beyond their obligations as entities operating within a certain economic and legal framework. Socially responsible organizations accept the fact that it is beneficial in the economic activity to also consider ethical problems beyond the strict requirements of economic, technical and legal principles; 3) organizations cannot act as an isolated agent against the social requirements of the area in which they operate. They have to be responsive to community requirements. In this case, social responsibility is regarded as an obligation to respond to external social requirements generated by free market action; 4) in its quality of assumed ethical action, responsibility presupposes voluntary action carried out in order to accomplish objectives that are socially measurable. Social responsibility thus implies voluntary expenses made according to relevant social requirements and norms, and in accordance with the law. The ethical dimension of responsibility should be permanently correlated with financial responsibility, and legal responsibility; 5) viewed from the perspective of the global interdependence created by the present economic system, social responsibility may have a larger significance. It is considered to be a political responsibility with the special aim to contribute to the development and function, under good conditions, of a governing based on global conscience (Crane et al., 2008: 6). This way, a transfer of the idea of governing from the structures that we usually associate to states towards economic organizations is created, as the social responsibility assumed by economic organizations strengthens the conviction that a well governed state is one that proves to be socially responsible for its own citizens and for all the members of the global community. Each of these five modes of understanding entails a theoretical system and a particular way of dealing with social responsibility.

At the same time, besides theories that are interesting in the academic debate on social responsibility, attributed to various authors, there is a real concern for the definition and institutional implementation of social responsibility at the level

of important international political and economic structures. Thus, in the documents of the European Commission most definitions of social responsibility describe it as a voluntary action of organizations. Given the interest in the increase of competition in the business area, organizations are aware of the importance of ethical behavior in relations with various public categories. In a voluntary way, organizations intend to include among their concerns a series of activities pertaining to the social sphere, like environment protection, the need to invest in human resources, involvement in programs to restrict unethical behavior in the form of corruption, bribe, negligence, human rights violation, involvement in solving the sensitive issues of the life of a community etc. In addition to the ethical dimension, social responsibility has also an important legal dimension, given the fact that any action should be carried out in a legal framework determined by the economic space in which it takes place. Nevertheless, it does not substitute the standards provided by legislation and by institutionalized regulations, (*Green Paper*, 2001), but it rather implies a complementary action that should be regarded as an ethical engagement of the organization.[3]

What is important next is to configure a few general premises as a starting point in the construction of an ethical model of the social responsibility of the state. Besides the concept of ethical responsibility strictly related to public action, the study is to see to what extent organizations may be considered responsible agents, and the way the state may act as a responsible agent through public health programs, including problems of family health and child caring.

Social responsibility and the public health system

If talking about an ethical responsibility of organizations, it is useful to consider the distinction that David Schmidtz and Robert E. Goodin (1998) make between two types of responsibility. First, we may speak of a "forward-looking, task-oriented responsibility", which is related to the wish to attain objectives, and it targets direct action and future development. It involves an ethical action that incorporates the past, engages the present and shapes the future. Second, "backward-looking, blame-allocating responsibility" or holding someone responsible. Ethical responsibility implies this direct confrontation with public opinion, but often triggers an involvement of legal responsibility. In the case of this retrospective responsibility, the blame or the award is often established according to the model of legal responsibility, even if there are only consequences and measures to be taken just at ethical level. From the point of view of social responsibility,

[3] If the ethical and the legal are complementary, social responsibility as an ethical act may be better understood by applying the legal method in the interpretation of ethical responsibility. The importance of the use of the legal method for a nuanced understanding of ethics and responsibility may be found in D. Warner's book (Warner, 1991: 4-5).

what is important is the focus on perspective-responsibility that is oriented toward purpose accomplishment (Schmidtz and Goodin, 1998: 150).[4] It is what may help us understand the importance of organizations in the dynamics of responsible actions. This dynamics should be mentioned when talking about social responsibility in the public health system. This future orientation gives all decisions and actions a strong ethical print.

The importance of this perspective-responsibility is to be noted in the analysis of some documents like the *National strategy of public health* (Enăchescu, Vlădescu, 2004) or the *Report of the Presidential Committee for analyzing and elaborating public health policies in Romania* (Vlădescu et al., 2008), which leads to the idea of the need to create an ethical model to operate in the health system in Romania.[5] Furthermore, considering the social inequalities and the inequities in the Romanian health system, Vasile Astărăstoae emphasizes the need for an ethical analysis of the whole health system. For a start, it is noticeable that although "common European values, like observance of the right of public health protection, observance of the right of free choice and equal chances, are mentioned as fundamentals of the health system and public policies" (Astărăstoae, 2010: 3), in reality there are serious inequalities in the state of health of various social groups. The situation might be explained by the fact that the state declines its responsibility to guarantee the right of health by shifting responsibility from social responsibility to the individual's responsibility for his/her own health. At the same time, among several attempts, "the sociology of childhood talks about the recent trend in European policies to shift responsibility for child health, education and welfare from the state to parents and families" (Cojocaru, D., 2008; See also Cojocaru, D., 2009). From the point of view of the present topic, this

[4] Some views about the understanding of responsibility may be found in R. A. Shiner's study (Shiner, 1999: 974).

[5] Various organizations are operating in the public health and social system (Cojocaru, D., Cojocaru, S., Sandu, A., 2011). The specific ethical dimension is stipulated in the Romanian legislation according to which "Public health assistance represents the organized effort of society to protect and promote the health of the population. Public health assistance is provided through the corpus of political-legislative measures, of programs and strategies that target the determiners of the state of health as well as through organized institutions that should provide all the necessary services …The responsibility for securing public health belongs to the Ministry of Public Health, to territorial public health authorities, and to the public medical network." (Law 95/2006, Title I, Art. 2). We should not ignore one of the remarks made by the authors of the report of the presidential committee for analyzing the social and demographical risks showing that, although European values and principles have been integrated into the Romanian legislation, "equitable access to quality health care is only an institutionalized promise and not an effective right" (Preda, et al, 2009: 133). The members of the presidential committee were the following: Marian Preda, Vasile Gheț ău, Manuela Stănculescu, Traian Rotariu, Dumitru Sandu, Livia Popescu, Gabriela Drăgan, Doru Buzducea, Ștefan Cojocaru, Adrian Nicolae Dan, Cosima Rughiniș, Filofteia Panduru, Lucian Pop, Bogdan Voicu, Sorin Ioniță, Simona Lupu, Gelu Duminică, Monica Alexandru, Raluca Contanu, Daniela Pescaru Urse, Vlad Grigoraș, Florin Lazăr, Irina Elena Aldea.

coincides with an attempt to transfer institutional responsibility towards the parents' individual responsibility in solving the complex problems of granting health status to children and families. The care granted to the health of the child must be central and permanent, even if one can note a move from "the weight center of medical solicitations from the maternal and infant field towards that of the old people, and there is an increased need for a restructuring of the medical system towards the social services dedicated to the older" (Borzan, Mocean, 2002: 139). Inside the health policies, one cannot overlook the difficult situation of all vulnerable categories. Paying attention to the allocation of resources aiming at supporting families and at child care, all based on ethical principles, would be a solution for the problem stated by the *Report of the Presidential Committee for analyzing and elaborating public health policies in Romania*, namely the fact that a child born in Romania "runs a six times higher risk of dying before his first anniversary than a child born at the same time in Sweden, and an almost three times higher risk of dying than a child born in Hungary" (Vlădescu et al, 2008). From the perspective of social responsibility, the state should be aware that it is not a profit-driven organization but one that has responsibilities towards all the members of society and especially towards those whose income cannot secure the access to the right of health and of a dignified life.[6] Thus, the state should function following the model of corporations that choose to sacrifice a part of the revenues to get involved in socially responsible action, being aware that investing in the health state of each member of the community (irrespective of his/her contribution to the health fund) means not only taking social responsibility, but also an ethical attitude of promoting the welfare of the community and the public good. The social ethics issues and the medical ethics issues are deepening with the appearance of "the new diagnosis and treatment technologies, as result of an increased respect for the patient's rights and of financial restraints" (Borzan, 2007: 206).[7] In this context, the problem of equitable access to medical services becomes more difficult to solve. Responsibility is transferred from one organization to another and the state tends to shift emphasis to individual responsibility. It is more and more evident that running away from responsibility and the absence of ethical action in general has led to a limited access to healthcare of many socially underprivileged groups and of those who belong to high-poverty rate families.

[6] As regards the right to health, the right to live in dignity, we should mention what Mihaela-Cătălina Vicol points out: "The Universal Declaration of Human Rights only stipulates these rights; it does not include protection modes or the state's specific contribution. These elements are to be found in the Universal Declaration on Bioethics and Human Rights - UNESCO, which contains the notion of social responsibility as a factor of the states' involvement in promoting and protecting these rights". (Vicol, 2010: 3). Moreover, it is important to note that in the second document, the responsibility of the state is only sketched, without providing clear regulations.

[7] The reasons why economic issues cannot be separated from social responsibility can be found in N.Vorster's article (Vorster, 2010).

Moreover, the general framework of the health system contains the provision according to which "patients have the right to the highest quality medical care that society possesses, in conformity with the human, financial and material resources" (*Legea nr. 46 din 21 ianuarie 2003*). A possible explanation of the difficulties in the health system may be found in the study of Vasile Astărăstoae who shows that the deepening of the social inequity of underprivileged categories has a double cause: on the one hand, health reforms focused primarily on medical cost control, which finally led to a generalized chronic underfunding of the public health system; on the other hand, the economic reform measures taken during the crisis have had a negative impact on large categories of population and have led, amongst others, to an increase of social inequities in the health system. These public policies have had negative consequences on the health state of the population in general and on the underprivileged groups in particular, creating inequalities between the state of health of various social groups (Astărăstoae, 2010: 3).[8] Under all circumstances, including the lack of financial resources caused by the economic crisis, fairness requirements in health issues should consider that the right to health is a fundamental human right and that with underprivileged categories "poverty is the highest health risk; poverty extension is unfair, financial inadequacy leads to prejudice and social exclusion and an increased rate of violence." (Borzan, 2007: 17). Negative effects of poverty have largely been discussed in the Report *Risks and Social Inequities in Romania.* The risks connected to diverse groups subjected to discrimination or to poverty, as well as the negative consequences of various types of representation that we have concerning some disfavored groups (Mișcoiu, 2006; Mișcoiu, 2007) have been repeatedly emphasized by Romanian researchers. A special category underlined by the above mentioned report is that of children, because in their case poverty has consequences both on their health and on their integration in the educational system, and even on their later work capacity (when they are integrated in the labor market). It is important to mention here that "a social policy strongly oriented towards child protection and towards sustaining families with children is necessary because there is no individual responsibility in the case of children, who have no capacity to opt for one life strategy or another, to act or to fight for a better life or for ensuring the respect of rights conferred by law. Such a policy is also important for correcting the birth rate, as well as for the fact that an investment in children is most important and profitable for the subsequent development of economy and society (Preda et al., 2009: 28). There is a noticeable tendency of moving respon-

[8] These groups have a precarious situation not only as regards the access to health, but also their social integration in various aspects, a situation due to the fact that "there is no legal framework to encourage the development of social economy activities (the syntagma does not even exist in the Romanian laws) and the availability of the public institutions to support the organisations addressing the vulnerable groups is very limited", as it is shown in Arpinte, Cace, Cojocaru, [a]., 2010: 78. To understand the complex problems of applying ethics in clinical situations involving underprivileged groups, see Tobolcea, 2010.

sibility from state responsibility and than towards community and parental responsibility in what concerns the responsibility for the health and harmonious development of the child. However, the state has several responsibilities connected to providing a general framework that should consider that its priority is the high interest of the child towards health services in the XXI century. (Cojocaru, S., 2009: 170-171). For this very reason, it is important to use inter-sector cooperation and to create an ethical platform of joint responsibility with the participation of all the sectors of the society as determining factors in diminishing social differences and in improving the health state of all population categories. To reduce the negative effects, an ethical analysis is needed so as to build the instruments necessary for a good correlation of policies in various sectors and to ensure a balance between social and individual responsibilities (Astărăstoae, 2010: 4).

There is no doubt that regarding prevention activities in particular, one should aim for an increased responsibility of every individual with respect to his/her own health. But when the individual already needs medical services, it is difficult to establish the limits of individual responsibility and additionally it is difficult to decide whether the responsible individual should be sanctioned for the health state he/she is in, in terms of service providing or resource allocation.[9] Recent analyses show that the doctor cannot turn into a judge to decide who should have access to the necessary medical services based on individual responsibility. The idea of medical service distribution based on the responsibility of the individual for his/her disease, for his/her state of health, may collide with medical deontology (Huzum, L., 2010: 176). Of course, the debate on the individual's responsibility for one's own state of health (present also in Romania in incipient phase) brought about quite diverse options, from the sanctioning and extra charging of the individuals who are insufficiently responsible for their own state of health, to conditioning medical services by additional financial contributions, which would be a discriminating form that contradicts the ethical principles of the medical profession.[10] From the ethical perspective of social responsibility, a balance should be found in order to contextualize and nuance the relations between the social responsibility of the state and individual responsibility. In this process one should take into account both economic, social, cultural elements and the right to life and health as a fundamental right of every human being.

[9] On the difficulties encountered while considering the criterion of individual responsibility in the rationing of medical services, nuanced reasons may be found in Huzum, E., 2010. This principle is an extrapolation of responsibility in front of alterity that was well captured by Leonard Swidler: "Those who hold responsibility for others are obliged to help those for whom they hold responsibility. In addition, the Golden Rule implies: If we were in serious difficulty wherein we could not help ourselves, we would want those who could help us to do so, even if they held no responsibility for us; therefore we should help others in serious difficulty who cannot help themselves, even though we hold no responsibility for them." (Swidler, 2004: 41).

[10] See for instance the arguments in Harvey, Fleming, Patterson, 2002; Gray, 2004.

In order to build a frame of mind and ethical action, an evident requirement is to create decision groups that should have the ethical expertise both from the medical personnel and from outside the medical profession.[11] The need to establish committees of experts responsible for the creation and implementation of health programs leading to the accomplishment of the objectives in the National Strategy of Public Health is enunciated in the very text of this strategy (Enăchescu, Vlădescu, 2004: 86-87). Using the provisions of the Strategy as a starting point, one may establish expert committees made up of professionals, representatives of professional associations and non-governmental organizations active in the field, philosophers, sociologists, psychologists, ethic management specialists, and other specialists in applied ethics. Intentionally, theologians are not included here, despite their concerns with bioethics. They may find their well defined role in the debates on the specific implementation of sector policies, but not in the process of the creation of these policies. At the level of ethics institutionalization, of the general strategies targeting the construction of a model of social responsibility and public action that should provide an ethical base for an adequate, ethical and efficient resource allocation in the public health system, religious expertise is not necessary.[12] Moreover, religious reflection may still be relevant for the spiritual problems of individuals, for the responses they seek to varied personal problems but it must not be a reference in the modernization of the state, in institutional reconstruction, in the public policies of the state. Having in mind the central role played by the family in the Christian perspective for centuries, the solving of problems connected to family have supposed, among other things, the intervention of religious institutions. Just like in other fields, during the 20th century a continuous process of departing from religious authority took place, including the decisions concerning family issues. Thus, what happened was that from the situation when "Church had been legally given almost full control over all matters pertaining to birth, marriage, and death", one progressed towards the situation of the modern society, where the competences of the Church were gradually transferred to the state, ending up with the "individual's emancipation and a liberalization of family and matrimonial relations" (Bolovan, 2009: 147; See also Bolovan, 2008; Bolovan, 2010). In the process of state modernization, what must be brought in is an ethical expertise that should use the premise of the fundamental Chart of human rights as a foundation for arguing the principle according to which the right to life and health of every human being pertain to human dignity

[11] The imperative necessity to call on ethical expertise is argued in Frunză, 2010: 9-26.

[12] An important and quite pertinent analysis of the autonomy of ethics from religion may be found in Iliescu, 2010; Frunză, 2009. Philosophical perspectives on the idea of *moral health* are provided by Cozma, 2010. Concerning several complex aspects and difficulties that may unfold at the level of decision at the crossroad of bioethics and religion, see Frunză, 2007; Iancu, Balaban, 2009; Frunză et al., 2010. Also, remarks on the indispensable relation between the ethical and the religious may be found in Iloaie, 2009 or Boari, 2009.

and human rights (Andreescu, 2009; Bărbulescu, Andreescu, 2009, Frunză, 2009). Beginning with the development of modern society, the family and the state are two inter-related structures, even though they remain distinct units. Thus, apart from the difficulties of drafting public policies concerning the family, one must see that "families have both public and private dimensions, and the state has interests in both intervening in and limiting its intervention in families" (Josephson, 1997: 23), and the state must create economic and social facilities, it must ensure access to an efficient and equitable healthcare system, and it must develop policies that make family life possible and sustainable.

The starting point in the construction of an ethical model should be specifically the question: which are the fundamental principles, values, communication structures and self-identification archetypes that may contribute to the development of the social responsibility of organizations and to the construction of an ethics of public health policies? To answer this question it is first of all necessary to create a systematic base of reasons for the decision-makers to act so as to turn these principles into reality. Starting from the need to take into account the cultural, regional, gender, age, status characteristics, it would also be necessary to create the general framework for the ethical evaluation of public policies, in the context of social responsibility assumed as paradigm or as organizational ethics. Essential in this respect is the social responsibility of the state, considering that the Ministry of Public Health has the responsibility to place at the center of its activity "policy formulation and implementation, and planning and coordination of decisions regarding the achievement of medium and long-term goals. Thus, it has responsibilities regarding: budgetary allocations for health, accountability for the programs it decides to implement, managing public health programs, regulation of both the public and the private health sectors, conducting health policy research and planning, defining and improving the legal and regulatory framework for the health care system, developing a coherent human resources policy and building capacity for policy analysis and management of the health care system" (Baba, Brînzaniuc, Chereches, Rus, 2008: 19).

In the *Report of the Presidential Committee for analyzing and elaborating public health policies in Romania* special importance is attributed to the idea of making someone responsible. This applies to financial, organizational and professional responsibility. Financial responsibility is correlated to the decentralization principle for more effective decisions and expenses. The need for decentralization is based on the principle according to which making someone responsible is more efficient if the beneficiaries of the decisions are closer (Vlădescu et al, 2008:

13).[13] However, what is important is that organizational and decisional decentralization should be correlated with increased requirements for a real access to resources, for evaluation and control. For this purpose, it is necessary to create models of planning and evaluation that should make the effective use of existing resources possible. Indeed, it is ethical that efficiency should be a concern for all the activities in an organization. Also, in the health system it cannot be a purpose in itself. From an ethical point of view, considering organizations responsible cannot be limited to financial responsibility; it should manifest beyond the principle of the effective use of resources through the interest that organizations pay to the ethical allocation of resources. For this reason, it is necessary that financial decentralization should be achieved along with institutional decentralization, doubled by the responsibility that the state has for its citizens in the promotion of public polices targeting ultimately the citizens, and in securing a fair access of all the citizens to the healthcare system. Particularly during periods of crisis, when resources prove limited, a greater involvement of the state as an agent of social responsibility is necessary. The health level of the population is decisive for all the other fields. One must not forget that "health care systems are run by, and address services to *people*. Consequently, humans are probably the most important but also the most complex resource that a health system has." (Baba, et al., 2008: 17). In this process, the involvement of the state is related to the very survival of the system. Consequently, since the state is a key actor in the harmonious development of the system, "the government should find the balance between the different objectives of social justice and the cost implied by the constant innovation of medical technology …. In the situation of a limited budget, especially in the situation of reduced state involvement, considerations of social justice play an extremely important role in the equitable allocation of resources" (Borzan, 2007: 225).

Another aspect in the *Report* insisting that support and strengthening are necessary is that of the responsibility of professionals in the medical system. System modernization presupposes new aspects of responsibility related to increased requirements by various organizations involved in the health system, higher professional standards, the patients' rights seen inclusively as rights of access to adequate health services, fundamental human rights (Vlădescu et al, 2008: 13).

[13] The replacement of a centralized system is a constant concern because "Decentralized Health Systems are characterized by health programs designed horizontally, by sharing of power, community orientation, importance of information, knowledge, accountability of results, strong management capacity and strong leadership. Consequently, the advantages of a decentralized structure are an increased efficiency, a more acute sense of reality leading to a better and more prompt response to community needs, better communication, better use of information, more accountability for the actions taken. Decentralization can be seen as a managerial tool that can be used to increase efficiency and to achieve the proposed results", as stated in Baba et al., 2008: 18.

In order to propose efficient ethical public policies in the public health system, one must start from the premise that the state is not a profit-driven entity. Rather, if accepting that there is a profitable action of the state, the highest profit is to invest in people, as a European slogan, much in fashion in Romania today, also says. This investment translates in the fact that "everybody has the right to adequate healthcare, including preventive assistance and other health promoting measures. Services should be permanently accessible and equitable to all, without discrimination and in conformity with the financial, human and material resources available in a given society." (*Organizația Mondială a Sănătății*) The social responsibility of the state should manifest and be visible in the way in which the financial, human and material resources make the system function well. As regards Romania, authors like Cristian Vlădescu, Vasile Astărăstoae, Silvia Gabriela Scîntee emphasize that "the low level of funding is alarming, especially if we consider the long period of under-funding, during which no investment was made in the health system, the demographic tendency of the population towards aging, and the existence of one of the most precarious states of health in Europe." (Vlădescu, Astărăstoae, Scîntee, 2010: 12). A responsible involvement of organizations operating in the public health system is necessary at all the three levels of public action: governmental action is necessary with the support of a large coalition of all public forces and organizations so as to identify and allocate the funds needed by the public health institutional system to exit the crisis; a coherent, stable, long-term governmental policy is necessary to develop public policy concerning health family and to trigger an increase of birth-rate and less disequilibrium in society as result of aging populace; what is also necessary is consistent action to provide access to the public health services for all those who need them, not to mention the importance of decisions for equal access to the medical services of all population categories, and the priority investments in the preventive system that should gradually diminish the precariousness of the state of health and improve the quality of life of citizens. Considering that the Romanian medical system assimilated the international policy "health for all in the 21st century", it is natural to expect the population's generalized access to health, based on the elimination of disparities and inequities (Borzan, 2007: 16). So that such expectations should not become purely utopic, direct interventions of the state through public policies based on responsible action are necessary.

In understanding the phenomenon, there are some useful analyses that highlight "three major problems on the funding of the health system in Romania: a low level of resources allocated for health, insufficient sources and inadequate modes of funds collection for health, arbitrary use and inefficient, inequitable allocation of resources" (Vlădescu, Astărăstoae, Scîntee, 2010: 7). A solution to overcome this situation is the increase of the level of funding for the health sector. This is regarded not only as an act of eliminating the disequilibrium caused by the

continuous under-funding of the system, but rather as an investment because the increase of health costs brings not only benefits in the improved health state of the population but also economic benefits through the wellness of those in good health (Vlădescu, Astărăstoae, Scîntee, 2010: 7).[14]

It is evident that Romania makes an effort to be in line with the standards and recommendations of international organizations in the field of public policies, legislation or economic strategies. Most often, there is some external pressure inviting to reflect, act, and to make decisions. The result of such a requirement and such external pressures was the formulation of the National Strategy for Public Health. The very text of the document issued by the Center for Health Policies and Services for the Ministry of Health, as part of a World Bank grant in 2004, mentions that the basic principles for the creation and implementation of the Strategy are taken over from various international documents of the main institutions that approach the public health system at international level, like the 1998 World Health Declaration on – "Health for all in the 21st century" or the 1994 Report of the International Conference for Population and Development. One of the conclusions based on these reports is that the National Strategy of Public Health "should include the concepts and principles of *professional ethics, equity, solidarity and social justice* found in the goal articulated by the World Health Organization regarding the preparation of public health policies." (Enăchescu, Vlădescu, 2004: 21). International documents are issued in the spirit of a global ethics and of social responsibility both of institutions involved in the preparation, implementation and evaluation of health strategies and of all interested factors.

The subjects in the assertion of ethical and efficient action principles deriving from these documents are to be found in the international discourse on the social responsibility of organizations. Thus, the National Strategy of Public Health is based on the principles of sustainability and social responsibility that use as a work hypothesis the following: firstly, the principle according to which "*health* is a *fundamental human right*, every person has the right to high level health and public health assistance, so that basic health services should be distributed free of charge irrespective of the socio-economic status, level of education etc.", and secondly, the principle according to which it is necessary to "*secure a high level of human protection* by identifying the conditions and threats in the public health sector, and by implementing sustained and cost-effective security measures." (Enăchescu, Vlădescu, 2004: 21). These principles require a partnership in which all the factors involved – community, government, the non-governmental sector, scientific and health organizations, other sectors etc. – should cooperate in order to: support sustainable development of health, make decisions based on an analysis

[14] To an ever growing extent, it is accepted that "by focusing on underprivileged groups, health policies may lead to an increase in the human capital potential existing in society and thus to the economic development of society", as mentioned in Oprea, 2010: 4.

of scientific evidence in the public health sphere, examine the way in which health care is provided for best results, prepare a strategy for the integration, coordination and extension of all programs related to public health (Enăchescu, Vlădescu, 2004: 22).

Not only in crisis situations but also in normal situations in which substantial changes related to funds allocated for health, and especially when measures to restrict budget allocations, conflicts start appearing between the deciding authority and the offer for healthcare "represented by what the health service providers have for consumers … The physician and the hospital represent the main producers of the offer for healthcare." None of these "correspond to the economic theory of the company characterized by its wish for profit maximization and its possibility to choose resources and results." (Mocean, Borzan, 2002: 44). Also, one must take into account that in public health institutions, even if profit making is not a purpose in itself, the whole activity should regulate quality, performance and efficiency. Higher quality, efficiency and performance are more important when they are not a central concern of public institutions and "this situation led to a rigid and outdated system in which things were done more by inertia than by motivation". (Baba et al., 2008: 24). One way to reach superior quality and performance indicators is for the employees in the public health system to carry out activities according to the national strategy for health. Under the circumstances of drastically restricted funding for the various organizations in the health system, it seems natural that conflictual relations between doctors and state representatives may appear. To diminish the conflictual states within organizations, a good correlation of the decentralization principle with the one of integration within the general public health system is necessary. Thus, it seems natural for the administrators to put the governmental measures into practice in a responsible way, even against the increased resistance of those acting in the system, and for a reaction of rejection to appear from the ones affected negatively by the decisions or from those considering the measures unsatisfactory when compared to the expected results. (*Declarația AMM*, 1993)

The model of the health system should be dynamic and capable to adapt to the continuous changes of modern society, to correlate policies with resources and to adapt medical practice to the technological developments in the field. From among the elements that such a healthcare system should have, Mocean and Borzan mention: "general coverage; prompt accessibility; pertinence to needs; equity; posibilities for choice; effectiveness; high efficiency; wide social acceptability; state responsibility for public health." (Mocean, Borzan, 2002: 17) In an ethical perspective, all these elements contribute to an adequate quality of life, especially through the influence that the general state of health of a community has upon the complex relations in society and upon the development of all activity sectors. The quality of life "represents all the natural and cultural phenomena, the variety,

amount and quality of goods and services available to society members. The concept of the quality of life is related to civilization, economic growth, technical level and urban-industrial development, goods being obtained relatively easily and in satisfying amounts and wide variety." (Mocean, Borzan, 2002: 12). The need to contribute to an increase of the quality of life is an ethical requirement to be learnt by the managers who need to solve the complex problems of the healthcare system by valorizing the state obligation to contribute to the quality of life of all citizens.

Instead of conclusions: what can we expect?

Social responsibility is part of the ethical competence that any organization should have. If there are organizations that do not have it, they should take all the steps to obtain it. It is obvious that in this case, ethical counseling becomes central in obtaining ethical competence and in developing abilities for responsible action. An ethical model should contain, besides the description of the social responsibility competence, also the evaluation mechanisms and the interpretation pattern of the social responsibility competence of organizations, including the social responsibility competence of the state as an organization in the global system. European tendencies in connection with social responsibility are following this direction, which is visible also in the attempt to make it mandatory for organizations to submit social responsibility reports.

In order to set these elements to work, a model of social responsibility is necessary and it should be configured along two axes: 1) a main one that should target the state's responsibility for providing access to health services according to ethical principles deriving from the cultural and religious tradition, from family customs, from the legal provisions system, the constitution and the human rights chart; 2) on the one hand, a secondary axis that should use the ethics of corporations involved in social responsibility acts as an example for the state's action, and on the other hand, an axis that should make public policies provide for corporate social responsibility programs directed to resource allocation, especially to the underprivileged areas of the medical system in Romania. In this respect, a coherent system of principles as a fundamental ethical landmark for any social responsibility program should be built. Also, sufficient reasons should be provided in order to underline the idea that to participate with resources in health programs is fundamental for any responsible action. The health state of the members of a community is a shaping factor in all their actions, and it directly influences even their ethical condition and cultural outlook. Thus, one should consider: 1) creating a theoretical model of responsibility that should serve as a general system of a set of criteria meant to facilitate an ethical evaluation of any public policy program; 2) setting criteria, principles, proposals of public policies to be offered to state

institutions for implementation as ethical programs of public policies and especially of policies aimed at the public health system; 3) creating the necessary framework for corporate organizations to participate, in their turn, in developing communities through responsible action directed primarily towards public health programs and towards granting equitable access to public health services for children from vulnerable categories and for families living in deep poverty.

As one can see in the *Report of the Presidential Committee for analyzing and elaborating public health policies in Romania*, there is a series of factors that people can control only within limits. Thus, age, sex and heredity features are considered to be basic determinants of the health status. This is why individual responsibility must be correlated with family responsibility, with the ethical responsibility of the community and with the social responsibility of the state. In this respect: "The social networks and the community networks, which includes the family, play an important role in the health of individuals. Very often, through local structures individuals and communities are granted services through which they receive health-related information and information concerning health services. Thus, they are granted the necessary support in order to play an active role in improving their own health" (Vlădescu et al., 2008).

From an ethical perspective, in all these steps, the institutions of the rule of law state have the responsibility to be involved in building a national health system that should function well, to encourage initiatives for the development of this system, and to provide access to healthcare services for all citizens. Additionally, an ethical attitude implies providing access to the public health system also for those population categories connected to families that, due to poverty, cannot afford to have access to health services, and to those vulnerable groups that, without the direct support of the state, would have no access to the system benefits. In other words, the social responsibility of the state entails an efficient inter-sector cooperation that should administer the social priorities of the system well. In order to support this process, it is evidently necessary to issue and to assume an ethical and efficient model of social responsibility and public action.

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