



Working together  
www.rcis.ro

## **Revista de cercetare și intervenție socială**

ISSN: 1583-3410 (print), ISSN: 1584-5397 (electronic)

Selected by coverage in Social Sciences Citation Index, ISI databases

---

### **MORAL FUNDAMENTALS OF HUMAN LIFE PROTECTION AND THE POPULATION'S RIGHT OF HEALTH**

*Cristina OTOVESCU, Adrian OTOVESCU*

---

Revista de cercetare și intervenție socială, 2017, vol. 57, pp. 228-242

The online version of this article can be found at:

*www.rcis.ro, www.doaj.org and www.scopus.com*

Published by:

Expert Projects Publishing House



On behalf of:

„Alexandru Ioan Cuza” University,

Department of Sociology and Social Work

and

Holt Romania Foundation

REVISTA DE CERCETARE SI INTERVENTIE SOCIALA

is indexed by ISI Thomson Reuters - Social Sciences Citation Index

(Sociology and Social Work Domains)



Working together  
www.rcis.ro

# Moral Fundamentals of Human Life Protection and the Population's Right of Health

Cristina OTOVESCU<sup>1</sup>, Adrian OTOVESCU<sup>2</sup>

## Abstract

The protection of the human life has become an imperative social problem in Romania, as a consequence of the fact that 1 in 4 citizens, or, more precisely, 23.40% of our country's population, suffers from a chronic disease or a long time deficiency in their health condition. Thus, we have considered that the issue can be regarded from the perspective of the moral values and the principles of bioethics, from that of the legal norms and the results of a field sociological research. There are evidenced normative documents that provide the legal framework for the functioning of the health system in general, at the European and national level, and we explained the gap between the rule of law and the present state of the health care system in Romania. We have used the results of a field research conducted on a sample of 1,000 people in Craiova and Drobeta Turnu-Severin, stating that over 20% of the population of these cities suffers from certain diseases. There were rendered valuable the results of a field research, made on a sample of 1,000 people, from the cities of Craiova and Dr. Turnu-Severin, which attest that over 22% of the population from Craiova, and over 30% of the population from Dr. Turnu-Severin suffers from specific diseases, including some serious ones (almost 3%). Systematically, we analyzed the deficiencies of the Romanian health system. Due to this fact, over 120 seriously ill patients sued the Romanian state because it violates the right to treatment, diminishing their chances of saving their lives. In the final part of the article we showed, synthetically, a number of solutions and proposals for making up a national health system, effective in Romania, taking into account the specific requirements of patients and the associations that represent them. Simultaneously, we stressed the need for the education of citizens in matters of law, enjoying the rights to health protection in the area of EU countries, laws, which they do not know.

*Keywords:* bioethics values; human rights; public health; deficiencies of the medical system; biomedical tourism.

---

<sup>1</sup> University of Craiova, Faculty of Law, Craiova, ROMANIA. E-mail: otocris@yahoo.com

<sup>2</sup> University of Craiova, Faculty of Letters, Craiova, ROMANIA. E-mail: adiotovescu@yahoo.com

## Introduction

In the present article we intend to analyse the way in which the human being is protected in Romania, from the point of view of the health insurance. The right to life, as a fundamental human right, depends greatly on the way in which the right to health is observed, through the national medical system. The protection of human life in our country has become a priority social issue, being generated by a reality that displays dramatic features: “One in four people suffers from at least one chronic disease or a long term health problem”, which means the serious affecting of the life quality at almost a quarter of the population from Romania (23.40%). The official statistical data attest that 47% of the population went to the doctor at least once, that the chronic diseases and the long term health problems characterize the female people to a greater extent (29.9%), than the male ones (21.8%), those from the urban regions in a higher proportion (26.8%), than the ones from the rural areas (24.9%), the older ones in an overwhelming share. Until the age of 55-64, inclusively, there is predominant the population whose health condition is a good one, after this age it decreases to 31.6%, in the case of those of 65-74 years old, and reaches to 14.2%, in the case of the population of 75 years old and over (The National Institute of Statistics, 2015)

According to the information presented by the National Institute of Statistics, the most frequent diseases among the population from Romania are arterial hypertension (17% of the people) and spinal affections (11%). The most alarming and shocking are, nonetheless, the oncologic diseases, because they cause radical changes in the life of the patients and their families. The number of the ill people is continuously growing, including amongst children, and the crisis of drugs has been extended over several years. Due to this cause, the treatments are not received on time, or lack, and the rate of therapeutic success is situated on average shares, reducing dramatically the life expectancy of the patients with oncologic problems. The lack of medicaments for all the ill people determines the medical staff to make a selection, to the detriment of those who are in the terminal stage of the disease. As resulting from the appreciations made by the president of the Federation of Cancer Patients Associations from Romania, Cezar Irimia, in our country, there are annually discovered approximately 78,000 new cases of cancer, and around 50,000 of the patients die every year due to oncologic maladies. Thus, for example, in 2012, there were found 43,000 men with oncologic problems, from a total number of 10,370,000 and 35,600 women with different forms of cancer, from a total number of 11,017,000 people (Gheorghita, 2014).

At the beginning of 2016, media was informing us that the number of the people discovered with cancer reached 80,000 per year. Undoubtedly, to these, there were added the numerous cases of recurrence, being known that the oncologic maladies are ruthless in Romania. A year later, in February 2017, it became notorious the information that, in the hospitals from Romania, 7 oncologic

treatments for children were missing and 16 oncologic treatments for adults. To the crisis of the medicaments, there has been added, for 5 years, the crisis of the specialist doctors, who chose, in a large number, to practice their profession abroad. The effect produced by the stressful situation, which the Romanian has been experiencing, is that, daily, an average of 130 people die, due to cancer.

On the upcoming future, the specialists are pessimistic, speaking even of a “significant increase” in the number of cancer cases all over the world. Such an increase, they say, would be attributed to our lifestyle, genetics, nutrition and hormonal issues (Roca *et al.*, 2015). Further on, we are going to examine the problem of the human life protection in Romania, as regarded from three different, but unitary, aspects: that of the moral request and the medical practices promoted by bioethics; that of the legal background for the defending of human rights, in general, of the rights to health and life, especially; that of the way in which the national medical system responds to the needs of public health insurance, and, implicitly, of protection of the citizens’ lives.

### **Medical practices and moral values. Principles and functions of bioethics**

Historically, bioethics emerged as a specific field of study at the beginning of the 7<sup>th</sup> decade of the XX<sup>th</sup> century, in a period characterized by a deep differentiation of the research process and the contamination of analysis perspectives. Thus, a multitude of new scientific horizons, multidisciplinary and interdisciplinary, such as biochemistry, biophysics, ethno-biology, biogeography, ethnobotany, socio-biology, bioethics etc came out. The fundamental premise which leads to bioethical research is the examining of medical practices through social acceptable moral values, so that any human being should get an appropriate treatment in order to preserve his/her life. In the field of bioethics there and interact three essential perspectives of approaching the issue of people’s health: the medical perspective, the ethical and legal (the latter being developed in large studies of other subjects such as medical law or health law). As a result, bioethics consists of basic concepts, theoretical principles, methods and accurate solutions, both medical and ethical-legal, which are meant to explain the relationship between the patient and the physician, taking into account professional, moral and law rules/norms which recognize health and life as supreme values. Respecting the diversity of bioethics implies equally that, in cultural space, bioethics can be understood as a means of domination of a culture which would have as a purpose the pointing of a survival approach (Byk, 2007). Although some concerns discussed in the bioethical field of issues find different legislative answers from one country to another (such as, for example, legislate euthanasia under medical supervision or its ban), the relationship between doctor and patient in terms of

Kant's morality remains, however, fundamental, the categorical imperative of promoting man always treated ascendant never merely as a means. Hence the primary mission of the physician and medical institutions: to help the sick, to save people's lives and to care for regaining their health. Thus, bioethics has taken two types of functions, above all in the field of public ethics, but also in clinical ethics and research of ethics. These are: (1) the function of consensus and resolving conflicts of interest or value at any price; (2) the function of research and reflection on the fundamentals of human and society values" (Moldovan, 2002).

The problem of bioethics study includes a variety of topics for reflection and questions, a series of methodical doubt related to solving concrete practical issues such as: What is the purpose and what is considered the abuse of experiments on human subjects? For who is important to legalize euthanasia and what consequences does it have on moral, personal and social level? Is there enough legal protection of the human genome? Under what circumstances can be made a transplant of human organs, without being considered a commercial transaction or a criminal act? Is the human body still as a creation? How necessary could be cloning for human evolution and what impact it would have on human life? And how does the removal of organs deals with the respect of human remains? How and when can a man dispose of his body? On what conditions should fertilization be performed? How can a transplant of genetic material be managed? In a synthetic and finalist sense (referring to its goal), bioethics is the science that deals with "identifying the problems, which the development of science, life techniques and health may produce, in order to give solutions that respect the human being. Bioethics is interdisciplinary. It gathers in a joint effort philosophers, sociologists, lawyers, doctors and patients. The field of this science includes medical care in procreation, embryology, donation and the use of elements and products of the human body and biotechnology" (Turcu, 2010: 376). Medical practice involves necessarily, a national institutional structure connected to the European and global institutions of health protection, a competent medical institution and with an evolutionary potential, a rigorous activity of scientific knowledge in the biomedical and pharmaceutical field, a high professional, disciplinary and penal responsibility, of those who work in the medical system (Laude, Mathieu & Tabuteau, 2007).

### **The legal framework and its normative value for medical activity**

The protection of the human life enjoys a wide public interest, and an institutional support, all around the world being a multitude of normative documents elaborated for this reason. "The evolution of human rights and of public liberties was spectacular. The list is enriched continuously; the guarantees of application diversified, also continuously, not only at the national level, but also

internationally, their acknowledgement at the international community level increasing gradually. Nevertheless, these rights are still fragile. This fragility is due to certain elements of political, economical, technological and institutional nature” (Dogaru & Danisor, 1997).

*The Universal Declaration of Human Rights* was adopted and proclaimed by the UN General Assembly on December 10<sup>th</sup> 1948. According to Article 1, “All human beings are born free and equal in dignity and rights. They are endowed with reason and conscience and should behave in the spirit of brotherhood”. *International Covenant on Economic, Social and Cultural Rights* was adopted and opened for signature by United Nations General Assembly on December 16<sup>th</sup> 1966. The provisions of paragraph 1, art.12 states that “States Parties to the present Covenant recognize the right that every human being should enjoy the best physical and mental health that can be achieved. The States Parties to the present Covenant will adopt the measures to ensure full exercise of this right and they shall include necessary steps to ensure: (1) to reduce mortality of new-born babies and infant mortality and healthy child development; (2) improving all aspects of environmental hygiene and industrial hygiene; (3) The prevention, treatment and control of epidemic, endemic, occupational and other, and fight diseases; (4) the creation of conditions which would assure to all medical service and medical attention in case of illness” (Paragraph 2, Article 12).

*African Charter of Human and Peoples’ Rights* establishes in art. 16 that: “Everyone has the right to physical and mental health at the highest possible level. The signatories of this Charter shall take the necessary measures to protect the health of its people and to ensure that everyone will get health care in case of illness”.

*The European Social Charter* (revised) regulates in art. 13 “the right to social and medical assistance,” stating the following: (1) “To ensure that any person who does not have adequate resources and who is unable to secure such by their own means or receive them from another source, in particular by benefits under a social security scheme, can receive adequate assistance, and, in case of sickness, the care necessitated by his condition; (2) To ensure that the persons receiving such an assistance shall not suffer, therefore, a diminution of their political or social right; (3) To provide that everyone may receive, by appropriate public or private services, any advice and personal help as necessary to prevent, remove or mitigate the personal or family need; (4) To apply the provisions of paragraphs 1, 2 and 3 of this article, both to the citizens of the countries which signed the treaty and to all the nationals who are legally in their territories, according to the obligation assumed by the Parties under the European Convention of social and medical assistance, signed in Paris on December the 11<sup>th</sup> 1953”.

*The European Convention for the protection of human rights and the dignity of human beings with regard to the Application of Biology and Medicine*, from April

the 4<sup>th</sup>, 1997 aims to protect human dignity and identity, ensuring each person, without discrimination, the respect for their integrity, other rights and freedoms to the application of biology and medicine. Each Party shall take in its internal law the necessary measures to give effect to the provisions of this Convention (Art. 1). In art. 2 and 3 it is stated that “The interest and welfare of the human being shall prevail over the sole interest of society or science. The Parties shall, taking into account health needs and available resources, appropriate measures to ensure, within their jurisdiction, equitable access to health care of appropriate quality”. The general rule is laid down in Art. 5, as follows: “A health intervention can not be performed only after the person concerned has given free and informed the consent of issue. This person receives the appropriate information in advance about the purpose and nature of the intervention, and the consequences and risks. The person concerned may at any time withdraw his consent freely”. This problem presents certain peculiarities in the case of immigrant groups facing immigrant countries with multiple difficulties of social adaptation and respect for the rights to work, health, decent living etc. (Islam *et al.*, 2016).

The scientific discoveries in Biology and the accelerated evolution of medical practices, lately, have attracted the attention of lawyers, who noted the need of reviving the legislative framework for interventions on the human body. “For a long time the law was not interested in the human body, so that laws have referred to it only indirectly, that was the birth and death of the individual. But in such situations there was an interest in the acquisition or loss of legal personality and not in the juridical contents of the notion of the body. The evolution of social life and especially astounding progress of biology and medicine have caused profound changes and the human body has begun to be appreciated as a source of personal and social utilities that demands the attention of law” (Diaconescu *et al.*, 2009). *The Chart of Fundamental Rights of the European Union* states explicitly in ar.35 “Health Protection”: “Everyone has the right of access to preventive health care and to benefit from medical treatment under the conditions established by national laws and practices”. The definition and implementation of all Union policies and activities shall ensure a high level of human health protection.

Also, *The Romanian Constitution* provides in Article 34, the “right to health” and highlights the following: (1) The right to health is guaranteed; (2) The State shall take measures to ensure hygiene and public health; (3) The organization of health care and social security system for sickness, accidents, maternity and recovery, the control of practicing medical professions and paramedical activities, and other measures of protecting the physical and mental health of the person is established by law; (4) In this context, Art. 35 regulate the “right to a healthy environment”; (5) The State recognizes the right of every person to a healthy and ecologically balanced environment; (6) The State shall provide the legislative framework for exercising this right; (7) Every common person and juridical ones have the duty to protect and improve the environment. Normative documents



presented earlier are of real importance for the regulation of medical activities and their impact on the human being. Thus, we see a process of transition from general human rights to the specific rights of patients. Synchronizing the legal framework with the changes in medical practices reflects the appreciation of the citizens by the state authorities and also the degree of civilization of a society. We know that today's society is organized on a legal basis, and any activity therein should not be left to chance, but governed by specific rules of law that are not only necessary but also mandatory.

The absence or insufficient medical laws (normative deficit) has grown, especially in poor societies, where many donors are recruited through persuasive or coercive means. Hence the need for laws that protect human rights, life, health, freedom and human dignity, considered supreme values, and draw punishment of those guilty of their violation. The new legal concept of modern man has crystallized as a result of registration of repeated acts of violation of the will, the consent of patients, or of health care requirements. Some medical specialists have noticed with concern that "the prohibition of reproductive cloning, medically assisted procreation practices, genetic tests or the removal of organs have generated nowadays a phenomenon of tourism biomedical" (Turcu, 2010). The fact that there is no single law in this respect in Europe or in the world encourages this kind of medical tourism, the citizens of some countries benefiting abroad of what they can not get in their own country. There are situations in which people's lives are endangered or sacrificed for organ transplants to save the lives of other people who have large sums of money, willing to buy the organs they need (being, obviously, in flagrant contradiction with the law).

### **Access to quality health care**

The European legislation and, to some extent, the Romanian one, in matter of patient rights imposes the logical classification: *the general rights of patients* (such as the right to protection of health, access to healthcare, the right to quality healthcare, the right to a personalized treatment and personalized consent, the right to individual and collective informing, the right to security and the protection of personal data, etc.); *the collective rights of patients* (effectively to take part in their treatment and in the decision on assistance medical); *the specific rights of certain patients* (referring to the rights of children and the elderly, of those with mental illness and of patients with disability in detention). A special attention has the legal value of the medical contract, which establishes the ethical obligations of physicians, the medical mistake conditions and malpractice, the negligence penalties and patients' rights (Turcu, 2010).



Next we shall analyze the issue of the right to healthcare in our country. This right is supported by the Council of Europe in *The Convention for the Human Rights Protection and the Dignity of Human Beings with regard to the Application of Biology and Medicine* of April, the 4<sup>th</sup>, 1997 (“The Convention of Oviedo”). One of the principles formulated provides equitable access to quality care using the latest treatments offered by applications in Biology and Medicine. This principle is joined by another fundamental principle, which states that the interest and welfare of human beings are above the interests of science or society, above certain economic and financial reasons.

The examination of healthcare in different countries generally indicates that they are at a high level in the developed countries and at a lower one in countries with underdeveloped economies or in the course of developing. The social realities of Romania show a low standard of living of the majority of the population (especially in rural areas where live about 48% of citizens), facing difficulties not only with material and food, but with precarious health condition. Although urban areas have medical facilities and specialists to treat various diseases of the population, however, there are many malfunctions in the health services system. The data of some recent surveys reveal that the main complaints of urban people are about low income, the lack of jobs, diseases which affect them, the stress and fatigue that they feel daily and the ever-lasting uncertainty of our country. The health system needs to be improved through high quality communication and relationship between medical legislators and society (Valcea *et al.*, 2016).

The problems and difficulties encountered in the population in our country are particularly striking, in general, on human groups, recognized as being in a social risk situation, such as the Rroma population. Certain specialists explain the situation by “demographics and socio-cultural characteristics: low education, low labor market participation, very young population, high mortality and fertility” (Preoteasa & Cace, 2004).

An opinion survey, conducted through a questionnaire applied on two samples of 400 and 600 people (total 1000 persons aged 18 years and older, of both sexes), representative for the population of cities Craiova and Drobeta Turnu-Severin, revealed a disturbingly high percentage of those who suffer from certain diseases: about 23% of the total population of Craiova and over 30% of the total population in Drobeta Turnu-Severin (Otovescu, 2012). The measurement of health and disease index was made by combining the pre-formulated answers to a question in which the subjects are asked to assess their biological status: Currently, do you consider a person...?

Table 1. Self-assessment of health status of the urban population (Idem)

No.	Health condition	Average (%)	
		Craiova	DrobetaTurnu-Severin
1	Generally, healthy	75,9	69,5
2	I have diseases, which I treat	20,0	27,5
3	Quite hard diseases	2,7	2,8
4	I don't know/ Non-answer	1,4	0,2
5	Total	100	100

It appears that, on the whole of the adult investigated population predominate the people who generally have a good health, but there also draws the attention the large percentage of citizens who consider themselves ill, of which around 3%, supports disease *rather serious* (Otovescu, 2012). The comparison of the data from the table, to the national ones, shows us that, in the case of Craiova, over 3 quarters of the population (75.9%) have a good and very good health, as it has been noticed amongst the entire population of the country (76.6% have a good health condition) (NIS, 2015). On the other hand, the share of the healthy population from Drobeta Turnu-Severin is smaller than the country average, being of 69.5% (as confronted to the national average, of 76.6%). Moreover, in this city, the percent of those with health issues (30.3%) is higher than the country average – 1 in four people, that is 23.40%.

It ought to be underlined that health represents one of the three basic values of the way the 100 questioned subjects from the two mentioned cities regard life, as resulted from the categories of answers, received for a free question: *Considering all the aspects of your life, which is the one that has brought you the greatest satisfaction?*

Over 83% of the people interviewed in Craiova indicated, in descending order of the shares: (1) Fulfilled family life (40.8% from the total number of the answers); (2) Professional success (28.8%); (3) Good health (13.6%). Even if this latter value is not indicated by all the subjects, in the context that we would like to know which are the most frequent causes of satisfaction and dissatisfaction of the people, yet, we are positive that its importance is primordial for any person, especially when their health is threatened by an illness.

The sociological field research unraveled the fact that 2.7% of the people from Craiova, and 2.7% of those from Dr. Turnu-Severin, suffer from “serious diseases”, as they confessed, manifesting a skeptical attitude on addressing the idea of getting better. Through this perspective, when asked to describe their personal condition from the days before the interview, 5.2% of the people from Craiova and 3.2% of those from Dr. Turnu-Severin, mentioned a disconcerting diagnosis: “Unhappy, rather significant troubles”. Nonetheless, this situation hides the confronting to an illness, with feeble chances of healing. As is known, one of the most widespread serious diseases in Romania is cancer, added, of course, to the HIV infection / AIDS, cardiovascular diseases, infectious diseases, diabetes etc. They

have a very strong emotional impact on the infected individuals and their families, because in Romania there is not any national program for early detection of serious diseases (through periodic and mandatory medical analyzes). However, the state neither allocate financial support needed in hospitals (a fact known by patients and the public, who have lost confidence in the effectiveness of medical treatments) nor carry out systematic health education activities (which would make the citizens aware of the risks to which they are exposed if they practice a reckless life style). In general, public health policies are deficient in terms of organizational, incoherent from the functional point of view and chronically under funded.

A disease is a source of pain and sufferance, but it is not the only that affects people's life. From the data obtained after the already mentioned sociological field research, it came out that the protection of the human life depends not only on the good health condition, but on other factors too, which can have a traumatizing impact on the individual, as it is demonstrated by the four categories of answers, for the question: *Which is the greatest pain or the harshest sufferance you have experienced so far?*

Table 2. Types of pain or sufferance

No.	Categories of answer	%
1	Death of close people	32,2
2	Argument with family/relative	11,6
3	Loss of job	10,7
4	Falling ill with a serious disease	5,9
5	Other	1,7
6	D.K./D.A.	37,9
Total		100,0

As it can be noticed, people are aware of few traumatizing factors, the first place is occupied by the loss of some close people, who represent the most difficult try that a man can endure (Otovescu *et al.*, 2015). The knowing of the four factors that can make unstable the human life, help us understand the fact that their opposite constitute the key of the psychical equilibrium and the renewal of the spirit of those who had to face traumatizing experiences. Thus, a harmonious familial environment (based on cooperative relations, of solidarity), a safe job and a good health prove to provide protection for any individual. The high share of those who did not answer the above question (37.9%) is explained through the fact that they have not faced a major pain/sufferance, anterior to their questioning. Analyzing the problem of cancer mortality, we see that in Romania, the phenomenon is growing, while other European countries follow a downward trend due to government measures applied to prevention, treatment and control of this serious disease. The statistical diagnosis of cancer in our country included in the

2012 report of the International Agency for Research on Cancer (GLOBOCAN), indicates that in Romania there are detected about 78 800 new cases annually. The most common type of cancer is the lung one, followed by a high incidence of colorectal cancer, breast cancer (female), the prostate and cervical cancer.

Currently, it is estimated that there are approximately 520,000 cancer patients in our country, the figure being announced by The Alliance of Chronic Patients in Romania. This is a non-governmental organization which has assumed the management of the problems of patients and the respect for the right to health, while the Ministry of Health, the National Health Insurance House (CNAS) and other public health institutions have been unable to ensure normal functioning of the health system in Romania. In fact, our state institutions are not able to guarantee the effective right to health and treatment, enshrined in the Constitution of Romania, Romanian patients having the same chance of life and access to new medical therapies enjoyed by other Europeans. Of all the major challenges of the health system, highlighted by the Patients Association Chronicles of Romania (PRCA) and reported in some media publications, we mention the following: (1) The violation of infringement investigations and appropriate treatment of patients, which contradicts the European Charter of Patients 'Rights, as reported PRCA, the European Patients' Rights Day (18 April); (2) The absence of a national register recording all patients with chronic diseases and access to treatment, including new therapies were more effective than the previous ones. If in other more developed countries, such as France and Germany, or others which are not as advanced, as Poland and Bulgaria (where there is no clawback fee), free medicines and offset list is automatically updated once in a relatively short period after the approval of a new treatment or drug by the European Medicines Agency, in Romania, that list has not been updated since July the 15<sup>th</sup>, 2008, a unique situation for a member country of the European Union: (1) The continuous underfunding of the health system and the external migration of health personnel. "These low wages influenced adversely the amount and quality of delivered services and caused the medical staff to migrate towards west European countries while maintaining the system of informal payments at rather high levels" (Stanciu & Jawad, 2013: 32) Romania does not comply with Directive 89/105 EU providing the compulsory measure 6% of GDP allocation for health system budget; (2) The obsolescence of medical devices and not replacing them with new equipment that provides therapeutic effectiveness. The largest lacks are found on equipment needed for radiotherapy in oncology. "The needs of radiotherapy treatment is achieved only in a proportion of 12%, patients having to be programmed on a waiting list, and often, for many of them it is too late (According to data published by the daily *Romania Libera*, Monday, June 9th, 2014); (3) Stifling bureaucracy of the health system and the lack of interest of public authorities for solution the legal and pressuring needs in treating the ill. So, for example, although The Specialized Committees of the Ministry of Health gave approval for

about 130 new therapies, in June 2014, according to the legal provisions in force, they have not yet been placed on the list of free and compensated medicines. Since the expectation of patients reached a level exasperating, many of them (about 1000) have brought the state into court, and a number of over 120 have already won in court the right to the saving treatment, forcing the National Health Insurance to settle the innovative therapies they needed.

## **Conclusions**

The approaching of the human life protection from a triple perspective (bio-ethical, legal and sociological) helps us to understand the theoretical, normative and concrete background of its manifestation. Bioethics is an interdisciplinary science that articulates fundamental knowledge of medicine, human philosophy, ethics, sociology of medicine, health law and social statistics. The scientific discoveries in Biology, the new generation of medicines and the innovative medical practices that make possible radical surgery on the human body (such as the transplant of living organs or their replacing with artificial organs), involve a permanent legal framework connected to human rights, generally and to patients, particularly.

The right to health care in Romania is formulated in terms that match the content of the fundamental legal acts of the European Union, but in reality this law is not fully respected, mainly because of poor public policy and allow level of financing of health services severely affecting the quality of life. Material deprivation can make a difference especially on children in rural areas, children who are not provided enough healthy food. A study made by World Vision Romania (published on June the 18<sup>th</sup>, 2014) shows that 13% of children living in rural areas (aged 12-18) do not have daily food and go to bed hungry, that 23% are always tired of work before or after school, that 20% of parents with children under five years have used a medical check up in the past 12 months prior there search, that only 59% of children under 2 years received vitamin preparations etc (World Vision Romania, 2014). The fact that poverty and lack of health education lead the parents in rural areas not to call the doctor or buy the medicines needed for their children, generates risk situations both for the children's health and their psychomotor development (anemia, mental retardation etc.). Hence the need for designing and implementing a special care program for young people in the villages of Romania, who need medical education and specialized health care services.

The submission of medical system in our country with stressful and permanent reform measures, shielded by the Ministry of Health, which led to lasting disruption instead of making it efficient. The destruction of hospitals, the low salaries of medical personnel, the obstruction of the process of hiring young staff, the lack

of medicines and new medical technology in hospitals, the non-up dating list of free medicines and off set for 5 years, the continuous under funding of the health system (as well as the educational one) and so on, have brought the medical system in Romania in a permanent state of crisis. These are the reasons for patients to sue the state in order to have respected their right to life and to some therapies already applied in serious diseases in other countries, over 120 of them manage to win the case of being granted the right to receive appropriate medication, and to enjoy their right to life.

Therefore, the health system needs a coherent plan of internal organization and funding to stop the degradation of biological, physical and mental health of the population of our country. A special programs necessary in order to know the chronically ill (cancer, hepatitis, AIDS, diabetes, etc.), firstly, through a rigorous inventory of them and, simultaneously, through a proper treatment of various illnesses using innovative therapies. In Romania, a nearly basic data can be the one of Chronicles Patients' Alliance (representing a total of over 3.5 million people in distress), as well as other medical records of the Ministry of Health. Thus, there can be done some scientific research on statistical information and on the existing case law on the national level.

An effective health system is the one which responds to the needs of patients and to patients' associations. The latter were made up especially because Romania is unable to respect the right to life, as it, naturally, happens in other European Union countries. Thus, for example, nowadays, it is estimated that out of the 520,000 cancer patients in Romania, only 98,000 benefit the chance to receive an active treatment, while the rest surely die. The way the authorities understand to respect the human rights in Romania comes out from the large number of complaints, 30,000, made by citizens against the state authorities in the past 20 years, and these complaints were directed to the European Court of Human Rights, whose supra jurisdiction is recognized by the Romanian state (by signing the Convention on June, the 20<sup>th</sup>, 1994) on human rights and fundamental freedoms.

The best solutions for an effective national health system in Romania are the ones that come from its beneficiaries, that is, from those directly affected by the poor functioning of the system. In this context, we high light some of the solution sand proposals of The Alliance of Chronicle Patients: (1) "The immediate realization of a national health pact which should be joined by all parliamentary political parties and civil society in order to develop a national strategy for health for a period of 10 years, whose aim is to ensure the continuity of the management system, regardless of political changes"; (2) "The immediate update of the list of compensated and free drugs so that patients with chronic diseases may benefit from treatments they need "(otherwise the patients are determined to seek infringement procedure against Romania because of disrespecting Directive89/105/EEC"; (3) "Creating a patient-centered health care system"; (4) "Eliminating discrimination and ensuring equal opportunities all the patients of EU";

-“Programs and national registries for chronic diseases where there are no such registers”; -“Creating a legal framework for the implementation of personalized medicine and health solutions (*Romania Libera*, 2014)”.

To all we said earlier, we can add: introducing compulsory regular medical tests (both for employee sand for the unemployed); launching a national program of medical education (to prevent illness), especially for the rural population (which is majority under the law of natural selection in the absence of local health care services); introducing health card (which offers freedom of choice of medical treatment facilities in the country and abroad); the correlation of medical system in Romania with that of other EU Member States and participation of our country in achieving a community program of protection of European citizens etc.

Thus, from the previous data analyzed, from our study we have reached the following conclusions: (1) The statistical information shows us that at least 1 of 4 people, resident in Romania, that is 23.40%, suffer from a chronic disease or a long-term health problem. This fact make the Ministry of Health, and other governmental bodies to interfere into the national medical system, in order to prepare it to deal with the potential health needs of the citizens (through the appropriate knowledge in the evolution of these needs of the dwellers, in different counties and social environments); (2) Health is perceived by the dwellers of Craiova and Dr. Turnu-Severin as a primordial value, along with other two indispensable: family and profession (job). Consequently, the action of protection of the human life must be based on the providing of the three mentioned values; (3) The share of the people from Craiova, who declared that enjoy a good health (75.9%) is relatively equal to the national statistical average (76.6%), while in Dr. Turnu-Severin the share of the people declared healthy is under the average, being of 69.5%. The consequence is that the share of the sick people is higher in Dr. Turnu-Severin than in Craiova (30.3%- 22.7%). Nevertheless, in the both towns, we meet almost equal shares of the people who have an illness, which is considered “rather serious” (2.7% Craiova; 2.8% Dr. Turnu-Severin).

The greatest pains and sufferance of the people are provoked by the disappearance of some close people, the conflict relations from the family, the loss of their jobs and the falling ill with a serious disease. Their opposite is represented by the fundamental values on which human life is founded, along with the happiness of the individuals: the living along the dear ones and family harmony, the security of the job and a good and very good health.



## References

- Byk, C. (2007). Bioethique et francophonie: Pour une reponse a la mondialisation. In Nicole M. Le Dourain, & Catherine Puigelier (eds.), *Science, éthique et droit*, Paris: Odile Jacob.
- Diaconescu, H., Cercel, S., Dita, R.D. & Gazdovici, G. (2009). *Răspunderea juridică în domeniul prelevării și transplantului în dreptul român*, Bucharest: Universul Juridic.
- Dogaru, I. & Danisor, D.C. (1997). *Drepturile omului și libertățile publice*, Lugoj: Dacia Europa Nova.
- Gheorghita, E. (2014). *Cate cazuri de cancer se inregistreaza in fiecare an in Romania si care este riscul de a suferi de această afecțiune?* <http://www.descopera.ro/dnews/12014799-cate-cazuri-de-cancer-se-inregistreaza-in-fiecare-an-in-romania-si-care-este-riscul-de-a-suferi-de-aceasta-afecțiune>.
- Islam, M., Cojocar, S., Zulkanain, A, Hajar, A. & Arnakim, L. (2016). Story behind the closed doors: decent work practice among the migrant domestic workers in Singapore and Italy. *Revista de Cercetare și Interventie sociala*, 53, 304-325.
- Laude, A., Mathieu, B. & Tabuteau, D. (2007). *Droit de la santé*, Paris: Presses Universitaires de France.
- Moldovan, A. T. (2002). *Tratat de drept medical*, Bucharest: All Beck.
- National Institute of Statistics (2015), Starea de sănătate percepută în anul 2014 de populația din România (The health condition perceived in 2014 by the population from Romania), Press release, no. 321/15th of December 2015.
- Otovescu C., Otovescu A., Motoi G. & Otovescu, D. (2015), Resources of resilience amongst the Urban Population, *Revista de Cercetare și Interventie Sociala*, 48, 32-49.
- Otovescu, D. (ed.) (2012). Opinii și aprecieri ale populației din Craiova și referitoare la condițiile de trai, relațiile interumane și starea de spirit. Research Report, Craiova: Oltenia Social Institute.
- Preoteasa, A & Cace, S. (2004). Starea de sănătate a populației roma în România. *Jurnalul practicilor pozitive comunitare*, 1-2, 35-39.
- Roca, M., Mitu, O., Roca, I.C., Mitu, F. (2015). Chronic Diseases - Medical and Social Aspects. *Revista de Cercetare și Interventie Sociala*, 49, 257-275.
- Romania Libera (2014). *Drama celor peste 500.000 de bolnavi de cancer din Romania*, 9th June 2014, 11.
- Stanciu, M. & Jawad, A.D. (2013), Public health services in Romania in terms of European policies, *Journal of Community Positive Practices*, 1, 26-44.
- Turcu, I. (2010). *Dreptul sănătății*. *Frontul comun al medicului și al juristului*, Bucharest: Wolters Kluwer.
- Valcea, L., Bulgaru-Iliescu, D., Burlea, S.L., & Ciubara, A. (2016). Patient's rights and communication in the hospital accreditation process. *Revista de Cercetare și Interventie Sociala*, 55, 260-270.
- Word Vision Romania (2014). *Bunastarea copilului in mediul rural*. <https://www.worldvision.ro/>