Dreaming of a corruption-free Romanian health system

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I decided to attend Medical School and later become a doctor so that I can help people. With time, I came to realize that helping people can take so much more forms that I initially thought. Freshly into Medical School, I was dreaming of becoming either a neurosurgeon or an emergency doctor. In my mind, those were the areas where you can be of the greatest help to a person. In a more or less conscious manner, I was associating the amount of help one could get with how radical (and quick) someone’s transition is from a point where they have a problem to where they are problem-free. Similarly, I was equalling the amount and quality of help to the publicly perceived complexity of a specific medical specialty. As I entered my clinical rotation years, I switched my options to gastroenterology and then oncology, understanding that the needs of people with chronic conditions, especially cancer, are being met to such a little degree.

To everyone’s shock, at the beginning of my final year in Medical School I had decided what I was going to do in my residency training: family medicine. For the majority of my family and friends, this was a failure and a disappointment. How could someone who is hard working and capable end up doing family medicine? Fortunately, I wasn’t moved in my decision by what I was regarding as a misunderstanding from their part. For them, family medicine was repetitive, boring and poorly regarded by the public. For me, family medicine was broad and exciting. But more important than all, I had realised that it was in family medicine that I could put to best use my knowledge and skills in order to help people. That was because family medicine allows for a system perspective, and for designing tools and programs which potentially could help impact their health and lives.

Two months in my residency training in family medicine I couldn’t be happier. I was working with a great doctor, seeing patients in her office, under her close supervision. Little did I know that this wasn’t going to last for as long as I was expecting. That is because at a friend’s recommendation, I went to meet a group of people who – to my friend’s opinion – were passionate about similar things that I was. I managed to set up quickly a visit to this group – who was formally a research centre on health policy and public health. After talking to them and hearing about the work they’re doing, I had no doubt that this was what I’ve been looking for the whole time – public health. I got fascinated by what public health meant, its mandate to address populations, rather than single individuals, and that it was the “vehicle” that could channel my knowledge, skills and passion to help people. Now, almost ten years after my encounter with the field of public health – research, policy and training – I am more convinced than ever of this truth.

Whereas working in public health does not carry the promise of seeing really immediate results, it does provide an opportunity to explore health systems in depth and devise solutions that can address systemic issues.

With time, working on public health issues in the Romanian health system, I got to perceive the health system as a clinical professional would perceive a patient.

Early on my research career, one of the symptoms of the symptoms that I worked on was corruption. For a couple of years, I conducted quantitative and qualitative research on informal healthcare payments in the Romanian health system. Part of that, I wrote scientific, peer-review articles, delivered presentations and wrote opinion pieces on the impact of informal healthcare payments on the patients, the health professionals and the health system as a whole.

However, thing have changed very little in the past 5 or 10 years with regards to informal healthcare payments in Romania or corruption in the health system, to speak more broadly. One of the causes is that corruption is endemic in Romania, despite significant progress during the past 10 to 15 years. Having this in mind, working in the health system, or doing research on corruption in the Romanian health system, or devising solutions to address it, receives a new meaning.

In the past 10 years, I have had the chance to experience all three positions. I have worked as a health professional in a clinical setting, I have conducted research on corruption, and I have been part of a decision-making team who addressed corruption through integrated policies. And as frustrating as it may be dealing with something as wicked as corruption, I strongly believe this is part of the calling that God has for my personal and professional life.

Also, I strongly believe in God’s sovereign plan to guide me through all these different positions and exposures, particularly being part of the technocratic government in place in Romania between 2016 and 2017.

A tragic fire at the end of October 2015, which caused the death of more than 60 people, has brought to surface incredibly high rates of healthcare-associated infections, as well as the fact that one of the companies delivering disinfectants for hospitals has been diluting them up to 10 times. The event cause thousands of people to march on the streets of major cities in Romania, which eventual led to the resignation of the prime-minister and government members. The new government, that I was a part of, initially as an advisor to the Health Minister, and afterwards as a Deputy Health Minister, has boldly tackled corruption. In the health sector, the Ministry of Health has promoted new legislation to increase transparency in public purchases, to make hospital managers’ selection more transparent and competence-oriented, rather than being influenced by political factors, and to allow patients to report patient satisfaction in a less biased manner, through an electronic survey that included questions about informal healthcare payments. Moreover, the National Anti-Corruption Strategy adopted by the government had special provisions for the health sector.

Sadly, many of these provisions have been reversed by the following governments. However, during the past two years, the discussion around corruption in healthcare has matured, with both health professionals and patients more aware of the need to address it.

Some recent events show that there is still more to be done.

Almost one year ago, 14 people have been put under charges of corruption by the Romanian National Anti-Corruption Directorate, accused to have caused a loss of about 3 million Euros in the budget of the National Health Insurance House (NHIH). Among the people under charges were the president of the NHIH, the director of the anti-fraud department and other high-level public officers in the NHIH, as well as administrators of private firms. They were accused of reimbursing home care services for fictional patients, while real patients, in need of services, have been denied care. In the phone call recordings released by prosecutors, the accused persons were infuriated by the fact that patients in need of care have come or been brought in person at the NHIH premises to claim for their rights, while they have been giving priority to lawyers presenting false medical files for reimbursement.

Incredible as it may seem for a country which has the lowest budget for health in the entire European Union, this is not the only case of corruption in the Romanian healthcare system, but rather a more recent one. Only between 2015 and 2017, 15 hospital managers have been accused of corruption. Their actions included receiving bribes from various companies in order to favour them during acquisitions, or siphoning money on services that haven’t really been offered to hospitals.

My letter that presented these facts has been published in *The Lancet* shortly after the events took place[[1]](#footnote-1).

But apart from this rather high-level corruption, Romanian patients are faced with the pressure of offering informal payments every time they receive care. In some cases, payments are not explicitly requested (by health professionals – be they doctors or nurses, or even by auxiliary personnel or hospital door guards). However, they often explicitly requested by those who provide care. Cases when surgery is delayed until the patient pays or hospital admission is denied until the patient or family pays are, unfortunately, pretty frequent. In some hospitals, even if patients don’t know to whom or how much to give in order to get adequate care, information is passed on by those who are discharged – they share how much they give, to whom and how exactly (most of the times they place money in a white envelope and put it in doctors’ pocket or bring it to their office, when no one else in around).

As with any other topic that is so delicate, the real dimension of the phenomenon is unknown. Understandably, research is difficult to be carried out – patients are afraid to talk, whereas health professionals who accept or request payments will not talk either.

But what is even more complicated is being a Christian doctor (or nurse, or any type of health professional) in such a toxic environment, doing your best to be a good doctor, staying faithful to God and avoid having to receive (or even worse, ask for) informal payments. And most of them do manage to do that. Some of the strength to overcome the imperfections of the Romanian healthcare system comes from support offered by the national and local Christian doctors’ and medical students’ groups. These groups have a wide range of activities aimed at creating a safe haven where like-minded Christian share their struggles, pray for each other and find comfort in the Scriptures.

However, more efforts are necessary. With an ever increasing number of Christian students enrolling in Medical School (after decades during the communist regime, when Christians have been persecuted and not allowed to pursue higher education), more needs to be done to help Christian students and professionals how to navigate the system while being faithful to God. Moreover, empowering those who are called by God to have management and leadership roles in the healthcare systems can also be beneficial. Unfortunately, this is an even more difficult area, since public health and healthcare management are poorly developed in Romania. On the other hand, Christians being called to leadership roles (which, at times, might carry a political component, as well) are often discouraged by local churches to pursue such avenues.

What can be done in such conditions, when people complain about generalised corruption and more and more Romanian choose to emigrate? As in so many other instances, this crisis is equally an opportunity. It is an opportunity for Christian professionals to be faithful to their individual calling, to be salt and light (Matthew 5:13-16) and represent God at their place of work or study. Apart from that, those who are called by God to contribute to a more intentional process of change need to be supported and encouraged to use their influence to improve the manner in which healthcare is provided to Romanian people.

For me, the vision of a corruption-free Romanian healthcare system is part of my calling. I am fully aware that this will not come to pass very soon. However, the speed with which it will progress is dependent on those whom God has prepared to contribute to that. In this effort, I am enjoying every opportunity to know the system better, to strengthen my technical expertise and network with professionals sharing the same ideals. The faithfulness in obeying the process will undoubtedly impact the quality and quantity of the results.

***More to read on corruption in the Romanian healthcare system:***

[*http://www.thelancet.com/journals/lancet/article/PIIS0140-6736(15)00972-1/fulltext*](http://www.thelancet.com/journals/lancet/article/PIIS0140-6736(15)00972-1/fulltext)

[*http://www.thelancet.com/journals/lancet/article/PIIS0140-6736(06)68560-7/fulltext*](http://www.thelancet.com/journals/lancet/article/PIIS0140-6736(06)68560-7/fulltext)

[*http://www.thelancet.com/journals/lancet/article/PIIS0140-6736(12)60811-3/fulltext*](http://www.thelancet.com/journals/lancet/article/PIIS0140-6736(12)60811-3/fulltext)

[*http://www.rri.ro/en\_gb/a\_new\_corruption\_scandal\_shakes\_the\_romanian\_healthcare\_system-2551781*](http://www.rri.ro/en_gb/a_new_corruption_scandal_shakes_the_romanian_healthcare_system-2551781)

[*https://www.economist.com/news/europe/21699880-romanias-latest-scandal-features-watered-down-disinfectant-hospitals-death-antiseptic*](https://www.economist.com/news/europe/21699880-romanias-latest-scandal-features-watered-down-disinfectant-hospitals-death-antiseptic)



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1. *https://www.thelancet.com/journals/lancet/article/PIIS0140-6736(17)32811-8/abstract* [↑](#footnote-ref-1)