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Analysis of Influence of Ethical Principles on the Performance of Health Care System

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Abstract

In this paper an approach is achieved integrated health system in Romania in terms of performance indicators and center with responsibility for patient concerns. Practical study highlights the characteristics differentiated the Romanian system of state health system and private health system. Using BSC method as a tool to obtain an image of the reality of the health system in Romania as well as the source for the formulation of future strategies. The implementation of medical ethical principles through a management of medical ethics will presuppose first, an adaptation of health system to patients' needs, respect for patients' rights, which come from the directive concerning cross-border medical assistance. To conclude ethical principles in health care must be promoted since only due to these principles people will benefit from patient-centred care, will be provided respectful and responsive health care and above all will actually benefit from their right to health care.

Keywords: *health system, responsibility, performance indicators, Balance Scorecard.*

1. Introduction

In order to evaluate a health system's performance, World Health Organization (WHO) has identified five dimensions to correspond to the three intrinsic goals [E Gakidou, R Lozano, E González-Pier]. Dimensions of a health system's performance:

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1. *Health improvement*: general health level; health distribution within population
2. *Responsiveness*: general degree of responsiveness; responsiveness distribution
3. *Financial equity*: distribution of financial contribution

Of all these dimensions, which define a health system's global performance level, in a synergetic vision, we have stopped for a detailed analysis, on those who characterize the responsiveness to patients' expectations that is acceptability, adequate character, and competence [2].

This fundamental goal, a must for a health system, is not measured according to how it corresponds to health needs, but more to performances of the system in other fields than health and its responsiveness to people's expectations, concerning how they want to be treated by the preventive, curative, and collective cares' performers. The general notion of responsiveness may be decomposed in numerous ways. On the one hand, it may refer to relative aspects, such as respecting the person, which are essentially subjective and first of all judged by the patient. On the other hand, there are more objective aspects about the manner a system meets what patients and their families, as system's customers, frequently require, aspects which they could perceive directly within sanitary establishments [3].

The key elements for the health system responsiveness to patients' expectations, which support the quality of health services' performance, can be found in: service care for patient (customer), focus on patients, and respect towards patients. Within a national health care system, in order to evaluate performance, that has a multidimensional character, it is necessary to define a package of indicators to reflect this dimension [4]. The evaluation indicators system of health system's global performance comprises also indicators of patients' satisfaction that underline the degree of responsiveness to their expectations [4].

2. Health care systems' responsiveness to patients' expectations, a priority of health systems' performance

Starting from customer satisfaction indicators, but taking into account the paradigm of the integrator evaluation model of health systems' global performance proposed by WHO, we shall analyze the two health systems public/private. Based on this premise, we have analyzed the opinions of a sample of 56 people. Questionnaire's questions, the tool to carry out a poll with 56 people, offer relevant information for the evaluation of health services' performance. Thus, in addition to questions which aim at

shaping aspects in respect of the problems that the two systems face, the questionnaire comprises also structured questions on elements that define the health systems performance, as far as the degree of responsiveness to patients' expectations is concerned. We shall use the latter to obtain the final result for the two systems, through the BSC method.

The three categories of questions refer to:

1. *the sanitary assistance proper*, whose performance has been measured on a scale with five steps – between “very unsatisfactory” to “very satisfactory”, taking into account three very relevant performance indicators;

2. *respect towards patient* materialized in respecting dignity (not being humiliated or offended), confidentiality (patients' right to decide who can access information about their health), and autonomy (patients' possibility to make choices about their own health, as well as the treatment to follow);

3. *attention given to patients*, measured depending on the waiting/allocated time of medical assistance, quality of environment, and access to specialized services.

Calculating interviewees' responses, through the semantic differential, we obtain the following values for ***the indicator reflecting the sanitary assistance proper performance***.

Table 1. The indicator reflecting the sanitary assistance proper performance

Indicators	Public	Private
Medical personnel's trust and professionalism	3.55	3.76
Attention towards patients	3.21	3.91
Medical equipment's technological level	3.82	3.89

The average score level, per total sample, is around 3.69 (corresponding to the performance level that tends to satisfactory), meaning that the three indicators contain situations that tend to satisfactory. The general image, obtained through gathering the answers of the 56 questioned people, shows that only the technological level obtain a value near 4, which means that only here both healthcare systems attain the satisfactory qualitative level, whereas for the other two indicators, only the private healthcare system reaches a performance close to satisfactory.

For the ***perception indicator of respect towards patients***, that we have calculated using the same method, the results reflecting interviewees' options highlight the following.

Table 2. Perception indicator of respect towards patients

Indicators	Public	Private
Medical services offered with respect for patients' dignity	3.19	4.26
Doctor/ patient communication is achieved in accordance with the right to information, informed consent, confidentiality	3.42	4.17
Patients have the right to manifest their autonomy	3.05	2.83

The average level of the three indicators related to respect towards patient is of 3.48 (corresponding to the performance level situated between indifferent and satisfactory). We may notice that two indicators received values above average. At the two indicators, the values obtained are above four, which indicates a level of performance satisfactory for patients' expectations. As for the indicator regarding the right to manifest autonomy, where it is the lowest value, 2.83, the qualitative level of the private healthcare system does not correspond to patients' expectations.

The results acquired after analyzing interviewees' options about the *perception indicator of attention given to patients* reflect the following situations.

Table 3. Perception indicator of attention given to patients

Indicators	Public	Private
Time allocated to medical assistance	3.16	3.55
Access to specialized medical services	4.10	2.76
Environment quality	3.28	4.10
The medical staff manifest amiability in offering information	3.14	3.96

The average level for this indicator is 3.50 (characteristic to the performance level situated at half distance between indifferent and satisfactory). This means that each indicator has obtained values above average (in three of the situations, the private healthcare system has acquired values above 3.50). Starting from the answers of the 56 interviewees from the perspective of responsiveness of the private/ public health care system, and using as method BSC, we shall make a general analysis of the two systems' performances. As one may notice in figure 2.1., after the evaluation from the perspective of responsiveness to patients, the public health system has a **59.1%** percentage.

Balanced Scorecard (Total performance = 59.1%)

→Performance indicator of the medical assistance proper (weight = 3, performance = 62.38%)

Medical personnel are trustful and professional (3.55 → 5, weight = 3)

Medical staff pay respect to patients' health needs (3.21 → 5, weight = 4)

Medical equipment's technological level (3.82→ 5, weight = 3)

→Perception indicator of respect towards patients (weight = 4, performance = 55.43%)

Offered medical services respect patients' dignity (3.19 → 5, weight = 4)

Doctor/ patient communication is achieved according to the right to information,
informed consent, confidentiality (3.42 → 5, weight = 3)

Patients have the right to manifest their autonomy (3.05 → 5, weight = 3)

→Perception indicator of attention given to patients (weight = 3, performance = 59.5%)

Time allocated to medical assistance (3.16 → 5, weight = 3)

One can easily access specialized medical services (4.1→ 5, weight = 2)

Environment quality as expected (3.28 → 5, weight = 3)

Personnel manifest amiability in offering clear and concise information (3.14 → 5, weight = 2)

Fig. 2.1. BSC – Public health care system

Positioning on a scale from one to five, where one would correspond to values of 0-20%, respectively to very unsatisfactory opinion, and 5 to value 81-100% and very satisfactory, the global value acquired by the public healthcare system is situated in the category “undecided”. Among the results obtained (attachment to annexes, XL results of BSC), we may notice that at the indicator referring to the performance of the medical assistance proper, the public health system has acquired the highest percentage, respectively 62.38%, thus underlining a satisfactory opinion of patients concerning the system’s responsiveness to their expectations. At the other indicators, values are included to the category “undecided”, which reflects a high percentage of undecided respondents, largely because of the existing differences in the health system, from well-endowed patient-oriented medical units, to very poorly endowed hospitals, where the medical assistance is ensured late and with a personnel having other preoccupations.

The global image, after centralizing respondents’ answers about the private healthcare system, emphasizes a satisfactory qualitative level of people’s expectations (fig.2.2.). The three indicators’ values, above 61%, underline a private health system that largely corresponds to patients’ expectations. They consider as satisfactory the medical assistance, respect towards patients, as well as the attention given to them.

Analyzing the two systems’ results, we see that the private one got clearly superior results than the public system, due to more highly satisfying people’s expectations.

Balanced Scorecard (Total performance = 69.18%)

→Performance indicator of the medical assistance proper (weight = 3, performance = 71.47%)

Medical personnel are trustful and professional (3.76 → 5, weight = 3)

Medical staff pay respect to patients' health needs (3.91 → 5, weight = 4)

Medical equipment's technological level as expected (3.89→ 5, weight = 3)

→Perception indicator of respect towards patients (weight = 4, performance = 70.1%)

Offered medical services respect patients' dignity (4.26 → 5, weight = 4)

Doctor/ patient communication is achieved according to the right to information,
informed consent, confidentiality (4.17 → 5, weight = 3)

Patients have the right to manifest their autonomy (2.85 → 5, weight = 3)

→ Perception indicator of attention given to patients (weight = 3, performance = 65.97%)
Time allocated to medical assistance (3.55 → 5, weight = 3)
One can easily access specialized medical services (2.76 → 5, weight = 2)
Environment quality as expected (4.1 → 5, weight = 3)
Personnel manifest amiability in offering clear and concise information (3.96 → 5, weight = 2)

Fig. 2.2. BSC – Private healthcare system

3. Analysis of Romanian Medical Services

According to marketing classics, positioning is a powerful instrument that manages to differentiate between brands on the market. It is “what you succeed in creating in a beneficiary’s mind. In other words, you create a position of the product in a prospective customer’s mind” [6].

A good health is an essential quality for a good quality of life, no matter the type of health we refer to (physical, mental, social, intellectual, or spiritual) [Aertsen, Ivo, & Vanfraechem, Inge, 2014]. The medical services’ market is a very sensitive field, full of uncertainties and with specific characteristics. These characteristics cannot be substituted or superficially considered, and they represent a fundamental value both for the individual and for the society, in general.

In order to underline the position that they occupy on this “market”, the public versus the private healthcare system, we shall analyze it using as model the Positioning Map, through which we present advantages offered by each system to customers/ patients, through the four elements of the marketing mix (the four P’s).

Using a questionnaire, we have interviewed 56 people who have expressed their opinions about the questions, in order to present the two health systems, starting from the quality of medical services, formal and informal prices, the way they benefit from medical services (distribution), as well as the way to communicate, relate to patients (promotion/ communication). Since we have used a five step scale (total disagreement- disagreement – indifferent – agreement – total agreement), we have measured the data acquired, using as a counting method the semantic differential.

$$Score = \frac{\sum \text{variant note} * \text{number of people}}{\sum \text{number of people}}$$

For the five steps, we have assigned each a note/ mark, from - 2 for total disagreement, to +2 for total agreement.

All the results obtained, for each of the two health systems, we have represented through a graphic, through which we have highlighted the position of a system towards the other, considered as the competition.

Health care systems (the first component of the marketing mix), we have presented through the perspective of their quality, that can be considered both from costumer's/patient's perspective and from the perspective of suppliers and performing organizations. However, no matter the way of approaching it, it is obvious the fact that any error produced in medical services supply has a considerable impact on parties involved.

Quality in medical field may refer to medical excellence, cutting or maintaining costs under the conditions of growing efficiency and productivity, introduction of techniques and integrated, modern procedures appreciated by patients. It may also mean dimensions such as accessibility and continuity of cares, orientation towards patients, free choice of suppliers, type of insurance and treatment, infrastructure and comfort, and recently, "equity" in the sense of equal and proportional treatment with the gravity of cases for any patient.

For exemplification, we have used three questions, referring to medical services quality. Question 1: "Medical personnel present trust and professionalism?", question 2: "Are hygiene conditions and comfort according to your expectations, do they satisfy the expectations of medical services' customers?". Question 3 "Is medical equipment's technological level high and performing?"

Referring to public healthcare system, the 56 respondents have had the following opinions.

Table 4. Perception to medical services quality

<i>Variants</i>	<i>Total disagreement</i>	<i>Disagreement</i>	<i>Indifferent</i>	<i>Agreement</i>	<i>Total agreement</i>
<i>Attributes</i>	<i>-2</i>	<i>-1</i>	<i>0</i>	<i>+1</i>	<i>+2</i>
<i>Question 1</i>					
Public	-	11	12	24	9
Private		4	8	41	3
<i>Question 2</i>					
Public	6	25	9	16	-

Private	-	-	7	36	13
<i>Question 3</i>					
Public	7	4	5	16	24
Private		7	2	37	10

Interpreting results, we would obtain:

Table 5. Interpreting results

Results	Public	Private
Personnel	0.55	0.76
Hygiene	-0.36	1.10
Technology	0.82	0.89

The average global appreciation of the analyzed sample, concerning the three qualities of medical services for the public healthcare system is *0.33*, which means that from the viewpoint of medical services quality, the public health system is above average.

Making the arithmetic average of the three attributes, we get a value of *0.91*, which means the private health system is above average on medical services quality.

The analysis situates the private health system, in the first place, with a global average appreciation superior to the public system (*0.91 > 0.33*), under the conditions we have paid an equal importance to the three attributes of medical services quality. This shows that the image of the private health system has a positive impact on costumers/ patients from the viewpoint of medical services quality, being clearly superior to public system's on the same grounds.

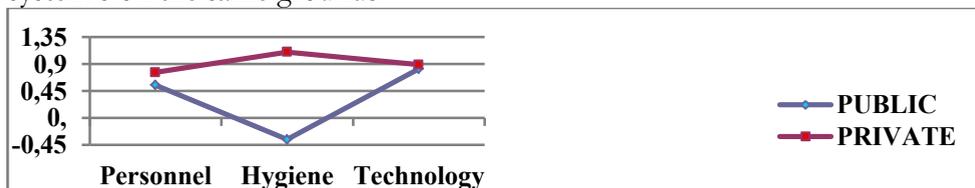


Fig 3.1. Appreciation of sample for both health systems, analyzed from the viewpoint of medical services quality

For the positioning of the two healthcare systems, depending on the price, we have underlined certain aspects, such as the existence of informal payments. This refers to the fact that within the public system, although “free” for insured people, there are the so-called informal payments, those taxes (bribe), that people pay tacitly, with the purpose of benefitting on time or in advance, from certain quality medical services. This is an aspect that one question has referred to, where we have tried to emphasize informal payments and their impact on population.

To exemplify, we have used as questions to discover respondents’ opinion: Question 1: “Is the quality of medical services the same, no matter if you appeal or not to informal payments?”. Question 2: “Are medical services accessible to people with income below 1500 Ron?”, and the last question: “Are investments in medical units sufficient to ensure quality medical services?”.

Table 6. Perception to discover respondents’ opinion

<i>Variants</i> <i>Attributes</i>	<i>Total</i> <i>disagreement</i> <i>-2</i>	<i>Disagreement</i> <i>-1</i>	<i>Indifferent</i> <i>0</i>	<i>Agreement</i> <i>+1</i>	<i>Total</i> <i>agreement</i> <i>+2</i>
<i>Question 1</i>					
Public	14	21	3	10	8
Private		3	5	26	22
<i>Question 2</i>					
Public	1	3	5	27	20
Private	12	16	9	11	8
<i>Question 3</i>					
Public	7	13	9	18	9
Private	4	7	3	22	20

Results obtained by the two health care systems have highlighted:

Table 7. Interpreting results

Results	Public	Private
Informal payments	-0.41	1.19
Formal payments	1.10	-0.23
Costs	0.16	0.84

The global appreciation for the two systems presents as values **0.28** for the public one, and **0.60** for the private system. This means that although less accessible to people with incomes below 1500 Ron, the private system is more appreciated than the public one, from the viewpoint of performed services. It is the result of investments/ expenses in equipment and performing technology, as well as of the fact that medical services are offered equitably and indiscriminately, not being necessary those informal interventions (bribe).

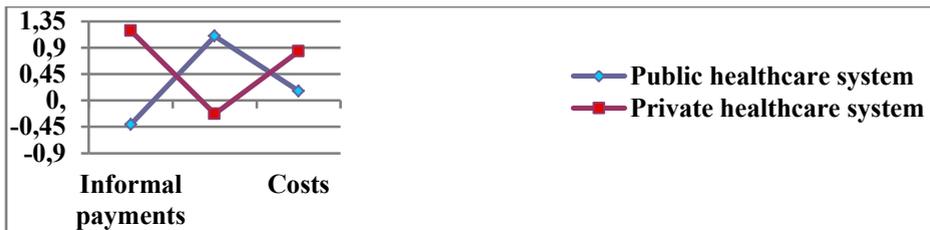


Fig 3.2. Appreciation of sample for the two health systems, analyzed from the price viewpoint

To highlight the positions occupied by the two systems on the medical services market, from the point of view of placement, we have used the following questions to find out respondents' opinion regarding this marketing aspect. Question 1: "Do you wait a little (maximum 10 min.) for benefiting the solicited service?". Question 2 "Does the patient have the possibility to manifest their autonomy (possibility to take part in making choices about one's own health, including the treatment to follow)?" and the last question "Are medical services offered equitably, respecting thus patients' dignity?".

Table 8. Opinion regarding marketing aspect

<i>Variants</i> <i>Attributes</i>	<i>Total</i> <i>disagreement</i> <i>-2</i>	<i>Disagreement</i> <i>-1</i>	<i>Indifferent</i> <i>0</i>	<i>Agreement</i> <i>+1</i>	<i>Total</i> <i>agreement</i> <i>+2</i>
<i>Question 1</i>					
Public	3	29	2	17	5
Private		15	11	14	16
<i>Question 2</i>					
Public	9	14	5	21	7
Private	12	16	5	15	8
<i>Question 3</i>					
Public	6	19	1	18	12
Private	-	2	4	27	23

Using Likert's scale, the quantified results have emphasized the following situations for the two systems.

Table 9. Interpreting results

Results	Public	Private
Time	-0.14	0.55
Autonomy	0.05	-0.16
Equity	0.20	1.26

The global interpretation of the two systems, **0.03** for the public system and **0.55** for the private one, highlights that also from this point of view, the private healthcare system is superior on the medical market, by offering immediate medical services, without leaving the patient to wait for too long (**0.55 > 0.13**). It does so equitably and indiscriminately, the medical staff not making differences on social, political, ethnical, or age grounds (1.26 > 0.19). Even if, in general, the private system excels from the point of view of choosing suppliers, it is not better than the public system.

The reason is that private institutions are not situated everywhere, in all towns or cities around the country, making it difficult to patients to attend. Another reason is that they are accessible only to a category of population with incomes above 1500 Ron, and they do not possess all specialties and qualified personnel (-0.23 < +0.05).



Fig 3.3. Sample interpretation of the two health systems, analyzed depending on three distribution attributes

Communication is an essential marketing element, on the medical services market. This is because all information supplied by the patient to doctor and reverse is based on communication, an indispensable thing. One cannot discover an ill person's state without communication, or transmit investigations/ treatments to follow without it. Therefore, we have also used this element to emphasize the positions occupied by the two health systems on the medical market.

To exemplify, we have used in our questionnaire questions to reflect the way information is spread, and its clarity. Question 1 "Do medical personnel take into account your health needs?", Question 2 "Does doctor/ patient communication realize in accordance with the right to information, informed consent, confidentiality, and professional secret?", and the last question "Do medical staff manifest amiability in transmitting clear and credible information?".

The global appreciation for the two systems, **0.26** for the public health system, and **1.01** for the private health system, highlights a clearly superior position of the private system, for all the three attributes chosen in questioning the 56 people. This aspect brings to light the fact that in private institutions, people focus on communication, and the information is transmitted politely using a clear language, for everybody to understand, to create a feeling of confidence to patients.

Table 10. Perception indicator of information

<i>Variants</i> <i>Attributes</i>	<i>Total</i> <i>disagreement</i> <i>-2</i>	<i>Disagreement</i> <i>-1</i>	<i>Indifferent</i> <i>0</i>	<i>Agreement</i> <i>+1</i>	<i>Total</i> <i>agreement</i> <i>+2</i>
<i>Question 1</i>					
Public	5	15	6	23	7
Private		1	8	42	5
<i>Question 2</i>					
Public	3	9	12	25	7
Private	-	-	3	40	13
<i>Question 3</i>					
Public	8	11	12	15	10
Private	-	7	6	25	18

Results measurement has emphasized for health systems the following.

Table 11. Interpreting results

Results	Public	Private
Needs	0.21	0.91
Information	0.43	1.17
Amiability	0.14	0.96



Fig.3.4. Appreciation of sample for the two health systems, analyzed depending on three communication attributes

After the analysis, one may notice that on medical services market, the private health system has a truly superior position towards the public one, acquiring higher values for each of the four elements of the marketing

mix. This means that in private institutions, people communicate, interact with patients, clearly transmit information, which denotes amiability and leads to a higher trust of customers/ patients in this system, the proof being also the highest value of global appreciation **1.01**. In addition, the private system distinguish itself through the quality of the medical services they offer, which are in accordance with patients' expectations, getting a value of **0.91** to this category, the second as value from the total of those obtained by the two systems, in general. Even if the accessibility to private medical services is sometimes precarious because of higher prices, long distances to some institutions (with a value of **0.32**), the private health system enjoys a positive, favorable image, being mostly appreciated.

Although in an inferior position, the public health system has got for all of the four mix marketing elements values above zero. It performs medical services of good quality (acquiring a value of **0.33**), with competent personnel, qualified for each medical specialization.

At the opposite side of services, within public medical institutions, there is distribution, meaning the way they offer it to patients. This is because of the medical personnel who do not apply what is called by "medical ethics", that is they do not treat equitably and indiscriminately all patients. There is also the impossibility of free choice of medical services suppliers, because of lack of multiple specialized institutions in country's adjacent zones, to which one may add poverty, constitutes a minus for public health system. We have presented graphically this situation in figure 3.5.

In general, the public health system has a lot to do about image, starting with the way they offer medical services and ending with the improvement in quality, in the sense of modernization and endowment with performing equipment of medical institutions.

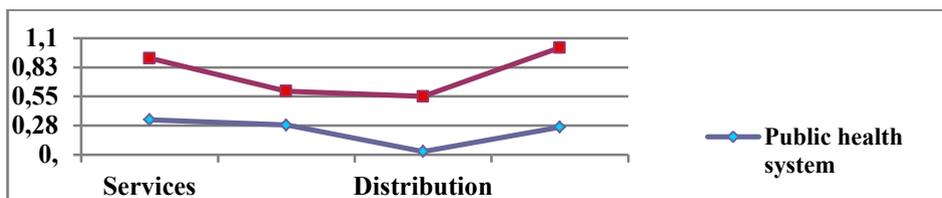


Fig. 3.5. Positioning of the two health systems on the medical market

4. Conclusions

The studies carried out on medical ethics, as well as information sources, have indicated that in order to achieve the three fundamental goals of WHO, a health system should observe the 12 principles of medical ethics.

However, the public health system focuses on a small degree on observing medical ethical principles, which is emphasized by the existence of inequities, starting from inequalities in resource distribution among institutions, geographical regions, rural and urban environment, and ending to inequalities in health services distribution and satisfaction of health needs. The apprehensive study was projected on a sample of 56 people, for the collection of data about the perception of the two systems' responsiveness, from the viewpoint of sanitary assistance proper, and of attention and respect towards patients.

The results of this study, that concentrated upon the analysis of indicators and results measurement through BSC method, have underlined a performance of the public system (59.1%) inferior to the private one (69.18%). This is because of the interest manifested by private institutions for patient's satisfaction, respecting patients' dignity, and offering quality health services. This aspect has been emphasized by the two indicators, where it has got performances of over 70%, performances that correspond to patients' *satisfactory* appreciation level. In the case of public medical institutions, only the medical assistance proper has got a performance corresponding to patients' *satisfactory* level of appreciation, a fact that can be explained by health services costumers' trust in medical staff professionalism and medical equipment.

The following study we have carried out was to highlight the position occupied by the two system on the market of medical services, using as method the "Positioning Map". Trough it, we have presented the advantages offered by each system to customers/ patients, in the case of each element of the marketing mix (the 4 P's). The analysis achieved has emphasized that on the market of medical services, the private system has a clearly superior position to public health system, getting higher values at each of the 4 elements of the marketing mix.

The reform in health care will be beneficial if it leads to an improvement in population's health and ensures an equitable access to health services that should be efficacious, prompt, sure, and efficient. The implementation of a medical ethics management that should establish policies and application strategies and observance of deontological codes by medical personnel, in offering health services, would be an efficient method of satisfying patients.

The implementation of medical ethical principles through a management of medical ethics will presuppose first, an adaptation of health system to patients' needs, respect for patients' rights, which come from the Directive concerning cross-border medical assistance. Then, it means collaboration between institutions for ensuring continuity of health care,

communication, and information confidentiality, high interest of hospitals in increasing the competence of medical staff, and not the last, the growth of patients' autonomy. In a word, the goal is to create a *patient-oriented health system*, where the right to health, the access to health services, depending on patients' needs, to become a fundamental right.

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