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Screening Romanian Medical and Social Security System: Self-Ratings and Healthcare Feedback at Local Level

Andreea-Mihaela Niţă*
Maria Stoica**
Irina-Petria Trușcă***

Abstract
In a two speed economic union, the social medical system has different patterns according to the region of development and its history. Furthermore in the new entered countries, as Romania, where this system is consolidated by the authorities which are combining features of other European Union models, is expected that the level of trust of the populations in the healthcare system from the national hospitals to increased. Therefore seen either as a set of rights of the citizens which have to be fulfilled by the national authorities of a state, in accordance with its resources, either as a set of action programs created in order to guarantee and promote the health and well being of the people, the medical security system involves rights that must be known, trust and reliance in this system, good communication channels between those involved, good infrastructure and professionalism of the medical personal. This paper also aims to present the real picture of the medical security system from a regional hospital, from Dolj county, a sample of what happens at the national level through the results of a survey research held in July 2014 on a sample of 313 people in the Craiova Emergency County Hospital. The objectives were to see if the patients know their rights, if there is a good communication between them and the medical personal, if the accommodation is proper, if the medical personal is complying with its responsibility in an ethical manner or not were just a few of the objectives. This research was meant to establish the problems of the health system agenda, a fundamental and necessary one for the people, the responses to the national health policy and also the challenges and opportunities to it in Dolj county.

Keywords: *medical sociology, social security, healthcare system, paradigmes*

* Lecturer, PhD, University of Craiova, Faculty of Law and Social Sciences, Sociology Specialization; Phone: 0040743108885, E-mail: andreea_nita2005@yahoo.com.
** Assistant Professor, PhD, University of Medicine and Pharmacy from Craiova, Faculty of Medicine, Phone: 0040742052313, E-mail: mia.stoica69@gmail.com.
*** M.A. student, University of Craiova, Faculty of Law and Social Sciences, Political Sciences specialization, Phone: 0040786711992, E-mail: truscairina17@gmail.com.

Pleading for a medical system sociology cause in the world interconnected history

Among the present paper objectives we can mention the intent of briefly sum-up a pallet of events from the medical sociology history, both from the history of our country and from around the globe that have influence the evolution of this discipline, hopping that we can create a bigger, more comprehensible imagine of how this phenomenon has evolved over the 19th, 20th, 21th century, until now. The very general phases that we present are in such a way pointed out that those unaware can easily draw connections between the world′s most known events to understand how the medical security system has generally evolved. Moreoverm "this shared history between warfare, medicine, and society also entailed shaping modern medicine as a strategic science of public health and social security [...]" (Howell, 2014: 975). The current situation of the Romanian medical system is considered to be a extension of the last decade, if not, of the last centuries policies, combined with a more accentuated focus on the phenomena that came along with the integration of our country in the international organizations, one at the time, first in the communist organizations, and second in the democratic organizations, as in the Europe Council organization or European Union. "Although there is a burgeoning historiography of international aid and its impact on the developing world, little is known about how international development translates from policy to practice" (Neelakantan, 2011: 15).

The intent to stress the historical aspects of this very complex and vague system as clearly as we can, both in our country and worldwide is done in order to establish several of the paradigms that have governed the medical sociology for the last decades. Is important to take notice of what happened in our country during the communist and the democratic political regime, both having different features, programs, results and consequences over the actual medical system. System described and analyzed in our practical research which has been taken in a region of our country, precisely in Dolj County, in the Craiova Emergency County Hospital. The year 1950 represents for the entire world the date used as a parallel between the Second World Word and the establishment of the communist regime, the emergence of medical sociology and in our case represents also a parallel between an almost non-existent medical system with the according institutions and the begging of a long and overwhelming process of development of what we intend to call today a Romanian medical system.

In a separate chapter of the paper is presented a small part of a real picture from the regional medical system through the research we have undertaken in July 2014 on a sample of 313 people in the Craiova Emergency County Hospital, in order to see if the patients know and understand their rights, if they are satisfied with the hospital conditions, with the communication channel and the medical personal. All these more specific objectives and hypotheses are following up in order to establish the problems of the health system agenda, a fundamental and necessary one for the people, the responses to the national health policy and also the challenges and opportunities from this county. "In a context of increasing life expectancy and population ageing, healthy life years has been endorsed as an important European policy indicator to address whether years of longer life are lived in good health" (Eurostat Pocketbook, 2013: 68). Therefore the continuous parallel that we do stands for understanding how and why events have evolved in a certain way and not in other and how those are to influence the near future. "In the past two decades the history of medicine has shifted from an exclusive focus on great doctors and their medical innovations to a new interest in the social history of medicine" (Hardy, 2002: 484).

Between past and present medical sociology in Dimitrie Gusti's native land. Historical background of the modern medical sociology in the world and in Romania

Medical sociology is one of the over 100 different branches of sociology that begins to develop, as an independent science, in the nineteenth century with the emergence of two works of paramount relevance for the universal sociology, namely: "The situation of the working class in England" (1845) written by Frederick Engels and "Suicide" by Émile Durkheim. These two studies through the correlations that are made between the population and the social factors, on the one hand, and between social and health policy makers, on the other hand, marked the beginning of a series of empirical studies that are under the influence of multiple and various macro-social phenomena that can be placed at the base of the social medicine and medical sociology. In this picture "the patient's point of view remains enigmatic" (Condrau, 2007: 529). Professionals as sociologists who wanted to capture, describe, analyze and provide possible solutions to the studied medical phenomena, either forensics medicals interested to eradicate the possible conditions that would affect the local population mass, plus the philanthropic associations and/or personalities who saw their interests in the blessings actions paved the way for a future "Medical Department" (Steer-Williams, 2014: 25) not only in the begging of the ninenthy century social medicine but also in our days.

The Romanian Principalities in the nineteenth century following the trend of the European research "The hygienic state of the country" (Iacob, 1990: 1), and in the heavy development stages of these studies have got involved different personalities, as Ioan Cantacuzino, Victor Babes, Constantin Caracas, C. I. Istrati, Iacob Felix, Ştefan Stâncă. "Through their socio-medical activity, the personalities mentioned above have contributed significantly to the scientific foundation of measures aiming to improve the state of health of the population, to eliminate harmful factors which determined the widespread diseases" (Rădulescu, 2002: 31). In order to complete the picture of the evolution of these studies in the national space we can mention that adjacent medical sociology research continued and expanded in the first decades of the twentieth century. "The history of medicine in the last decades has opened a new window on the past; indeed, the distinction between medical history and social history has become increasingly obscure" (Brant, 1991: 208).

Given that there were not sufficient funds allocated by national authorities for study hygiene and health status of the population, almost non-existent laws and institutions resulted in a particularly difficult evolution of the treatment and social prevention of various social maladies. "In the past, in the Romanian Countries, the healthcare and the aid offered to the sick and the poor people, was better organized than disease prevention" (Iacob, 1990: 68). Therefore over the time we discover that within our national borders "only with the work of G. Banu, in the first decades of the twentieth century, that its shaped a distinct framework in Romania, systemic concerns of social medicine, being established in 1942, the University of Bucharest, the first chair of medicine social Romania" (Rădulescu, 2002: 32).

As a distinct field of research we can talk about medical sociology as a branch of sociology after 1950. The creation of this particular field of sociology was able to happen because of the convergence of medicine with sociology. In particular, the convergence of the society, of the social intitutions and relations with the human biologie. The professional and organizational profile of the medical act, on one side, and the raports between the medicine and the others social and professional fields of activity were only just few of the main reason that medical sociology is based on.

After the Second World War, the medical progress along side the technological progress, under the institutionalization framework paved the way to the birth of one of the most appreciated modern sciences. Among the best known scientific and technological developments that have influenced this fuzion we can mention the fallowing: "the shift from the privat medicine towards complex teams of medical specialists" (Rădulescu, 2002: 37). This comunity orientated medicine has allowed sociology to analyze this changes. Furthermore, another change was produced by the modification that have taken place in the demographical profile of the population; the use of expensive tehnology system in the medical field, the high rate of "specialism" of the medical personnel; the change produced in the sector of financing this field. Along side all this factors we have to consider that there were other very complex and different phenomena that have determined the birth of this science, as the rise in the death statistic (morbidity), the mass demands for social medical services and the social psychiatry studies. Furthemore, fifty years ago Talcott Parsons introduced two analytical tools – the sick role and the profession of medicine – to the study of health and medicine (Riska, 2003: 33). Medical sociology it`s very appreciated worldwide, especially, in the Western countries where, since the 1990s has receive much of attention from the non governmental organizations and also from the national governments because of its successful practical benefits. Therefore, this very powerful and complex field is considered to represent a social value, not only a psyhical and biological issue, one of great importance to all the people of a society.

As a general definition of the medical sociology concept "as we can see from above, medical sociology helps to understand the various factors related with a healthy or ill person and not the disease process itself and its specific aetiology. Thus, its contribution is more towards understanding the problem from a preventive and promotive aspect" (Sigdel, 2012: 27). Our country hasn't responded in the same way yet, but in the future is expected the same reaction from our national representatives considering the over twenty years of democratic medical models taken from other "success medical system". As this american branch of sociology has shown us over the last decades, the change plays always a role in human history, weather is good or bad.

Being born on the american ground, this branch of sociology has been developed by specialists who have created a very complex literature, from the most simple studies up to a wide range of theories and scientific instruments of research. To better understand why its recognized as having a great american influence, we can mention the great contribution of famous american sociologists, as Talcott Parsons or Robert Merton, but also of other great specialists from the social psychoanalysis and health studies field. Progressively with the research of the medical community programs and minority health programs, the field of medical sociology studies has grown wider, deeper and more person focused. The preoccupation for the people's health has gained after the XIXth century a greater social impact, as part of the public heath process and this phenomenon happened because the medical professionals have understund that the medical act cannot be reduced only to the medical intervention and that the people`s life and their medical past, privacy and opinions have to be taken into account. In Romania, the first medical sociology preoccupation have taken place during the 1940s when the professor Banu has created at the University of Bucharest, the first social medical university board (Rădulescu, 2002: 41). The development of the social medicine has lead to the deveopment of the communities, of the local and national social and medical services and of the national policies concerning this field.

The medical sociology object is "the study of the way in which the diseases affect the human groups and the treatment solutions through which this groups react towards disease" (Rădulescu, 2002: 43). From the very beginning of this its emergence the sociologists have considered several roles, first, as a researcher of the public health system; second, as an expert that helped medical specialists and governmental authorities to take decisions in different situations; third, creator of national actions or plans concerning the action in this system; fourth, professor that can teach further the know-how has revealed to himself over the long years of research. "What are the virtues that animate(d) the sociology of medicine? There are, I think, five: 1. A belief in « something more » that is responsible for health and illness [...]; 2. An outsider perspective/constantly critical; 3. No fear of being useless; 4. Creativity and playfulness; 5. Reflexivity" (De Vries, 2003: 35).

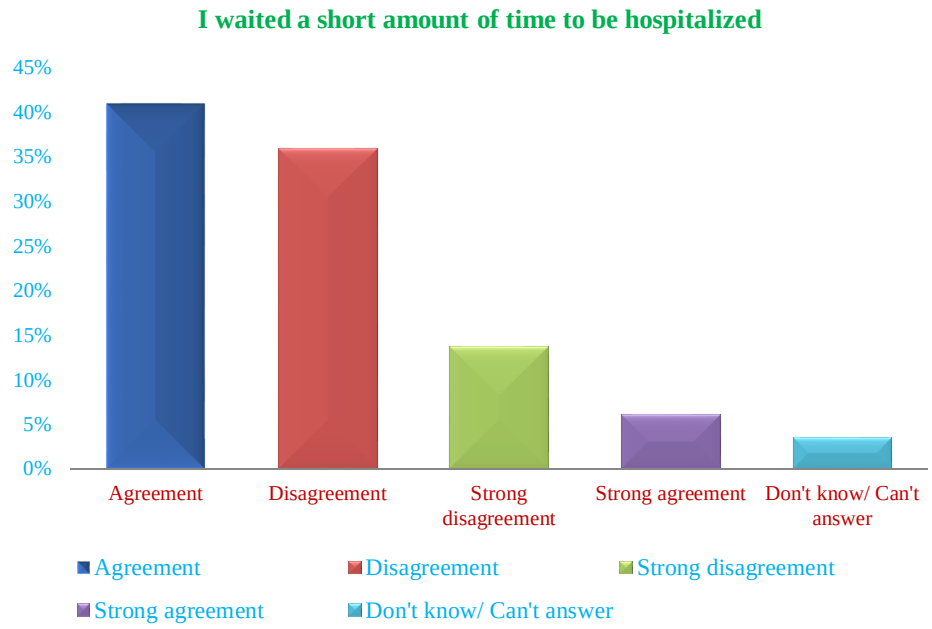
Some of the theoretical models and paradigms developed over the time in the medical sociology are represented by the pioneer work of Talcott Parsons, Robert Merton, E. Goffman and others famous sociologists that have offered their entire life to the medical sociology studies and to the medical organizations. Talcott Parsons`s structuralist theoretical model was constituted on the presumption that the diseases should not be seen only through the spectrum of the medical vision, but through the perspective of the social structure and values of the american society. "The health issue is closely connected with the functional demands of our social system. Almost all the health definitions contain the functional needs of the individual as member of the society" (Radulescu, 2002: 114). The same author has defined health as the optimal estate that provides the individual the capacity to solve all his social roles. And the diseases is considered as a perturbation of this normal estate of the individual that makes him disable of acting proper in the same situations. The authors that have supported this perspective, as Malinowski, have considered from the structuralist perspective that medical institutions are created to satisfy the patients biological and psychological needs, based on the assumption that the need creates the function. And therefore, according to Parson all the patients should have the same rights and should not be discriminated. This perspective has been well know and agreed upon until the 1970s when another paradigm has shifted the approach towards this discipline, the interactionist model.

Approach that is considered by Sorin Raulescu in his book entitled "Health and disease sociology" through some features: the medical professional should not take into account the apriori presumptions; the consideration for the subjectivity of the human world; the researcher are to be seen from this decade on as social actors that act as insiders of this medical world in researching it, not like outsiders. This theory states that the health and the disease are build socially through the interactions of the individuals, therefore in this framework, the people build different semnifications and languages through which they let know each other of their health estate. Therefore, there are different perceptions over a disease from a group to another and inside different social categories, so the interactionists have concluded that every aspect of the health estate of an individual is influenced by the education, past, experiences, social group, beliefs of the culture he belongs to. These two perspectives have influenced the middle and late XX century and played an important role into the medical sociology field, perspectives that have determined the structure of the present research instruments.

History repeat itself once more in Romania. Case study: Craiova Emergency County Hospital

It's important to study the regional medical health system from our country in order to have a perception over the reality that affects the people every day. Also undertaking such studies provides the local and national level specialists with a great data source that can be used in accordance with the local and national strategies in building up programs and strategies that may improve the people`s life level. In the following subchapter is presented a very small part of a research released in 2014 that presents how the persons hospitalized don't regard kindly the lack of modern infrastructure and also their opinions over the treatment, the communication channels, the medical personnel attitude and professionalism.

Figure 1. Time expectancy in order to be hospitalized (July 2014)

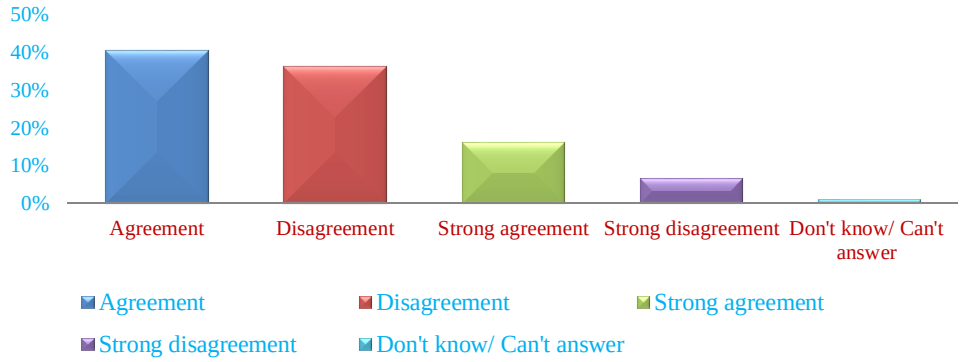


Regard the time patients had to expect in order to be hospitalized, 49.6% of the respondents said that they had wait a lot of time, meanwhile 47.0% of patients believe that the time of admission in the regional emergency hospital was relatively short. A small 3.4% have answered that they can`t or don`t know how to answer. This graph shows us the fact that more of the persons surveyed had to wait a lot of time in order to get hospitalized then the other way around.

This aspect casts doubts about the efficiency of the auxiliary staff in solving this matter and or the procedure. After getting hospitalized the persons wait for their consultation, which requests another waiting time and new steps to follow, as shown further.

Figure 2. Waiting time until consultation (July 2014)

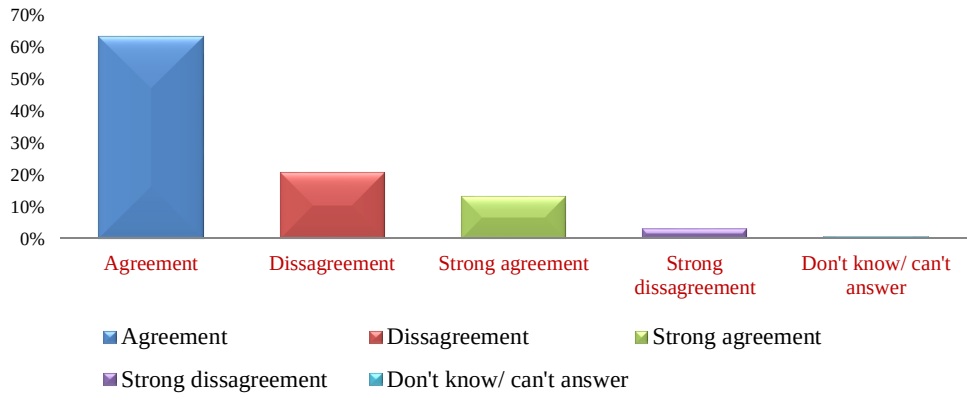
The waiting time for the consultation is high



The time that patients have to wait until consultation can range from different reasons 1) the patients number, 2) the availability of the doctors, 3) the appointments schedule and others. Therefore, 56.4% of patients surveyed believe that the waiting time for consultation is very high. Meanwhile, 42.6% stated that they were waiting a short amount of time, which gave them a relatively satisfaction. In the study "Patient satisfaction in hospitals ASSMB, 2012" the percentages obtained at the same question is similar to those of the study conducted at Emergency County Hospital Craiova. Thus, 49.4% of respondents consider the waiting time for the consultation as relatively high, 50.6 percent stated their disagreement with this question. Following the course of patient-doctor discussion its important to see how much time its spend on discussing the actual medical problem and in the next graph we can see this part of the problem.

Figure 3. Discussing in details the medical problem (July 2014)

The doctor discusses in details my medical problem



The communication with the patient is an important aspect of the evaluation of medical performance, aspect carefully watched in large academic medical centers by

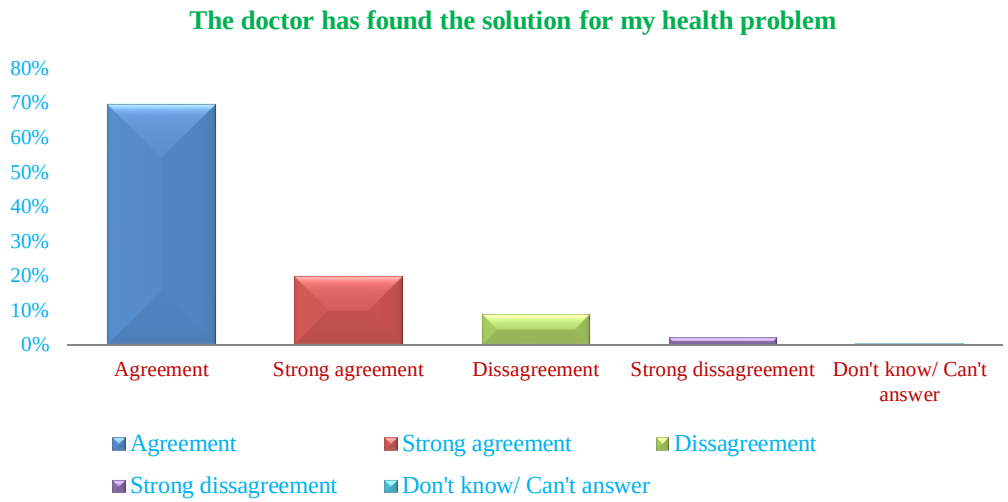
professors, residents and tutors. In Romania, the patient has the right of access to information of medical nature related to his medical records through medical personals and the medical discharge documents.

Some of these rights are: the right to be informed about their health status, the proposed therapeutic procedures, diagnosis and prognosis of the disease; information shall be notified in a manner appropriate to the patient's ability to understand. Other rights, in the foreign cases, the persons are entitled to receive information in an official language or through an interpreter if they don't know not an official language; have the right to freely express their views on the hospital care.

Over three quarters of the patients surveyed stated that doctor explains them into detail different aspects of the disease, meanwhile 23.1% of respondents said that the doctor did not discuss the issue further, declaring themselves in disagreement with this statement.

After the entire discussion over the medical problem we have another step to follow, the solution for the health problem.

Figure 4. The doctor finds solutions for the health problem (July 2014)

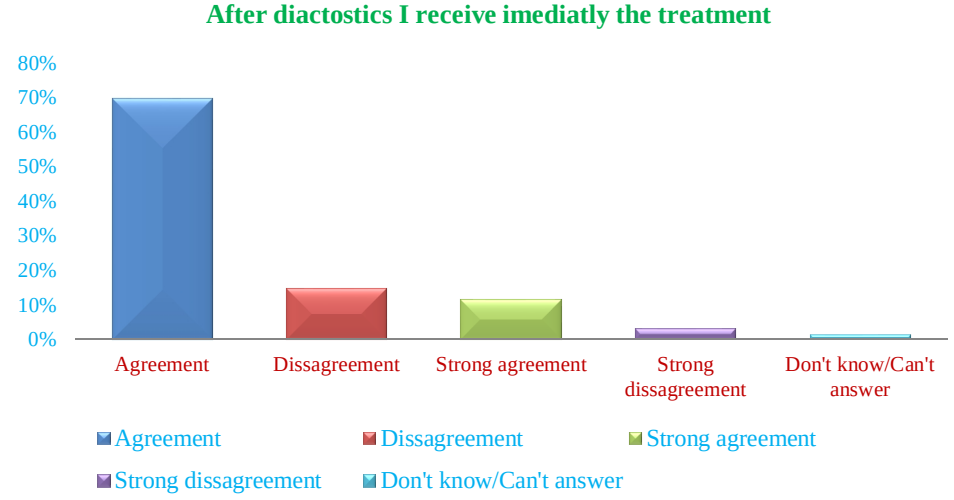


Although the state health system in terms of utilities and infrastructure is precarious, Romania has no shortages of specialists. As emerges from this study, 89.1% of the respondents stated that the doctor has found the solution to solving their health problem and only 21.5% disagreed with it.

In the study "Patient satisfaction in hospitals ASSMB", conducted in 2011, the percentage of those who said that the doctor found the solution to their health problem is higher, 93.8%. "Patient satisfaction is a subjective and complex concept, involving physical, emotional, mental, social, and cultural factors" (Wu, Naqibuddin, Fleisher, 2001: 196).

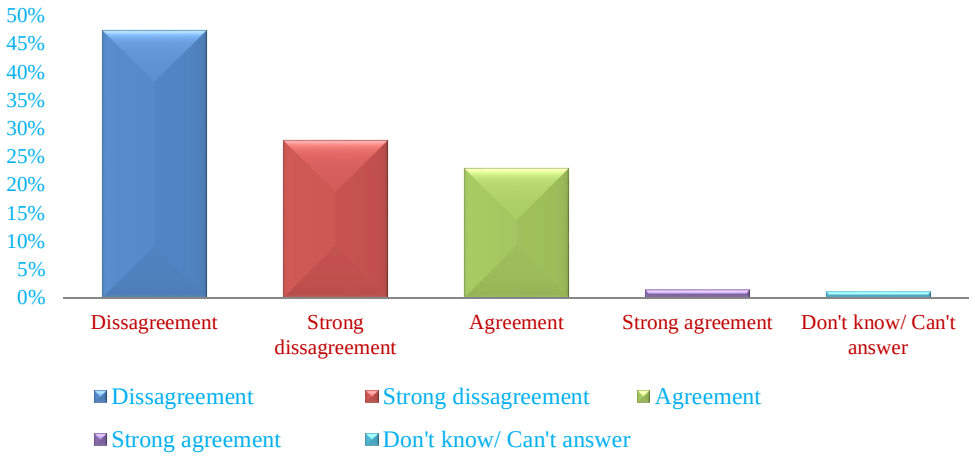
After receiving the medical diagnostics, the patient should receive the medical treatment, and in accordance with this phase of the investigation in our research we have found the following.

Figure 5. The amount of time is received diagnosis (July 2014)



81% of the persons surveyed sustained that they received the specialist treatment immediately after diagnostic. Furthermore, 17.7% of the patients have declared that they disagree or strongly disagree with this statement. "The focus on the body is perhaps more of a problem" (May, 2003: 46). In accordance with the hospital infrastructure and the patients satisfaction over this aspect the results of the research show us not only that the patients desire for better accommodation conditions but also they strongly disagree when they don`t find it in the hospitals.

Figure 6. Modern hospital infrastructure (July 2014)



"During the past century the general hospital emerged as the most visible symbol of modern medicine, yet historians until very recently overlooked this development" (Numbers, 1982: 254). The outdated infrastructure is a very common within the Romanian health system, most hospitals in our country facing this problem. This situation is

encountered and assigned at the Emergency County Hospital Craiova too, three-quarters of the patients surveyed stating that the hospital is not a modern one, and only 24.1% believed the opposite, expressing agreement with the question asked. Relating the degree of satisfaction of the patients with the accommodation conditions thus with the hospital modern infrastructure we can see how comfortable the patients feel during their stay in the hospital.

Figure 7. How comfortable the patients feel in the hospital (July 2014)

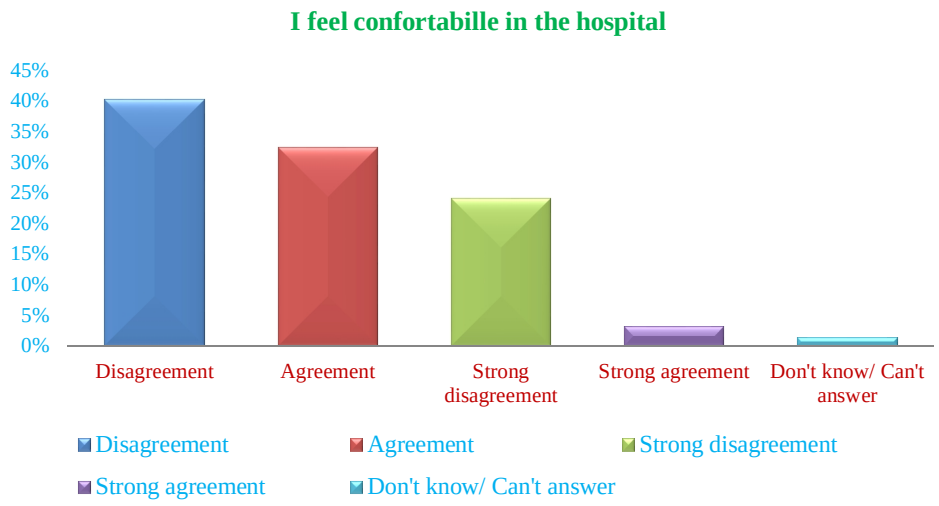
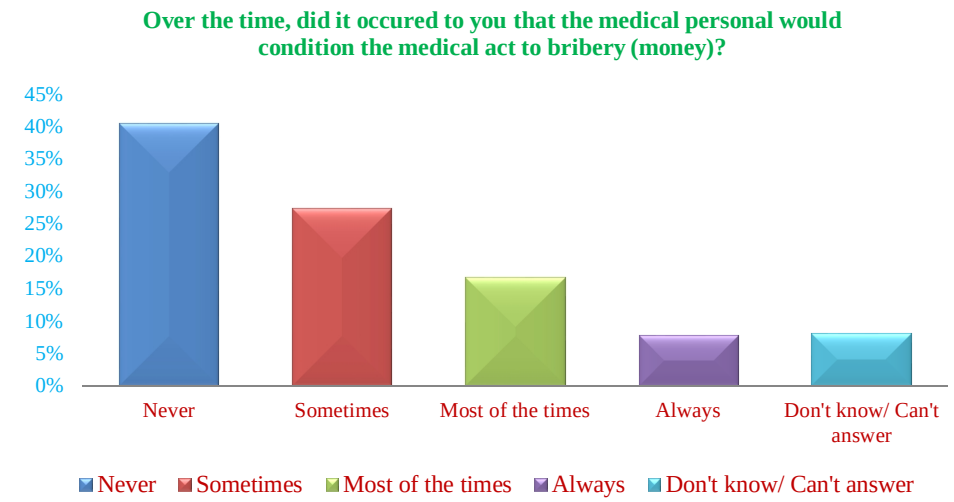


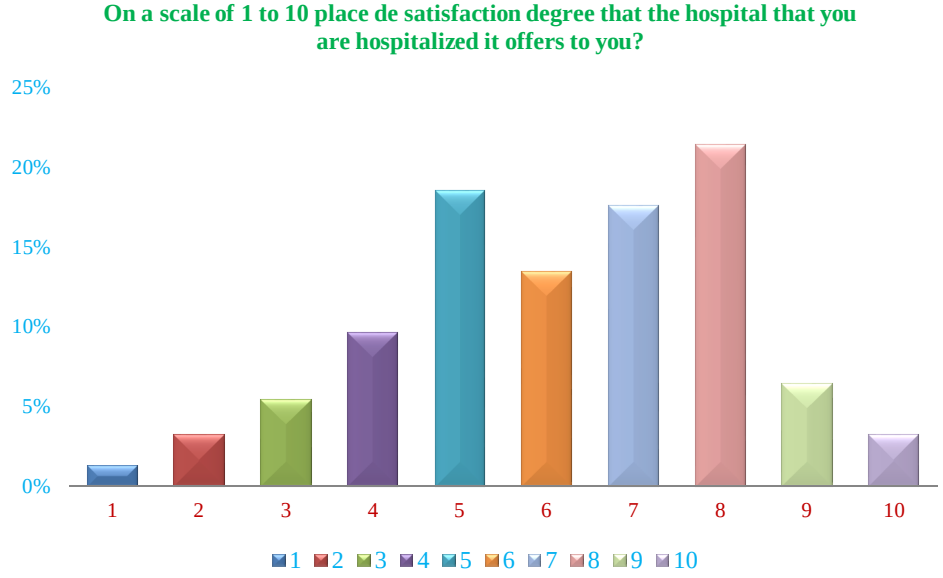
Figure 8. Medical acts conditioned or not by bribery (July 2014)



Regarding the level of comfort of the patient hospitalized in the Emergency Clinical County Hospital Craiova, 63.8% of respondents said the level is low and only 35.3% expressed their agreement with the statement that they feel comfortable within the hospital. When we talk about outdated hospitals we refer to the salons inadequately arranged, missing or outdated technology and other facilities. The possible bribery acts are also taken into account when is established the degree of satisfaction of the patients. Asked if it ever happened to them that doctors and/or the medical personnel to condition the solving of their medical issues of a payment of money, 40.4% of the respondents indicated the first variable "never", while 27.2% admitted they were sometimes placed in such a situation.

However counting the "sometimes", "most of the times", and "always" variables that were answered 51.6% of the patients surveyed said confirmed that to them it was conditioned the medical act of a form of bribery, while 8 percent of respondents preferred to abstain in giving a response in this regard. Getting close to the common knowledge of the people about the corruption phenomenon in public hospitals from our country, our research raises questions about the alarming corruption in public hospitals.

Figure 9. Satisfaction degree of the patients from the Emergency County Hospital Craiova (July 2014)



When asked how satisfied are about the hospital, the patient had to choose from about 10 variables, with 1 meaning very dissatisfied and 10 meaning very satisfied. The first two variable, the nine and tenth variable, those that represented the highest level of satisfaction of the patients have gathered 9.6%. Furthermore 21.4% of the patients interviewed were selected have chose the eighth variable. Other 17.6% of the patients have chosen the seventh variable and the sixth variable has been chosen about 13.4%, followed by the fifth variable about 18.5%. The first four variable have summed 19.5% of the patients answers.

Romanian medical security system a reminiscence of the 20th century or a need to integrate in the "global village"?

The health sociology countless studies conclusions have shown that the future of medicine must be a preventive one and the people should consider necessary the prevention rather than the cure of different diseases. "Fifty years ago Talcott Parsons introduced two analytical tools – the sick role and the profession of medicine-to the study of health and medicine" (Riska, 2003: 33).

But over the last half o decade certain events and premises have influenced enormously the disease distribution and in our days we have to take into account "those social features from the macrostructural level, component of economic nature, social and spiritual, which define together the global type of society in which this population lives" (Rădulescu, 2002: 195).

According to the same source the training procedure of the persons specialized in this domain was from the very beginning very hard to accomplish. The actual problem that this discipline confronts with its regarding the high rate of specialized medical services that faces and has faced over the last half of century an event higher rate of the specialized medical services costs. "The tight conection between the demographic profile of a country and the health estate of that population is mostly evidentiated by the health indicators of a certain country" (Radulescu, 2002: 195). Although these societies that have pushed forward for the development of the medical sociology have registered lots of progress in the social medicine field and in the health prevention policies still confront the disease growth.

In conclusion, the reform of the health medical system and the orientation towards prevention, are priorities of the modern and contemporary medical systems from all the countries around the world, but especially from the poorest countries of the world, that cannot solve all their issues along and need external resources, great problems that need to be supported as consequences of the costs growth for health. "Paul Lazarsfeld has stressed that since three decades ago, the main reason why the medical school students refused to choose the specialization in this domain in not regarding the financial interest, but mostly the obstacles determined by the degree of difficulty of this domain" (Rădulescu, 2002: 317). Summing up once more the results of the research in accordance with the followed issues, it must be mentioned that more than half of the patients considered that the Emergency County Hospital Craiova is not a modern one regarding its facilities. Further, concerning the medical facilities, as the investigation time followed by treatment, offered to the patients the study has shown that the people were generally, meaning over 50%, satisfied with it. Also, on the consultation and hospitalizing time the patients disagree whether they are satisfied or not with the waiting time.

Important to mention the aspect regarding the corruption phenomena, as we have seen before in the graphs above the patients are influenced by this phenomenon outlining the imagine of an old medical institution, found itself in a partial degradation, filled by patients from various social categories which agree to disagree on different issues, but still united by the desire for a better hospital conditions and treatment. "Straus's old distinction between sociology of, and sociology in, medicine could be joined today by a distinction between sociology of, and sociology in, health policy" (Bradford and Philips, 1995: 179).

A regional hospital as the Emergency County Hospital Craiova it needs better funding to improve the accommodation, treatment and other needs, both of the patients and of the medical staff, it needs to get out of this regional type of hospital from our country, it needs a long term program of improvement and it needs to get to the European

level in order to represent a true and efficient source of public help. "Financing the health system continues to be appropriate and used in an inefficient way. Despite a decrease in the share of total health expenditure in GDP, the financing of the health system in Romania remains low in the European context [...]" (Vlădescu et al., 2008: 10).

Its defining to consider also the international policy making organizations views given our country's participation in various international structures. "Our lives are at risk. The World Health Organization (WHO) says there is a global security threat that requires action across government sectors and society as a whole" (Brian, 2014: 123). Therefore the most important policy strategies could be: "facilitating the sharing of country experience in various types of health financing reforms; sharing of key information required by country policy makers; and the development of tools, norms and standards including those required to assist countries to generate and use information in their own settings" (WHO, 2007: 32).

Ideally these strategies should be implemented after a series of investigations done in advance, and the debates should take place "between representatives of the various stakeholder groups, under the leadership of the ministry of health" (WHO, 2010: 36). As we have stated before, our country has had a different trajectory in the health sociology development and in the medical development in general. But in order for our society to evolve is important the medical security system to past from the XXth century reminiscence and to integrate in the XXIth century "global village".

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