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Immediate and Long Term Effects of Public Information. The National Health Card in Romania

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Abstract
The information about the health of the population, about social measures taken towards health protection and safety are some major issues in the public space. The information projected into the public space bear the prints of the political discourse, because in Romania the government was politically invested when our analysis was conducted, that is between January and November 2015. Any public information generated by a ministry became a governmental print, and as a result - political discourse. Along with the sociopolitical contextualization, the political - religion relations would have in this case an unexpected impact and reaction within a segment of the population as a consequence of construing the religious significance of the insignia on health cards. The principle of cooperation and conversational engagement would constitute the framework for analyzing the conversational maxims, through examples regarding the form and effect of the information on health cards in the public space. In the case of issuing the cards, a religious communication barrier was also raised. The word card was subject to misinterpretation (backwards it spells *drac*, which is the Romanian term for *devil*) as well as the contents of the card chip (it includes the number 666, the number of evil). The Romanian Patriarchate asked the Ministry of Health to clarify the health card's general advantages for patients and healthcare providers. The actors of open communication are, in this case, people over 18, national health card beneficiaries, the Ministry of Health representatives, the National Health Insurance representatives, family physicians and pharmacists. Open communication is interconnected to corporate, public and political communication, social communication and commercial communication.

Keywords*: health card, open communication actors, social impact, media effects*

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The dissemination of information in the public space is the emitter's responsibility connected to the public position he or she holds, as well as the responsibility generated by the ethical behavior the information propagator, as a person. The meaning of the public space concept converges on two poles – the social one and the political one – and it represents: "a medium of simple mutual consideration"(Quéré, 1992, no. 18); a place of social cooperation, socialization; the ensemble of more or less institutionalized scenes, where a series of organized actions are exposed, justified and decided on. The information about the health of the population, about social measures taken towards health protection and safety are some major issues in the public space. The information projected into the public space bear the prints of the political discourse, because in Romania the government was politically invested when our analysis was conducted, that is between January and November 2015. Any public information generated by a ministry became a governmental print, and as a result - political discourse. Communication barriers are usually linguistic, cultural and behavioral. Along with sociopolitical contextualization, the political - religion relations would have in this case an unexpected impact and reaction within a segment of the population as a consequence of construing the religious significance of the insignia on health cards. "Religion and politics derive their best ideological effects from the inherent polysemy of the legitimate language's social ubiquity. In a differentiated society, the words we name *common* (...) actually embrace different meanings, which can sometimes be antagonistic (...)" (Bourdieu, 1991: 63). It is the case of information reception regarding health cards in Romania. The causes are diverse, and the effects can be felt immediately and over time.

The public presence involves a public behavior and speech which conveys a succinct, logical message, an empathic attitude to produce a convincing effect, effective persuasion. The doctor-patient, pharmacist-patient, medical institution – press relationships are information sources, but also generate relational tensions that alter the nature of the interpersonal, intragroup and intergroup messages. In all three relationships, direct address is essential. Educated speech, supported by a personal style, is guaranteed to capture public attention and I also an argument for continuing the act of participation (even passively) in verbal communication. It is the "print" of the speech which determines audience ratings, reorganizing the structure of receptor groups by qualifications, those who share sympathy for the colloquial style or emotional communication, on the one hand, and the ones that prefer simplicity, vulgarity (elegantly phrased - nonconformists). The overall and specific qualities of the language style constitute the "coat" of verbal expression and the message is received and subject comprehension, becoming saleable, depending on the quality of the "cover".

The National Health Card and Conversational Maxims

Taking possession of a national health card became a popular subject in the public space and in the media for two important reasons: the Health Ministry in Romania provided confusing information to the public throughout the project's implementation at national level; furthermore, there were beneficiaries of public information who feared invasion of privacy by outsourcing personal information. It is necessary to run through a short exposition of the population's and public institutions' reactions to the impact of the information in the media.

The health card is a project of national interest that focuses on the transparency and efficient use of funds in the health insurance system (National Health Insurance House, 2015). The national institution website states that by implementing this system, money in the health insurance system will be spent more effectively and transparently. For a proper understanding of the use and especially the need to implement this project, a public debate on the subject was launched in January 2014. On September 19th 2014, the distribution of national health card

debuted. By 1st September 2015, 14 million people had taken possession of the document. During this period, there was information in the public space and the media that led to the misunderstanding of this document's significance and to reactions of rejection. A reaction was posted under the persuasive title "Romanians, return the health cards!" a VIDEO showing the CNAS - Ministry of Health - civil society debate (Express, 2015). Asociația pentru Libertatea Românilor (The Association for Romanians' Freedom) commented on the debate held by the National Health Insurance and the Ministry of Health together with the representatives of civil society on 16th January 2014 on the above mentioned site and instructed the population to return the health cards. On January 21st 2015, a newspaper reminded its readers that the date when national health card would become mandatory was February 1st. Just days before that date, the media brought into question the population's fears concerning the confidentiality of personal information (Ivan, 2015). Other dates were named as due dates of the document's coming into effect: May 1st, August 1st, September 1st, November 15th 2015. "Starting September 1st 2015 the national health card becomes the only tool for discounting medical services in the public health system in Romania, available to policyholders aged 18 and over" CNAS confirmed on its website (National Health Insurance House, 2015).

This path of the discussions in the public space was the analysis background of our study on communication barriers in the public space. Paul Grice is one who introduced the concept of *conversational implicature* (pragmatic inferences based solely on general rules of rationality) and determined a condition for dialogue, which he called the *cooperation principle*. According to Grice, for the principle to be met satisfactorily four conversational maxims need to be complied with (Dinu, 2008: 265-269). They are to be analyzed from the point of view of the information on national health cards placed in the public space.

The Maxim of Quantity. It refers to the amount of information that each participant brings to the interaction and which should be no more no less than necessary.

The Ministry of Health and the Casa Națională de Asigurări de sănătate (the National Health Insurance House – CNAS) did not specify whether this document can be used only in Romania or it can also be used abroad. As it is a health card, a unique official document whose use is compulsory in order to get healthcare expenses discounted, confusion arose to whether it could be used abroad as medical insurance or as a bank card.

Example 1: There is confusion regarding the health card. Many of those standing in line to pick up the document believe that it can be used for holidays abroad as medical insurance(Pro TV, 2015).

Example 2: Health Card credit card is not a *bank card*: To create dissension within the system and confuse people, a piece of information appeared online during that period: "On each health card there is a sum of 3,000 lei. This represents a subsidy from the European Union. All you have to do is insert the health card in any ATM machine before being activated" (Pavel, 2015). The effect was blocking the document in the ATM. The officials' reactions were quick to come: "We state again that this document cannot be used in the banking system and does not contain money for the insured party, as communications on various social networks erroneously claim. The national health card received by the insured party only contains the identification data of the insurant" stated the Ministry of Health in a press release (Pro TV, 2015); "The national health card does not contain money". What the Ministry of Health has to say about the chaos in recent days (Pro TV, 2015); On the third day of using the national health cards, Romanian Minister of Health cautioned that it should not be used at ATMs, but the system is functional. (Pro TV, 2015); Meanwhile, the daily newspaper Evenimentul Zilei posted a clip in which they showed how they tested the possibility of introducing such a card in the ATM, their conclusion being that it was not possible (Bot, 2015b); *A true urban legend, initiated by several news items reported a situation which was immediately perceived as credible and quickly spread on social*

networks and even televisions. The primary sources of the rumour seemed to be Antena3 and Ziuanews. These editors have published articles which read that "tens of Romanian tried to withdraw money, but failed, so they were left without a card. On Tuesday, Antena 3 news even published a TV news item that claimed the same thing (Bot, 2015a); The effect of this information that confused people in connection to the validation of the national health cards was that the representatives of Fundația pentru Apărarea Cetățenilor Împotriva Abuzurilor Statului - FACIAS (the Foundation for Citizen Defense against State Abuse,) demanded a six month postponement of the due date from which on it was compulsory to present the health cards when requiring health services. "Even if health services are insured for 3 months based on the employee certificate, the release thereof by the health Insurance House is proceeding slowly and does not solve the situation of insured parties waiting to receive the health card ", said the representatives of FACIAS (Pavel, 2015).

The Maxim of Quality (also named the veracity or sincerity maxim). According to this maxim, the dialogue participants must only say what they consider to be true and not to make statements for which they have no evidence (information from three sources is a condition for quality journalism). Public information with reference to a person‘s security and to money are the most accessed by the public, as they even cross-reference the media news items. The circulation of a new due date concerning the same field, applied in another space than the one known to be using the new term "national health card" has led to further confusion. Consequently, some receptors were convinced that the card in question was *the European health card*.

E.g.: Cristina Călinoiu, CNAS: "I repeat: the European card is the one you use for emergencies abroad and the national card is valid ONLY in Romania." (Pro TV, 2015). A separate chapter of the veracity and sincerity maxim might be our personal experience, as a programme compere for Radio România Oltenia Craiova. When participating in a debate on national health cards organized in Râmnicu-Vâlcea by a private hospital, I interviewed two state representatives responsible for the proper functioning and efficient dispensing of this document to the population. I broadcast the records on-air and posted them on the website of the radio:

a) With the health card “at the hotel or at the hospital”? The national health card should be a step in the optimization of healthcare service provision. In private hospitals, the use of the national health card is compulsory. The difference lies in the quality of hospital services and medical staff behavior. "The patients’ level of satisfaction (in the public medical environment) is 60-65%". The causes?

Details in this exclusive interview for Radio România Oltenia Craiova with Vasile Cepoi, the President of Comisia Națională de Acreditare a Spitalelor (the National Commission of Hospital Accreditation) and State Secretary in the Ministry of Health. An interview by Gabriela Rusu-Păsărin (Rusu-Păsărin, 2015b). “The private / public distinction is often defined based on two criteria, the material and the institutional, which partially overlap. In a material sense, the very nature of the activities (personal satisfaction / political participation) is highlighted as the opposition between privacy and political problems” (Chambat, 2002: 70). The definition of the two spaces is illustrated by Pierre Chambat and it can also be applied to the reception of information about the health card.

b) The Health Card: May 1st, August 1st or November 15th?

According to the press release issued by Casa Națională de asigurări de sănătate (the National Health Insurance House) "starting 1st May, the health card has become the only instrument for validating and discounting medical services in the social health insurance system, for policyholders who came into its possession (...). We estimated this period to end on or around 1st August (National Health Insurance House, 2015). There

> are only 10 days left and there are still many difficulties in activating the card. "August 1st is an unrealistic deadline," said Vasile Barbu, the president of *Asociația pentru Protecția Pacienților* (the Association for Patient Protection) in exclusively for Radio România Oltenia Craiova. An interview conducted by Gabriela Rusu-Păsărin. (Rusu-Păsărin, 2015a).

The Maxim of Relation (also called the maxim of relevance). The lines of the verbal exchange should be in correlation, should relate to each other.E.g.: Despite all the problems, the Minister of Health said the system was functional. Nicolae Bănicioiu, the Minister of Health stated: "Most of the suppliers and doctors did their job. There were isolated cases. First of all, there is no block! No, there is no block!". But the president was of a different opinion: Klaus Iohannis, the President of Romania: "The government prepared the implementation of the health card poorly. I saw thousands of people who cannot benefit from the health services to which they are entitled to sitting in queues. It is a public scandal." (Pro TV, 2015).

The Maxim of Manner (or modality). According to this, interventions in a verbal interaction must be clear, logically sequenced, unambiguous. An example bordering the comic: "Mr. Whoever died and got sick". E.g. The pharmacist-patient relationship. A study by "Exact Research and Consulting" in July 2015, posted by the Agerpres news agency on July 16th 2015 shows the relationship between the pharmacists' behavior, low prices and proximity as criteria in choosing a pharmacy. Two types of methods were used: the focus group (four mini-groups aged between 20 and 35) and the in-depth interview (10 interviews with pharmacists working in pharmaceutical chains). The actions of sociological investigation were carried out in Bucharest, the focus groups between 6th-7th July, the interviews 1st – 5th July (Ghiță, 2015).

The patients requested information from the most common sources or those that have credibility. The pharmacists have a direct more intense relation with patients than family physicians. Going to the pharmacist as a transmitter of public information is a landmark in the patient's mental map.

"In most cases, preferences for certain pharmacies are generated by how they manage to meet the clients' needs. On the one hand, we can talk about emotional factors (the behavior of the pharmacists and the attention they pay to the customer's needs), and on the other hand, the rational factors (low prices, supply, proximity etc.)"said Irina Rainer, Qualitative Research Manager for Exact Research and Consultancy (Ghiță, 2015).

The more the public gets informed, the more the doctor-pharmacist-patient triad will function as a credible and necessary information field, more of an impact will the confidence in the system and personal security have on the quality of life. In the same context as the importance of generating trust and credibility in the system, one must take into account the two principles of the conversational relationship: the cooperative principle and the politeness principle. Brown and Levinson (1987) studied politeness strategies and defined two categories of politeness: positive politeness (based on sympathy, approval, jokes to lighten the atmosphere); negative politeness (characterized by discretion, modesty - diminishing one's own value and exaggerating the importance of the others). These politeness strategies are important in the development of institutional protocol, in negotiations when managing an incident or conflict situations. Within the implementation project of the national health card in the public space, the institutional dialogue would have required a debate over more than a few weeks to ensure the correct reception of the message and to provide public institutions the possibility to explain the need for the personal use of this document. Hence systematically drawing attention to the subject.

The Imperative of Arresting Attention

The verbal communication process will show increased efficiency if the listener has a responsive behavior, as it is known that a message is memorized at a rate of 50-70% when

listened to, 25-30% of the original volume remaining 48 hours later. Listening is a tactical component of communication and has levels of interactivity. One can distinguish between: *active listening* – an action based on attitudes and techniques meant for a correct reception of the message and keeping it in mind for as long as possible (*zero interactivity*) (e.g. a dialogue with an introverted patient or one who is reluctant to the issue of health cards); *interactive listening* – the action of directly interacting with the speaker, asking questions and asking for confirmation (e.g. participation in debates on the theme of national health cards in the presence of specialists from the Ministry of Health and the National Health Insurance House); *interactive listening* through open or closed *questions* in order to obtain a detailed and proper comprehension of the message.

At all the levels of interactivity there was the necessity of institutional communication, which should be open communication. The latter aims to determine the convergence of the public institution's interests and the community's aspirations. The communication flow is adjusted between various internal and external partners. Open communication has a unifying role, bringing together the different actors in the market, the customers, the citizens, the organizers. Open communication favors the relationship between the institutional sphere, the private sphere and the public sphere (Haineș, 2008: 54). Open communication and communication barriers - Example: On the first day the health cards were activated in the offices of family physicians a system block occurred. Explanation: The company that had won the card contract had been insolvent since 10th December 2014: troubleshooting and maintenance would be provided by few employees. According to the CNAS president, Vasile Ciurchea, 50% of family physicians use the free software provided by the institution, the rest bought the software in the market. Therefore, the causes were of a technical nature, but also of communication. The communication block was doubled by an ethnic block (Bratu, 2015)

The open communication of the presidential institution in the public space bears forth a trenchant motivation: "The conclusion is that the implementation of the card was ill-prepared", said Klaus Iohannis, when asked about his conclusions after discussions with the Minister of Health, Nicolae Bănicioiu. He believed that the population had not been sufficiently informed about the implementation of the health card. "There would have been need of a comprehensive national information campaign and thus a good part of the syncope that occurred could have been avoided relatively easily", the head of state said at the Cotroceni Palace (Stan, 2015). An outline of the relations established between the different spheres and different publics highlights the key (central) position of the open communication necessary for the communication flow. The actors of the open communication are, in this case, people over 18, national health card beneficiaries, the Ministry of Health, the National Health Insurance House, family physicians, pharmacists. Open communication is interconnected to public, political and corporate communication, social communication, commercial communication (Cormerais, Milon, 1994: 68).

Open communication confirms the socio-cultural dimension of the organization. Thus it contributes to its social development and ensures the coherence of its actions. The visibility of the organization and its positioning up against the competition are achieved. The communication in institutions will lead to consensus and open communication, which will in turn confirm the size of the sociocultural organization, if it is carried out by a collective actor. It is a necessary effort in defining the identity of the institution in the public space, which is a place of idea confrontation and competition. CSAS and the Ministry of Health need open communication to establish a relationship of trust with the population and to generate government stability.

Gabriela RUSU-PĂSĂRIN

The Effects of Media in Harnessing Information about the National Health Card

The medical information, the information from the medical environment and information about diseases and ill people are three streams which do not always converge. The social networks often produce confusion, distort information, provide miraculous recipes, promise healing miracles. The persuasive force of the examples presented in an emotional manner is stronger than the advice of doctors or pharmacists. One must not only work hard to disseminate information from the medical area, but also fight to dismantle these myths. Of all media, television has the greatest impact on the current public opinion, because it has created a new public space, specific to the "media society" characterized by interactivity. Media studies focused on the diachronic trends, on the one hand, and on their effects on the receptors, on the other hand. Depending on the receptor's image - from a passive recipient, subject to a direct influence to an active and selective user of the media and the content (according to J. Klapper, Levy and Windahl) one could assess the direct, short term time effects, and the diffuse, indirect, long-term effects.

Together with the silence spiral and the addiction theory, the agenda setting theory comes under the social media macro-effects theories. The theory is based on the idea that journalists, who until the 60s had (were considered to have) to direct opinions and behaviors, now should mainly aim to inform, to transmit the information after sorting it. Journalists are those who mentally organize the world for the audience, they are the ones who designate the priority in topics for discussion, they put the "agenda" together. It is a representation of a "fabricated" world, where the importance of the events or characters is assigned by the journalists. Therefore, the public attention is either directed to real issues or deflected away from topics that can influence the future, by being offered other "fulminating" subjects.

One thus obtains visibility for certain themes or characters, while "eclipsing" the others. It is essentially a process of selecting, prioritizing and focusing the dissemination of information. The research on the effects of the media will be redirected accordingly, from measuring the *direct effects* ("what" and "how" to think) to the *indirect* ones (what is "important" to think about). The agenda setting model includes three types of agenda: 1. the media agenda; 2. the public agenda; 3. the political agenda, as well as the interactions between them. The agenda setting model gives the media its function of hierarchy, of selecting and ordering information, building the image of the contemporaneousness, which thus becomes a media product. The statement made by Bernard Cohen in 1963 on the power of the press is still valid: "Perhaps the press is not successful most of the time in telling people what to think, but it has great success in telling its readers what to think about".

Applying these synthetic theoretical considerations themes to our analysis of the implementation project of the national health card distribution, one can notice that the media have played an important role in shaping the image of this official document's importance, both at a personal level and especially on how to use it. The topic became front page and prime-time news, while press releases of the public institutions were posted to fix the faulty reception of messages, not focusing on informing the public. It was a difficult process and as a result the population experienced the "fight" between the government (the system) and the sensational prone media. The topic became a press topic. The media agenda was a on top in public preferences, the political agenda was associated with the media agenda on this topic.

The barriers of communication and the principle of relevance

Communication barriers are linguistic, cultural and behavioral. The interlocutors' cultural competence and communicative competence encourage / discourage the transmission of messages. In the present case, the issue of the health card, a religious communication barrier was

set. The word *card* was subject to misinterpretation (backwards it spells *drac*, which is the Romanian term for *devil*) as well as the contents of the card chip (it includes the number 666, the number of evil). The Romanian Patriarchate asked the Ministry of Health to clarify the health card's general advantages for patients and healthcare providers. The answer given by the Ministry was a diplomatic one: from an ethical standpoint, there is no reason to reject the health card. The only problem to be solved is to develop an alternative solution for those patients who for reasons of conscience and religion refuse the card and the National Health Insurance House promised to seek and suggest an alternative for such persons.

During their last meeting in December 2014, the Holy Synod resolved to formulate a point of view on behalf of the Romanian Orthodox Church (BOR) regarding the national health card. The Press Office of the Romanian Patriarchate has published Decision no. 13 621 of the Holy Synod, 16th – 17th December 2014, on formulating the standpoint of the Romanian Orthodox Church on the issue of the national health card which states that: *It authorizes the Romanian Orthodox Church to support the efforts of the Romanian College of Physicians towards the authorities empowered to identify an alternative method in reply to the requests of those patients who for reasons of conscience or religion refuse the national health card* (Cuvântul ortodox, 2015). The decision refers to Romania's media climate that fueled the confusion in the reception and understanding of the public information about the national health card: *It is approved that the hierarchs urge the clergy, monks and believers that, in the context of the disorder caused by the confusing and contradictory opinions in the media regarding the national health card, they should remain steadfast in their faith in Jesus Christ, nurse their spiritual health through prayer and good deeds first, and then decide rationally, not emotionally, always calmly and wisely* (Gheorghiță, 2015). It is not known how many of the 8,000 Romanian who, according to the Romanian Post Office, refused to receive the national health card, were religiously motivated. In cyberspace and in the press releases, there are however doubts cast on how the personal data gathered through the electronic health file might be used (Kartman, 2015). Among the **c**ontroversial ideas we can state: marketing private data (transforming personal data into commodity), privacy, data protection, discrimination, consent (Cuvântul ortodox, 2015). The law of relevance requires that a statement should provide the maximum relevant information. The statement is relevant if it generates consequences (Kerbrat-Orecchioni, 1998: 199-201). In our case, the argumentative relevance is absolutely necessary in understanding the context and effects of the action, the correct use of the national health card, as a personal document. These communication barriers remind as of a well-known phrase: integration and subjective plausibility. In their volume *Construirea socială a realității* (The Social Construction of Reality), Peter L. Berger and Thomas Luckmann (2008) explained this phrase, stressing the two levels on which integration and subjective plausibility are configured. The "horizontal" level implies institutional order, which must be understood "simultaneously by all participants in various institutional processes. In this case, the problem of plausibility relates to the subjective recognition of a global sense "behind" the prevailing situational reasons, but only partially institutionalized". The horizontal level connects the total institutional order to the numerous individuals who participate in it playing different roles one at a time. In the case of our analysis, the doctor (as a profession), the pharmacist, the Ministry of Health, the Social Insurance House, the church, the family physician are all roles to which the public discourse relates. The vertical level refers to the individual biography, the link of each individual to the institutional order in various stages of his or her life. It is the connection between the cultural competence and the communicative competence of each individual consequent on his or her personal experience throughout life. Legitimation is required to build a field of persuasive meanings, whereas the actors playing the above mentioned roles enhance the subjective attitudes and behaviors of those who are affected by the information that has become institutional (the mandatory use of the

health card for reimbursement of health care services expenses starting on a specific date). This generates the cognitive validity of the institutional order objective meanings and the legitimacy which "explains" the institutional order.

Instead of conclusion: "The code of effective communication"

The research of communication processes have finally approached the effectiveness of communication, which is more or less a stated goal, but essential in persuading public opinion nevertheless. In his article „How Communication Works", Wilbur Schramm defined the four conditions for successful communication, which acknowledge the imperative "Know your audience!": 1. *The message is to be created and transmitted so as to gain the attention of the recipient one has in mind.* 2. *The message is to use signs referring to the common experience of the source and the recipient.* 3. *The message is to boost the recipient's personality needs and suggest ways to meet them*. 4. *The message is to suggest a way of satisfying those needs that is appropriate for the group situation in which the recipient is when he decides to send the feedback the communicator wants* (Schramm, 1971).

The National Health Insurance House passed through a difficult communication path, failing to produce argumentative, persuasive and timely messages to the public. The novelty of the format, adding actions to activate and use the card, the semantics similarity of the new term with another, also recent in the public space (health insurance, credit card, European health insurance card), have contributed to the confusion and the difficulty in understanding the concept in context and the object itself. It was an example of deficient institutional communication, with delayed reactions to the population's reluctance in using the health cards. Several causes have jointly delayed the application of the information system. A year after the beginning of the communication process in the public space, the national health card is no longer a controversial issue in Romania. W. Schramm uses the phrase "the stalagmite metaphor" to define the persuasive effectiveness of communication: as a stalagmite forms of the limestone deposited by water dripping from stalactites, in a continuous process, so does communication become efficient. In the end, the communication on this theme in the public space was successful. And the mentality and behavior of public information and media consumers has changed. It has been a complex process, whose effects are still being felt, especially in the category of people over age 70 and in rural areas.

Persuasive communication and creating a climate of trust are two of the many components of effective communication in the public space. The attitude of comprehension is essential, it is the foundation of persuasion. It is equally necessary in the persuasion and mobilization dialogue (Mucchielli, 2005: 229). The health card has become a controversial instrument in the public space, through debates, through the information issued by various institutions and credible spokespersons. From the need to come into possession of the health card to qualify for the expense reimbursement for health services to the religious connotations of the marks on the health card, the spectrum of information on this issue has created certain expectations underlying insecurity. The explanation can be found in the statements of F. Varela (1990): *The act of communication does not translate into a transfer of information from sender to recipient, but rather through the mutual shaping of a common world by means of joint action: it is our social achievement, through the act of language, that which gives life to our world. There are linguistic actions we constantly perform: statements, promises, requests and claims. In fact, such a continuous network of conventional gestures, detaining its condition to satisfy, is not only a communication tool, but also a veritable thread on which our identity develops*. The issue defined by the interventions on the theme of the health card in the public space now falls within the area of understanding the influence mechanisms generated by situational contexts in which the actors are communicating. It is essentially the circular causality of the complexity

paradigm that we succinctly exemplified in the present paper that has held the attention of public opinion in Romania during 2015.

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