

# **THE NEGATIVE ROLE OF COMPULSORY HEALTH INSURANCES - THE WAY IT FUNCTIONS TODAY IN ROMANIA -**

## **1. Mandatory health insurance system as a labyrinth of blockings**

Erich Weede, political scientist specialist, born in Bonn, characterized the bankruptcy of an enterprise as a mechanism for correcting errors. Thus, bankruptcy would prevent the continued occurrence of such things that nobody really wants. From this perspective, the health insurance system in Romania, under a continuous financial crisis and constant pressure "to bring more money into the system" appears as an open invitation to correct errors. This suggests bankruptcy. But, further on, the system is tirelessly productive, sometimes even enthusiastic. Why is this happening? Those involved are all guided by decades of indications that sound promising in an alleged medical earthly paradise. They continually promote social protection in all forms. Now, finally, things do not exist in a flourishing medical context, but rather in a political quagmire, on bureaucratic tangled roads - especially treacherous - in a maze of alternative jams.

Under the pretext that no one would be allowed to be lost, to be pushed aside or forgotten along the way, so-called social protectors have managed to impress everyone, to come closer to the public and the ones involved. But this socio-political obligation to lure people has turned into a mess of constraints. Therefore, nowadays everyone gets tangled with each other and all are stuck in the system of rules for solving reforms. What is it about? About the same mature citizen, whom, on the one hand, the state allows him to choose the government he likes, and who is, on the other hand, master of his own body. His health and care are collectivized and socialized by the obligation to be insured. Type, extent and duration of therapy are not established by him or by his physician, but by remote anonymous committees - apart from specific cases.

The patient has no other option. His contribution to the social insurance house is never strictly for himself. In addition, employers benefit from the fruit of their worthiness or saving and guide citizens further on to competent medical authorities. Physicians who have signed a contract with the house of insurance, who want to get out of the pattern in order to deal with medicine instead of handle administration, will regress until their individual collapse. He who manages to satisfy his patients by his performances, automatically deprives the work offer of his colleagues or other institutions alike. Macroeconomic policy of intervention in global equality between health system institutions is guided by the adage "Divide et impera".

Even the sovereigns themselves are hardly sovereign. Even they are trapped, prevented, stranded to the disadvantage of all, by the limitations and errors of the maze of rules that are constantly renewed. A party against another, one state against another, the association against the state, the state against the party, the party against the government, the government against the official, the official against the system, the system against the patient. Everyone is against everyone, they're all against everybody.

What was it in the beginning? Agree - about health. For everybody. We completely forgot about this. He, who wants to make the staff happy through organization, is the least helpful for the poor. This history lesson of humanity must now be taught by compulsory health insurance.

## **2. Exploiting medical morality**

Medical ethics is not medical ethics "in itself". It results from the patient's demand for treatment. The physician who does not „love” his patients cannot cure them. The patient, who does not respect his physician, cannot be cured.

This premise of the medical act destroys policy consistently and systematically. Politics is not considering the sick people at all, it only seeks to maintain influence. The medical body has always treated patients considering ethical principles, both in hospitals and in medical offices. Political representatives acknowledged indeed how they can expand and strengthen the right to power and which is the way to manage today:

through care with devotion. The promise of care with devotion cannot be met because it promises something that needs to be respected by others - a classic trick.

Bismarck wanted to use this "care" among industrial workers with no education by income houses of insurance, in case of accident and health insurance funds, not to encourage the socialists, especially the ones in the Social-Democrat Party: even here it is clear the reason for maintaining power. Bismarck still did not think about the care of the whole population. The possibility and need of acquiring and maintaining power, through care, were disclosed for the first time, with National Socialism.

Since the '70s, the political paradigm of universal care was systematically transformed. This paradigm underlies building political power of popular parties. This is how exaggerated administrations live. The interest for power is dominating everything in the meantime; it is established a new political class that clings to every reward for maintaining the system.

Almost unnoticed, a new category for keeping the system has appeared: medical-industrial complex<sup>1</sup>. It removed several groups, such unions, from their crucial role, or at least this is what it will do. A cozy corner remains to the trade Unions - pity has no place here - within the class of bureaucratic beneficiaries. Medical-industrial complex will come back later more.

### **3. Ethical dilemma**

The patient, who, as long as he is healthy, is not interested in all these happenings, intantly has the following dilemma: should he therefore believe in the political promises saying that he receives an optimal medical care?

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<sup>1</sup> Not to be mistaken with the pharmaceutical industry, which rather indicates the loss within the German market. There are rumours at international level saying that the German medical market is estimated at 450 billion Euros. Without knowing which are the distribution rules, it is enough to know the value for each "global player" , for somebody to get interested in this market. "Global player" does not mean that it needs to come from over the ocean. We have absolutely imposing partners even in Germany: Bertelsmann, Siemens, SAP, Telekom, Deutsche Bank. Each of them must necessarily investigate, if such a volum of finances offers economical chances and development possibilities. Some of these "global players" have such a good position that they may influence the national politics.

Can the patient believe that the physician takes care of him exclusively based on best knowledge, consciousness and "lege artis"?

The physician cannot remove the dilemma. Either he issues a correct diagnostic and prescribes therapy and medication, with the risk of suffering economic losses, either he adapts to policy directives and gives medical care to the patient, calling upon medicine, which is regulated by "joint commissions" through guidance, standards and protocols hoping that the patient does not notice.

The only process that can be supported by ethics is explaining the patient the restrictions caused by politics, making accurate diagnosis and best possible indication of therapy or medication, which he has to pay personally. This process has various limitations. On the one hand, because of his sincerity, the physician may cause the patient to go to another physician, on the other hand he needs to consider restrictions from health insurance houses, which want to hide the real explanation about each price.

This ethical dilemma is a cornerstone of political principles. Health insurance houses put physicians in "competition about professional ethics." This is a competition without support from health insurance houses. Physicians taking part in this competition destroy themselves professionally. Physicians, who do not take part and explain to their patients about the economic end of health insurance system houses, are slandered.

But as long as the doctor assumes these risks and does not give explanations to his patient, he will switch on to the opponent. As soon as the patient considers healthy again and not coming to the physician for consult, as he is "only" an insured, he must then give credence to political promises and all "reforms", to believe that everything is to his advantage.

This insured still believes that the rights to which he is entitled, are observed, namely the right to self-determination, the right to privacy, the right to medical duty on professional secrecy. He does not realize that the reality is different, and the physician should not tell him that.

A patient who goes to the family doctor or specialist, as confident as before, does not know anything about the fact that the diagnostic or

therapy are prescribed by "his physicians at the health insurance house" but by the authors of guidelines and regulations. He does not know that the measures regarding diagnostic are subject to "statistical" restrictions and the one which determines which drug is best for his recovery is a certain "committee", foreign to him and to which he has not addressed to.

#### **4. New coalitions of interests**

Old "right - left" categories are exceeded. In recent years, there has been founded a disastrous coalition of global economic interests and power of politicians.

The old power conjunctures formed by left-wing parties and trade unions have lost the right to exclusive representation within social policy. They were joined by parties of the center and the right, being their right to want to take part in the redistribution. This way, unions (along with health insurance houses) have lost their powers.

Totally new partners have joined. Global businesses have discovered the medical market as a field of activity for their economic interests. With about 4 billion euros per year and potential growth trend, this market promises a field of economic activity, which becomes accessible. They built the industrial medical complex together with the political powers.

The options that these "players" see consist of "industrialization", that is a standardization of medical business. In addition to the so-called "synergistic effect" and "economic reserves" fields must be found and accessed in order to achieve the necessary profit.

The real "players", the patient and physician turn themselves, within these judgments, into pawns on the chessboard that can be pushed up and down and sacrificed to achieve these effects.

The physician and the patient do not need an intermediary to an insurer for major existential risks of life. They usually interact without a third party. Of course there are no options when outsiders gain from the exchange between performance and money.

This explains the unusual coalition between the global economy and social policy. Without the conjuncture which implies the three parties: the patient - insurance delivery system - the physician, the global economy would not come into play. Just thanks to the state-run insurance system,

there appears the possibility to achieve gains in the sector, which have no connection with the increase in value of a commodity.

The patient is no longer treated, but medically processed; he becomes an entity within the value creation chain in the medical industry. While treating the patient, the ratio of costs and profits must be considered, such as in the case of repairing a damaged car. In case of a disproportion between the repairing costs and the moment that the customer benefits from this repairing, still remains an unanswered question. However, in no case, the purpose of a rational health policy cannot be promoting the concept of "premature death tolerated by society."

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