Health and Social Justice

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Abstract

Social justice was, still is, and will always be an important factor of influence on public policies around the world. According to the philosopher John Rawls, a society is fair if it respects three principles: the first one concerns protection, respect, and guarantee of fundamental freedom for all members of the society, the second principle deals with the issue of equal opportunities for all citizens, and the third one refers to the need to preserve those inequalities which can benefit those disadvantaged

The inclusion of health in the area of the law is added to literature in social epidemiology, which makes the connection between health and social justice. The aim of the paper is to raise awareness of public opinion and of the main social actors on the problems facing the field of health and social justice, and their analysis not only in terms of their impact on health, but also from the perspective of their relationship with laws, policies and practices that limit popular participation in decision-making and even block the establishment of a truly democratic society.

Key words: solidarity, responsability, patient, needs, pandemic
J.E.L. classification: K40

1. Introduction

An emergency situation requires emergency measures and, for these reasons, all European and national decision-makers are required to prove understanding of the extraordinary situation which health, education, the economy and other priority areas are facing nowadays. It is worth noticing the unprecedented impact this thing will have on people in terms of mental health, education and well-being, now and for the rest of their lives, reflecting later on their future professional careers. The EU Quality Framework for Health and Education provides access for all to quality services that contribute to healthy development and the reduction of social inequalities and skills gaps between those from different socio-economic backgrounds. In the field of health, the reform instituted leaves no time for either the authorities or the organizations to adapt to the new system that is to be implemented according to the European desideratum. This led the authorities to put themselves in direct contact with NGOs, for which they had neither too much experience nor the expertise needed for analysis, authorization or control (Kinney, 2001). On the other hand, NGOs have created their own system of work, parallel to that of the state, and the reform has made a massive shift from several activities carried out by organizations to the public service, leaving many NGOs without "the object of activity", in the sense that the state has appeared on the market of services with a massive offer of such services. As for the partnership between authorities and private bodies, in order for it to become truly functional, everyone must assume its own role, namely, the state must own most of the services provided (which can be performed in partnership or can be concessioned), and private bodies should take the place of service provider, additional provider and have complementary to the state, and last but not least the role of innovator, both in terms of services, but especially in establishing a quality indicator that the state should constantly strive for. (Yamin, 2020, p.10-15).

We are therefore entitled, as a result of what we are living today, to ask ourselves, what the world and our health systems will look like after the pandemic, but also our societies after this stage of the pandemic that affects us all alike.

2. Theoretical background

What do we mean when speaking about ''social justice"? According to Anton Parlagi, social justice represents ''a type of extrapolation of justice, of the imperative moral rule, according to which each individual must be treated equally to the others in any of his existential aspects: anthroponomical, socionomic or polytonimic" (Parlagi, 2011, p. 119).

However, what is the origin of notion of social justice? This is assigned to priest Luigi Taparelli who, in 1840, used this concept to characterize the way the justice is applied in a society when we refer to the different social classes comprising it. Those who promote the existence of a social justice in a society refer to the existence of an equality in rights and economic, political and social opportunities applicable to all people who are part of that company, without any distinction between social classes (Krieger and Gruskin, 2001).

The role of the state is to ensure that all human rights are respected, not only by its citizens, but also by its institutions (according to the statistics, the most frequent violations of human rights appear in the state's relations with its citizens), without consider their social class.

Over time it was possible to see how social justice is influenced by the manner in which the predominant political system in a society influences the adopted laws and principles of law recognized. It is also affected by the understanding, interpretation and valorisation of laws (Kose, Nagle, Ohnsorge, Sugawara, 2020, p.5-8).

The 21st century is one in which the concept of social justice is becoming more widespread, and this started at a faster rate with the decree of 20th February as World Day of Social Justice (in 2007, by the United Nations General Assembly) and with the adoption of the International Labour Organization Declaration on social justice for fair globalization on 10th June 2008.

Coming back to the social justice in relation to the healthcare system, we have to emphasize that in recent years, social movements aiming just for this human equality issue, regardless of their social classes have happened to provide easy access in terms of medical care at affordable prices or easy access to healthcare (this requires a medical cabinet close to all inhabited geographical areas).

We can also see social justice as a foundation on which people are trying to build public health, which includes health promotion and protection (and this is achieved mainly by maintaining health – promoting a balanced lifestyle, the right to a healthy environment, etc. – and disease prevention – vaccinations and information campaigns, etc.) and restoring health (through access to quality medical care) (Gruskin, Mills and Tarantola, 2007).

Although it is difficult to achieve perfect quality, this is more of an utopian society, the 21st century has made important progress on social justice. But the current situation leaves plenty of room for real improvement the health, as can be seen in the above statistics analysis presented.

3. Research methodology

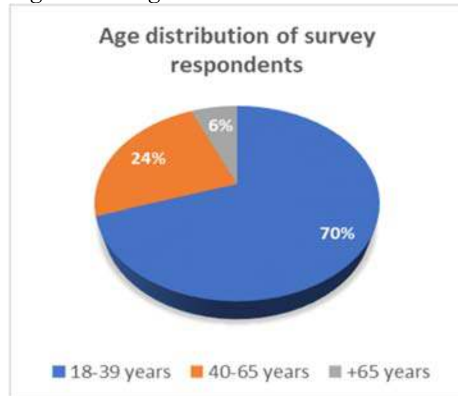
A research carried out by the Romanian patients' Association in 2014 revealed that nine out of ten patients do not know their rights they have when entering the hospital and interact with health professionals.

According to the same research, 70% of patients had at least a limited access to health services, and 80% of them claim that they had to pay for certain services, although they were insured and the services in question should have been free of charge under these conditions.

To see if the situation has changed in 2020-2021, we tried to replicate the research carried out six years ago. For this we have analysed and compared the data obtained from 98 people by applying questionnaires (distributed online using the platform provided by Google), and by making opinion polls, by face-to-face technique. We start analysing the data collected by saying that people who have completed the questionnaires are aged between 18 and 72, and to be easier to interpret the data, we have chosen to divide them into three broad age categorie 18-39 years, 40-65 years and over 65 years.

As can be seen in the graphical representation, the highest percentage belongs to the age group 18-39 years.

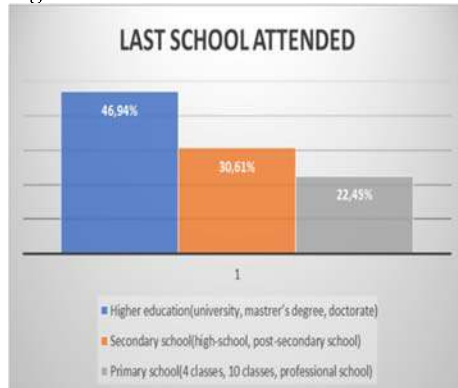
Figure no.1 Age distribution



Source: made by the authors

People questioned were also asked about the last school attended. As you can see, we have a very high percentage of people having completed higher education (university, master's degree, doctorate), more specifically 46,94% (46 out of the total respondents). The next category in terms of share (30,61% - 30 people) belongs to those having completed at least a secondary school (high-school or post-secondary school). Out of the latest category (primary school – 4 classes, 10 classes, professional school) 22 individuals belong (22,45%).

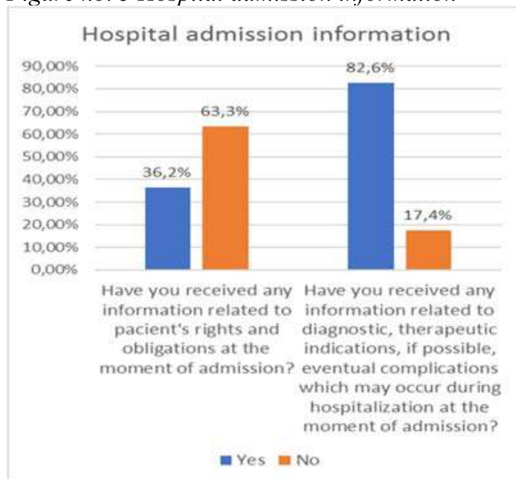
Figure no. 2 Last school attended



Source: made by the authors

The following graph shows us that the situation is much better when it comes to correct information, when admitted to hospital, related to diagnosis, therapeutic indications and, if possible, eventual complications which may occur during hospitalization and treatment or surgery, however, a large number of patients admitted in hospital establishments are not informed about their rights and obligations. Thus, 36 people stated they had been informed about patient's rights and obligations on their hospital admission, but a larger number of people, more exactly 62, deny this. The proportion is somewhat reversed in the case of information on therapeutic indications, diagnosis, complications, because 81 people seem satisfied with the interaction medical staff-patient on this segment and only 17 people out of the total of those questioned declare that the legal provisions regarding the information provided by the medical staff were not respected.

Figure no. 3 Hospital admission information



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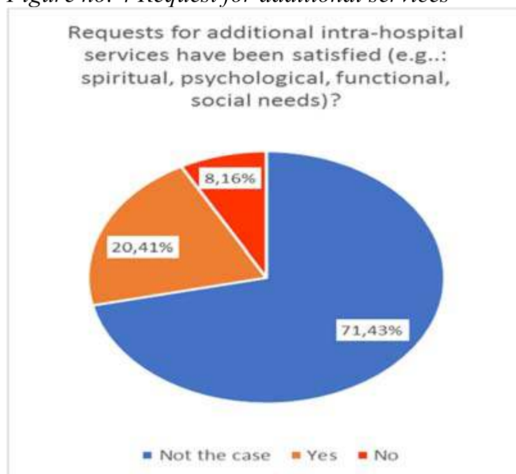
Because there may be situations in which an inpatient has certain spiritual, psychological, functional or social needs, we asked the respondents whether they were satisfied with these requirements. Only eight people have responded negatively (i.e. 8,16%), and 20,41% positively, i.e. 20 people. In the remaining 71,43% of cases this was not the case for such requests, i.e. 70 people. Here we mention that among the most frequent requests were those related to the spiritual and psychological needs.

Figure no. 4 Request for additional services



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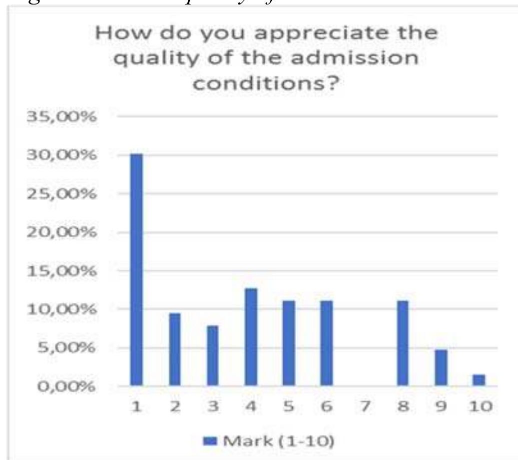
As can be seen in the following two graphs, the inpatients have not been very satisfied with the food quality and distribution, and there is even greater dissatisfaction when it comes to assessing the quality of admission conditions. It is an issue that has persisted for many years in Romania, all the dissatisfaction is mainly directed towards the state hospitals. As a matter of fact, the issues with regard the nosocomial infection rates and the poor cleaning in some Romanian hospitals are well known. Not only in this case, but also related to private hospitals, the respondents were very pleased, mostly giving marks ranging from 7 to 10. This proves once again the existence of a discrepancy between state and private hospitals.

Figure no. 5 The quality of food

Source: made by the authors

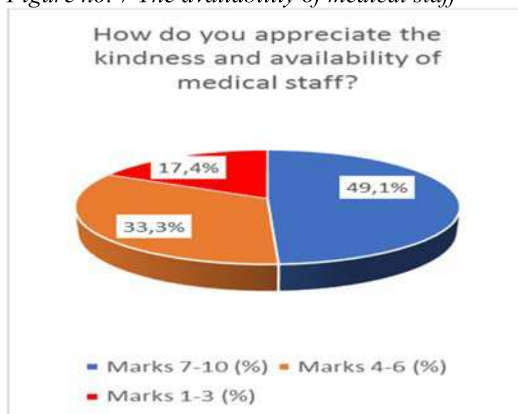
Figure no. 6 The quality of admission



Source: made by the authors

Regarding the kindness and the availability of medical staff, the percentages are more balanced, most of them giving marks of more than 6. However, we have to mention that most marks of 10 were awarded to medical staff from private hospitals. In the following graph we can see clearer the distribution of marks provided by the respondents.

Figure no. 7 The availability of medical staff



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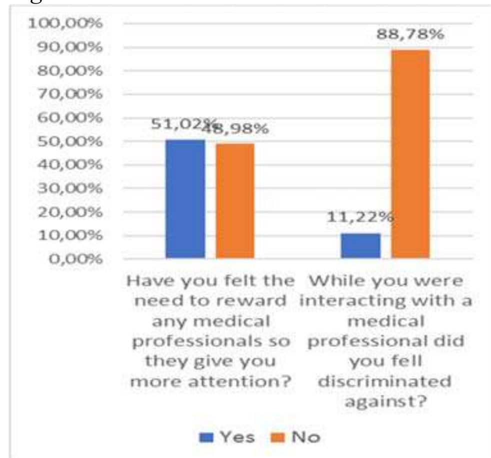
According to statistics from the Organization for Economic Cooperation and Development(OECD) in the health care system, the so-called ''out-of-pocket health costs" are still very high in weight in Romania, compared to the EU average. We talk more exactly about 21,3% of the total costs that a person in our country allocates to health .

What is meant by the so-called ''out-of-pocket costs"? This includes both expenditure on the purchase of pharmaceutical products, and the necessary expenditure for certain medical services (because they are not covered by the health insurance), and the unofficial payments(we have to admit that providing ''little gifts" is still an issue non-negligible in Romania).

The following three questions are about this. To the first one we wanted to find out how many of the respondents felt the need to reward a medical professional so that they can receive more attention from those. The percentages are divided almost equally, 50 people answering ''Yes" and 48 people answering ''No".

Analysing in more detail the questionnaires applied we conclude that there is a higher probability to feel the need for provide ''little gifts", considering that they will be better cared, in the case of elderly people, of those who have only elementary education or those who live in the countryside.

Figure no. 8 Discrimination



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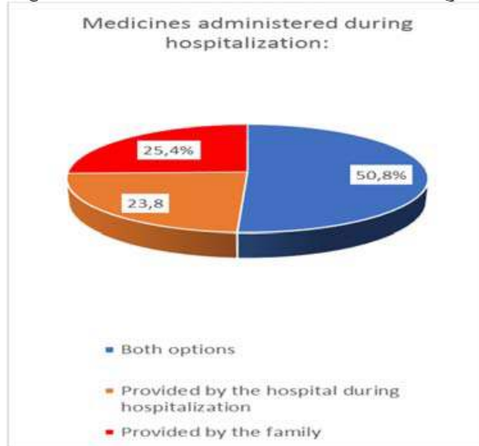
Related to discrimination in interaction with health professionals, only 11 people of those who have participated in the completion of the questionnaire said they felt the doctors did not offer them equal treatment, they consider themselves discriminated by their behaviour at the time of admission and during the hospitalization.

Through the last questions we wanted to know if, when we are inpatients, the hospital can cover most requirements relating to provide a particular type of treatment. As shown in the graphical representation, in only 23,8% of cases the hospital was able to grant the whole necessary treatment during the entire hospitalization, and in 25,4% of cases the help of the family or friends was necessary for the purchase of the medicines to be administered.

The majority said, however, both options are valid; some medicines can be provided to the patient by the hospital during hospitalization, while others had to be provided by family or friends.

The respondents to the questionnaire, who were inpatients too, answered 100% that the medicines administrated in hospital were provided by the hospital during the hospitalization.

Figure no. 9 Medicines administered during hospitalisation



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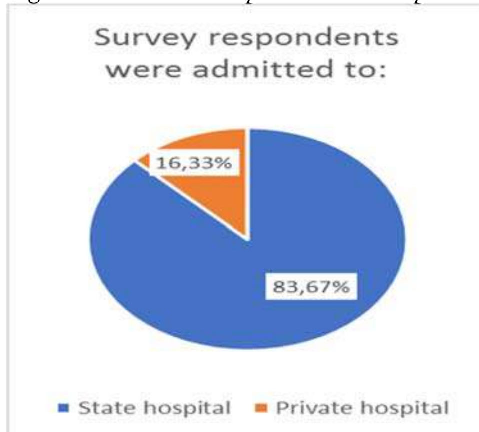
A last relevant feature to individualise the responses is related to the type of hospital where the respondents were admitted. There are significant differences too, 82 people (83,67%) being admitted to a state hospital and only 16 people (16,33%) in a private hospital.

However, we believe that a fairly clear picture is being created regarding to how patients from a private, unlike a state hospital are treated, as we will see below.

Figure no. 10 State hospital/Private hospital



Source: made by the authors

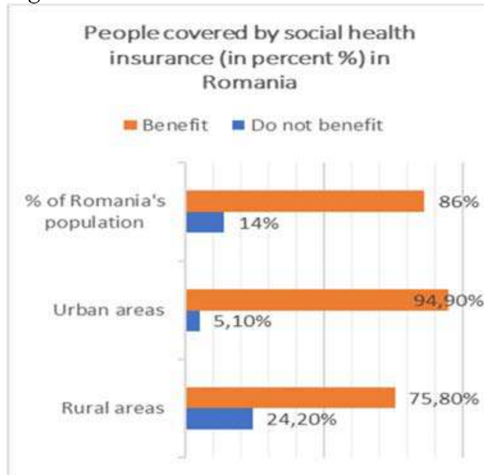
By analysing the data provided, we note that it is still necessary the social justice approach issue was, still is and will always be up-to-date just because of its importance, managing to generate ideological debates and controversy every time it is raised.

4. Findings

As regards Romania, the existing discrepancies between social classes when it comes to health care access are also obvious, there is a clear antithesis between rural and urban areas.

Referring to the total population of Romania, 86% of people are covered by a health insurance. In rural areas the percentage is 75,8%, while in urban areas it goes up to 94,9%.

Figure no. 11 Social health insurance



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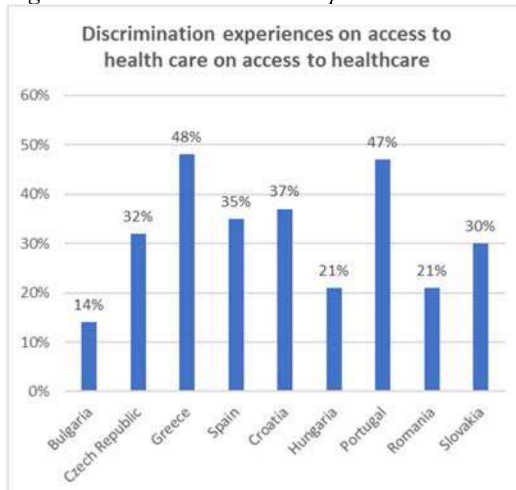
Another issue outlining the lack of equal access to healthcare is the difficulty that the inhabitants of certain rural areas can get to the hospital (for example hard-to-reach areas in small villages from Romania, we remind here Ineleț, Măgura Călanului, Rusești, Bechet or Streiu) or even a medical cabinet (because of its absence in proximity to the area).

The existence of an inequality is also observed in relation to certain socio-economic groups, especial when referring to those who are out of work, self-employed or people living with by occasional income (specific in particular to rural and usually small areas), pensioners or people who are primarily engaged in agriculture.

As regards the situation of certain minority ethnic groups, it is already known the situation of Roma people from our country. In their case we notice that in Romania, Roma people can exercise their right to health care with difficulty both because of formal exclusion (where a significant percentage is due to the non-existence of identity documents, followed by a lack of health insurance), and the informal exclusion(discrimination).

We have to point out that the situation of Roma people is not a specific one for our country, noting discrimination against them also in other Member States of the European Union. This can be seen in the graph below, percentages showing experiences of discrimination when it was about the health care access. Data are made available by the European Union Agency for Fundamental Rights (FRA) and they are valid for the last five years.

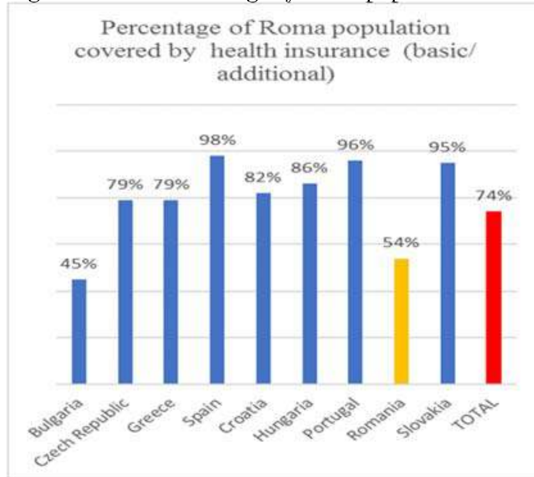
Figure no. 12 Discrimination experiences



Source: made by the authors

Related to formal exclusion, where the Roma population has no access to medical services by lack of health insurance, we notice that of the countries under analysis by the European Union Agency for Fundamental Rights, our country is the penultimate in the percentage of Roma people which are covered by a particular form of health insurance (basic or additional).

Figure no. 13 Percentage of Roma population covered by health insurance



Source: made by the authors

As a result from the research we found out how, unfortunately, Romania fails to achieve the goals proposed by itself on improving the medical system, and in the chapter on promoting health and patients' rights the deficiencies are obvious, even in the absence of up-to-date official statistics. Data of this research were hardly obtained, most of them from sources provided by the European Union, the World Health Organization, and the Organization for Economic Cooperation and Development, the healthcare system from our country may be characterised as deprived of transparency and objective assessment.

5. Conclusions

We believe that, although significant progress has been made in recent years in the field of social justice and, implicitly regarding the right to health, there are still gaps, especially when it comes to their compliance by healthcare professionals, either intentionally or by not knowing them.

The focus is on vulnerable and marginalized groups, their access to the health system being hampered first by their complete ignorance of their rights and, secondly, by the fact that these groups tend to be discriminated and as a result, they end up refusing any help in the future.

It is often overlooked that the relationship between a doctor and a patient must be based on trust, as well as collaboration, this fact stemming from the essence of the concept of social justice. In our opinion, there must be a partnership between the doctor and the patient, in which decisions must be made after fully informing the latter, so that a decision can be made between the two parties involved regarding the choice of the different treatment options that are recommended, interaction being the key word. Unfortunately, this "partnership method" is not always applied, discrimination, abuse and violation of fundamental rights continue to be a national problem, but being also found in other states within the European Union, especially when it links to vulnerable and marginalized groups.

One should focus more on the needs of the people, on creating of a social solidarity, a receptivity and *de jure* and *de facto* punctual reactions, which will ultimately reflect and make a positive impact on the collective consciousness.

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