

Romania's Breast Cancer and Healthcare Education

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Introduction

There is a wide variety of health systems around the world, with many organizational histories and structures as nations. By default, each country has to create and develop health systems according to its needs and resources, although common principles are found in almost all health systems. Since 2000, more and more initiatives have been taken at the international level to strengthen national sanitary systems. Given this scope, it is necessary to have a clear and unrestricted vision of national health systems that could generate new global health developments (Handler et al. 2001).

Globalization works with mechanisms that influence each other, such as market liberalization, integration policies and institutions, the emergence of new technologies and international rules (Eşanu 2012). At the theoretical level, each country has resources available if it is effectively prioritized. A study conducted by the European Commission in 2013 reveals that 73% of Romanians consider that the health services do not have the expected quality, while the average of those dissatisfied with the quality of medical services at the European Union level is 27%. Due to deficiencies of sanitary systems, it is important to focus on primary and family medicine, accessible to those with low and very low income (World Health Organization and the World Bank 2017). There are a variety of reasons why people's needs are not satisfied, such as: services have too high rates, the distance to the

unit/physician is too long (making them inaccessible), the waiting list is too long (appointments are hard to get).

Economic redistribution, as well as increased democratization of the processes associated with economic decision-making and the means of reproduction of social institutions, would lead to the development of the economy and health. The latter includes educational facilities, healthcare services and social services that could allow new generations to prevent serious or incurable diseases (Benatar et al. 2011). The health system in Romania has a very large gap compared to countries such as the Czech Republic, Poland, Greece, Bulgaria (EU Member States), but national development policies and strategies also aim at reducing this gap by: investing in the sanitary public system, implementing screening programs for incurable diseases, developing partnerships between private health clinics and EU health funds. Also, the importance of globalization could be seen through the development of partnerships between the national health system and other countries in order to treat Roman patients.

The death rate due to cancer in the European Union was 1,036 deaths per 100,000 inhabitants in 2015, with the highest death rates being Bulgaria (1,660 deaths per 100,000 inhabitants), followed by Romania (1,530 deaths per 100,000 inhabitants) (Eurostat 2018). In Romania, in 1995 there were 36,673 new cases of tumor-based illnesses, and in 2016 the number of new cases reached 98,856. In terms of tumor-based deaths, in 1995, 37,359 people died of oncological diseases, and in 2016 the number of deaths reached 51,803.

The research problem is the analysis of statistics about the Romanian health system compared to the international ones regarding population access to treatment, education, screening programmes, in order to identify some solutions for catching up with the globalization of health system. The originality of the research comes from the authors' idea to identify the situation of Romania in comparison with the European Union in terms of healthcare and breast cancer statistics. This comparison was made taking into consideration the fact that Romania is a developing country which needs worthy models in order to protect its population's health.

Objectives

The paper aims to present the statistics on the Romanian public and private healthcare system and how health access can be difficult for some parts of the population. The research objective is to analyse health inequalities (access to healthcare, income) and how the lack of health education affects the statistics of breast cancer in the case of Romanian women. The purpose of these analyzes is to see the opportunities of the Romanian health system offered by globalization.

Methodology

To achieve the objective, the authors conducted a descriptive marketing research in order to present the bond between globalization and the Romanian health system in terms of breast cancer statistics and inequalities in access of healthcare because of the migration of human resources and the lack of primary health in the entire country. The lack of health education can lead to much higher spending for the state budget, making it much easier to prevent than to treat. This study is based on secondary data analysis. The data used for the analysis are obtained from the Romanian National Institute of Statistics and from Eurostat (statistical office of the European Union).

Results and Discussion

In Romania, the evolution of the healthcare system is closely linked to medium and long-term economic development. Differences between areas in terms of the access and quality of healthcare services presents a gap that can only be recovered with well-established policies. The fragility of health system earnings has been seen as a response to economic, political and social changes and instability in recent years (Sen and Bonita 2011). Meanwhile, the private medical services market in Romania grows with about 10% per year and it was estimated in 2016 at over 700 million euro. In recent years, in Romania, the number of private health service providers has increased, largely due to the poor quality of public health services, outdated endowments, and equity of services. The public health system has a lot of gaps, not from the point of view of the physicians who provide services, but because of lack of a unitary health system.

According to Romanian National Institute of Statistics, at the end of 2016 there were 367 public hospitals, 187 private hospitals and 3 public hospitals with private areas. In 2007, there were 22 private hospitals in Romania, so their number increased more than eight times in ten years, while the number of public hospitals fell from 425 in 2007 to 366 in 2016. Romanians tend to choose a private hospital at the expense of a public hospital in the urban areas. The following chart is based on the Institute's data:

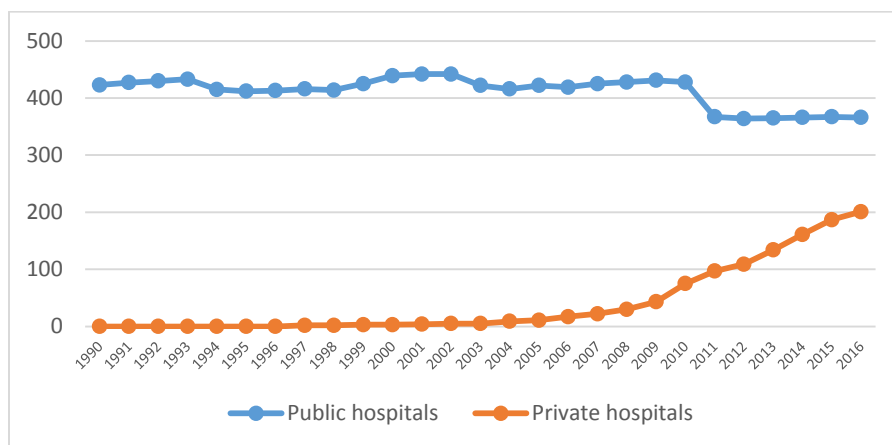
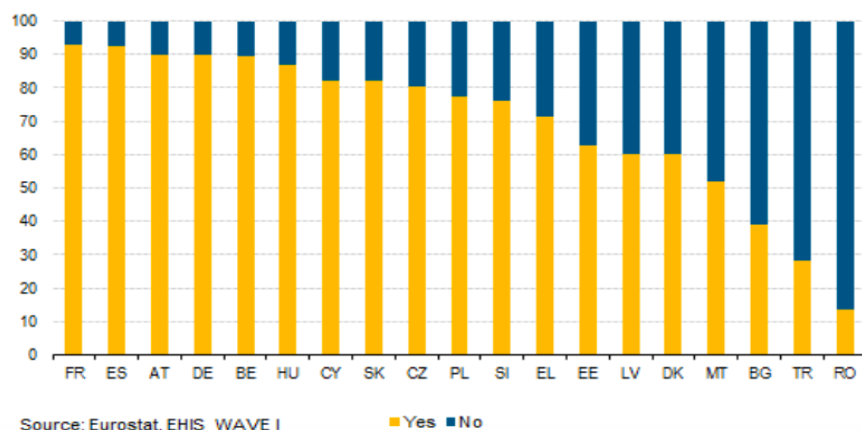


Figure 1: Hospitals in Romania, 1990-2015

The European Commission's Working Paper "Investing in Health" shows that the health of the population also affects economic prosperity (European Union, 2018). Education has an essential role to play in preventing various diseases, and especially in understanding the strategies used to promote campaigns. Education includes components such as: patient education, school education, mass media, health communication (Nutbeam 2000). All these concepts are closely linked to globalization and adaptation to the highest standards of population health. In the last few years, public authorities have shown a growing concern to provide quality health services and the increase in health budgets has exacerbated the need for information and by default the research on the accessibility, quality and cost of providing good health services (Enăchescu 2007).

In fact, Romania is ranked the penultimate place in Europe as regards the percentage of the female population that has breast-controlled at least once in life and the last place in terms of the number of women who have performed

a test at least once in their life in order to prevent cervical cancer. The study conducted by the European Union in 2012 is still valid today because in 2018 Romania is among the last three EU member states that have not yet implemented a national breast cancer screening program (Figure 2).



Source: Eurostat

Figure 2: Breast cancer screening in European Union, 2012

The consequence is the mortality rate caused by this disease in Romania which is 36%, higher than the European average (29%). In Romania, in 2017, 21 new cases of breast cancer are detected daily, and breast cancer is the main cause of female mortality in Romania (at every 3 hours a woman dies from this disease). However, the big health problems faced in the whole world demonstrate that the state of healthcare concern is still at the beginning.

Conclusion

The research results show that Romania does not currently have policies and strategies geared towards the real evolution of the healthcare system. Globalization in the health field can have a positive influence on the reduction of cancer mortality rates, thanks to facilitating the exchange of information and best practices used globally. More than 9000 women are diagnosed with breast cancer annually in Romania, 33% of them are diagnosed in stage IV, when options therapies are minimal. Breast cancer in Romania is the oncological disease with the most victims among women.

Sanitary education can help to create patterns that can describe the symptoms that can lead to breast cancer, understand the importance of prevention and apply good practice in this field. All these efforts would help the country's evolution and then remove health gaps and help the country align with global health policies. Another key issue is the medical staff, globalization being a factor that has led to a migration of the necessary human resources (which is a reason of the difficult access to healthcare), due to the unsatisfactory incomes in Romania, as well as the difficult working conditions. In poorly developed or in developing countries, even if the population had access to medical services, they would not afford the medication needed to treat serious diseases such as cancer. In order not to get into that impasse, prevention and education are very important. The research results show that Romania has an urgent need to implement a breast cancer screening program. Such screening programs can lead to very important results and can help in decreasing the funds needed to treat a breast cancer discovered in the advanced stage, precisely by early detection.

In conclusion, globalization can be used to the advantage of health systems with the help of policies and strategies created by the profile of each country because targeted populations are not similar in terms of attitudes and behaviors.

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