

State Medical Dispensary: A Must for the Stabilization and the Development of the Romanian Rural Space

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State Medical Dispensary, a constant presence and an important landmark in both rural areas and urban development since the late 19th century, was abolished together with the full privatization of primary health care in Romania and the mandatory transformation of general practitioners into family physicians, a new concept imported from other health systems, justified as a result of the changing mechanism for financing the Romanian health system, the social health insurance. Justified as a mandatory action imposed by the introduction of social health insurance. After nearly 17 years, the result of these questionable measures is the concentration of medical service providers (family physicians, outpatient specialty clinics, hospitals) in major universities and the most developed economic regions and marked decrease their presence in rural areas, with an uneven and unfair territorial coverage. This distribution of suppliers negatively affects the health of the population in this space, and generates direct, adverse social and economic effects on quality of life and sustainable development. The involvement of the Romanian State in the re-establishment of the State Health Center and the return to General Practice specialization instead of the family medicine specialization, would represent the gesture and attitude necessary for a responsible State that respects its people, history, traditions and experience gained for more than 150 years as a modern State. The return of this medical institution, in an updated and modernized form, would mean actually ensuring support for the implementation and development of a coherent health policy so that they can be given basic medical services and public health on a clearly delimited territory, regardless of the form of relief or the number of inhabitants. The importance of this decision increases exponentially if we take into account in addition to the stabilization and development of the rural environment the stabilization and development of the Romanian medical and health personnel (doctors, nurses, midwives, nurses, medical social worker, etc.) whose emigration trend is given in particular by the lack of jobs and an improper wage.

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Geographically, Romania is a national State, located in the southeastern part of Central Europe and member of the European Union along with other 27 states, with an area of 238.391 km² and a population of 20,12 million inhabitants. In this area about 99% is rural space and is inhabited by approximately 45% of the total resident population¹.

From the point of view of romanian rural space development, although in the context of joint efforts as a member of the European Union, the low level of development of the services and infrastructure in this space affect strongly both quality of life and the development of economic activities.

This paper present a part of project of mine that I'm trying to promote for several years, called "The System of the III orders". This is the part that I consider as a possible solution to the current problems faced by romanian rural development in terms of primary health care, through the re-establishment of a State health institution, THE DISPENSARY, broken far too easily in 1997, after over 100 years of hard activity to ensure a good health of both urban and rural population, in this last case, largely very poor and with bad conditions for living.

The emergence and development of medical dispensary and medical district in the second half of the 19th century in The Romanian United Principalities wich have become from 1881 The Kingdom of Romania, was due to the efforts of prominent physicians who managed to make understood by the Ruling Prince Alexandru Ioan Cuza and his succesor King Carol I of Romania the importance to establish and develope such an institution in the rural area as a major involvement of the State in order to ensure public health to the inhabitants of rural areas, as a key factor in ensuring the welfare not only of the rural inhabitants but of the whole population and therefore the development of the Romanian State.

Although the goal was both noble and practical, the evolution and activity of this institution has not been easy at all, the big differences on the location, gain, professional and personal comfort, towards physicians working in towns or in hospitals, making it in most cases completely unattractive, which led, during the Communist era, to an unpopular method of mandatory occupancy at the end of the Faculty of Medicine.

However the fact that the medical dispensary was part of a national network of primary healthcare has allowed uniform application of coherent public health policy, with outstanding results in the work on prevention, combating communicable diseases and demographic growth, possible results in equal measure, and due to the activity of a medical and sanitary staff dedicated to the profession, often exercised in very difficult and precarious conditions.

Romanian rural space in few words

Today, rural areas cover 87.1% of the territory and include 46.0% of stable population. From another perspective, in accordance with the methodology of the OECD, Romania is 59.8% rural, 39.4% intermediate and only 0.8% urban². In percentage, 45.5% of the population is in the rural area, 43.9% in intermediate regions and 10.6% in the urban area.

We have in Romania an uneven distribution of the rural population with significant differences in density, which is higher in the Eastern and southern areas, compared to the western area and the Danube Delta.

From the administrative point of view there are 320 municipalities forming the urban environment and 2.861 communes up the countryside.

The communes are made up of 12.957 villages, who do not have administrative responsibilities³. Although Romania's agricultural natural resources are well represented, the climate changes of the last period, with an increase in the frequency of drought and periods of severe drought and extreme high temperatures, will cause the rise and expansion of areas with high risk of desertification.

In this context of climate change and globalisation of social and economic problems, it is expected that many rural areas, especially those in remote, depopulated or dependent on agriculture, to deal with particular challenges with regard to economic and social sustainability⁴.

As such, considering the percentage of fairly high population occupied in agricultural activities (approximately 30%), it would be necessary to encourage the reorientation of labour to sectors such as the food industry, tourism services, storage for goods, etc.

Medical services in rural areas

In order to ensure sustainable development of the rural environment is necessary to ensure public service infrastructure, without which it cannot achieve stabilisation of the population. Between them medical services have an important role. In accordance with the current legislation, the only provider of primary care is the family physician, and medical care are given only to insured persons being on his patients list. Exceptions are made only in cases of medical emergency, to give first aid and expert consultation to anyone in difficulty.

The contract with The Social Health Insurance House, the main source of income to the family physician, implies the existence of a minimum number of policy holders enrolled, which is why rural isn't as attractive as the urban environment. As I noted above, the density of population is uneven, with significant differences between geographical areas.

Also, there are significant differences between the communes of the plains, hills and mountains, the first being concentrated settlements, with households and relatively large population while those of the hills and the mountains have low population numbers over the previous ones, spreaded on large areas with difficult acces.

As such, the population's access to the physician or the physician to the patient, in rural areas is much more difficult to access than in urban areas. This is one of the factors that make it an unattractive activity for a family physician in rural areas and caused in time the concentration of medical cabinets in urban areas, leaving almost entirely uncovered rural areas.

Brief history of the Romanian health system

The Communist regime's official period, following King Mihai's abdication on December 30, 1947, and abolished violently in the 22 December 1989, has been characterized by the imposition of the Soviet model, including the full free health system, known as the Semashko system.

After the events of December 1989 and changement of the romanian political regime to a democratic, Western-inspired regime, all State institutions have undergone transformations that led, in most cases, to their disappearance or radical transformation.

This also happened with the health system, who had repeated and hasty reforms, based by imported models, functional in their source countries, but, as proved in time, with many problems of acclimatization to the specificity of the Romanian society.

Following the entry into force on 1 January 1999 of the Social Health Insurance Law No. 145/1997, Romania has been implemented the german health system and abolished the full free funding of the state sanitary units.

Practically from the moment of entry into force of this law, through the introduction of health insurance and the family physicians, it has been achieved the full privatization of primary health care.

The meaning of that is the transformation of a medical and public health care of the population from a given territory called sanitary district, provided for free by a general practitioner at the medical dispensary, to a health care assistance provided by a family physician, with no territorial limits and marked by pay condition acces, at least of the mandatory social health insurance.

About State Medical Dispensary and its importance to the community

In accordance with the Explanatory Dictionary of the Romanian language (DEX), dispensary, a term derived from the French language, has three meanings, namely:

- medical-sanitary unit that provides assistance to the population in a given territorial area, typically without hospitalization;
- The health institution where they give free medical consultations;
- Building where is installed such an institution.

Another definition of this form of organization is made in the 19 article of the 1978 Act nr. 3 *for ensuring the population health care "medical dispensary provides basic health unit that is organized in the communes, cities and municipalities, educational institutions and enterprises, to provide general medical assistance, for prevention or for healing for a population in a specific territory"*. Although pre-institutional forms of health care existed for over 2,000 years, consisting in particular in addition to places of worship and military formations, the emergence of the health district and medical dispensary in Romanian Kingdom at the end of the 19th century, was, probably, the first

important milestone in the development and organization of a public health system.

Through this gesture, the State assumes the active involvement and providing medical care for the population in general, but especially for the poor, in particular in rural areas.

Supporting and developing the medical dispensary, as an institution of free health care for poor people and those who are in distress, has been a political priority in the context of the modernization efforts of the young Romanian State, at that time an eminently agrarian country.

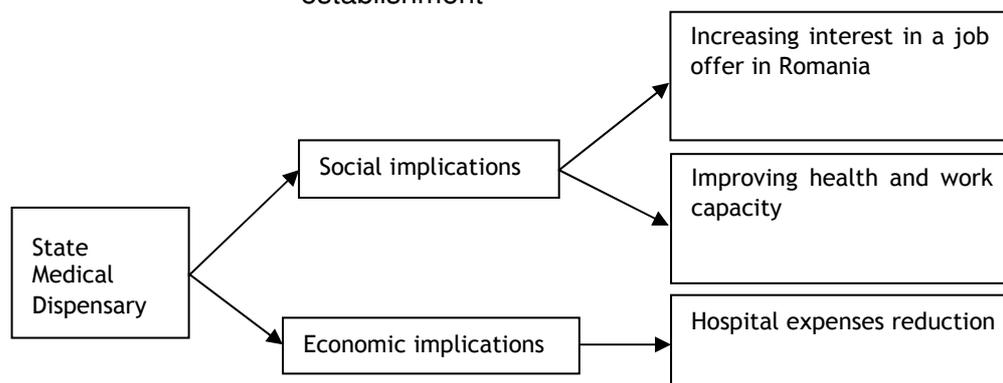
The 1910 Act, also known as the *Law of Cantacuzino*, conceived by two physicians, Ion Cantacuzino and Vasile Sion, provided, for the countryside, the setting up of the *Public Health Rural House*, which mainly have the following duties:

- Sanitary District of 15,000 inhabitants;
- Dispensary, isolation ward, housing for physician and midwife;
- Setting up portable pharmacies;
- Intense activity in health education;

For updating the medical dispensary activity an important law was the 1978 act, *The Law for ensuring the population health* that provides the following functions at art. 23:

- a) Follow strict adherence to rules of public hygiene, sanitary protection of the fountains and other sources of drinking water, hygiene conditions in public catering, in children's and youth's collectivities, in workplaces;
- b) Apply measures to prevent and combat the disease, as well as the other measures provided for in the health programs;
- c) Provides medical assistance to pregnant women, mother and child health;
(...)
- d) Conducts health education and train public health staff and the entire population to achieve preventive measures;
- e) Performs analysis of the diseases that cause temporary incapacity for work in enterprises without their own dispensary and record temporary work incapacity;
- f) Emergency medical assistance in case of illness or accident;
- g) General medical assistance, preventive and curative treatments, perform medical treatment in the dispensary, or, as the case may be, at the patient's residence, as well as laboratory analysis;
- h) Ensure the continuation of medical care by hospitals when it has no possibilities for diagnosis or treatment, as well in cases of patients or suspects of infectious diseases that require compulsory hospitalization;
- i) Provide health care in stationary with beds, for cases of illness that requires constant medical supervision but does not require admission into hospital.

Figure 1. Social and economic implications of State Medical Dispensary re-establishment⁽⁵⁾



To understand the importance of the State Medical Dispensary's activity as a major support for the TB Dispensary network (existing all the time) in the fight against tuberculosis in Romania, we should take a look at some aspects of the evolution of the incidence of this disease in Romania, meaning the rate of new cases of tuberculosis at 100.000 inhabitants, from 1970 till today.

According to data from the 2003 Sanitary Statistics Yearbook, in 1970 the rate of incidence was 137.7, followed by 58.3 in 1989, and from this point increasing to 95,0 in 1995, 101,2 in 1998, 105.5 in 2000 and 115.4 in 2001.

At present, according to World Health Organisation's report "Tuberculosis country work summary – Romania 2010", Romania is considered as a high TB priority country, with a 116 rate of incidence⁶ (new cases/100.000 persons), important aspect even if this rate decreased to 94 in 2012 (according to Romanian Ministry of Health⁷) but remains much higher than the 34.0 European regional average.⁸

According to the same source in 1970 were registered 3.848 territorial state medical dispensaries, in 1998 (just before the reform) were registered 3.972 and in 1999 their number dropped to 0 as a result of the entry into force of the new health system. It should be noted that this numbers comprise both rural and urban territorial dispensaries.

Currently, the countryside is made up of 2.861 communes, which would imply the re-establishment of an equal or a lower number of territorial State medical dispensaries and sanitary districts to provide basic services and public health for the inhabitants of communes and villages.

Occupancy with medical and sanitary personnel of this units involved until 1998 general practitioners, dentists, assistants (romanian designation for nurse), midwives, health nurse, hygiene nurse and support staff.

At this old and basic form of organization, an updated form could add the community nurses, currently employed by the town halls's social assistance departments (new profession only by a changed name for the former romanian designation: health protection assistant or health protection sister).

I'd like to note that the re-establishment of State Medical Dispensary must be a part of a larger Romanian health reform, that, in my opinion, should include also:

- ⇒ The re-establishment of the general practice specialty for the primary healthcare system;
- ⇒ Defining family physician just as a private practice not a specialty;
- ⇒ An attractive form of payment for the medical and sanitary personnel who choose to work in the rural space;
- ⇒ The replacement of the current mandatory social health insurance and the 43 Social Health Insurance Houses with a health tax and a National Health Fund Agency as Romania had before, in 1930;
- ⇒ Putting back the Romanian State Lottery as the 3d major contributor for financing the National Health Fund with all it's incomes, along with the Health tax and the State Budget, as it was written in the 1906's *Law for the Establishment of a health assistance Fund to villagers* and in the 1930's *Law for Health and medical protection*.

Conclusions

Although aspects regarding the health reform and in particular the healthcare in rural space are important topics of debate for the political class and civil society, at present, the lack of basic services and infrastructure are major impediments for living in rural areas and for voluntary migration to this environment.

In addition to medical effects, the re-emergence of State dispensary as a component of a Ministry of Health network and as a part of a package of measures, would generate beneficial effects, both social and financial.

Even if apparently, it would mean an increase in expenditure from the State budget and in particular those in salaries, and an increase of the number of employees in the public administration, in reality it would produce decreases in other expenses from other sectors but also tax income increase as a result of the economic development of the rural environment and of rising welfare population.

It is my conviction that the re-establishment in Romania of the State Medical Dispensary and of the General Practitioner specialization would be an important help and will give, along with other measures, a real support for the stabilisation and the development of the romanian rural space, a support to stop and even to reverse the flow of migration of the population from rural to urban space and from Romanian rural space to other countries, through the transformation of the present rural environment in an healthy, attractive economic and social environment.

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