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THE COLLEGE OF PHYSISCIANS IN ROMANIA
- current concerns and results -

Interview with:
Prof. Vasile ASTĂRĂSTOAE, President of the College of Physicians in Romania

Personal information
***Birth date:* : 01.08.1949**

Professional Experience
- 2007-until now, Rector of The University of Medicine and Pharmacy „Grigore T. Popa", Iaşi
- 2001- until now - Professor at Tthe University of Medicine and Pharmacy „Grigore T. Popa", Department of Forensic Medicine, Medical Ethics and Bioethics, Iaşi, Romania
- 2001 - until now - Institute of Forensic Medicine, Iaşi, Romania
- 1992-2001- Associate Professor at The University of Medicine and Pharmacy „Grigore T. Popa", Iaşi, Romania
- 1977-1992 - Lecturer at The University of Medicine and Pharmacy „Grigore T. Popa", Iaşi, Romania
- l XI.1973 – 14 IX .1977 - Family Doctor at the Dispensary of Rădăşeni, Suceava

Education and training
- **1989** - MD Pathological Anatomy and Forensic Medicine, The University of Medicine and Pharmacy „Grigore T. Popa ", Iaşi, Romania
- **1986** - Doctor of Medical Sciences, The University of Medicine and Pharmacy „Grigore T. Popa", Iaşi, Romania
- **1979-1982** - Pathology and Forensic Medicine Specialist Diploma, The University of Medicine and Pharmacy „Grigore T. Popa", Iaşi, Romania
- **1974-1978** Law Degree, „Al. I. Cuza" University Iaşi, Law School
- **1967-1973** - Medical Doctor Degree, The University of Medicine and Pharmacy „Grigore T. Popa", Iaşi, Romania

Projects:
- **2009 - Project Manager „***Postdoctoral Studies in health ethics policy***"** (ID 61879).Sectoral Operational Plan for Development of Human Resources (FSE POS DRU), 1 Axis - „Education and training in support of growth and development of knowledge society ", Field 1.5 „Doctoral and postdoctoral programs to support research ", Call for proposals - 89 - „Postdoctoral Fellowship", **Funding:** Grant for 3 years, 13.593.539 lei
- **2009 - Project Manager *„European standards for competitive postdoctoral training programs in advanced management research and forensic psychiatric expertise"*** (ID 64123). Sectoral Operational Plan for Development of Human Resources (FSE POS DRU), 1 Axis - „Education and training in support of growth and development of knowledge society ", Field 1.5 „Doctoral and postdoctoral programs to support research ", Call for proposal - 89 - „Postdoctoral programs"
- **2009 - Project Manager** - E-learning platform for student, graduate, doctoral students and residents at the University of Medicine and Pharmacy "Grigore T. Popa" Iasi (PelUMF-Iaşi), AP3-DMI2-Operation 3 „**Support for e-Learning applications implementation**"; Reference Number SMIS: 4423/2009
- **2009 - Permanent Expert** and parteners **Legal Reprezentative** in proiectul " Quality in health care by training family physicians", European Social Fund, POS DRU – Romania, Eligible project value: 4,698,700 lei
- **2006-2007 - Coordinator Romania**, Project FP6 036659 - „Bioethical education on medical progress and human rights, in a multicultural, multidisciplinar and multireligious environment (SAS6-CT-2006-036659-EDUBIOETHICS) Given budget – 76976 Euro
- **2004-2007** Partner in the PHARE RO 2004/016-772.03.11.P3 Project – „Reinforcement of the Institutional capacity to combat drug "
- Given budget - 400.000 euro invested in Iaşi of the total of 1.200.000 euro.
- **2005-2006** Participating in the grant „Protection of vulnerable victims-children image in media" Deployment period: october 2005-september 2006
- Financing: PHARE Programme Strengthening Civil Society in Romania, Component 4- Democracy, human rights, state law and judicial independence..
- **2002-2003** – Partner in The Project United Nations Development Fund for Women
- **2002** - Partner in The Microproject Phare ACCESS B7-300-0
- **2000-2001** Participating in the grant „Protection of vulnerable victims" Finanțare- Asist College Fund, by the British Embassy in Bucharest

Professional recognition
- 2009 - until now - President of Romanian Society of Bioethics
- 2007 - until now - Chairman of the Scientific Council of Ethics, National Anti-Drug Agency
- 2006 - until now - Editor Human Reproduction and Genetic Ethics. An International Journal
- 2006 - until now - Chairman of the Romanian Society of Sleep Medicine
- 2006 - 2008 - Chairman of the Ethics Commission of The University of Medicine and Pharmacy „Grigore T. Popa", Iaşi
- 2005 - until now prezent- Member of the Board of Bioethics (CDBI), Council of Europe, Strasbourg
- 2005 - until now- UNESCO Bioethics Expert
- 2005 - until now - Independent expert of the European Commission
- 2005 - until now - General editor of "Medica" journal
- 2005 - 2008- Chairman of the Bioethics Commission of the Ministry of Public Health
- 2003 - until now -Editor of the Romanian Journal of Bioethics (ISI, impact index 0.48)
- 1993 - 1997 - Editor of the British Medical Journal (Romanian edition)
- 1992 - 1997- Secretary-General of Medical-Surgical Science Review
- 1992 - 1995- Coordinator of the Bioethics Collection of the Synposion Publishing (which published five volumes)
- Member of six other national and international scientific societies

- **Last five years awarded prizes**
- 2002 - Medical Merit in the rank of Commander
- 2002 - Medical Ethics Award of the Romanian Physicians College
- 2005 - Medical Journalists Association Prize for Bioethics promotion in Romania
- 2006 - Medic.Ro Journal Forensic Medicine work Award
- 2006 - VIP Journal Civil Society Award
- 2010 - Doctor Honoris Causa of the State University of Medicine and Pharmacy „Nicolae Testemițanu"- Moldova Republic

Scientific activity
- 32 books as author/coauthor, in the areas of Forensic Medicine, Bioethics, Psychiatry, Genetics, Criminology, Sociology, Victimology in Teaching and Pedagogical Publishing Bucharest, Medical Publishing Bucharest, All Back Publishing Bucharest, LuminaLex Publishing Bucharest, University Lucian Blaga Publishing Sibiu
- 96 papers published in full in the country and abroad.
- Publishing activity: over 200 articles, interviews, editorials, in the local and central Media
- Producer of the show 'Right to Health " - ProTV Iaşi TV Station, from 2003 until now
- **Producer of the show "Sources of Health" –** Romania TV Station, from 2009 until now .

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Q1. ***Mr. President, the College of Physicians in Romania (CPR) was led in the 15 years of operation by numerous personalities in the medical field who had major contributions to the system development. You were elected to the management since 2000, and you coordinate all activities from the position of president of this important organization for over two and a half years.***

- Please be kind enough to specify some of the main achievements of the CPR for the past 2 and a half years.

*- What were the main difficulties/obstacles y*ou have encountered in implementing the proposed actions?

Vasile Astărăstoae: In the last two and a half years the CPR approached different areas. First it tried to expand the representation function and redefine doctor - patient relationship considering the mutations occurring in contemporary society. In this sense the CPR managed to conclude partnership agreements with the patient associations, with the OAMR, the Psychologists College and other professional organizations, representing thus a pole with a counterweight to the unilateral and, not on rare occasions lacking of responsibility, actions of the health system administrators. The CPR campaigned that patients be represented in all decision making bodies, campaigned for the representation of the patients in all decision making bodies and gave an example including their representatives in the specialty committees. In terms of regulatory activity the CPR continued the development of continuing medical education programs, amended the statute introducing compulsory voting for the election of management structures and established two new advisory committees, one composed of presidents of the national professional scientific societies and the other one of the county college presidents. CPR organized debates on major issues related to the state health system in Romania, namely the migration of doctors, doctors condition in Romania, medical professional responsibility. The Medical journal and the CPR website was a means of transmitting information in a timeframe acceptable to all members. I could remind you that, as an international recognition, CPR is part of European bodies as a full member profile. I think that right now the college is a distinct voice to be heard in Romania.

The principal difficulty that faced the College in his actions was the obtuseness of the decision makers. Most often they make decisions without a real assessment of the situation, "on lap", do not have a vision and a strategy and give proof of voluntarism without argumentation of their actions. The excessive politicization of the system, the frequent changes and the view that if they occupy a seat they got the necessary knowledge, lead to a formal partnership and not a regular partnership. There is a culture of conflict and no dialogue practice. In most common cases, both the CNAS and the Health Ministry (HM), where there is required by law to obtain the CPR opinion on acts, they make it formal, sending a document and asking for the opinion in unrealistic time (24-48 hours). From this attitude is seen that they do not really want a documented answer but only to tick off a formal activity.

Another difficulty is the enormous number of incompetent people which give their opinion on the organization of the health system without a elementary documentation. It makes me think of a sayng of my grandmother : "Beware of the industrious fool".

Q2. ***Professor, you said on frequent occasions that the Romanian health system is characterized by a shortage of doctors and statistics confirm your statement. The level of the population provision with doctors is one of the lowest in Europe and, at the country leve,l are significant inequalities between localities, in terms of providing people with certain medical specialties.***

- Which are the factors who led to this situation?

- What measures, do you think, should be taken to provide people with an improved number of doctors in the specialties where there is shortage, and for localities where significant inequities appears?

VA: The lack of doctors, confirmed by all the statistics, was determined by four elements.

First, the absence of the planning of the number of doctors needed by specialties. Immediately after '89, mistakenly, was considered that planning is a communist concept and, consequently, forecasts were not done concerning the Human Resources in the health system and no measures were taken in time to meet these needs. It was a mistake and the experience of other EU countries aws not taken into account regarding this phenomenon. The absence of this evaluation and planning, lead to a paradox. Although we are on the last place in EU countries regarding the number of doctors per thousand people, we have too many doctors in some specialties such as family medicine. so unemployment, and we have some specialties which are covered only in a proportion of 20 to 30% (ICU, cardiology, surgery, etc).

Secondly, that in the EU negotiations was specified that only specialists doctors can practice and residency places are in a limited number make on one hand that a number of graduates of the faculty of medicine to switch to other profession, and, on the other hand, the residency period of time , is uncovered in the labor market.

Thirdly, the norms do not take into account the complexity of the medical act and make that the number of positions provided by the system to be sub dimensioned. Blocking positions in the health system emphasized this phenomenon.

Last but not least, migration of doctors or, more accurately speaking, the exodus of doctors to other countries creates a serious imbalance between the ins and outs of the system in favor of outward.

Q3. ***Recent data made public by the CPR shows a trend of emigration of doctors out of the country. The situation worsens every year, threatening to become even dramatic in the context of the acute lack of doctors you have previously referred to. Thus, in mid 2010, there were already " 6900 preliminary contracts signed by doctors on job fairs", and it is expected that the situation becomes worse because of the global austerity measures taken by the government, of which the decrease by 25% of the doctors salaries may be a factor influencing the physicians decision to choose to practice outside Romania***

- How do you estimate the exodus of doctors for the year 2010 ?

- Which do you think would be the main factors that cause doctors to choose to practice in another country and how could this phenomenon be stopped?

VA: The physician exodus level in 2010 shows an almost exponential growth. If until July 1st. 1000 physicians from the specialties that are deficient in Romania have left the country, the subsequent applications make me estimate that this year will leave over 2500 doctors and it is an estimate strictly restricted by reference to the applications. That number might be higher because in all the polls between 60-70% of doctors said they intent to migrate.

The main factors that determine the doctors to migrate are:

1. The working conditions and career planning. Doctors feel frustrated by the fact that in the health system in Romania they have to improvise, they fail and they can not do what they know to do because of the lack of means, and excessive politicization of the system correlated with a plethora of laws, which often contradict each other, not allow them to predict the professional evolution. Doctors have frustrations when they see the professional dedication, competence, work, are not rewarded and that which is rewarded is opportunism, obedience and being a party member (preferably the party who has the MoH).

2. The revenues It is difficult to make calls on feelings when a physicians income does not enable him to cover basic needs. I saw, after the recent 25% reduction in salaries of the medical doctors, the pay roll of a VI year Plastic Surgery resident, which applied to practice in France, on which it was recorded the "enormous" amount of 504 lei. No comments in these conditions.

3. Social position and the dignity of the profession. In Romania, except perhaps politicians, no other professional body has been so denigrated, blamed and asked to do the impossible in many cases. In EU countries, the physician, even if sometimes not loved, always is respected by the society, rulers and media. The continuous blaming of the medical profession, the tendency not to hear their opinions, is a direct invitation to emigrate.

Migration could be reduced (no way to be stopped, because it exists worldwide) if concrete measures would be taken to eliminate obstacles in the career, increase the financing of the system and show some respect from decision makers. In the report on the migration of doctors, CPR has proposed a series of not so expensive concrete measures, but none of them were wanted to be acquired by government. My opinion, the rulers do not realize the huge danger to the health system of skilled migration or they do not care.

Q4. ***Malpractice and the medical fault is a thorny issue of health system in Romania. Compared to other countries, the malpractice insurance system is not as well developed, and the specifications of the malpractice insurances does not cover a wide range of conditions that medical practice takes place in Romania.***

- How you characterized the global approach of this phenomenon in Romania, compared to other countries?

- What improvements you prefigure for a correct approach to the phenomenon of malpractice from the professionals, the people and the society in general?

VA:The global approach to malpractice in Romania is a proof of superficiality, incompetence and expresses the conflicting culture of Romanian society. The difference between the attributable and the not attributable error is not understood, there is not understood that there are unforeseen risks and individual reactivity, there is not understood that the doctor's professional responsibility is of means (made all reasonable efforts to obtain a favorable effect) and not of result. In other EU countries it is clear and The European Council Directive applies: "assure the patient safety, cover the medical damage but do not blame the physician".

The approach to the malpractice is made for the prevention of the foreseeable accidents and incidents and the analysis is done like in an aircraft accident where is attempted to discover the weak links which allowed the negative phenomenon. It exists in the malpractice explication a theory, called the Swiss cheese, according to which several minor errors can align and engender a negative effect and the purpose is to interrupt the chain.

In Romania it is whished to stone the doctor even when is not guilty. There is this tendency to "do justice" on TV and the presumption of doctor guilt always works. I watched a case in Slatina, tacked over by the BBC to: one child had died due to wrong treatment by the physician of the ER. The reality is: the child was taken into a grade III-IV coma from home, died five minutes after admission to ER where they did all the necessary maneuvers, and the necropsy revealed a foreign body in the right bronchia (sunflower seeds) and another foreign body (boiled corn seed) in the left bronchia, the parents recognizing that they have tried to remove the seeds from the larynx, and only after they called the ambulance. Did you ever see the television apologize and recognize that there was no malpractice? No. And they will not do it. And in the public opinion will remain the image of a doctor that has not done his duty.

Related to the working conditions in Romania, the number of malpractice cases is far below other developed countries. The malpractice insurance system in Romania being compulsory, is only a source of unjust enrichment, without a basis, of the insurance companies, because it does not cover the moral damages. In other words, neither the doctor nor the patient are protected. The CPR proposed a bill, that is in debated in the Chamber of Deputies, which take over the European countries practice of mediation and the quick coverage of the prejudice, thus providing a new relationship between doctor and patient. I think instruction is needed for the professionals and the population on this phenomenon so that they understand that the malpractice is on one hand the civil liability of professionals and on the other hand that medicine is a practice with risks, that there are no miracles, that any disease how common it would be can evolve in a major gravity form, whatever means are used, and that these risks must be evaluated and accepted by both the physician and the patient.

Q5. ***Improving the quality of the medical act is a goal of all health systems, and for Romania can be considered an actual requirement. The CPR is actively involved in setting and raising standards of professional practice, both through collaboration with the Ministry of Health in this area, and by solitary actions supporting the participation of doctors in trainings related to improve the quality of the medical act.***

- How do you see CPR role in increasing the quality of medical act?

According to your statements, in 2009, only a few hospitals meet the existing quality standards at European level.

- Do you think that, by passing the hospitals to the municipalities, are created the foundations for increasing the number of hospitals with results and hospital activity that could be comparable to European hospitals?

VA: First I see the role of the CPR in the setting of the professional practice standard. We talk about malpractice but we don't have criteria for good practice. Meanwhile, I consider that the program of CME for each physician and especially the verification how really this programs unroll is an important element in improving the quality of the medical act. In this program the aspects of the profession, the professional ethics, the doctor patient communication, must be included, for the quality of care is often less influenced by the degree of knowledge but especially by the degree of recognition of the profession. I am skeptical regarding the permanent collaboration with the HM which is interested of these hospitals only declaratory and for the image.

The decentralization and transition to the local community of the hospitals should create the premise to increase the number of hospitals with good results. Unfortunately the method that was done, without a consistent legislation, without clear rules and responsibilities, make me skeptical, and I'm afraid that a good idea, also applied in many countries, will be discredited by the Romanian way of implementation. I saw local communities unprepared, without any health care project, without funds, and with the only concern to appoint managers.

Q6. ***CPR is an independent, apolitical body with the main role in the control and supervision of the medical profession exercise. The role of the management structures is important in setting CPRs organizational strategy and the collaboration with the public authorities, (from which CPR is independent) is a key element in the CPRs attributions exercise established by the law.***

- How do you appreciate the collaboration between the CPR and the public authorities?

- What do you consider to improve the collaboration, to improve the activity and to increase the visibility of CPR?

VA: Because it is an independent and apolitical body, who took attitude and defended the dignity of the medical body, CPR disturb the public authorities, therefore the collaboration was difficult and often antagonistic. The partnership is only at a declaratory level and the CPR management makes efforts to get a real partnership. But, in achieving this goal, the other partner to must show honesty and loyalty. We hope and we make all the efforts to persuade the public authorities that we have the expertise in this area and the voice of the professionals from the system must not only be heard but listened.

Q7. ***Finally, please have the kindness to answer one more question:***

- What do you think should be the top three healthcare strategic measures for the 2010?

1. Financing the system with at least 6% of GDP.
2. The growth of the medical professionals revenue.
3. Management procedures in order to increase the patients safety and the quality of medical act.

Thank you for your kindness to answer our questions