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## LEGISLATIVE REFORMS IN PREVENTIVE MEDICINE AND THEIR IMPACT IN SOCIAL ASSISTANCE

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### **Abstract**

*Preventive medicine focuses mainly on the health of individuals in a community or group of the population as a defined social group. Because prevention was originally a concept related to public health, and referred to programs aimed at the population, which were coordinated by a health authority on the territory of a country, the population did not understand its role either. The research theme of this paper consists in the analysis of the reforms that have been implemented to protect the population.*

**Keywords:** *prevention, preventive medicine, prophylaxis, legislation, health promotion*

### **INTRODUCTION**

*Prevention is cheaper than treating diseases!* It seems to be too good a myth to be true! The experiences of two to three decades of applying serious prevention programs have already proven this. Let us also not forget the roles of prevention and encouraging people to be more proactive in their health and well-being as central 'tools' – towards a society that can build, evolve and also be independent.

The definition of health includes three frequently used criteria, namely functional well-being; the body's ability to adapt to various living and working conditions; the human condition that makes the individual creative. This classification on three types of prevention has been valid since the 1980s, and recently a new concept has been developed, namely that of "quaternary prevention", a concept initiated by a family doctor from Belgium, Dr. Marc Jamoulle (Jamoulle, 1986).

Prevention can be done at several levels, depending on the actors involved and the size of the problem. In the case of primary prevention, it aims to promote health and avoid health risks before the disease occurs; secondary prevention – it is done to detect diseases in the early stage, asymptomatic; and tertiary prevention – which

aims to stop or delay the progression of the disease to complications. The World Organization of Family Physicians, abbreviated WONCA (Bentzen N, 2003) defines "quaternary prevention" as the action of identifying patients at risk of over medicalization and protecting them from new invasive methods, suggesting which interventions are ethically acceptable.

Considering that the general theme of the 3rd edition of the Conference is "*Public safety and the need for high social capital*", within which the panel VII was organized, called „*The Protection of human capital in the field of the right to medical and social assistance*”, we chose the present topic of study in accordance with what it set out to highlight, namely an analysis of the challenges and novelties that arise in preventive medicine, with an effect in providing social services in Romania. This article closely observes the applications of preventive medicine, the recent changes in the legislation that also concerns its sector in Romania, and are having an impact on social work. It is worth emphasized the role of each person in the prevention activity, in the awareness and promotion of prophylaxis around us, relatives, friends, work colleagues.

## I. CURRENT LANDMARKS OF PREVENTIVE MEDICINE IN ROMANIA

Recent legislative changes in the preventive sector include several aspects. Thus, with regard to medical aspects in various areas.

**(i).** It has been found the increase of the prevalence of the population in our country with Hypertension (HTA) – "(...) at the level of 2019, it appears in the top ten countries with a high prevalence of HTA among the male population (53%)"<sup>1</sup>. One of the recommendations: initiation of pharmacological treatment in all patients confirmed with the diagnosis of HTA, in which the systolic blood pressure values (TAS) are  $\geq 140$  mmHg or in whom the diastolic blood pressure is  $\geq 90$  mmHg, with the tas threshold changing to 130-139 mmHg in those with concomitant cardiovascular disease/risk factors for it/diabetes mellitus/chronic kidney disease.

**(ii).** The novelties in Vaccinology – both anti-SARS-CoV-2 (warnings<sup>2</sup>, recommendations<sup>3</sup>, analysis of the evidence<sup>4</sup>, etc.), but which brought, by ricochet, to discussions about the mandatory vaccination<sup>5</sup> (blamed, challenged, analyzed nationally and internationally, in turn) – have ignited and divided populations (which are shared into anti-vaccineists and pro-vaccination).

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<sup>1</sup> <https://www.atelieremedicale.ro/2021/09/02/ghid-pentru-tratamentul-farmacologic-al-hipertensiunii-arteriale-la-adulti/?fbclid=IwAR0KiWyu2BvfdsTc1LUkwHMutJnuT9kj2w0rIa2P-le-fREmPLo6zVCf2Y>, accessed on 19.11.2021

<sup>2</sup> <https://www.cdc.gov/coronavirus/2019-ncov/vaccines/expect/after.html>, accessed on 19.11.2021.

<sup>3</sup> <https://www.cdc.gov/coronavirus/2019-ncov/vaccines/vaccine-benefits.html>, accessed on 19.11.2021.

<sup>4</sup> <https://www.ncbi.nlm.nih.gov/pmc/articles/PMC8163222/>, accessed on 19.11.2021.

<sup>5</sup> [https://rohealthreview.ro/proiect-ms-certificatul-digital-covid-19-obligatoriu-pentru-personalul-medical-cei-care-refuza-vaccinarea-sau-testarea-vor-avea-contractul-suspendat/?fbclid=IwAR1K5mGaCOvxdoNcaajQrxBbb1b7R8mI5EaFf75VivzltF\\_Igl\\_gyRapvRc](https://rohealthreview.ro/proiect-ms-certificatul-digital-covid-19-obligatoriu-pentru-personalul-medical-cei-care-refuza-vaccinarea-sau-testarea-vor-avea-contractul-suspendat/?fbclid=IwAR1K5mGaCOvxdoNcaajQrxBbb1b7R8mI5EaFf75VivzltF_Igl_gyRapvRc), accessed on 19.11.2021.

**(iii).** Regarding tropical diseases, they have entered in the center of changes in behavior and medical and social practice. In this regard, representatives of the World Health Organization (WHO) have regulated a project to improve safe treatment for more than 1 billion people annually<sup>6</sup>.

**(iv).** People who were suspected or who had symptoms of chronic viral hepatitis (type B or C) were affected by the COVID-19 pandemic and did not addressed to the specialist doctor. Thus, in 2020, there were 48 new cases, almost 5 times fewer than in the previous year, respectively 2019, when 234 people were registered in the records of the National Surveillance System for Viral Hepatitis B and C<sup>7</sup>.

**(v).** The situation of HIV positive people has also been affected by the current situation (the COVID-19 pandemic and the current health crisis); through the HIV/AIDS testing rate which in 2020 recorded a decrease of almost a third, although the number of new cases of HIV infection in Romania was already increasing in recent years<sup>8</sup>.

**(vi).** Extending the age of free HPV vaccination for girls up to 18 years as a primary and secondary prevention measure<sup>9</sup>. Until now, the regulation aimed at free vaccination only for girls between the ages of 11 and 14.

**(vii).** As regards social assistance and childcare, in the year 2021:

- programs for obese and overweight children have been started, given the situation in our country regarding childhood obesity<sup>10</sup>.
- settlement of the investigation services recommended by the family doctor during the prevention consultations, granted for all age categories<sup>11</sup>.
- the "Insured's Guide" was updated<sup>12</sup>.

The field of digitalization of the health system has come to the fore, through funds coming from the National Recovery and Resilience Plan (PNRR) - an investment of over 400 million euros is desired in this direction<sup>13</sup>.

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<sup>6</sup> <https://www.who.int/news/item/16-08-2021-neglected-tropical-diseases-enhancing-safe-treatment-for-more-than-1-billion-people-annually>, accessed on 19.11.2021.

<sup>7</sup> [https://www.cnsct.ro/index.php/analiza-date-supraveghere/hepatita-virala-tip-b-si-c/2303-hepatita-virala-b-si-c-anul-2020-analiza/file?fbclid=IwAR3dSH2Lcfbc\\_rBUzlvKexiY5lCk7uN0SnEAlAW VJPNK1dqKnroj7Bibw](https://www.cnsct.ro/index.php/analiza-date-supraveghere/hepatita-virala-tip-b-si-c/2303-hepatita-virala-b-si-c-anul-2020-analiza/file?fbclid=IwAR3dSH2Lcfbc_rBUzlvKexiY5lCk7uN0SnEAlAW VJPNK1dqKnroj7Bibw), accessed on 19.11.2021.

<sup>8</sup> [https://observatoruldesanatate.ro/wp-content/uploads/2021/07/raport\\_ors-raa\\_autoritati\\_locale\\_hiv-1.pdf](https://observatoruldesanatate.ro/wp-content/uploads/2021/07/raport_ors-raa_autoritati_locale_hiv-1.pdf), accessed on 19.11.2021.

<sup>9</sup> <http://www.ms.ro/2021/09/03/ministrul-sanatatii-ioana-mihaila-vaccinarea-gratuita-anti-hpv-extinsa-la-fete-pana-la-18-ani/>, accessed on 19.11.2021.

<sup>10</sup> <https://rohealthreview.ro/campanie-de-constientizare-si-preventie-a-obeziitatii-infantile-lansata-de-institutul-national-pentru-sanatatea-mamei-si-copilului/>, accessed on 19.11.2021.

<sup>11</sup> <https://cnas.ro/2021/07/13/comunicat-servicii-de-preventie-decontate-din-fnuass-incepand-cu-luna-iulie-2021/>, accessed on 19.11.2021.

<sup>12</sup> [http://cnas.ro/ghidul-asiguratului?fbclid=IwAR0CXCDJmKyncMIJ500\\_V8297Mw0Kflv7YpsbDyTCAL7TlInbnBbRF\\_xq\\_o](http://cnas.ro/ghidul-asiguratului?fbclid=IwAR0CXCDJmKyncMIJ500_V8297Mw0Kflv7YpsbDyTCAL7TlInbnBbRF_xq_o), accessed on 19.11.2021.

<sup>13</sup> [https://www.viata-medicala.ro/stiri/romania-va-investi-400-de-milioane-de-euro-in-digitalizarea-sistemului-de-sanatate-22714?fbclid=IwAR1dpg6q\\_1sifHsghGoflqeCrrT4FZEvKD8rtDUWaN32d2CMR03j7LE4Wws](https://www.viata-medicala.ro/stiri/romania-va-investi-400-de-milioane-de-euro-in-digitalizarea-sistemului-de-sanatate-22714?fbclid=IwAR1dpg6q_1sifHsghGoflqeCrrT4FZEvKD8rtDUWaN32d2CMR03j7LE4Wws), accessed on 19.11.2021.

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Another novelty is the launch of the Clinical Trials Information System (CTIS), a system with information on clinical trials, which aims to propose, authorize and supervise clinical trials in the EU, in the European Economic Area, as well as in Iceland, Liechtenstein and Norway<sup>14</sup>.

## **II. PREVENTIVE MEDICINE AND ITS APPLICATION IN PRACTICE; DILEMMAS AND CHALLENGES ENCOUNTERED BY FAMILY DOCTORS**

To understand the "constraints" of prevention, we need to understand the ethical principles of public health, which reflect the orientation of actions towards maintaining and promoting the health of the population – despite the "resistance" of clinicians who claim that populations are ultimately made up of individuals.

Over time, the notion of prevention was also taken up by clinicians, under the name of clinical prevention. Through clinical prevention, the clinician tries to detect the wrong behaviors, to prevent the occurrence of disease or complications. Also, it was introduced and is aimed at changing the paradigm that only in the clinic is done medicine; "(...) the prevention consultation is an important thing, because it comes to complete some health programs that... it does not exist. Normally, Romania should have had prevention programs that address the entire population, with certain selection criteria"<sup>15</sup>.

Therefore, the present discussion makes findings towards and regarding the activity of clinicians, who state that "in our country there is no culture of preventive consultation"<sup>15</sup>. Moreover, a challenge of preventive medicine in Romania is the lack of preventive consultation - "Preventive consultation is much more than a curative consultation: a curative consultation means that a patient of yours, whom you know, to come with some symptoms and consult him, make a history and make a presumptive diagnosis. If you need tests, well, if not, you can make a diagnosis and make a therapeutic decision. In the case of a preventive consultation, we are talking about a much more elaborate consultation, because we are talking about a consultation "from head to toe", of all devices and systems, so you can detect any risk factors and also calculate certain scores. (...) "<sup>15</sup>.

In this sub-theme, it should be said that the activity of family doctors from individual medical offices is indicated to be integrated in practice and according to the law of Primary Health Care, Law 95/2006 (stipulated in Chapter IV, art. 77-82)<sup>16</sup>.

Therefore, an update (or new legislative clarifications) was needed regarding the safety and protection of medical personnel during the provision of the medical service (s). In this sense, the doctrine (Ghica M.S., 2021, pp. 133-146) shows that

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<sup>14</sup> <https://www.viata-medicala.ro/internationale/sistem-informatic-dedicat-studiilor-clinice-in-ue-se-lanseaza-in-ianuarie-2022-22570?fbclid=IwAR1Bb3gbyUgnELMnM6IvIrlrQ6kg8p8WmGGoxpUrDBD3k3VI1MI-4SxvUPf9o>, accessed on 19.11.2021.

<sup>15</sup> [https://www.politicidesanatate.ro/nu-exista-o-cultura-a-consultatiei-preventive-in-romania/?fbclid=IwAR3dSH2Lcfbc\\_rBUzlvKexiY51CkKJ7uN0SnEAlAWVJPNK1dqKnrojh7Bibw](https://www.politicidesanatate.ro/nu-exista-o-cultura-a-consultatiei-preventive-in-romania/?fbclid=IwAR3dSH2Lcfbc_rBUzlvKexiY51CkKJ7uN0SnEAlAWVJPNK1dqKnrojh7Bibw), accessed on 19.11.2021.

<sup>16</sup> <https://lege5.ro/gratuit/g42tmnjsgi/asistenta-medicala-primara-lege-95-2006?dp=hazdanbyga4do>, accessed on 19.11.2021.

the medical staff must be supported by adequate and coherent means both in the fight against the pandemic and in carrying out its usual activity. Subsection N<sup>o</sup>.1 (Heading 2)

Define abbreviations and acronyms the first time they are used in the text, even after they have been defined in the abstract. Abbreviations such as IEEE, SI, MKS, CGS, sc, dc, and rms do not have to be defined. Do not use abbreviations in the title or heads unless they are unavoidable.

### **III. PREVENTIVE MEDICINE IS MULTIMODAL; THE POPULATION'S ACCESS TO INFORMATION, BUT ALSO ITS SOCIAL INVOLVEMENT**

These times of balance, in which the individual good vs. the social good, actually show us the extent of misinformation - and prevention cannot take place with disintegrations of ideas, with split off opinions, meant to destabilize the immediate reality<sup>17</sup>. It is a "trivial" information about dental caries and dental services can turn into a baseless accusation, but also how to induce, intentionally or not, distrust in the medical body. It is known not today or yesterday that the accessibility of the population to prevention, diagnosis, treatment and dental rehabilitation services is in the same disastrous situation and with very high indicators of illness for years, and the continuation of "veiled" accusations such as "*In Romania, the most numerous dental extractions are the consequence of incorrect endodontic treatments made by dentists*". This is an example of what happens in the field of prevention - little by little we move away from meaning, trivialize it, but also "accept" to live in the same conditions for over 30 years, without actually getting involved, but just observe and despise him.

Prevention can NOT be done alone or by a small group of people, and the rest of the population should always wait for someone else to do something. It is everyone's turn to apply those recommendations meant to achieve a better quality of life, a better mental status than the one in which they are not involved, because the responsibility is bidirectional (doctor-patient, patient-authorities, doctor-authorities, etc.).

### **IV. PREVENTIVE MEDICINE AND SOCIAL WORK; WORN AND CURRENT ASPECTS**

The current medical practice undergoes changes of several types - logistics, human resources, wear and tear, skills in the respective field, etc.

In art. 2 of GEO 18/27.02.2017 it is specified that "community healthcare shall be performed based on the medical and social needs identified by the cartography of the population belonging to vulnerable groups in communities, being in accordance with the government policies and strategies, as well as with those of the local public administration authorities"<sup>18</sup>. In the same GEO (18), the objectives, activities and

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<sup>17</sup> [https://www.viata-medicala.ro/opinii/un-nu-categoric-dezinformarii-22277?fbclid=IwAR1\\_kTgoM4rJzjkqzS6k\\_EpUH2hOcqnX76VM6qkBQqgyt9A3DE3BpRc9ltQ](https://www.viata-medicala.ro/opinii/un-nu-categoric-dezinformarii-22277?fbclid=IwAR1_kTgoM4rJzjkqzS6k_EpUH2hOcqnX76VM6qkBQqgyt9A3DE3BpRc9ltQ), accessed on 19.11.2021.

<sup>18</sup> <http://legislatie.just.ro/Public/DetaliuDocument/186978>, accessed on 19.11.2021.

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beneficiaries of community health care services are mentioned in Chapter V. Thus, the objectives of community health care are, according to the law:

a) active identification, in collaboration with the public social assistance service, of medical and social problems of the community and, in particular, of people belonging to vulnerable groups;

b) facilitating the access of the population, in particular people belonging to vulnerable groups, to health and social services;

c) promoting attitudes and behaviors favorable to a healthy lifestyle, including through health education actions in the community;

d) participation in the implementation of programs, projects, actions and public health interventions adapted to the needs of the community, in particular people belonging to vulnerable groups;

e) providing health services within the limits of the legal professional competences of the staff with duties in the field.

If we contemplate a little, we would notice that some of the roles and purposes of prevention are included, as a pillar in defining the health status of a population.

At the same time, being in a new medical reality – the COVID-19 pandemic – it is desired that the legislative text of the Law on social assistance no. 292/2011<sup>19</sup> to undergo amendments in order to clarify certain sensitive aspects of the field of social assistance – sources of funding, staff, etc.

Also in the incidence of social assistance are the persons with disabilities, who, through GEO 69/17.07.2018, have been regulated a single and objective framework to ensure the measures of equalization of opportunities and respect for rights – including the establishment of the capacity of residential centers for adults with disabilities at a maximum of 50 places<sup>20</sup>.

In the same year, 2021, at a check of half of the number of holders and beneficiaries of social aid, there were certain mentions<sup>21</sup>: *"The number of social aid holders checked was 40,982 out of the 110,711, and the number of beneficiaries of social aid checked was 99,593 out of the 261,775. The number of people at high risk of vulnerability directly identified was 4,145. The risk profile of the families benefiting from social aid verified according to the characteristics of their members is as follows: 31,16% are single persons, older than 65 years, 19,98% are single persons under the age of 65 years, 17,10% are single-parent families, 15,93% are families with less than 3 children and 15,82% are families with over 3 children. (...) A number of 267 people with serious health conditions who did not benefit from special protection measures for people with disabilities or disabilities were identified by the social inspectors. A special situation is represented by children without identity. Thus, at the level of*

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<sup>19</sup> <https://lege5.ro/gratuit/gi4diobsha/legea-asistentei-sociale-nr-292-2011>, accessed on 19.11.2021.

<sup>20</sup> <http://www.mmuncii.ro/j33/images/Documente/Legislatie/OUG69-2018.pdf>, accessed on 19.11.2021.

<sup>21</sup> <http://www.mmuncii.ro/j33/index.php/ro/comunicare/comunicate-de-presa/6258-20210330-cp-ministrul-muncii-bilant-campanie-nationala-grupuri-vulnerabile>, accessed on 19.11.2021.

*6 ATUs, 10 children without birth certificates, without CNP, were identified, for which the inspectors immediately ordered measures. These children were nobody's."*

Social assistance in Romania is a sensitive topic that shows (us) many problems that we could prevent – through a different approach, not just on paper or firefighting (at a declarative, journalistic level)...

### CONCLUSIONS

At this unprecedented moment in contemporary human history, the COVID-19 pandemic is transforming our lives, societies and economies, and the profile of individuals has undergone behavioral changes, as the doctrine notes (Simionescu S., 2021, p. 204-217).

In fact, the pandemic has affected the society in general and the medical sector specifically at the structural and functional level, as outlined in the doctrine (Apan R.D., Bala C.D., 2021, p. 16-43), the current situation emphasizing deficiencies of a practical-material nature, but also ethical-legal inadequacies. During the evolution of the situation it became clear that the problems can only be solved by perfecting the medical system, but also the legislation related to the medical act.

The COVID-19 pandemic has also had (and still has) a significant negative impact on vulnerable groups' access to health and support services. It will continue to affect the general population, but especially the vulnerable groups – obese and overweight people, women, children, people over the age of 65 – but also people who are in the care of the State. It, by art.3, from the Chapter 1 of the Law on social assistance of 2011 has well mentioned its roles - *the State, through public policies in the field of social services, contributes to the promotion, respect and guarantee of the beneficiaries' rights to an independent, fulfilling and dignified life, as well as to the facilitation of their participation in social, economic, political and cultural life.* Thus, the role of the State in the life of its population is gyrated by law, in a non-discriminatory manner.

Another important aspect: the financing of these services for vulnerable people and those in the record of the state's program lists. A nominal situation: Romanian Angel Appeal and the Romanian Health Observatory, which draw an alarm signal on the urgency of allocating local funds necessary to prevent and stop the spread of HIV infection in Romania<sup>8</sup>.

The social dimension of medical practice – whether it is the GP<sup>22</sup> or the epidemiologist, etc. – is an overwhelming one. It is the very field of social medicine itself that tries to implement social care by understanding the impact of social and economic conditions on health, disease and practice (medicine) and favoring the conditions under which this understanding can lead to a healthier society. That is, in other words: social medicine is the medicine that takes into account the social context and health conditions of a given population.

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<sup>22</sup> <https://www.medfam.ro/dimensiunea-sociala-a-medicului-de-familie/>, accessed on 19.11.2021.

Social and preventive medicine works with certain complementary tools or fields - epidemiology; biostatistics; disease prevention and health promotion; overall health; Bioethics.

Therefore, the elaboration of a law on health prevention is useful and stringent for all persons living in Romania. Thus, the purpose of the legislative regulations is for Romania to have a population that benefits from the introduction, application and monitoring of programs that promote both health and the prevention of diseases, either transmissible or non-communicable.

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