PATIENTS' SATISFACTION WITH THE HEALTH CARE SYSTEM IN THE AGE OF GLOBALIZATION: THE CASE OF ROMANIA*

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Abstract

Patients' satisfaction with health care systems has been a widely debated topic for both practitioners and researchers in the past decades. The aims of our paper are to present the theoretical approach about the concept of patients' satisfaction and to analyze the results of a research concerning the satisfaction of the Romanian patients regarding health care services. To such ends, we tested seven assumptions through a quantitative research based on a national survey done on health care beneficiaries (1076). The data gathered was processed through the SPSS software.

The findings of our research show that patients' satisfaction is influenced by the level of trustfulness of the medical staff, physicians and nurses' professionalism, and the time spent waiting at the emergency units. A distinctive element in the equation of the Romanian patients' satisfaction is given by the corruption existing in the health care system. The findings of the study indicate clear directions in rethinking the health care system, directions that may lead towards the development of a trustworthy climate and higher satisfaction with the health care services in Romania.

Keywords: patients' satisfaction, health care system, patients' rights, globalization, Romania.

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1. Introduction

Since the late 1980s, the world has entered into a new phase of its evolution as several influential forces, such as globalization, technological innovations or demographic changes have brought many transformations (e.g. economic, political, and social) all over the world. The fall of the Berlin Wall led to the establishment of a new world system, dominated by the capitalist economy. However, there is still a dispute between the proponents of free market and the advocates of governmental interventions, especially due to the economic performance achieved by middle-income countries such as China or Turkey (World Bank, 2013).

In the post-modern society, globalization represents a multi-faceted phenomenon and its impact on health care has been fast-tracked in a wired world. On the one hand, it constitutes an important topic within the debates relating to health care due to the fact that some of its effects (for example the disparities between countries in health infrastructure, the free movement of doctors, the spread of diseases, the medical tourism, etc.) raised difficult problems for governments around the world (Labonte and Schrecker, 2007; Huynen *et al*., 2005). 'An increasing tension between the new rules, actors and markets that characterize the modern phase of globalization and the ability of countries to protect and promote health' (Woodward *et al*., 2001, p. 875) has emerged in the last decade. On the other hand, globalization has increased the access to health care services, drugs, medical knowledge, and training that can lead to the prevention, treatment or cure of diseases in various regions of the world, and urges the adoption of health standards and norms through global agreements (Beaglehole and Yach, 2003). In this respect, there is a need for reaching the goal of universal health coverage (WHO, 2013).

As globalization impacts directly or indirectly the human society, it can bring both health benefits and threats (Saker *et al*., 2004). That is why different stakeholders, such as governments, health policy-makers, public health practitioners, health care researchers, public organizations, corporations, non-government organizations and patients associations, are highly involved in finding solutions at both the national and international level. In this respect, the transmission of health related knowledge has become very important in the age of globalization. In essence, 'the health and life-expectancy of the vast majority of mankind, whether they live in rich countries or poor countries, depends on ideas, techniques, and therapies developed elsewhere, so that is the spread of knowledge that is the fundamental determinant of population health' (Deaton, 2004, pp. 2-3).

Health care has increasingly become a complex issue of the political, social and economic environment in a globalized world. Today, there are much more pressures (for e.g. financial, demographic, and technological) on the health care systems to deliver quality services to patients than in the past. Consequently, the protection of patients' rights has evolved into a key aspect of the new global health agenda (Ahoobim *et al*., 2012). During the time, these rights have expanded 'in parallel with the recognition of the role of citizens in the society' (Mira *et. al.*, 2012, p. 365). Today, they cannot be un-

derstood solely within the national boundaries of a state (European Parliament, 2011). Significant efforts have been made by national public health organizations, health promotion agencies, health service providers, scientific research institutions and consumers associations in order to promote and support the protection of patients' rights worldwide. In the last two decades, researchers have analyzed the patients' rights and their protection in direct and/or indirect connection with quality in health care (Groene *et al*., 2013; Luxford, 2012) and quality improvement (Goeschel *et al*., 2012; Green *et al*., 2012; Ovretveit and Klazinga, 2012; Parand *et al*., 2012), patients' experiences (Zuidgeest *et al*., 2012; Rahmqvist and Bara, 2010) and complaints (Schnitzer *et al*., 2012), trust in the health services provider-patient relationship (Brennan *et al*., 2013), responsiveness of health systems (Coulter and Jenkinson, 2005), and patients' satisfaction (Rivers and Glover, 2008; Jenkinson *et al*., 2002).

Patients' satisfaction with health care systems has been a widely debated topic for both practitioners and researchers, especially starting from the assertion that satisfaction and quality of care are two interrelated concepts (Campen *et al*., 1995; Donabedian, 1980). Patients' satisfaction is considered as one of the most important and desired outcomes of the health care services (Naidu, 2009). Another concept that appears in the debates about the quality of health care services is corruption. Discussions within the World Health Organization (WHO) lead to the conclusion that it is about a specific taxonomy of the payment received which is illegal. Killingworth (2002) refers to the corruption in the health care system as being unofficial payment and/or informal, as opposed to the official payment, payment that 'does not have an approval mark' in compliance with the official regulations, being created for authorized reasons to combine intrinsic motivation ('health', 'burden of illness', 'scope of the health care system', etc.) or extrinsic motivation. Sometimes, the term of unofficial payment may include the informal payment and what is considered to be the opposite of official payment, as it has been specified before.

In our country, only a quarter of Romanians evaluate the healthcare system positively (Cotiu *et al*., 2014), while most Romanians consider that hospital services quality is low (Jankauskiene, 2011). The main complaints of the patients are related to accommodation and lack of medicines in hospitals, and the long time waiting in the ambulatory system (Francu and Francu, 2012).

On the other hand, The European Commission Report on Corruption in the EU Countries (European Commission, 2014) reveals that more than 84% of the Romanians think that corruption is widespread in their country. According to the Global Corruption Barometer (Transparency International, 2013), 17% of Romanians pay a bribe to public services. Corruption is widespread in the Romanian public health system, especially due to the low salaries of doctors and medical staff. A study conducted in 2009 (Farcasanu, 2010) shows that more than 20% of Romanians consider that corruption is the main problem of the Romanian health system.

The main types of healthcare corruption are bribery, collusion in procurement and clientelism, favoritism and nepotism (European Commission, 2013). 28% of the Ro-

manians recognize that they have to make an additional payment or give a gift or hospital donation (European Commission, 2014). Informal payments in Romania represent around 6.3% of total health expenditure (Pavlova *et al*., 2012). According to the ASSPRO CEE 2007 Project:

- More than 25% of Romanians paid informally for physician visits;
- Nearly 50% of all patients in Romania paid informally for hospitalizations; and
- 72% of Romanian actual and potential health care users had a negative attitude towards informal cash payments for health care.

Arising from the above discussion emerge two interconnected questions regarding patients' satisfaction and corruption in the Romanian health care system. These are:

- Which is the level of patients' satisfaction with the health care system in Romania?
- Which is the level of corruption in the Romanian health care system?

The aims of our paper are to present the theoretical approach about the concept of patients' satisfaction and to analyze the results of a research regarding the satisfaction of the Romanian patients towards the health care system and health care services.

The following section of our paper analyzes the concept of patients' satisfaction while the last section deals in details with the research methodology and actual findings of the research.

2. Conceptual framework

As a multidimensional concept, the patients' satisfaction has been extensively studied in the literature (Gill and White, 2009). Firstly, it is related to the patients' rights. Secondly, the concept is predicted by several factors such as service quality, competence of the medical staff, and confidence or professional credibility.

Patients' rights are placed within the broader framework of human rights (Active Citizenship Network, 2002) and represent only a part of consumer rights (Figure 1). The emergence of patients' rights derives directly from the evolution of human rights. In fact, there is a clear correspondence between human rights, consumer issues and patients' rights (Table 1). As 'the patient's perspective is becoming more and more integrated in the process of improving health-care systems' (Rahmqvist and Bara, 2010, p. 86), patients' rights are now at the forefront of the debates in the European Union.

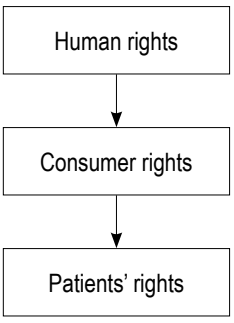

Figure 1: The relationship between human rights, consumer rights and patients' rights
Source: Authors' contribution

The respect of patients' rights constitutes a prerequisite for achieving patients' satisfaction. But, patients' satisfaction is highly connected with health care quality. As any type of quality in the domain of services, health care quality is difficult to define and measure due to its specific

features (e.g., intangibility, heterogeneity). However, medical care quality refers to the production of improved health and population satisfaction (Palmer *et al*., 1991) or to the capacity of the elements of that care to accomplish both medical and nonmedical objectives (Steffen, 1988). Therefore, health care quality is positively correlated with patients' satisfaction.

Table 1: The correspondence between human rights, consumer issues and patients' rights

Human rights (UN, 1948)	Consumer issues (ISO, 2010)	Patients' rights (WHO, 1994)
All human beings are born free and equal in dignity and rights (Article 1). Everyone has the right to life, liberty and security of person (Article 3). Everyone has the right to freedom of opinion and expression... (Article 19). Everyone has the right to a standard of living adequate for the health and well-being of himself and of his family, including food, clothing, housing and medical care and necessary social services (Article 25).	Fair marketing, factual and unbiased information and fair contractual practices (6.7.3.). Protecting consumers' health and safety (6.7.4.). Consumer service, support, and complaint and dispute resolution (6.7.6.). Consumer data protection and privacy (6.7.7.). Access to essential services (6.7.8.). Education and awareness (6.7.9.).	Everyone has the right to respect of his or her person as a human being (1.1). Everyone has the right to respect for his or her privacy (1.4). Patients have the right to be fully informed about their health status, including the medical facts about their condition; about the proposed medical procedures, together with the potential risks and benefits of each procedure… (2.2). Patients should have the possibility of obtaining a second opinion (2.7). The informed consent of the patient is a prerequisite for any medical intervention (3.1). Everyone has the right to receive such health care as is appropriate to his or her health needs, including preventive care and activities aimed at health promotion. Services should be continuously available and accessible to all equitably... (5.1). Patients have the right to continuity of care (5.4).

Without being a clearly defined concept (Bleich *et al*., 2009; Jenkinson *et al*., 2002), patients' satisfaction is related to 'the extent to which general health care needs and condition-specific needs are met' (Asadi-Lari *et al*., 2004, p. 2). It represents not only attitudes to care or an objective of health care, but also serves to the realization of other goals.

The concept of patients' satisfaction has been studied in relationships with the physician communication skills, patient demographics, health status, patient's mental state or unmet patient expectations, but has remained difficult to compartmentalize (Jackson *et al*., 2001). Our research has introduced new predictors of the patients' satisfaction with the health care system such as the level of corruption or the waiting time at the emergency medical service, by taking into account the characteristics of the Romanian system. In today's highly competitive health care market, patients' satisfaction serves 'not only as a monitor for quality and improvement but also serves to attract patients and insurers' (Rivers and Glover, 2008, p. 631).

3. Research methodology

The main objective of the study is to identify the most important factors which contribute to the patients' satisfaction with health care system and services. In this respect we have tested the relationship between patients' satisfaction and several

relevant factors:

- H1: The level of satisfaction with the services provided by family physicians influences the level of satisfaction with the health care system.
- H2: The level of satisfaction with the services provided by clinics doctors influences the level of satisfaction with the health care system.
- H3: The level of satisfaction with the services provided by hospital doctors influences the level of satisfaction with the health care system.
- H4: The level of trust in doctors influences the level of satisfaction with the health care system.
- H5: The level of trust in nurses influences the level of satisfaction with the health care system.
- H6: The level of perceived corruption within the health care system influences the level of satisfaction with it.
- H7: The waiting time for receiving emergency service/ambulance influences the level of satisfaction with the health care system.

The study is based on a sociological survey through a questionnaire on a representative sample of the adult population from Romania. The sample comprised 1,076 people, over 18 years old, a maximum error of +/-2.8% and a reliable level of 95%. The universe of the research comprises the adult population (over 18 years old) from Romania (urban zones and rural zones).

The national sample is threefold. The first is in the developing regions and then the counties. The second stage comprises the communities according to the number of all the inhabitants, no matter if they used the hospital's services this year or not (communes with or without hospitals, towns under 30,000 people, towns with 30,000-100,000 people, towns with 100,000-200,000 people, towns over 200,000 people and the capital city Bucharest). The number of people interviewed in a town is proportional with the size of the town and its importance in the county. The coordinator of the field researches has chosen randomly an area from the communes/cities and applied the questionnaires this way: one house yes, three houses no, etc.

The selection of the respondents within a household was the first member who was of minimum 18. The list of sample points comprises 143 points selected randomly, thus ensuring representation at the national level. The method used was face-to-face at the respondents' place and the period of questioning was 18-29 February, 2014.

4. Data processing and interpretation

In order to statistically process the data, the SPSS software was utilized. The results of our research are presented hereinafter. The survey reveals that the people are mostly dissatisfied with the Romanian health care system (Table 2).

Only 6.7% of the population is very satisfied while 17.3% of the population is very dissatisfied. The average level of satisfaction with the health care system is 2.87 (the level of satisfaction with the health care system was measured on a five point scale). This is not surprising if we take into consideration the fact that 36.8% of the popula-

Table 2: General satisfaction with the health care system

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	1 Very dissatisfied	179	16.6	17.3	17.3
	2 Dissatisfied	202	18.8	19.5	36.8
	3 Neither satisfied nor dissatisfied	298	27.7	28.8	65.6
	4 Satisfied	287	26.7	27.7	93.3
	5 Very satisfied	69	6.4	6.7	100.0
	Total	1036	96.2	100.0	
Missing	System	41	3.8		
Total		1076	100.0		

tion is dissatisfied or very dissatisfied with the health care system, while only 34.4% of the population is satisfied or very satisfied with the health care system. It is clear that improvement is needed, so to be able to increase the degree of satisfaction with the health care system it is important to know what attributes influence it.

To see the main attributes that influence the general satisfaction with the health care system, we ran a linear multiple regression analysis. This analysis allows us to see the link between a dependent variable and multiple independent variables. It also offers us the possibility to identify the magnitude of the influence of every predictor on the predicted variable. The magnitude of the attributes' importance is computed by rescaling the beta coefficients from the regression analysis.

The dependent variable in our regression was the general satisfaction with the health care system and as predictors we considered the following variables: the level of corruption in the healthcare system, the level of trust granted to the doctors, the level of trust granted to the nurses and waiting time, level of attention received and general satisfaction with the general practitioner's office, specialized medical personnel, hospital care, emergency medical service, diagnostic centers, home care.

The result of the analysis revealed that the general satisfaction with the health care system is significantly influenced only by the level of corruption (7%), the level of trust granted to the doctors (18%) and nurses (16%), the waiting time at the emergency medical service (7%) and the satisfaction with general practitioner's office (15%), specialized medical personnel (20%) and hospital care (17%) (Table 3).

Table 3: Regression coefficients with the general satisfaction of the health care system as the dependent variable

Model		Unstandardized Coefficients		Standardized Coefficients	t	Sig.
		B	Std. Error	Beta		
1	(Constant)	-.073	.184		-.395	.693
	Satisfaction with general practitioner's office	.122	.040	.124	3.082	.002
	Satisfaction with specialized medical personnel	.172	.051	.167	3.401	.001
	Satisfaction with hospital care	.139	.045	.145	3.085	.002
	Level of trust granted to the doctors	.182	.071	.149	2.542	.011
	Level of trust granted to the nurses	.152	.067	.130	2.260	.024
	Level of corruption in the public health care system	.079	.047	.059	1.704	.089
	Waiting time at the emergency medical service	.099	.058	.060	1.702	.089

We can see that the most important factor and the fastest way to improve the general satisfaction with the health care system, is to improve the satisfaction with the specialized medical personnel (Figure 2).

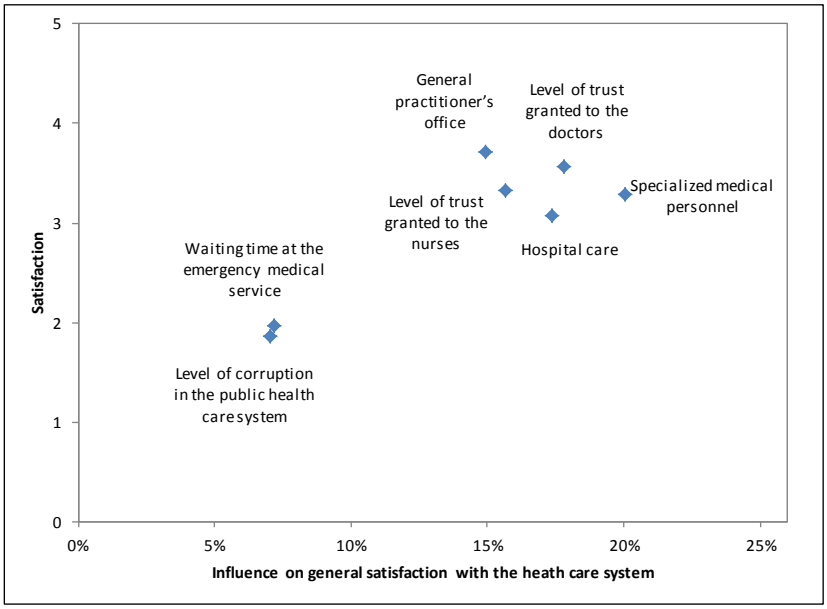

Figure 2: Influence on general satisfaction with the health care system

Figure 2 shows that there are two different levels of drivers for the general satisfaction with the health care system. The lower level is represented by the waiting time at the emergency medical service and by the level of corruption in the public health care system. Although relatively small in effect, compared with the other attributes it is important not to neglect it, and to keep under observation the opinion regarding the level of corruption, taking into account that 41% of the population think there is a very high level of corruption in the public health care system (Table 4).

Table 4: Level of corruption in the health care system

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	1 Very high	391	36.3	41.2	41.2
	2 High	343	31.8	36.1	77.3
	3 Neither high nor low	178	16.6	18.8	96.1
	4 low	30	2.8	3.2	99.2
	5 Very low	7	.7	.8	100.0
	Total	949	88.2	100.0	
Missing	System	127	11.8		
Total		1076	100.0		

The low influence of the perceived corruption on the general satisfaction of the health care system is in relation with the way people think about the money that is given by patients to the medical staff. This is one dimension of the corruption that has

the highest visibility and direct effect at the population level. In the first place, most people consider that patients giving money to the medical staff is not a normal thing, but rather a wide spread habit. Secondly, both opinions that represent the extreme positions in relation with this thing are present among low share of population. Thus, only 5.4% of population considers that giving money to the medical staff is a normal thing and no change is necessary and 6.7% feels that this is similar to bribery. Distribution of the second answers of the individuals shows that most of them consider that this is not a good solution and the wage of the medical staff should reflect the value of their work and their social status. So, considering both answers of the individuals with respect to the money given to the medical staff, the general opinion is that it is not an acceptable thing, but necessary in the context of the existing low wages in the system (Table 5 for the first option and Table 6 for the second one).

Table 5: What do you think about the money that is given by patients to the medical staff?
– First response –

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	I consider it a normal thing, no change is necessary	58	5.4	5.4	5.4
	This is not a normal thing, rather a wide spread habit	352	32.7	32.7	38.1
	It's a way of compensating the work of medical staff for which a legal solution should be found	117	10.9	10.9	49.0
	This is not a normal thing, but my health depends on it	133	12.4	12.4	61.4
	This is not a good solution, the wage of the medical staff should reflect the value of their work and their social status	143	13.3	13.3	74.7
	This practice should disappear	192	17.8	17.8	92.5
	Bribery	73	6.7	6.7	99.3
	Do not know/Do not answer	8	.7	.7	100.0
	Total	1076	100.0	100.0	

The first response refers to the first choice, the first reason why the respondent has given that answer, but it is very important to know the second thought, too (Table 6).

Table 6: What do you think about the money that is given by patients to the medical staff?
– Second response –

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	I consider it a normal thing, no change is necessary	46	4.3	4.5	4.5
	This is not a normal thing, rather a wide spread habit	129	12.0	12.6	17.0
	It's a way of compensating the work of medical staff for which a legal solution should be found	110	10.2	10.7	27.7
	This is not a normal thing, but my health depends on it	148	13.8	14.4	42.1
	This is not a good solution, the wage of the medical staff should reflect the value of their work and their social status	230	21.4	22.4	64.5
	This practice should disappear	284	26.4	27.6	92.1
	Bribery	80	7.5	7.8	99.9
	Other	1	.1	.1	100.0
	Total	1029	95.6	100.0	
Missing	System	47	4.4		
Total		1076	100.0		

Also, the analysis of the reasons for which people give money to the medical staff offers valuable information with respect to the way in which the public image of the health care system is built. Therefore, the most important reasons for offering money to doctors is to receive a more thorough consult and as a way to compensate them for their work. Same motivations are in the top of reasons for offering money to the nurses. It is obvious that the wage system is considered one of the main causes of the existing corruption in the health care system (Table 7, Table 8).

Table 7: Which were the reasons for offering money to doctors?
– Multiple response –

	Responses		Percent of Cases
	N	Percent	
In order to reduce the waiting time for a consult	42	11.6%	20.2%
In order to receive a more thorough consult	117	32.2%	56.1%
In order to receive free referral documents to specialists or medical tests	29	8.0%	13.9%
In order to receive hospitalization	22	6.1%	10.7%
In order to receive medical leave	15	4.0%	7.0%
In order to compensate the medical staff for their services	82	22.6%	39.4%
In order to be allowed to have visitors / to visit patients	24	6.5%	11.4%
In order to get test results faster	30	8.2%	14.3%
For surgery	2	0.5%	0.9%
In order to benefit for quality medical materials	1	0.3%	0.5%
Total	364	100.0%	174.2%

Table 8: Which were the reasons for offering money to nurses?
– Multiple response –

	Responses		Percent of Cases
	N	Percent	
In order to reduce the waiting time for a consult	40	13.5%	27.3%
In order to receive a more thorough consult	72	24.0%	48.3%
In order to receive free referral documents to specialists or medical tests	25	8.5%	17.1%
In order to receive hospitalization	16	5.2%	10.6%
In order to receive medical leave	12	4.0%	8.1%
In order to compensate the medical staff for their services	51	17.0%	34.3%
In order to be allowed to have visitors / to visit patients	16	5.4%	10.9%
In order to get test results faster	21	6.9%	13.9%
In order to receive higher attention during the treatment	46	15.5%	31.2%
Total	299	100.0%	201.7%

The higher level of influence on the general satisfaction with the health care system is represented by the attributes regarding the level of trust granted to the doctors and nurses, and the satisfaction with the general practitioner's office, specialized medical personnel and hospital care. The people are, on average, less satisfied with the hospital care (3.08) and the specialized medical personnel (3.28) than with the general practitioner's office (3.71). Also, the satisfaction with the hospital care and the satisfaction with the specialized medical personnel have a greater impact on the general

satisfaction with the health care system than the satisfaction with the general practitioner's office. Taking all this into account it is clear that it is important to improve the satisfaction with the hospital care and specialized medical personnel because this will clearly lead to an improvement in the general satisfaction with the health care system.

Besides the satisfaction with the health care system we analyzed the drivers of what is considered to be a professional doctor and nurse. In this case, we used the multiple regression analysis. The dependent variables were the opinion of the doctor's and nurse's professionalism while the predictors were the level of confidence and the level of medical advice given to the patient. In the doctor's case the level of professionalism is influenced more by the level of medical advice given (55%) than the level of confidentiality (45%) (Table 9).

Table 9: Regression coefficients with doctor's professionalism as the dependent variable

Model		Unstandardized Coefficients		Standardized Coefficients	t	Sig.
		B	Std. Error	Beta		
1	(Constant)	1.021	.088		11.576	.000
	Confidentiality of the medical intervention	.364	.027	.366	13.619	.000
	Medical advice	.374	.023	.443	16.497	.000

The professionalism of nurses depends a lot on the confidentiality of the information about patients (63%) and not so much about the medical advice given (37%) (Table 10).

Table 10: Regression coefficients with nurses' professionalism as the dependent variable

Model		Unstandardized Coefficients		Standardized Coefficients	t	Sig.
		B	Std. Error	Beta		
1	(Constant)	.518	.079		6.567	.000
	Confidentiality of the medical intervention	.575	.024	.554	23.839	.000
	Medical advice	.281	.020	.323	13.881	.000

Table 9 refers to the doctors' professionalism while Table 10 refers to the nurses' professionalism. It is clear that in the doctor's case the people expect him to take his time and give detailed medical advice regarding all the possible treatments and the risk they pose for the patient. On the other hand, in the case of nurse, the people do not see important to receive medical advice; they rather expect a greater degree of confidentiality regarding the medical intervention.

5. Conclusions

Health care has become a global issue through the effects and resources implied. Today, there are much more pressures (e.g., financial, demographic, and technological) on the health care systems to deliver quality services than it was in the past. In this context, the health care system in Romania has to mitigate factors that lead to patients' dissatisfaction and make decisions that may lead to a better relationship between the involved parties. Thus specific, national issues of the health care system are added to

the general problems of the health care systems worldwide. A theoretical analysis has shown a broad set of aspects that are used to assess health care services, from patients' rights related issues as part of citizens' general rights to how general health care needs are fulfilled and specific needs.

The hypotheses introduced in the study are about the contribution of different components of the health care system (family physician, medical clinics, and hospital) and also trustfulness in the medical staff. To these predictors we can add others: waiting time under medical conditions as well as the perception about the medical staff corruption. The conclusions of our study reveal:

- The elements that explain, to a great extent, the patient's satisfaction level towards the health care system and services;
- The importance of trust in the medical staff;
- The importance of being professional when providing health care services; and
- The perception of corruption in the health care system as an important element in Romania's health care system equation.

All these confirm the findings of previous researches carried out in Romania, emphasizing that the health care system should react to the ever increasing expectations of the patients (Ristea *et al*., 2009). They demonstrate that patients' satisfaction is related to the quality of care services (Gadalean *et al*., 2011) and that the level of corruption is perceived as being relatively high in the health care system (Farcasanu, 2010).

Our study can bring a significant contribution to a future scientific research on the same subject through a deeper approach of the patients' satisfaction issues. In this respect, the results can constitute a working hypothesis in researching a more diverse sample of Romanian patients.

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