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# THE ROLE OF MEDICAL HIGHER EDUCATION IN PROMOTING NONDISCRIMINATION - THE SIBIU EXPERIENCE

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## Abstract

The modern concept of social responsibility pertaining to the medical faculties requires a reassessment of the academic training of future health professionals and a restructuring of the university curriculum in accordance with the need to develop not only their professional but also the transversal competencies. In this context, the issue of discrimination must be addressed by medical higher education - both as regards to the emergence of this phenomenon within society, as a whole, as well as in the health care system, in particular.

The paper presents the concrete steps taken in this respect by the "Lucian Blaga" University of Sibiu's (LBUS) Faculty of Medicine, starting with the 2014-2015 academic year, within the project entitled "Medical Higher Education Oriented to Non-Discriminatory Treatment of Patients" POSDRU ID/156/1.2/G/142145. These included the elaboration of the academic textbook "Non-Discrimination in the Health System", the implementation of the mandatory university course with the same title, in the following specializations: Medicine, Dentistry and General Medical Assistance, the development of a Documentation and Research Center in the field of ethics and non-discrimination, the organization of two thematic seminars addressed to teachers, the arranging of an intensive ethics and medical deontology workshop dedicated to non-discrimination in the health system, attended by 50 medical students, the dissemination of information on other scientific events - within the sustainability of the project.

Besides the necessary involvement of the academic teaching staff, the paper also points to the decisive role of the students' active participation in these activities, in order to facilitate the acquisition of theoretical notions and their implementation in their direct relationship with the patient.

**Keywords:** discrimination, patients, health system, medical higher education, student involvement

The modern concept of medical faculties' social responsibility requires a reassessment of the academic training of future health professionals and a restructuring of the university curriculum in accordance with the need to develop not only their professional but also their transversal competencies.

In this context, the issue of discrimination must be addressed by medical higher education - both as regards to the phenomenon's emergence within society as a whole as well as in the health care system in particular.

## Arguments for a proactive attitude in fighting discrimination

The discrimination phenomenon is met all over the world, although its prevalence varies from country to country, depending on the democratic or autocratic regime, but

especially in relation to the legislative context that sanctions or sometimes even imposes discriminatory attitudes or behaviors.

Each of us tends to discriminate, more or less consciously, be it by labeling, by resorting to stereotypes or by associating with a specific prejudgment. To highlight this fact, the Los Angeles Tolerance Museum has two entrances: one inscribed "Prejudiced", and the other "Not prejudiced". Those who choose to enter the second door, considering that they are not subject to prejudices, are surprised to find this entrance closed. This is, in fact, always closed, as a reminder that we are all exposed to discriminatory approach (Hayes, 1996).

The problem is not that we are subjected to stereotypes or that we have prejudices; the real problem arises when these attitudes turn into discriminatory actions that violate the rights of a vulnerable person, when they affect his or her dignity or put the person in a lower, disadvantaged position compared to other individuals in similar situations.

The emergence of discriminatory behavior within the health system is undoubtedly blameworthy, regardless of the context within which it occurs. This is because healthcare providers have the deontological duty to treat patients in a non-discriminatory manner, applying the humanistic specificity of the chosen profession (be it physician, dentist or nurse). Discrimination in relation to the suffering person professionally and morally disqualifies health professionals indulging in this type of behavior, regardless of the criteria which formed the basis of their action.

### **The paradigm shift - the key element to our approach**

The concrete way in which attitude and discriminatory action appear is based on the different paradigms acquired by the two actors involved in the medical act - the health service provider, on the one hand, and the patient, on the other.

According to Covey, the paradigm represents "a model, a theory, a way of perceiving, a supposition or a frame of reference," and broadly refers to how we "see" the world - not in the sense of mere visual perception, but "in terms of discernment, understanding, interpretation". In everyday life, within our various social interactions, we are convinced that the way we look at things reflects their true being or how they should be - within our own reference paradigm. Relevant from the point of view of our topic (the phenomenon of discrimination) is that "Our attitudes and behaviors derive from these assumptions. The way we see things, our optics, determines our way of thinking and our way of acting" (Covey, 2013).

In order to reveal the power of paradigms governing our lives and behavior, Covey proposes an intellectually and emotionally relevant experiment; an exercise first used at The Harvard Business School.

Please carefully study the image below for 10-15 seconds (figure no. 1).



Figure no. 1 - The young woman

Then point your attention to the similar picture in figure no. 2.



Figure no. 2

You will probably identify a profile image of a young woman, about 25 years old, very attractive, stylish, with a naughty and snubby nose, possibly shy - which men would gladly go out with. Here is an exciting and pleasing to the eye "paradigm".

But what if I told you, you were wrong? That what you just perceived is quite different. That in fact figure no. 2 is portraying an old lady of 60, maybe 70 years old, gloomy, with an enormous and crooked nose, resembling a wicked witch - like Hansel and Gretel probably encountered in the forest in the famous story by The Brothers Grimm.

Don't you believe me? Study figure no. 2 again. Can you identify what I am describing to you?

If not, I suggest you take a look at the image in figure no. 3 for 10-15 seconds and then resume looking at figure no. 2. You will now most certainly be able to identify this new "paradigm".



Figure no. 3 - The old lady

The above-presented case "illustrates the power of conditioning, the force with which it affects our perceptions and paradigms" (Covey, 2013). Think about it: if the 10-15 seconds that you spent examining figures 1 and 3 have had such an impact on your perception, how deep would be the impact of the influences we have been subjected to throughout our entire life?

What we currently are, the way we think, perceive and act is the result of our "modeling" by our family, school, mass media, church, entourage/friends, professional environment - generally by society (through accepted and acceptable social norms we conform to, sometimes subconsciously, out of reflex).

All of these previous conditions contribute to shaping our personality, defining our personal reference framework, our paradigms. And "these paradigms are the source of our attitudes and behaviors, which they foreshadow" (Covey, 2013). We cannot act outside these influences, because there must be a balance between what we perceive, on the one hand, and the way we feel, talk and behave, on the other.

The experiment shows that people perceive things differently, referring to their own experience and perceptions, "looking through the unique lens of personal experience" (Covey, 2013).

At the same time, the case also illustrates another point of view: the paradigm shift is possible. Even though our relationships with others are strongly influenced by the way we perceive the world through our own paradigms, we can have a proactive attitude towards changing/modeling our behaviors and even our perceptions.

Obviously, paradigm mutations rarely occur instantaneously; it is often a slow, difficult and deliberate process based on self-knowledge, but also on the effort to get to know others, to understand them, to decipher their paradigms. This implies empathy, communication, trust and effective interrelation.

By extrapolating the above-mentioned facts to the concrete situation of the discrimination phenomenon within the health system, we can agree that in order to prevent and combat discriminatory manifestations in the medical system, it is necessary to first be acquainted with the theoretical basis of the concept and its manifestation modalities. Equally important is the self-assessment of our own system of addressing the subject of discrimination, the intimate knowledge of our own paradigms regarding this delicate subject. Only after this analysis leads to the conclusion that our perceptions and actions require change (i.e. a paradigm shift), we can act to enable this change using all means at our disposal. The following activities, which are being conducted in our faculty, constitute a working tool in this particular direction of self-refinement.

### **Concrete steps to fighting discrimination in the health system**

In the "Lucian Blaga" University of Sibiu's (LBUS) Faculty of Medicine this approach was materialized in the project "Medical Higher Education Oriented to Non-Discriminatory Treatment of Patients", ID POSDRU/156/1.2/G/142145, co-financed by the European Social Fund through the Sectoral Operational Program for Human Resources Development 2007-2013, Priority Axis 1 "Vocational Education and Training in Support of Economic Growth and Development of Knowledge-based Society", Key Area of Intervention 1.2. "Quality in Higher Education", within the partnership between the "Lucian Blaga" University of Sibiu (beneficiary) and the Association for Development and Social Inclusion - ADIS (partner).

The paper presents the concrete steps taken in this respect by the "Lucian Blaga" University of Sibiu's Faculty of Medicine starting with the 2014-2015 academic year:

A. Developing the academic textbook "Non-Discrimination in the Health System"; implementation of the mandatory university course bearing the same title, within the fourth year of study of the specializations: Medicine, Dentistry and General Medical Assistance;

B. Establishing a Documentation and Research Center for Ethics and Non-Discrimination;

C. Conducting of two thematic seminars addressed to teachers;

D. Organizing an intensive medical ethics and deontology workshop dedicated to non-discrimination in the health system, attended by 50 medical students.

E. Other scientific manifestations - within the sustainability of the project

#### **A. The academic textbook "Non-Discrimination in the Health System"**

The elaboration of this academic manual (figure no. 4) was based on the identification of students' needs, through the application of a specially designed questionnaire to 500 students of the LBUS Faculty of Medicine. Based on respondents' feedback, a research report (Study on the Need for Training in Non-Discrimination for Future Health Professionals) was developed at the end of 2014, which outlined the guidelines for the future course (Morar, 2014).

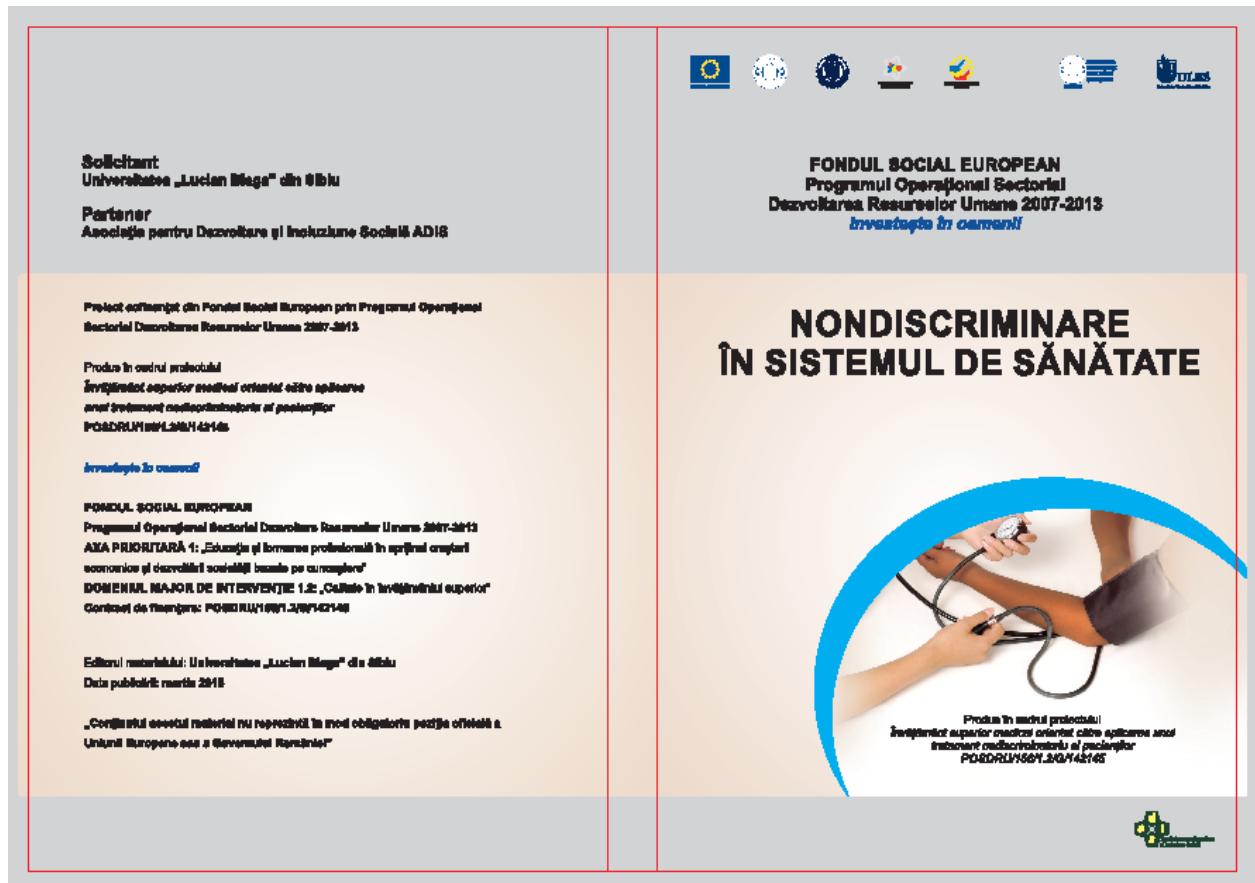


Figure no. 4 - The cover of the textbook

It is worth pointing out that the development of the textbook was based on an interdisciplinary approach: a group of experts from various fields of knowledge (psychology, sociology, social psychology, discrimination, vulnerable groups) engaged in this endeavor.

The educational material was organized in chapters of general interest ("General Discrimination", "Discrimination Mechanisms", "Legal Aspects of Discrimination", "The Concept of a Vulnerable Group"), but also the particular elements of discrimination against the various vulnerable groups were taken into account (aspects of discrimination against Roma, HIV/AIDS infected persons, people with other sexual orientation, people belonging to other vulnerable groups). The final chapters proposed possible prophylactic measures aimed at diminishing the incidence of this undesirable phenomenon, both on the micro- ("Prevention of Discrimination within the Medical-Patient Relationship") and on the macro-social levels ("Social Policies for Prophylaxis and Fighting Discrimination").

Therefore, the structure of the manual considered a logical shift from general aspects of discrimination to the concrete ways in which this phenomenon manifests (especially in the medical field), culminating in proposals on how to prevent or reduce the phenomenon, both as pertaining to the medical professional-patient relationship and to the macro-social level (Morar, 2015).

Starting with the first chapter we wanted to offer general notions about discrimination, insisting on the theoretical outline and the definition of the concept. This information was supplemented in the next two chapters with material on the mechanism of discrimination (stereotype - prejudice - discrimination), as well as on present legislative framework in Europe and Romania in the field of anti-discrimination.

The focus then shifted on defining and explaining the general concept of a vulnerable group (Chapter IV); the following chapters (V-VIII) offered detailed information on specific elements of each population group at risk of being discriminated against in the health system - with the obvious emphasis on the categories identified as being at maximum risk (Roma, HIV/AIDS infected persons, people with other sexual orientation).

The last two sections of the manual (Chapters IX-X) presented proposed measures that can lead to the prevention or at least the minimization of the discrimination emergence in the health system. The analysis looked at the individual level (the health professional-patient relationship), as well as at the macro-social (social policies that approach the phenomenon).

The final goal of the manual was to provide not only the notional baggage necessary for theoretical knowledge on the discrimination phenomenon and but also to show the way it manifests in the health system. After this course, medical students - future physicians, dentists or nurses - should be aware that non-discrimination in medical practice requires a proactive attitude, sometimes even a change of mentality - generally an actively oriented effort towards non-discrimination.

The express wish of the authors is that the information contained within this academic manual would offer useful guidelines to future health professionals by developing not only professional skills but also transversal competencies (emotional intelligence, empathy and efficient communication in the relationship with the patient, the ability to work together - both with the patient and with other healthcare providers in order to have a non-discriminatory attitude).

This constitutes the only possible attitude that can justify the membership in the medical professional elite. Discriminating in the medical system, treating patients differently, based on criteria that aren't justified by their medical condition, means professional disqualification. A single incident of this kind may cast a shadow not only over the medical professionals with discriminatory attitude but also over the entire professional category they are part of.

The implementation of the course implied the adaptation of the university curriculum. This consisted of the introduction of the mandatory course on "Non-Discrimination in the Health System" within three specializations of the LBUS Faculty of Medicine: Medicine, Dentistry and General Health Care, in the 4<sup>th</sup> year of study, this being a national premiere (as a mandatory course).

The course was initially taught in the second semester of the 2014-2015 academic year, with a frequency of 7 lectures consisting of 2 hours/week (figure no. 5). The target group was 210 medical students from the three targeted specializations.



Figure no. 5 - Image from the course

The evaluation form consisted of a colloquium type examination. In accordance with the LBUS Regulation, there were two written examinations (essays) in the form of ongoing verification.

The theme of the first essay was to describe a situation where discrimination manifests (from own experience, the media, from bibliographic sources etc.; from the health system or from other social domains), emphasizing the identification of the vulnerable group, of the stereotypes and associated prejudices, the description of the discriminatory action, the criteria of discrimination and the legal form it takes.

The theme of the second essay focused on the description of an event of discrimination in the health system (from own experience, from the mass media, from bibliographic sources etc.; from Romania or from other countries), specifying the vulnerable group and the discriminatory action, the concrete attitude the student would have if he/she were the medical professional in question and the measures that should be taken on a macro-social level.

Student satisfaction was measured by applying feedback via a questionnaire, which demonstrated the high interest in a course of this kind.

Lastly, it must be pointed out that, within the sustainability of the project, the course is taught for a minimum of 5 years at the Faculty of Medicine and, if possible, the course will be introduced in other faculties of the University (Socio-Human Sciences, Law, Theology).

### **B. Center for Documentation and Research in the Field of Ethics and Non-Discrimination**

Within the above-mentioned project, the Center for Documentation and Research in Ethics and Non-Discrimination was established on January 13<sup>th</sup>, 2015 within the LBUS Central Library (1<sup>st</sup> Floor - Medical Section).

The book amount supplied reaches 203 volumes and is made up of 27 representative titles from national and international bibliography. The selection of the bibliographic

materials aimed at ensuring multidisciplinary: various areas of interest related to the topic of discrimination (Medical Ethics, Psychology, Sociology, Law etc.) were addressed.

The endowment of the center has been complemented by the research report and the academic textbook written for the project, within the framework of the sustainability requirements.

Through its structure and mode of operation, the center is intended both for students (from Medicine and other LBUS faculties) as well as for teaching staff. The modern library of our university provides not only online access, but also book access monitoring through the library computer system.

To ensure optimal access, two work posts were set up within the project. These were supplied with PCs and appropriate furnishing and with the possibility of printing materials of interest.

Up to now, the center has benefited from over 500 users, with over 1,000 hits - demonstrating the interest in the topic of non-discrimination and the usefulness of such documentation and research center.

### **C. Thematic Seminars**

These seminars took place between the 3<sup>rd</sup>-5<sup>th</sup> of April 2015 (at the LBUS Academic Reunion Center) and between 8<sup>th</sup>-10<sup>th</sup> of May, 2015 (within the LBUS Library), addressed to the LBUS teachers.

The training on the topic of "Ethics and Non-Discrimination of Vulnerable Groups in the Romanian Health System", organized by the ADIS partner, enjoyed a real interest and opened new horizons for the teachers (physicians, dentists, members of LBUS management) who have been selected to participate.

### **D. Intensive Medical Ethics and Deontology Workshop**

It was held on May the 15<sup>th</sup>, 2015 at the Apollo Hermanstadt Hotel in Sibiu. 50 students from the target group, selected on the basis of academic results (grades in the first essay) and the interest in non-discrimination issues, participated.

The interdisciplinary approach (psychology, sociology, social psychology) was also a necessity in this case, while the interactivity of the lecturers with the study group (role games, group applicative activities etc.) represented the main coordinate of the intensive workshop (figure no. 6, figure no. 7).



Figure no. 6 - Intensive workshop lecturers



Figure no. 7 - Image from the intensive workshop

The evaluation at the end of the workshop (with a specially designed questionnaire) provided positive feedback from the participating students, who particularly appreciated the

presentation of new notions on the subject of discrimination in an informal manner that went beyond the borders of traditional courses.

#### **E. Other scientific events - within the sustainability of the project**

Even after the end of the project, the actions devoted to non-discrimination within the health system continued. We considered it necessary to further disseminate the relevant information either at scientific events organized by our faculty or through papers on this topic presented at other scientific meetings. I shall only mention a few:

- Medical Days of Sibiu, Sibiu, November the 13<sup>th</sup>-14<sup>th</sup>, 2015: "Fighting discrimination in the health system - from theory to concrete actions" (Silviu Morar), November the 13<sup>th</sup>, 2015;

- Forum on Studies of Society (FSS) - International Conference on Social Sciences and Humanities, Craiova, 31<sup>st</sup> of March, 2016: „Discrimination of Roma Population in the Romanian Healthcare System: The Perspective of Medical Students” (Sorina Corman, Mihaela-Dana Bucuță, Ana Raluca Sassu, Silviu Morar), 31<sup>st</sup> of March 2016;

- The 15<sup>th</sup> International Bioethics Seminar "Trends and Demographic Policies of Romania in a United Europe" (15th Orthodox Seminary of Medicine and Theology), Bistrița, May the 9<sup>th</sup>-10<sup>th</sup>, 2016: "Non-discrimination of vulnerable groups in the health system - an interdisciplinary approach" (Silviu Morar), May the 9<sup>th</sup>, 2016;

- The Conference entitled "Legislation and multidisciplinary in occupational medicine", Sibiu, 06<sup>th</sup>-07<sup>th</sup> of April 2017: "Non-Discrimination in Medical Practice" (Silviu Morar), April the 6<sup>th</sup>, 2017;

- The International Course on Information Management, Data Analysis and Ethics in Medical Research, Faculty of Medicine - "Lucian Blaga" University of Sibiu, under the aegis of ISCB (International Society for Clinical Biostatistics), ISCB-RNG and the "Alexandru Ioan Cuza" University of Iasi - Faculty of Computer Sciences, Sibiu, November the 17<sup>th</sup>-18<sup>th</sup>, 2017: "Fighting against Discrimination: Legal Forms, Mechanisms" (Silviu Morar), November the 17<sup>th</sup>, 2017;

- XXII<sup>th</sup> National Congress with International Participation of AMRPR, with the theme "The Patient's Approach in the Psychiatric Clinic. Interdisciplinary Collaboration", Sibiu, September the 14<sup>th</sup>-16<sup>th</sup>, 2018: "How and Why Do We Discriminate? The SPD Mechanism" (Silviu Morar), September the 14<sup>th</sup>, 2018;

- 2<sup>nd</sup> Eastern European Conference of Mental Health, entitled: „In and out of your mind”, Sibiu, 27<sup>th</sup>-30<sup>th</sup> of September 2018: „The Discrimination of the People with Mental Illness - Intervention Strategies in the Field of Social Work” (Raluca Sassu, Silviu Morar, Mihaela-Dana Bucuță, Sorina Corman), 29<sup>th</sup> of September, 2018;

- The "Days of Dermatology in Sibiu" Conference with the theme: "The Classical and Modern in Dermatology", Sibiu, 4<sup>th</sup>-6<sup>th</sup> of April 2019: "Particular Aspects of Medical Ethics in Dermato- Venerology" (Silviu Morar), April the 6<sup>th</sup>, 2019.

A special mention is due to the Bioethics Circle organized on May the 16<sup>th</sup>, 2017 by the Society of Medical Students Hippocrates Sibiu (SMSHS) within our faculty, on "Discrimination - a Topical Issue". As a circle coordinator, I have been paying attention to the way in which discrimination ("SPD - the Mechanism of Discrimination") occurs and we have had discussions on this issue. But the novelty element was the organization of an interesting debate on a concrete case of discrimination, in which two multidisciplinary teams (students of Medicine, Psychology and Law) presented the pros and cons (figure no. 8).



Figure no. 8 - The Bioethics Circle organized by SMSHS - debate

The success of this approach led in the following years to its extrapolation to other bioethical dilemmas (euthanasia, therapeutic compliance, palliative care), with the additional involvement of students in Theology. In this way, subjects of interest for medical ethics (including the delicate subject of non-discrimination) are more intensely received, increasing the chance of a correct attitude in medical practice - a fundamental desideratum of applied bioethics.

### Conclusions

The steps taken by the "Lucian Blaga" University of Sibiu's Faculty of Medicine in the field of preventing and fighting the phenomenon of discrimination in the health system are circumscribed by the necessity of involving medical higher education in this delicate field.

In addition to providing high-quality professional skills, academia has the duty to provide future health professionals with the opportunity to develop transversal competencies. Preparing for a non-discriminatory approach to patients is an important step in this direction.

Teachers play a key role in this process, but the active involvement of students in these activities is essential, facilitating the acquisition of theoretical notions and their implementation in the direct relationship with the patient. As John Holt (Holt, 1984) said: "The most important thing any teacher has to learn, not to be educated in any school of education I have ever heard of, can be expressed in seven words: Learning is not the product of teaching. Learning is the product of the activity of learners. "

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