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SYSTEMIC CHALLENGES IN ROMANIAN ONCOLOGY AND THE PSYCHOSOCIAL IMPACT ON PATIENTS

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Abstract: *This paper presents a multi-level integrated analysis of the literature and statistical data on systemic challenges and psychosocial effects for cancer patients in Romania. The goal is to find out the main factors that affect patients and see how these factors impact their mental health, ability to cope, and overall well-being. The analysis integrates institutional, financial, cultural, and emotional perspectives, highlighting the interdependence between systemic dysfunctions and the psychosocial impact on the patient experience. This approach allows for the formulation of coherent intervention directions and public policies aimed at supporting unified psychosocial support and promoting holistic, person-centered care.*

Key words: *oncology, emotional support, healthcare system, quality of life, Romania*

1. Introduction

A cancer diagnosis has a major impact on the physical, psychological, and social health of the patient. In Romania, systemic challenges in oncology services, such as underfunding, uneven distribution of centers, and a shortage of specialized medical staff, amplify the psychosocial effects of the disease. This paper proposes an integrated analysis that explicitly links systemic factors to psychological and social effects in order to highlight the need for interventions tailored to the national context. Oncology is among the toughest areas in medicine. The impact of cancer is rising in Romania, with more cases and deaths. Besides health issues, individuals with cancer encounter social, financial and mental difficulties that significantly affect their care and future outlook (OECD, 2023b). Cancer ranks as one of the most complex medical, social, and psychological challenges of the 21st century, significantly affecting individuals, families, and health systems. In Romania, over 100,000 people are affected by this disease every year, exposing the vulnerability of the healthcare system and highlighting legislative shortcomings, persistent underfunding, and the lack of a coherent psychosocial care framework. The barriers faced by cancer patients are numerous and interconnected.

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This study seeks to investigate the systemic aspects of these problems and the associated psychosocial effects throughout the oncological trajectory in Romania. The paper draws on scientific sources, statistical data, and public policy analyses to propose integrated and sustainable interventions tailored to the Romanian context. The first chapters analyze the systemic causes of dysfunctions in Romanian oncology, followed by an exploration of the psychosocial impact on patients. In the end, suggestions for actions and public policies are put forward to help enhance the lives of patients and their families. The paper advocates a holistic approach that goes beyond isolated biological treatment and emphasizes the individual, dignity and community support.

The paper draws on scientific sources and statistical data and public policy analyses in order to propose integrated and sustainable interventions adapted to the specific Romanian context. The approach is organized as follows: the primary chapters examine the systemic causes of the dysfunctions within the Romanian oncological framework, followed by an invasion into the psycho-social measurements of oncological illness. At last, intercession and open arrangement headings are proposed to contribute to improving the quality of life of oncological patients and their families. This investigation contends for a worldview move: from disconnected natural treatment to an all-encompassing, person-centered, nobility and community-based approach.

2. Determination and Impact of Systemic Problems on Cancer Patients

Underfunding of the healthcare framework could be a critical issue in Romania, with the nation designating a budget below the European normal for healthcare, which limits the resources available for oncology. In 2023, 4.3% of the full wellbeing budget was designated to oncology, which translates into limited access to state-of-the-art medications and drawn-out waiting times for patients. One of the foremost striking causes of brokenness in cancer care in Romania is the constant underfunding of the wellbeing framework. Despite the rising rate of cancer, financing for cancer care is still significantly lower than the European normal, unfavorably affecting access to treatment, care quality, and long-term survival outcomes. The choice and consolidation of these systemic variables are justified by their coordinate impact on treatment access, care quality, and the psychosocial condition of cancer patients, emphasizing the association between systemic issues and the quiet involvement. Of this amount, less than 5% was directed toward oncology programs, including diagnosis, treatment, and patient monitoring (OECD, 2023a, 2023b). This underfunding is directly reflected in the lack of adequate facilities in hospitals, the lack of specialized staff, and limited access to innovative therapies such as immunotherapy or targeted therapies.

Another major effect of underfunding is the undercompensation of medical services provided under contracts with the National Health Insurance House. In many cases, hospitals are forced to cover additional costs from their own funds or wait for budget adjustments, which leads to delays in the provision of cancer treatment and the placement of patients on waiting lists (APSCO, 2025). Underfunding also affects access to high-precision imaging investigations, such as PET-CT or contrast-enhanced MRI, which are essential for staging and therapeutic decisions. In many counties in Romania, these investigations are not available in the public system, and patients are either redirected to hospitals in other regions or forced to resort to private services, incurring high out-of-pocket costs (OECD, 2023a).

In addition, the lack of a sustainable mechanism for the procurement and distribution of oncology drugs contributes to frequent interruptions in treatment. Between 2020 and 2023, many hospitals reported shortages in the supply of essential cytostatic drugs, which led to delays in chemotherapy sessions and thus worsened the prognosis for a significant number of patients (OECD, 2023a; Licu et al., 2023).

Shortages of funding also impact the education and retention of medical personnel. Relatively modest pay, insufficient investment in hospital facilities, and intense pressure on oncology workers result in a noticeable trend of specialist doctors moving to private practices or overseas. As a result, Romania is encountering a lack of oncologists, clinical psychologists focused on oncology, and social workers in this area. In summary, the lack of funding within the Romanian healthcare system is a long-standing problem contributing to the challenges faced by cancer patients. Without a significant boost in funding for infrastructure, human resources, and access to contemporary treatments, the gaps in access to cancer care will keep widening, and the quality of life for patients will continue to be negatively impacted. Regional differences in access to treatment are concerning: high quality cancer facilities are mostly found in major cities like Bucharest, Cluj-Napoca, and Iași, which makes it hard for patients in rural or remote areas to get care.

A troubling aspect of the Romanian oncology system is the significant regional differences in treatment access. Even though laws are in place to ensure fairness in the availability of medical services, in reality, patients living in rural locations and specific areas of the country encounter persistent challenges that greatly lower their chances of getting timely diagnoses, effective treatment, and post-treatment follow-up. High-quality cancer centers are mainly located in several large university cities; for example, Bucharest, Cluj-Napoca, Iași, and Timișoara have modern facilities, diverse teams, and access to the latest diagnostic and treatment technologies. In contrast, counties in the south and east of the country, such as Teleorman, Vaslui, and Giurgiu, have a very limited number of oncologists, and their local hospitals do not have the necessary equipment for complex treatments such as radiotherapy and immunotherapy. According to a report by the National Institute of Public Health (INSP), in 2022, there were only 62 functional radiotherapy machines in Romania, of which more than 50% were located in just four cities.

This concentration of technological resources leads to the migration of patients from disadvantaged areas to large centers, which requires a significant financial and logistical effort. In some cases, patients refuse the recommended treatment because they are unable to travel long distances or stay in urban cancer centers for extended periods. In addition, the lack of functional community cancer care networks exacerbates the isolation of patients in rural areas. They do not benefit from specialized social assistance, local psychological support, or post-treatment monitoring. As a result, their social reintegration and long-term survival are significantly affected (OECD, 2023a). A key concern is the difference in access to clinical trials and innovative treatments. These are fundamentally found in major scholarly teaching, coming about in patients from other regions being denied the early points of interest of personalized medication and progressed medications (Rahnea-Nita et al., 2024). Without a method to enhance clinical research systems and a clear strategy for distributing cancer care services, disparities will continue to persist in survival rates. In summary, there are significant inequalities within the Romanian cancer system as seen in regional differences. These differences not only impact treatment effectiveness but also affect patients' dignity, who must endure extra expenses and risks to access their essential rights. A consistent national strategy aimed at diminishing regional disparities is crucial for ensuring fairness in the battle against cancer. Patients often face a confusing bureaucratic process. The lack of a coordinated cancer care strategy that includes primary care doctors, specialists, researchers, and social workers hampers the effectiveness of treatment. Additionally, issues like insufficient funding and regional disparities, along with excessive bureaucracy and a lack of integration among medical, psychological, and social services, present major obstacles to cancer care in Romania.

These fundamental challenges directly influence the treatment experience of cancer patients, causing delays, disjointed care, and emotional distress. Currently, cancer patients in Romania must navigate numerous administrative steps, making multiple visits to different facilities, including their family doctor, specialists, testing labs, hospitals, oncology committees, and insurance providers. Rather than being a streamlined process, this journey can feel like a challenging race, increasing stress and reducing treatment adherence.

Many people undergoing treatment have to obtain various authorizations, fill out complicated paperwork, and wait weeks for approval of essential therapies, especially for expensive drugs or international reimbursements. This excessive bureaucracy is exacerbated by a severe lack of digitization and interoperability between the IT systems of medical and social institutions. For example, patient medical records are not automatically accessible in all hospitals, and psychological or social work assessment records are not instantly shared between departments. As a result, patients have to carry their documents with them, which takes up valuable time in the context of a rapidly progressing disease (APSCO, 2014). Furthermore, the lack of integration of psychological and social support services within the oncology network means that many patients receive only medical treatment, without a holistic approach. Despite the considerable emotional distress caused by cancer, psychological support is not systematically available in oncology care in Romania, with many patients experiencing untreated distress and a lack of formal integration of psycho-oncologic services into routine care (Mihoc et al., 2021). Lack of integration likewise impacts the consistency of care. Post-discharge, individuals often experience insufficient coordination between the hospital and their primary care physician, resulting in potential interruptions of supplementary treatments, a lack of oversight, adverse reactions, or unawareness of relapses (OECD, 2023b). Without a well-organized palliative care network, patients in advanced stages frequently return home unsupported, leaving families to deal with a highly complicated medical and emotional scenario. To sum up, bureaucratic processes and the insufficient integration of oncology services serve as systemic obstacles that diminish the system's efficiency and negatively impact patients' quality of life. For genuine reform, it is essential to completely digitize medical records, streamline the patient journey, and incorporate psychosocial services as a required component of cancer care (OECD, 2023b). It appears that the content you provided is incomplete and does not offer any information to paraphrase. Please provide additional text or clarify your request.

The psychological effects of uncertainty and postponed treatment access result in significant emotional turmoil when diagnosed with cancer, frequently linked to intense anxiety, depression, and adjustment disorders (Rahnea-Nita et al., 2024). Research shows that almost half of patients diagnosed with cancer in Romania develop depressive symptoms within the first year of diagnosis, highlighting the intense emotional impact of the disease (Mihoc et al., 2021).

A cancer diagnosis is in itself a traumatic event, perceived by many as a death sentence. If we add to this initial impact the months of waiting for confirmation of the diagnosis, approval of treatment, or the actual start of therapy, the patient experiences prolonged stress that affects their psycho-emotional balance and ability to adapt. Studies show that uncertainty about treatment is associated with high levels of anxiety, sleep disturbances, loss of appetite, and depression (OECD, 2023a).

Delayed access to treatment, caused by a lack of funds, medicines, or hospital beds, exacerbates feelings of helplessness and abandonment. Patients often feel lost in an opaque, non-transparent system, where clear information is lacking or constantly changing. This institutional instability becomes a secondary source of suffering, with a negative impact on treatment compliance and life expectancy (Licu et al., 2023). In addition, perpetual uncertainty damages the patient's social relationships. Many patients avoid sharing details about their illness with family or friends for fear of worrying them, while others isolate themselves to silently manage their frustration and shame at being powerless in the face of an indifferent system. This phenomenon often leads to feelings of alienation, loneliness, and self-blame (Mustață et al., 2024). The ongoing uncertainty also affects the patient's self-image. The lack of clear explanations and the slow pace of medical procedures can lead patients to believe that their situation is hopeless or that treatment can no longer change the course of their illness. This misinterpretation can lead to patients giving up on treatment or engaging in self-destructive behaviors, such as avoiding medication or seeking scientifically unproven therapeutic options (APSCO, 2025; Mihoc et al., 2021).

In conclusion, uncertainty and delayed access to treatment are not only administrative or logistical barriers, but also major psychological risk factors. Effective intervention requires not only streamlining the patient's journey, but also providing constant emotional support through psychological counseling and clear information tailored to the patient's level of understanding (OECD, 2023a).

Cancer affects not only the patient but also places a profound emotional burden on the entire family. In Romania, in the absence of an integrated psychosocial support system, family members often become the sole providers of emotional, financial, and practical support. This complex role, often taken on without professional training, creates a huge burden and leads, over time, to mental and physical exhaustion. The emotional strain on the family starts when they receive the diagnosis and lasts for the entire time the illness is present. Close family members experience intense feelings of fear, insecurity, anger, and guilt as they witness the gradual deterioration of their loved one. In many cases, they put their personal and professional lives on hold to provide care, leading to major imbalances in family roles, economic losses, and social isolation (OECD, 2023a). The lack of institutional support resources amplifies this impact. Psychosocial support services including family counseling, caregiver psychotherapy, and community-based palliative care remain limited or inconsistently available across

Romania, particularly in rural or underserved regions. Studies document that caregivers often bear the emotional and financial burden of care without formal support, increasing the risk of burnout, depression, and family strain (Kallay & Degi, 2015). In many cultural contexts, open discussion of serious illness is still avoided, which may exacerbate isolation and psychological distress within affected families.

In addition to the emotional burden, there is also a considerable financial burden. Despite the fact that some treatments are reimbursed by the public system, many related costs transportation, accommodation, supplements, home care, and medical devices are borne by the family. A study by OECD (2023a) shows that over 60% of families of cancer patients in Romania have additional monthly expenses that exceed 30% of the family's total income. The exhaustion of families is also manifested by a lack of long-term perspective. Many caregivers feel that they no longer have the internal resources to support the patient, nor any concrete alternatives. This state of deadlock contributes to chronic anxiety, feelings of helplessness, and, sometimes, the onset of caregiver syndrome, a reality ignored in Romanian public health policies (OECD, 2023).

In conclusion, the family burden in the context of cancer is an essential dimension of the widespread suffering caused by cancer. Without real support policies, free psychological counseling, paid leave for caregivers, training in palliative care, families will continue to suffer in silence, with negative effects on the patient's entire therapeutic process (OECD, 2023a).

Social stigmatisation and difficult reintegration are profound problems in Romanian society for cancer patients. Although cancer is treatable in many cases and is not transmitted from one person to another, prejudices, stereotypes and avoidance attitudes towards those diagnosed with this condition persist. These attitudes affect not only the morale of patients, but also their social and professional reintegration after treatment. Many patients report experiences of marginalization at work and in social circles, often facing withdrawal from friends and family, which can lead to a sense of community isolation. Research indicates that Romanian cancer patients frequently experience social isolation and stigma following diagnosis, significantly affecting psychosocial well-being (Licu et al., 2023). This isolation is often exacerbated by the negative public image of cancer, perpetuated in the media through fatalistic or pitying rhetoric. Terms such as struggle, winner, or victim contribute to the polarization of perceptions and induce the idea that only those who are strong enough survive. Thus, patients who relapse or fail to maintain a positive attitude may become the target of implicit moral judgments (OECD, 2023a). Reintegration into the workforce is another sensitive area. Although Romanian law allows for the professional reintegration of patients who have undergone cancer treatment, in practice, employers are reluctant to do so. Many patients face indirect discrimination, not being given the same responsibilities, being placed in marginal positions, or being encouraged to retire for health reasons (Mustață et al., 2024). In the absence of national programs for professional reintegration and employer education, stigmatization continues to have a negative impact on post-treatment quality of life. Stigmatization remains one of the most powerful factors that accentuate patients' emotional suffering, affecting both their self-image and psychological adaptation process (Licu et al., 2023).

From a psychological perspective, stigmatization is associated with low self-esteem, depression, social withdrawal, and even poor recovery. Many patients internalize negative social messages and come to perceive themselves as a burden or less valuable than before their illness. This process of self-stigmatization is a major risk factor in the development of post-cancer affective disorders (OECD, 2023a). In conclusion, social stigma and difficulties in reintegration are aspects of the same problem, reflecting a lack of empathy and real support for people who have gone through cancer. It is essential to promote public awareness campaigns, train staff in institutions, and develop post-treatment support mechanisms that enable a dignified and active return to society (OECD, 2023).

3. Interventions and Best Practices

One of the biggest challenges that the cancer care system in Romania is dealing with is better funding and how resources are used. Data from the Ministry of Health show that, in 2022, the country allocated less than 5% of GDP to health, and the percentage allocated to oncology was even lower (OECD, 2023b). This underfunding leads to delays in diagnosis, incomplete treatments, and unequal access to modern therapies.

Proposed interventions include the creation of a National Oncology Fund, separate from the general budget of the National Health Insurance House (CNAS), dedicated exclusively to treatment, early diagnosis, palliative care, and research in oncology. A national action plan for cancer care needs to be created, which includes specific timelines, clear goals that can be measured, and yearly independent reviews. Additionally, it is important to guarantee financial openness by making monthly spending of cancer treatment centers public to boost patient trust and improve how funds are managed. Public-private partnerships could also support the provision of modern equipment to oncology units, such as PET-CT or state-of-the-art radiotherapy machines. The integration of psychosocial services into the oncology setting complements these measures, contributing to a holistic and patient-centered approach. The biopsychosocial model is widely recognized internationally as the most effective approach to cancer.

Concrete measures proposed to improve psychosocial support for cancer patients include ensuring the mandatory presence of a clinical psychologist in each oncology department, in accordance with hospital accreditation standards, and psychological counseling sessions reimbursed by the National Health Insurance House (CNAS), integrated into the treatment plan. National psychoeducation programs for patients and caregivers are recommended, addressing anxiety management, depression, chronic pain, and family communication. For patients in rural areas or with limited access, mobile psychologists and online counseling platforms need to be implemented. The integration of these services contributes to a better quality of life, increases treatment adherence, reduces therapy dropout, and reduces the frequency of relapses (OECD, 2023a). There is also a need for sustained information and anti-stigma campaigns, given that public perception of cancer is often marked by fear, myths, and prejudice, which can lead to social withdrawal, shame, self-doubt, and difficulties in reintegration. Currently, Romania lacks consistent and professional information campaigns in the field of oncology.

Proposals to reduce stigma include the implementation of national media campaigns, coordinated by the Ministry of Health in partnership with patient organizations, to convey messages of acceptance, support, and hope. Cancer is not contagious. But hope is. Health education in pre-university education should include information about cancer in order to raise an informed and empathetic generation. Training courses for journalists are also recommended to ensure the use of appropriate, balanced, and non-sensationalist language when covering cancer cases in the media. Advancing positive labeling and fruitful part models through the genuine stories of patients who have reintegrated professionally or effectively contribute to the community is essential. Diminishing shame focal points not fair the person but moreover the broader social environment, cultivating solidarity, understanding, and community engagement. Programs for social and professional reintegration are vital since cancer enormously impacts patients' work capabilities, financial circumstances, and social lives.

Noteworthy challenges include boss hesitance, deficiently customized support frameworks, and societal predisposition. Various patients who have wrapped up their treatment cannot reenter the workforce, depending on transitory help or confronting proficient prohibition. Authoritative and organization proposals envelop building up secured status for cancer patients, associated to other European countries, advertising lawful shields against end for two a long time post-treatment; giving monetary motivating forces to managers who re-employ cancer survivors, propelled by reserves for joining people with inabilities; setting up territorial cancer career counseling centers to provide mental bolster, aptitudes assessment, and custom fitted career exhortation; and facilitating labor controls to encourage part-time work, farther work, or retraining sponsored by state help. These activities can alter cancer from a social shame into a stage of life that, with appropriate help, can be confronted with respect (Mustață et al., 2024). Mediations cannot work alone; they must be joined into a comprehensive national oncology methodology that centers on treatment as well as quality of life, social reintegration, and the humanization of the doctor-patient energetic. Romania has the assets required for these changes, however what it needs is progressive political commitment, collaboration over divisions, and dynamic community interest. Clinical psychology interventions tailored to the needs of cancer patients are essential for reducing anxiety, strengthening resilience, and improving quality of life (Munteanu-Moisă, 2021).

4. Perspectives and Recommendations for Future Development

4.1. Perspectives for future development

To build a resilient oncology system focused on the real needs of patients, the following areas for analysis and action are recommended:

- The effectiveness of integrated psychosocial interventions assessing the impact of psychological counseling, group therapy, and social support on mental health, treatment adherence, and quality of life.
- Resilience of cancer patients involves identifying individual and environmental factors that support resilience, including personal resources, family support, and community involvement.
- Discrimination and stigmatization: qualitative research on how stigmatization influences self-image, life decisions, and social reintegration.
- The role of families and informal caregivers: assessing the psychological and economic burden and the effectiveness of coping strategies and professional support.

- The impact of public policies in oncology: analyzing the applicability and effectiveness of existing policies and testing innovative models (e.g., protected employee status, reintegration subsidies).
- Technological innovations and digital oncology: use of mobile applications, teleconsultations, and artificial intelligence for symptom monitoring, psychological support, and continuing patient education.

4.2. Public policy proposals

To reduce systemic inequalities and the psychosocial impact of cancer, the following is recommended (OECD, 2023a):

- Creating a national psychological support program for cancer patients, integrated into treatment protocols
- Training medical staff in empathetic communication and emotional support.
- Implementing electronic medical records for cancer patients to reduce bureaucracy
- Funding community support centers for cancer patients in disadvantaged areas.

This integrated approach allows for creating a clear plan that goes beyond just treating a problem and also looks at improving overall well-being, social reintegration, and humanizing the doctor-patient relationship, thus contributing to a sustainable oncology system centered on the real needs of patients.

5. Conclusions

The examination provided makes it clear that the difficulties experienced by cancer patients in Romania extend beyond just health issues, including problems related to systems, social factors, finances, and culture. Poor facilities, too much red tape, ongoing lack of funds, and the absence of a unified approach make patients more vulnerable during the whole treatment journey, from diagnosis to recovery and reintegration into society. From a social and psychological angle, patients often deal with being stigmatized, feeling alone, and being pushed to the sidelines, which leads to feelings of worthlessness, guilt, and loss of their social identity.

The absence of professional help, whether psychological, social, or legal, negatively impacts how well they stick to their treatment, their self-esteem, and their ability to cope. Research shows that effective social and psychological support can help lessen feelings of depression and anxiety and can also lead to better health outcomes. Meanwhile, the families of patients face a greater risk of emotional and financial strain when there are no support systems in place. The struggles that patients encounter reveal deep-rooted problems and a lack of attention to the social and emotional aspects of healthcare, emphasizing the urgent need for thorough reforms that focus on both medical care and support in emotional, social, and financial areas. Continual lack of funding and inefficiencies in organization present serious challenges to obtaining quality care, and the shortage of skilled workers and updated facilities hampers early diagnosis, treatment, and ongoing patient observation, further worsened by excessive bureaucracy and poor coordination among various levels of care.

The financial impact of the illness affects both the patient and their family through rising treatment expenses, restricted access to services, and loss of income, which heightens both financial and social insecurity. The lack of effective social protection and economic support mechanisms underscores the need for urgent systemic interventions. Improving the situation of cancer patients in Romania requires an integrated, patient-centered approach that includes systemic reforms, increased funding, the development of psychosocial services, and the implementation of coherent public policies for economic and social support.

The proposed interventions must ensure equal access to treatment, psychological support, and socio-professional reintegration, and assessing their long-term effectiveness is essential for developing sustainable models adapted to the Romanian context.

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