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Calling for Health Reform

A Critical Discourse Analysis of President Klaus Iohannis' First Official Responses to
Two Deadly Hospital Fires in Romania

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Abstract

The Romanian healthcare system faces various structural issues such as corruption, underfunding, and lack of modernization. As hospitals make every effort to cope with the COVID-19 pandemic around the country, there have been two deadly hospital fires. This study strives to reconstruct and evaluate Romanian President Klaus Iohannis' arguments given in favor of health reform in response to the two events. The methodology used for this thesis was critical discourse analysis with an argumentative approach promoted by Fairclough and Fairclough (2012). Within this methodological framework, political discourse is understood mainly as practical argumentation, argumentation for or against particular ways of acting. The results of the study point that there are several problematic areas within the given arguments. For instance, neither of the arguments brings forward a clear goal, and the claims can be challenged on multiple accounts.

Keywords: health reform, Klaus Iohannis, Romanian healthcare, practical argumentation

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1. Introduction

The Romanian healthcare system has been creaking under the enormous pressure caused by the COVID-19 pandemic. On November 14, 2020, a fire that took over the COVID-19 unit of the Piatra Neamț Emergency Hospital, Romania, killed ten people (The Guardian, 2020). At less than three months apart, on January 29, 2021, a fire tore through the COVID-19 facility of Matei Balș hospital in Bucharest and caused the death of another eighteen people (Buciu, 2021). As hospitals worldwide make every effort to cope with this pandemic, similar incidents happened in other countries such as India, Brazil, Egypt, Turkey, and Russia. Yet, the fact that such disastrous events could occur in a country that has been a European Union (hereafter EU) member since 2007 has raised questions about the current situation in the Romanian healthcare system¹. Consequently, many of the articles tackling this topic have centered their attention on exposing several underlying issues in the health sector, such as insufficient funding, old infrastructure, poor management, and corruption (McGrath, 2021, Mihalache, 2021, Sarany, 2021). These are issues that are rooted in the former communist regime and continue to exist up until today.

The gravity of the current state of the Romanian medical system raises many questions. What are the causes behind these structural issues? What has been done since the change of regime to tackle these issues? Last but not least, a fundamental question for my thesis, what is there to do in response to these two tragic events that occurred in Romanian hospitals? On the political scene, one crucial figure that advances an answer to the latter is Romanian President Klaus Iohannis. In his first verbal official response to each hospital fire, the President argues that the Romanian health sector needs reform. The proposed course of action has been portrayed on multiple occasions in the news as the necessary solution to the existing problems (B.C., 2020, McGrath, 2021, Redactia, 2021). Still, no obvious clarification was given regarding the meanings behind it.

Since the fall of communism in 1989, health reform has been constant; however, also highly disorganized and inefficient due to political instability and vagueness in the decision-making processes (Cosma et al., 2019). Nevertheless, little to no attention has been directed towards understanding how health reform is supported on the political spectrum. Therefore, this qualitative study aims to provide knowledge regarding the structure and possible

¹ Throughout this paper, I use the terms “healthcare system”, “healthcare sector”, “health system”, “health sector”, “medical sector”, and “medical system” interchangeably

problematical areas of the President's arguments in favor of health reform. Thereby, this work can inform future policy initiatives to adopt more straightforward and more effective measures as it sheds new light on the implications of health reform used as a strategy to combat healthcare issues.

1.1 Purpose and research questions

By conducting a critical discourse analysis (henceforth CDA) with an argumentative approach developed by Fairclough and Fairclough (2012), this research project aims to better understand Romanian President Klaus Iohannis's call for health reform. More precisely, this study focuses on identifying the constituent parts of the President's arguments supporting the need for health reform and assessing their quality.

This study strives to answer the following questions:

- What are the constituent elements of Klaus Iohannis' arguments given in favor of health reform?
- Are there any fallacies in Klaus Iohannis' reasoning concerning the call for health reform?

1.2 Previous research

Various studies have been conducted on the structural issues in the Romanian health system. Implicitly, reforms, along with their successes and failures, have been discussed from multiple points of view. For instance, Maxim (et al., 2015) describes Romania's health system and health status evolution from 1989 until 2015. The results of this paper point out an improvement in terms of life expectancy rate over the last few decades. However, they also show that despite various reforms being implemented, the Romanian health sector remains disadvantaged by insufficient funding. The conclusion accentuates the need to focus on restructuring the politics concerned with public health expenditures. Another research that explores the medical system in Romania similarly presents how reforms, despite creating positive change in certain aspects, still leave the Romanian medical system underfunded, inefficient, and corrupt (Bielykh et al., 2018).

Additionally, political instability and poor communication of the objectives are great hindrances in implementing reforms (Vlădescu et al., 2016). On the same note, another study

stresses that various governmental institutions do not base their decisions about health issues on pertinent information. Hence, by focusing more on improving the decision-making processes, more improvements could be achieved despite the financial limitations (Meijer, 2019).

Previous research focuses primarily on identifying the underlying issues in the Romanian healthcare system. Examining reform in light of the general tendencies in healthcare can provide valuable insight into what needs to be changed to attain better results in the future. Nevertheless, considering that the struggles with reform often begin with bad decision-making at the political level, I find it vital to look at how specific political actors refer to health reform. To the best of my knowledge, there are no studies that outline the usage of reform in political discourse. Therefore, by investigating Klaus Iohannis's call for reform in response to the two hospital fires from November 2020 and January 2021, this thesis intends to fill a gap in the research field concerned with healthcare status and health reform. In doing so, this research can bring new valuable insights into the problem-solving mechanisms within the health sector by promoting an interdisciplinary approach.

1.3 Terminology

In my thesis, I will use the notion of “health system” to refer to “an organizational framework for the distribution or servicing of the health care needs of a given community” (Asuzu, 2004). The healthcare system focuses on three main concerns: the question of access in that it establishes who can access certain services, the question of expenditure, and the question of resources (Encyclopedia of Bioethics, 2021). A more comprehensive description of the Romanian healthcare system will be provided in the next chapter.

Another term that I will commonly use throughout this study will be “healthcare reform.” Hence, I consider it relevant to give a brief introduction to the implications of this term. A reform entails “sustained, purposeful, and fundamental changes” (Marušič and Rupel, 2016). A precise definition of healthcare reform has proved elusive. However, the term often references a “process of change involving the what, who, and how of health sector action” (ibid.). The health system reforms are two-fold: partial and global reforms. While partial reforms tackle only one specific concern, the global reforms aim to introduce a sweeping change in the entire healthcare system (ibid.). In the case of my thesis, healthcare reform implies a global reform principally.

1.4 Disposition

The first chapter of my thesis offers an overview of the research problem and the research questions. The second chapter provides background information regarding the healthcare and political contexts in Romania. The methodological framework is described in the third chapter. This section presents the material, and the particular approach to CDA used to answer the research questions. The fourth chapter displays the analytical apparatus necessary for the reconstruction and evaluation of arguments. Next, the material is analyzed and discussed in a detailed manner. The sixth and last chapter concludes this study and brings suggestions on possible further research topics.

2. Background

This second chapter aims to provide a comprehensive description of healthcare and political contexts in Romania. This information is given to help the reader better understand the analysis and discussion section as many references are made to specific Romanian societal aspects. This background section will be divided into two parts. In the first sub-section, I will introduce the reader to the Romanian healthcare system by shortly presenting its evolution and constituent elements. The second part will focus on naming relevant aspects of Romania's political regime and providing an overview of the current political scene.

2.1 The healthcare context

a) Short historical background

After World War II, most socialist countries from Central and Eastern Europe, including Romania, transitioned from the pre-war Bismarck system into a Semashko healthcare system. This model relied entirely on public funding, leaving the state in charge of providing both material supplies and healthcare services simultaneously (Bara et al., 2002). At first, by implementing free access to healthcare for everybody and distributing the medical resources relatively evenly around the country, the Semashko system improved the general state of health of the citizens. However, since the 1960s, when Nicolae Ceaușescu stepped into the political scene, the health status in Romania progressively declined for three decades. Given a health expenditure of 2.2% of the GDP between 1985 and 1989 compared to an official average of 5,4% in the Eastern Bloc, the Romanian healthcare was highly underfunded and experienced a

severe shortage of numerous forms of capital and fully trained personnel (ibid.). Since the communist regime collapsed in December 1989, the Semashko system had to be replaced. However, reforming the entire health system proved a highly complex and challenging task for the new government.

b) Organization

Romanian healthcare implies two levels: national and district level. The latter corresponds to the territorial division into 42 units, 41 districts², plus the capital that counts as a separate entity. As the system remains highly centralized, the Ministry of Health is the crucial administrative authority responsible for regulatory and policy frameworks and outlining the general goals (Vlădescu et al., 2016). The National Health Insurance House (NHIH) plays a vital role in directing the social health insurance system at the national level. At the local level, District public health authorities (DPHAs) are in charge of providing health services according to what has been established by the Ministry of Health. District health insurance houses (DHIHs) are accountable for closing contracts with health service suppliers and ensuring specific quality requirements (ibid.).

c) Financing

According to OCDE/European Observatory on Health Systems and Policies (2019), health expenditure in Romania is the lowest in the European Union both per capita and as a percentage of GDP. In 2017, only 5,2% of the GDP was allocated to healthcare spending compared to the EU average of 9.8%.

The Romanian healthcare sector's revenues come from four primary sources: national health insurance funds, the state budget, local budgets, and OOP (out-of-pocket) payments (Vlădescu et al., 2016). Social health insurance is required for all citizens or foreigners who reside in Romania, and it is the primary source of total health spending.

d) Human and physical resources

The Romanian healthcare scenario portrays a spectrum of conflicting landscapes. At one end of the spectrum are the private clinics delivering high-quality medical services as they are well equipped and succeed in attracting well-trained and motivated staff (Irina, 2017). At the other end are the dilapidated public medical hospitals, which struggle tremendously with the old infrastructure. As most of today's hospitals were built in the 70s and 80s, they prove to be highly inefficient in that the "rooms are small, the circuits inadequate, the sanitation and electrical installations are very old" (McGrath, 2021). Even more worrisome is that since the

² The term "district" here refers to the Romanian word "judet"

fall of communism, only one public hospital has been built (ibid.). In terms of medical equipment, no clear data shows the amount and type of the purchased items, but it is believed that “the availability does not reflect the level of need” (Vlădescu et al., 2016).

When it comes to human resources, after joining the EU, Romania was strongly affected by the magnitude of the health worker emigration to the other member countries, with one-third of Romania’s doctors working abroad — the highest percentage in the world (Stefanescu, 2020).

e) Principal health reforms

Between 1990 and 2000, the entire structure of Romanian healthcare changed on account of multiple decrees and laws adopted by the Ministry of Public Health. The Public Administration Law passed in 1991 caused the separation of the public services belonging to the state into 42 district health directorates, each under the authority of a political leader, a Prefect (Bara et al., 2002). Between 1992 and 1993, the World Bank initiated and funded the project “A Healthy Romania,” whereby it established the guidelines for the following healthcare reforms (Vlădescu et al., 2005). In 1997, a Law on Social Health Insurance introduced compulsory health insurance to assure a more equitable distribution of funds across medical services and healthcare providers. As for the private sector, the pharmacy and the dentistry fields were the only ones to significantly increase, starting from 1993 until 1999 (Bara et al., 2002).

Since 2000, several changes were implemented on the basic law regulations in healthcare following the power shifts in politics. As the country prepared to become a member of the EU, a new Health Reform Law (Law 95/2006) came into force in May 2006 and brought together the national legislation with the EU *acquis communautaire*³ (Meijer, 2019). This law has since been amended multiple times due to the numerous dysfunctionalities discovered within. For instance, a Commission for Romanian Public Health Policies Analysis and Development was appointed by President Traian Basescu in 2007 to assess the healthcare system’s status and provide recommendations for future strategies. By the end of 2008, the Commission succeeded in identifying six main areas that require reform. However, in 2012, the reform proposal was “deemed politically unviable and withdrawn” (Vlădescu et al., 2016). Today, the Romanian healthcare system continues to work within the 2006 framework.

³ The concept of “EU *acquis communautaire*” implies “stable democracy, a competitive market economy, and the capacity to implement EU laws and policies” (Grabbe, 2002)

2.2 The political context

One of the primary objectives of the December 1989 Revolution was the abandonment of the single-party system and the introduction of political pluralism as a foundation for the formation of representative institutions and, at the same time, as a guarantee of constitutional democracy. As a new constitution was approved by referendum and adopted in 1991, Romania became a semi-presidential democratic republic. The President, who is elected by a direct vote, has the right to two five-year mandates. His leading attribution is to represent the country internationally. Moreover, he has the power to sign decrees and to disapprove laws promulgated by Parliament. The Prime Minister of the country is designated by the President after consulting the majority party in the Parliament. The nominated person becomes the head of government and can, in turn, appoint other ministers. The Parliament is divided into a Chamber of Deputies with 330 members and a Senate with 136 members (Irima, n.d.).

President Klaus Iohannis comes from the National Liberal Party (PNL) and has been re-elected for the second time on November 10, 2019. As a mediator between legislative, executive, and judicial powers, he can consult with the Government on urgent matters. In this respect, the President can influence specific measures, such as developing a healthcare reform. In a context of high political distrust, only 25,3% of Romanians declare that they trust the President (INSCOP Research, 2021). The Government and the Parliament are the least trusted Romanian institutions, scoring 17,2%, respectively, 12,3% in the same survey.

The main parties in the Romanian political scene are the Social Democratic Party (PSD) and PNL. PSD is often referred to as the “red plague” by opposition parties like PNL and anti-PSD activists from the public sphere. This definition carries a double meaning: “the PSD is designated as the (sole) follower of communist practices (the red colour symbolises communism) and, at the same time, as profoundly harmful to society” (Vasilescu et al., 2020, p. 311). Klaus Iohannis embraces this position, also claiming on multiple accounts that he is at war with PSD: “I am not in an electoral competition with the PSD; I am at war with the PSD, and this is not because we are bad, but because they have been bad towards Romanians” (Cercel, 2020). Against this background, the rivalry between PNL and PSD appears to be a fight between good and evil, corruption and anti-corruption, “the forward-looking modernizers versus backward-looking inheritors of communism” (ibid.). The repeated attacks towards PSD and the dichotomic representations used in the process are “indicative of a narrow political horizon” (ibid.). As these practices contribute at delegitimizing PSD’s significant status, they remain a relatively superficial way of dealing with the arising issues in Romanian society. This

is because understanding reality through the prism of “us” versus “them” most often offers a oversimplified version of the topic.

During the past few years, PSD has been involved in a series of scandals involving corruption. As a result, on November 4, 2019, the ruling socialist government was replaced in light of a motion of no confidence. A new government, led by PNL under Ludovic Orban, took its place until the legislative elections held on December 6, 2020, when PSD gained the most votes. However, the liberals created a coalition government with USR PLUS and UDMR, designating Florin Cîțu as the new Prime Minister (from PNL). In the context of political instability, health ministers are replaced very often. After 1989, there have been no less than 26 health ministers, without listing the interim ones.

2.2.3 The Colectiv Nightclub Fire

In 2015, a fire engulfed Bucharest’s Colectiv nightclub causing the death of 64 people. This event has led to massive public demonstrations, given that it could have been avoided if the security check had not been bought off. Moreover, what happened with the victims after the event uncovered severe problems within the Romanian hospitals as most of them died later due to hospital infections (Bradshaw, 2020). Consequently, the Social Democrat-led government was asked to resign. The hospital fires that took place in the COVID-19 units are often associated with this fire.

3. Methodology

This chapter aims to offer a comprehensive image of the methodological framework used to answer the research questions. First, I present the material and the limitations that come along with it. Then, I introduce the particular view on CDA proposed by Fairclough and Fairclough (2012), which promotes the inclusion of an argumentative approach when dealing with political discourse. The analytical framework that supports this approach to CDA will be discussed in the next chapter.

3.1 Material

The material used in this study as a basis for analysis and discussion consisted of two transcripts. The first transcript concerned the press conference held by the President on November 17, 2020, at Cotroceni Palace. In this case, specific press conference passages were left out to keep the focus on the hospital fire in Piatra Neamț. The second transcript involved the press statement held by Klaus Iohannis on January 29, 2021, at the National Institute for Infectious Diseases, “Prof. Dr. Matei Bals,” where the second deadly blaze occurred. In this instance, no cuts were made since the entire statement only focused on the matter of the fire. Both transcripts are available in the original language – Romanian – on the official presidential web page at www.presidency.ro. I am a native Romanian speaker, and, hence, I was able to translate the texts into English.

Several limitations were implemented in choosing this material. First of all, aspects related to the decor or the speaker’s intonation were not subject of interest in the chosen methodology and, therefore, not discussed in this study. The transcripts sufficed to answer the research questions regarding the structure and quality of the arguments concerning health reform. Second of all, only the transcripts of the President’s first official verbal statement after each fire, as found on the presidential site (www.presidency.ro), were studied. This choice was primarily grounded on the fact that this thesis must respect specific time and space limitations. Moreover, the first political responses to such events tend to receive much attention in the media, meaning they reach many people. The President’s replies to the fires were no exception, and thus I find it valuable to study them.

3.2 A particular view on political discourse

The particular approach to CDA chosen for this research project is based on the idea that “politics is about making choices and decisions about what to do, what action to take in response to a situation” (Fairclough and Fairclough, 2012, p. 26). In accordance with this definition, political discourse (hereafter PD) is perceived as mainly a form of argumentation, more precisely practical argumentation, which implies arguing for or against specific ways of acting in a given context. This section will briefly present the theoretical underpinnings supporting this particular view on politics and the close relationship between PD and practical argumentation.

Before further describing Fairclough and Fairclough's (2012) approach to PD, it is essential to recognize what is usually meant by discourse. According to Hassen (2015, p. 120), discourse can be understood as "language or system of representation that has developed socially to make and circulate a coherent set of meanings about an important topic area." Discourse is shaped by a multitude of factors such as culture, history, language, and actors. In turn, it has the power of influencing the way social reality is represented. Analyzing discourse implies studying language in relation to its social context. In order to answer the research questions, it is necessary to look at the language used to portray health reform and the broader social context. Therefore, this study features discourse analysis (hereafter DA). As there are multiple versions of discourse and DA, the next section will outline the approach that best suits this research's aim.

In this study, the material was analyzed as PD. This categorization was founded on van Dijk's view that PD is discourse attached to political actors, ranging from politicians and citizens to political institutions and organizations, engaged in political processes and events, such as "governing, ruling, legislating, protesting, dissenting, or voting" (Van Dijk, 1997). PD must also be understood with respect to its context of emergence, often institutional, where the involved actors can exercise their power to influence change on issues of common interests. Klaus Iohannis's statements were considered instances of PD in this study as it is clear that the President uses his position to drive political action in a specific direction. Furthermore, by developing arguments supporting health reform, Klaus Iohannis presents an answer to the question of "what to do" in response to the fires. Hence, I decided to adopt Fairclough and Fairclough's perception of PD and treat the material as practical argumentation.

Practical argumentation is the major type of argumentation in the argumentative genre of deliberation. By looking at both classical and modern views on politics, Fairclough and Fairclough (2012) explain the strong connection between language and deliberation. On the one hand, the deliberative aspect of politics is traced back to Aristotle. He stressed that politics are "action in pursuit of the highest good, based upon decisions, which arise out of deliberation" (Fairclough and Fairclough, 2012, pp.18-20). Hence, it is appropriate to give precedence to deliberation in the analysis of PD. On the other hand, Fairclough and Fairclough (2012) advance two modern approaches on the nature of politics that lead to the same hypothesis. Hay (2007 in Fairclough and Fairclough, 2012, pp. 25-26) advocates that politics is about choosing between different alternatives in response to specific situations, knowing that it is impossible to meet everyone's expectations. Similarly, Garner (2009 in Fairclough and Fairclough, 2012, p. 26) defines politics as "the process by which groups representing divergent interests and

values make collective decisions.” Both thinkers suggest that in a society where resources are limited, politics encompass the decision-making processes concerned with using what is available in the best way possible, taking into consideration various interests, motivations, and circumstances that can influence the outcome. Understanding politics as mainly a mechanism for making decisions explains why “political discourse is inherently deliberative” (Fairclough and Fairclough, 2012, p. 26). This study intends to analyze and evaluate President’s practical arguments in light of these theoretical underpinnings.

3.3 CDA with an argumentative approach

Norman Fairclough is recognized as one of the most prominent figures in the CDA field. He was first to use the term “CDA” in 1985, and ever since, his publications, such as *Language and Power* (1989) and *Discourse and Social Change* (1992), have had a significant impact on the development of the field. Building upon the former discussions, Fairclough and Fairclough (2012) in *Political Discourse Analysis: A Method for Advanced Students* introduce an argumentative approach to CDA particularly relevant for those interested in analyzing PD. I have chosen this version of CDA as my methodological tool as it fits best with my material.

The scholars emphasize that CDA aims to extend critical tradition in social sciences to discourse by providing “a better understanding of relations between discourse and other elements of social life, including social relations (and relations of power), ideologies, social institutions and organizations, and social identities” (Fairclough and Fairclough, 2012, p. 79). In critical social sciences, the societies and systems are described and evaluated in order to determine the opportunities and obstacles to social change. Since PD is perceived as “inherently deliberative” (ibid.), the texts need to be examined in terms of a premise-conclusion structure and the activity of justifying and criticizing claims. Representations of social action, actors, and other aspects of the world are understood via the agent’s practical reasoning as they enter as premises in arguments. By not treating representations individually as often done previously, this approach to CDA offers a more comprehensive image of how ways of representing reality feed into what people do. In my case, this approach allows me to see and examine how the President portrays reality and how that determines him to call for health reform. Analyzing and examining the President’s practical arguments does not fully explain why health reform is inefficient. Nevertheless, I find this methodology an excellent tool for

identifying any fallacies in the argumentation, which can contribute to finding better solutions to the arising problems in the future.

Within the frames of this methodological framework, persuasive definitions and emotive terms were examined to determine if there were any instances of manipulation in the given texts. Manipulation in discourse refers to the act of “intentionally deceiving one’s addressees by persuading them of something that is foremost in one’s own interest,” and it is “always intentional and always covert” (Van Eemeren, 2005 in Fairclough and Fairclough, 2012, p. 95). Persuasive definitions are “rhetorical re-descriptions” of reality (Skinner 2002 in Fairclough and Fairclough, 2012, p. 93) because, in general, they name terms that already possess a meaning. They are commonly used among politicians as these definitions help them tremendously to follow their rhetorical goals. The same observation applies to emotive terms whose positive or negative recognized connotations can be misused. Such specific ways of framing reality can play a decisive role in steering an argument towards a particular claim or hinder other claims from being arrived at. Scrutinizing rhetorically motivated representations in various premises can expose instances of manipulation that can be hard to identify at first.

Another area of concern in this methodology treated in the study was ideology. In general, ideologies are concerned with dissecting how the interests of dominant social groups are associated with general beliefs and concerns. Studying ideology can reveal the effects that discourse has on social life and its contribution to causing social change. The analysis of argumentation reveals how certain beliefs and concerns serve as reasons for action, shaping decisions and actions on issues of social and political importance. Furthermore, a closer look at the premises of practical arguments can pinpoint how representations of values, circumstances, or goals can be taken as given as arguers draw on ideological discourses which have been “imposed or naturalized” by powerful social groups. Power itself provides agents with reasons for action, playing a crucial role in decision-making processes. Power manifests itself as an ideology when it provides agents “with reasons to want what they would otherwise not want or obscuring the existence of various alternative possibilities for action” (Fairclough and Fairclough, 2012, p. 116).

4. Analytical framework

The purpose of this chapter is to briefly introduce the analytical apparatus compatible with Fairclough and Fairclough's (2012) approach to CDA. First, I focus on presenting their proposal on the structure of practical arguments, which will serve as a basis for the rest of the analysis. Then, I express how, following the guidelines of the methodological framework, one can critically evaluate the arguments.

4.1 Fairclough and Fairclough's (2012) proposal on the structure of the arguments

As the previous chapter shows, practical reasoning (expressed in practical argumentation) is about what needs to be done. It involves the process of arguing in favor or against a conclusion (claim) that supports specific goals and values. Frequently, it appears in a problem-solution context because it introduces the nature of the problem and then tries to discover a way of overcoming the issue. According to Fairclough and Fairclough (2012) the conclusion of a practical argument is grounded on four types of premises, all elements being linked together. Thus, the core constituents of a practical argument are categorized in:

- a) a circumstantial premise comprising the actual state of affairs and the arising challenges
- b) a goal premise expressing agents' vision about how future state of affairs should look like
- c) a value premise counting the values and the concerns dictating the agents' goals
- d) the claim or the conclusion, stating the course of action.
- e) a means-end premise concerned with a hypothetical line of action that would ensure the realization of the goals

Shortly, "Action *A* might enable the agent to reach his goal (*G*), starting from his circumstances (*C*), and in accordance with certain values (*V*), leads to the presumptive claim that he ought to do *A*" (Fairclough and Fairclough, 2012, p. 44). The following figure was used as a starting point in the reconstruction of the practical arguments found in the thesis's material:

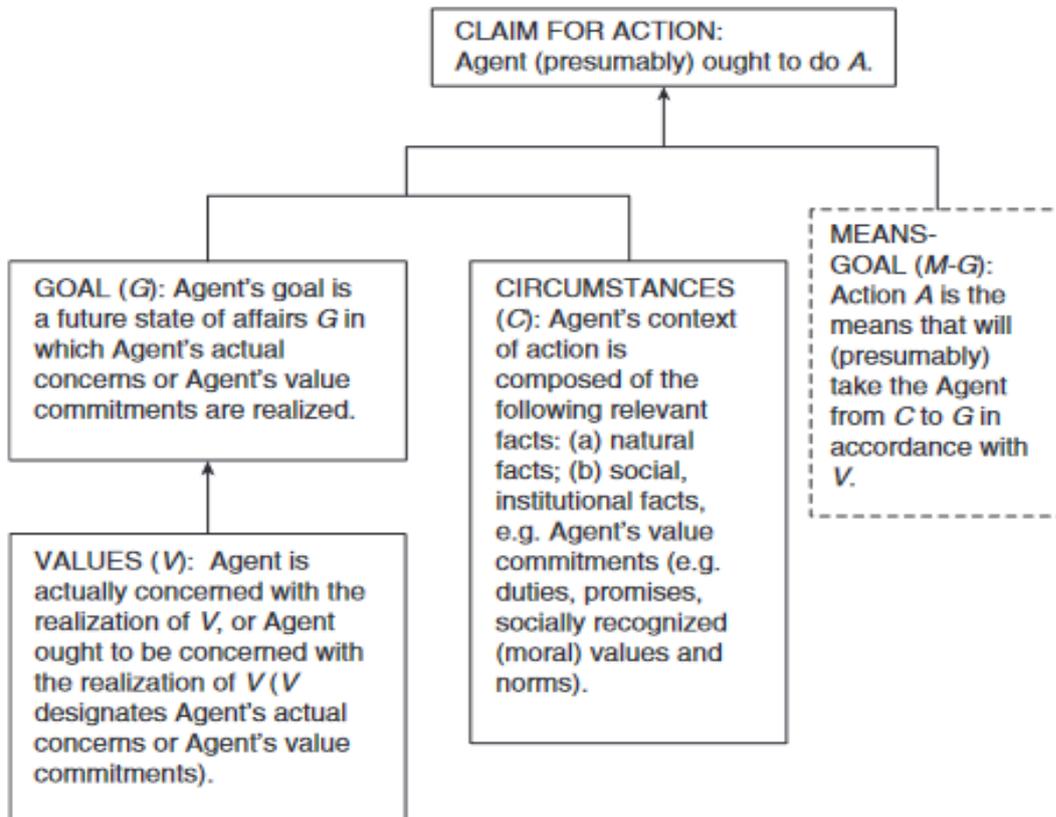


Figure 1: Fairclough and Fairclough's (2012) proposal of the structure of practical arguments

4.2 Fairclough and Fairclough's (2012) proposal on the evaluation of the arguments

Answering the question “what proprieties make an argument a good one?” has proven itself to be a challenging task. Fairclough and Fairclough's (2012) proposal on evaluating practical reasoning adopts a dialectical approach on the premise that rhetorical considerations are subordinated to it.

Dialectical theories are grounded on the idea that argumentation entails dialogue as it appears in contexts of difference of opinion and uncertainty. Consequently, the goal of the dialogue is to attain a “reasonable resolution of a difference of opinion” (Fairclough and Fairclough, 2012, p. 53), or a “reasonable decision” in the case of practical arguments and deliberation. This approach lies on the notion of *reasonableness*, which involves questioning the premises and conclusion to establish whether or not the decision is reasonable.

Fairclough and Fairclough (2012, p. 154) advocate that “due to human fallibility, no practical argument (and no practical claim) can be accepted as reasonable unless it has withstood systematic critical examination.” In the light of this, the authors provide an overview of Walton's (2006, 2007b in Fairclough and Fairclough, 2012, pp. 61-65) set of critical

questions which can ground a comprehensive examination of arguments. These questions can be divided into three classes as described below:

(a) Critical questions that challenge the rational acceptability of the premises (or their truth).

Under this section of the evaluation, the researcher can investigate whether or not the argument is constructed upon a mistaken assessment of the current state of affairs or a deceptive view on the means-goal relationships.

(b) Critical questions that can defeat the argument.

The questioning can reveal that the claim is “either not necessary (because there are alternatives) or not sufficient (because it does not lead to the goals, or at least not in itself)” (Fairclough and Fairclough, 2012, p. 65) and, thus, the argument can be defeated.

(c) Critical questions that can rebut the claim.

These questions consider the negative consequences of the claim that can undermine the goal as it focuses on counter-arguments. In this case, if the conclusion proves to be insufficient or unsuitable to fulfill the expectations stated in the future states of affairs, it might be more reasonable not to act at all. If the costs of the claim are too high, then the claim can be refuted.

By taking into consideration these three classes and the way the authors used them to create critical questions in the evaluation of political texts, I constructed five questions suitable for my material.

4.3. Operationalization

In order to be able to analyze the material in light of the methodological framework I started by translating the material from Romanian to English. Thereafter, I reconstructed the arguments one by one according to Fairclough and Fairclough’s proposal on the structure of arguments. Given that not all premises are explicitly stated, there was a risk for misinterpretation. To minimize this risk, I opted for investigator triangulation to reinforce that different evaluators could get the same results by using the same material and analytical framework to answer the same questions. More precisely, I asked a Romanian graduate student

with a social sciences background to determine the contexts of actions, goals, values, means-goal premises and claims of action in the given transcripts. There were slight differences, and after close consideration, we agreed on a specific structure. This step was crucial given that the evaluation of the arguments is based on the reconstruction section.

Furthermore, I also considered the criticism aimed at the schematic way of representing the argument. Fairclough and Fairclough's (2012) approach to the structure of arguments differs from already existing models in mainly two ways: they introduce circumstances as a premise and subordinate the value premise to the goal premise. This novel view on the constituent elements of a practical argument was questioned by Tseronis (2013). According to him, it is unclear to what extent the current state of affairs supports the incited action. Moreover, as previous studies point towards a coordinative relationship between the value and goal premises, he questions whether addressing them differently is relevant (Tseronis, 2013). Given the presented inquiries, it is vital to clarify why I find the presented model viable for this thesis. As also demonstrated in my study, the contextual premise plays an enormous role in adopting a particular path of action. If the current situation was framed differently, the claim could have been different. According to Fairclough and Fairclough (2012), the values adopted by the agent have the power to shape and restrict the goal. So, this means that to achieve the imagined state of affairs, the agent must adhere to the stated values. Consequently, I find it appropriate to have the value premise subordinated to the goals.

The last step in the analysis involved the critical evaluation of the arguments. Even though the critical questions provided a sound basis for evaluation, it was tricky at times to determine what is relevant to say and what shall be left out. According to Eisner (1998 cited by Cruz, 2015), "the meanings are part of the message," suggesting that the understanding of reality depends highly on how the researcher chooses to examine the object of study. When conducting qualitative research, it is hard for the researcher to remain neutral. To minimize the subjectivity, I adopted a self-reflective attitude towards my study. As a Romanian citizen, I am directly affected by the problematic situation in healthcare and realized that I tended to dramatize certain facts. As I moved forward, I consciously started to reflect upon which information is relevant for the purpose of this study.

The arguments presented in favor of health reform were evaluated simultaneously for two reasons. First, because the arguments proved similar on multiple accounts, I wanted to avoid unnecessary repetitions. Second, by answering the critical questions at the same time for both arguments, it was easier to discuss the implications and significance of the results.

5. Analysis and evaluation of arguments

This chapter will analyze and discuss the thesis material following the methodological and analytical framework guidelines identified in the previous chapters. First, I will reconstruct one by one the arguments presented by the President in support of healthcare reform in the aftermath of the two hospital fires. Second, I will be asking five questions in an attempt to determine if the arguments are rationally acceptable.

5.1 Argument reconstruction: President's reply to the hospital fire in Piatra Neamt

This passage strived to identify the constituent elements of the President's argument laid in favor of health reform on November 14, 2020. All quotes are taken from the transcript found on the presidential site⁴. Given that this thesis is meant to reach an international public, I translated the press conference into English.

5.1.1 Circumstantial premise: the context of action

The circumstantial premise aims to describe the current state of affairs. According to Klaus Iohannis, the Romanian healthcare system appears to be in a deplorable shape due to those from PSD, “who have ruled most in the last 30 years and allowed the health system to reach this state”.

First, the President notes that the Romanian healthcare system faces several structural problems: “underfunding and poor spending of public money in hospitals, lack of modernization, endemic corruption, (...), incompetence and non-involvement.” According to him, these problems “have crushed our medical system and forced many young graduates and good professionals to go abroad.” He then brings up that the situation has worsened since March when the system “already so burdened, has had to fight the battle with the new coronavirus.”

Next, Klaus Iohannis points to the guilty of the situation: “the opposition to change for the better,” “the moral culprit,” “the red barons,” “always the same politicians with outdated habits, who left Romania collapsing, drained of resources.” More precisely, the President refers to the Social Democratic Party, “the great PSD,” and its members who “blocked the

⁴Transcript available at: <https://www.presidency.ro/ro/media/agenda-presedintelui/conferinta-de-presasustinuta-de-presedintele-romaniei-domnul-klaus-iohannis1605637785>, [Accessed 6 July 2021]

government⁵ every month in Parliament and asked people not to follow the rules amid a pandemic, a fact that had dramatic effects on the health of our citizens.” Moreover, PSD authorities are directly responsible for the tragedy at Piatra Neamț because they “changed the hospital directors on their own, refusing to collaborate with the Public Health Directorate or with the specialists of the Ministry of Health.” Also, Klaus Iohannis emphasizes that they “are constantly obstructing government decisions, do not allocate sufficient resources, do not apply high standards and prefer improvisations which, tragically, end up making casualties.”

5.1.2 Goal premise: the imagined state of affairs

The main objective presented by the President is to improve the Romanian healthcare system and to “really change all these structural defects” found within. In doing so, tragedies like the one in Piatra Neamț could be avoided.

In the shorter term, the President aims to address the technical issues regarding the medical gas and electric systems, causing the blaze in the Intensive Care Unit of the Piatra Neamț hospital. In the longer term, supported by a new parliamentary majority, he envisions taking over the coordination of the medical act back to the Ministry of Health with the adoption of a package of health laws.

More explicitly, Klaus Iohannis envisions a healthcare system that can cover the needs of Romanians, just like a decent hospital in other EU countries would:

My ambition is not to have a system that transports sick Romanian young people abroad to be treated there; my ambition is to have a health system that treats sick Romanian young people very well here, in our country. The system should be so efficient that even the doctors who preferred to go elsewhere to work would return and work in Romania. As hard as it is to believe, this is possible.

5.1.3 The claim for action: what must be done

The call for action refers to what needs to be done given the argument’s premises to attain the proposed goals.

According to the President, “only authentic reforms, made with a majority⁶ that works for Romanians, can truly change all these structural defects”; “Romania needs deep reforms,

⁵ A liberal government led by Ludovic Orban from the National Liberal Party (PNL)

⁶ A parliamentary majority from PNL

which are possible only with the support of a large parliamentary majority.” Consequently, the proposal for action is to reform the healthcare system. Given the formulation of the claim, it seems necessary to create a majority in the Parliament to support the solutions. Indirectly, voting for PNL becomes a sub-claim to the same argument.

5.1.4 The means-goal premise

In practical argumentation, the means-goal premise indicates if the action is necessary or sufficient in light of the stated goal.

Klaus Iohannis stresses in the beginning that “only authentic reforms, made with a majority that works for Romanians and can really change all these structural defects.” This indicates that the action, the health reform, and the voting for PNL are necessary to attain the goals. The President also stresses that “This situation cannot continue like this,” which means that his proposed course of action intends to address the current dissatisfaction in healthcare. He further indicates that “deep reforms” are “possible only with the support of a large parliamentary majority.” Saying that “The vote on December 6 is more important than ever” also underlines further the necessity of voting. Since he states that the goals can be attained “only if” the proposed path of action is followed, no other means would equally deliver the same results. As a result, the claim is also sufficient in light of the goals according to the President.

5.1.5 Values guiding goals and action

The President begins his statement by presenting empathy towards those affected by the fire: “I am with the grieving families, and I wish, once again, good health to those who suffered in this fire.” Then he presents his respects to the doctor Cătălin Denciu, who risked his own life to save other lives in the fire at Piatra Neamț. This points out that the values that underlie his goals concern the well-being of the people.

Later, his concern for people is further accentuated as he specifies that “I, among others, have been saying this for years, we all see the health system in Romania must be rethought from the ground up.” By using the pronoun “we” and identifying himself as one of the “others,” the President creates a sense of unity between him and the people.

On a more specific note, the President values the work of the health personnel deeply: “it is the merit of our doctors that, through huge efforts, they save lives and heal patients, despite all the difficulties they face,” and he is preoccupied with the fact the crushed medical system has “determined many young graduates and good professionals to go abroad.”

Shortly, he wants to tackle the structural issues to provide the people the healthcare they need. Driven by his concern for the healthcare workers, he wishes to create better conditions in the hospitals so that they would not leave.

5.1.6 Other elements

In the context of the press conference, the President was able to make his point about health reform and defend his argumentation in front of journalists. This situation can provide valuable information about how he deals with counter-claims and possible alternatives. Good handling of the questions could strengthen the overall argument.

One question that came from the journalists offered a counter-claim and a possible alternative:

Mr. President, in 2015 Victor Ponta resigned as prime minister after the tragedy at Colectiv, and you said then that: “people had to die for this government to leave.” In the context of the tragedy in Piatra Neamț, I want to ask you if you consider that the Ludovic Orban Government should also go home?

In response, Klaus Iohannis does not accept the resignation of the current government as a viable option. Instead, he states that the Orban government has done a great job keeping the situation under control despite the COVID-19 pandemic. However, problems remain given that the system has been drained of resources by previous socialist governments.

Another question concerned the politicization of hospital management in Romania:

The tragedy in Piatra Neamț brought back into discussion an old problem of the Romanian health system - the politicization of hospital management. PNL had a chance to depoliticize the management of hospitals and missed it in the emergency period when hospitals were subordinated to the Ministry of Health. Countless press articles showed that hospital directors were selected on political criteria, party members, some controversial names. That being said, a clear example is the hospital director from Piatra Neamț itself, where the owner of a funeral company without any relevant experience was appointed hospital director. So, Mr. President, I ask you: what is the difference between PNL and PSD in this regard, and what are your arguments for people to believe in you and the government you support and to believe that you want to implement an authentic reform of the health system?

In response, the President claims that after the elections, when a new liberal government supported by a parliamentary majority will come into being, he will be able to work well and personally engage in the reformation and modernization of the health system. As for now, the parliamentary majority from PSD has constantly been opposing proposed changes.

On the same note, another journalist addresses the rivalry between PNL and PSD by looking at how local authorities handled things:

You have declared, this evening, in connection with the tragedy in Piatra Neamț, that “there is also a moral culprit, the local PSD authorities, it is a truth that must be told, they applied the measures from the center by ear.” In connection with Sibiu⁷, Mr. President, champion of the country in infections, who is the moral culprit there?

In response, the President stresses that the local liberal authorities failed to answer with promptitude to the situation and needed a push from “the center” (the Ministry of Health) to implement quarantine. He also claims that the persons with the power of decision responsible for the situation were let go. Furthermore, as the Minister of Health states on the night of the accident that “we all are guilty of the death of those ten patients from the Intensive Care Unit,” the President is asked if he finds himself responsible in any way. He replies that not everyone is guilty and, once again, underlines that the guiltiest ones are those who governed most in the last 30 years, “the great PSD.”

In light of all these identified elements, the argument can be schematically represented in the following way:

⁷ Sibiu is President’s city of origin and it is led by liberal authorities.

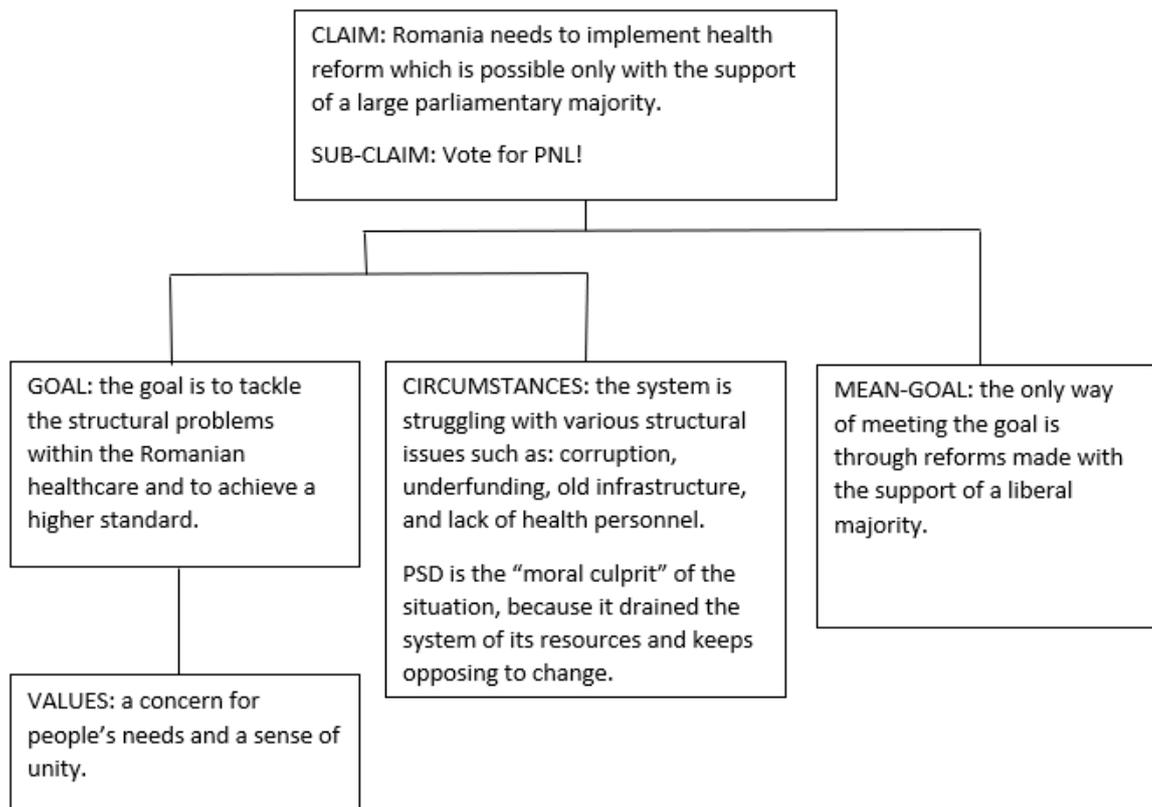


Figure 2. The schematic representation of the President's argument given in response to the tragedy in Piatra Neamț

5.2 Argument reconstruction: President's reply to the hospital fire in Bucharest

This passage strived to identify the constituent elements of the President's argument given in favor of health reform on January 29, 2021. All references are made to the transcript found on the presidential site⁸.

5.2.1 Circumstantial premise: the context of action

The context of the fire at Matei Bals Insitute is associated with the circumstances of the tragedy at Piatra Neamț: "The situation is somehow repeated." Moreover, the President points out that there were also other fires at other hospitals in the meantime.

When it comes to the causes behind this deadly hospital fire, the focus lies on the technical aspects under investigation and the broader structural problems. The guilty of the

⁸ The transcript is available at: <https://www.presidency.ro/ro/media/declaratia-de-presa-sustinuta-de-presedintele-romaniei-domnul-klaus-iohannis-la-institutul-national-de-boli-infectioase-prof-dr-matei-bals> [Accessed 6 July 2021]

situation are not named. Further investigations will indicate the guilty ones, and “the culprits will be punished” after that.

5.2.2 Goal premise: the imagined state of affairs

The goal premise is not explicitly expressed. Implicitly, the President’s idea of the imagined state of affairs involves dealing with the structural issues in the health system so that such predictable tragedies do not reoccur: “such things must not be repeated!”

5.2.3 The claim for action: what must be done

Given the current situation, the President states that “it is obvious that we need to draw some conclusions and develop solutions quickly.” The President stresses that “a profound reform of the public health system is needed.” However, it is not mentioned what processes are incorporated in “health reform.” What is stated is that the President has asked the Minister of Health “to work quickly on a project of reform for the entire health system in Romania” and that he is waiting for the first ideas to be able to start this reform.

5.2.4 The means-goal premise

The relationship between the claim of action and the goals is not strongly accentuated. Implementing a health reform appears to be necessary to attain the goal of dealing with structural issues. Nevertheless, the action does not seem sufficient in the pursuit of the goal premise because there is no affirmation of the type “If we do this specific action, this goal will be achieved.” Consequently, other measures not mentioned in this specific instance might be needed to complete the goals.

5.2.5 Values guiding goals and action

At the beginning of the press statement, the President shows support for grieving families and those in recovery. Furthermore, he mentions that those injured in the fires were transferred to other hospitals to receive proper care. Later on, a significant amount of energy goes into showing feelings of appreciation and gratitude towards the intervention forces that intervened and extinguished the fire and “the people who have been and remain my heroes - doctors, nurses, and the entire staff in these weeks, months.” The medical staff is praised for its superhuman efforts to work under conditions of extreme stress amid the Covid-19 pandemic.

In light of this, the values underlying the goal premise involve a concern for people’s healthcare needs.

After taking into account the different premises and the claim, the argument can be represented in the following way:

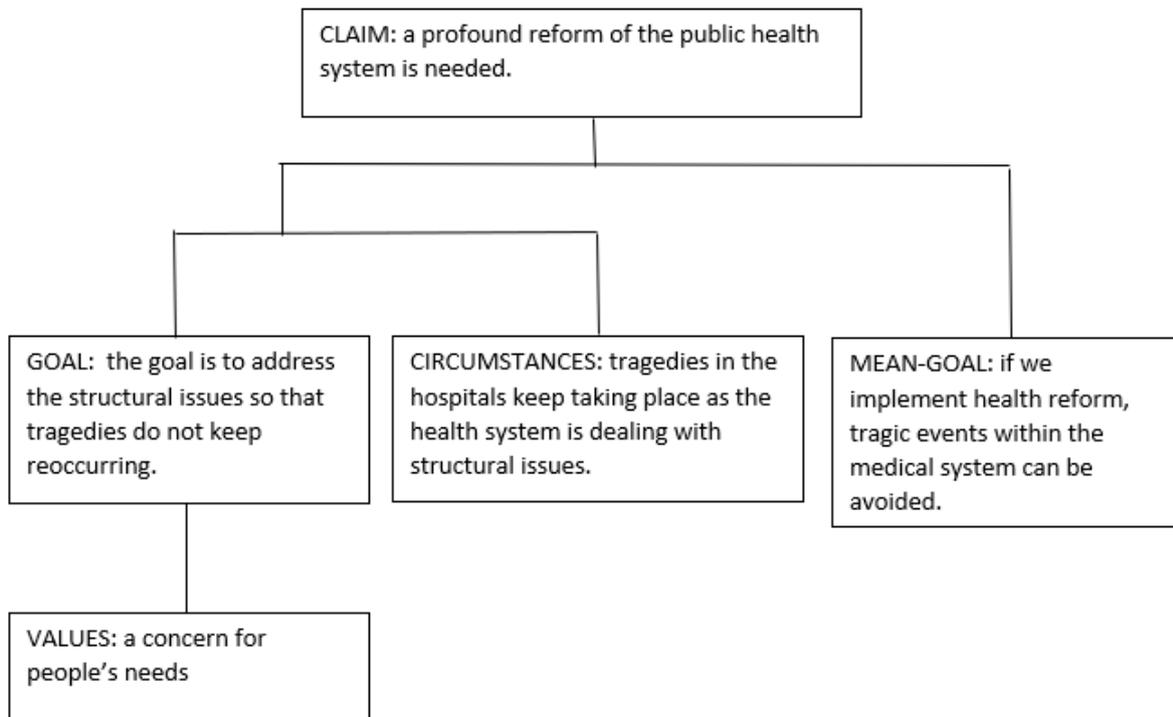


Figure 3.. The schematic representation of the President’s argument given in response to the tragedy in Bucharest

5.3 Argument evaluation

This section of the thesis deals with the dialectical evaluation of both arguments. Questions aimed at the premises, the claim, and the entire argument will be asked to determine the quality of the arguments. Throughout this part, I will be referring to Klaus Iohannis’s reply to the Piatra Neamț tragedy as “the first argument” and to the reply concerning the Matei Bals fire as “the second argument.”

5.3.1 Is the existing situation described in a rationally persuasive way?

In response to the tragedy in Piatra Neamț, the President chooses to describe the context focusing on mainly two points.

At first, he states that the health system is in terrible shape. Corruption, lack of modernization, and underfunding are some of the underlying issues. As mentioned in the background chapter, these problems are rooted in the former communist regime and do not surprise the general public. The mass emigration of health workers to mainly other EU member countries is a more recent issue. Even so, various studies have looked into the topic, intending to identify the main determinants of the phenomenon (Boncea, 2014, Suciu et al., 2017).

Furthermore, the same negative aspects of the healthcare system were brought up in 2015, after the Colectiv nightclub fire. Therefore, the representation of the issues in this part of the premise is based on adequate data. In the second argument, the structural issues are not named one by one. However, there is a general understanding of their implications. Tragic events keep happening: “the situation is somehow repeated.” Hence, there is no specific need to rename the issues.

The second focus of the circumstantial premise consists in pinpointing who carries the weight for the current situation. In the first argument, the President is insisting on representing PSD as the culprit. Finding out who the guilty ones are is necessary for deciding what path of action must be adopted. However, in this case, how Klaus Iohannis depicts the “moral culprit” can be challenged because of its rhetorically biased nature. PSD is portrayed on multiple occasions as the source of all evil with the help of persuasive definitions: “the opposition to change for the better,” “the moral culprit,” “the red barons,” “always the same politicians with outdated habits, who left Romania collapsing, drained of resources.” Additionally, the President uses loaded terms such as “the great PSD” to diminish their important position on the Romanian political scene. These representations of PSD are not defended with pertinent information; instead, they are presented as the general truth, which steers the arguments in a specific direction from the beginning. It is unreasonable to assume that, in a multi-party system, only one party is guilty of all that is wrong. Despite this, when the President is questioned on this matter, he maintains his position without adding any new information. Except for mentioning shortly that the technical aspects will be investigated, there is no acknowledgment of any responsibility of PNL nor of other factors. In the second argument, the President is not directly involved in finding the culprit, as in the previous case. Instead, he is letting the ongoing investigation find and punish the guilty party.

Shortly, the circumstances are not described in a dialectically acceptable way but in one which supports the arguer’s rhetorical goals and PNL’s more general attempt at self-legitimation amid the electoral campaign.

5.3.2 Can the goals be challenged?

The goals presented in both discussed arguments can be challenged from various points of view. In the first argument, the President states that the action would aim to “really change these structural issues,” which would bring the health sector closer to the high standards found in other EU member countries. By creating an efficient system, he hopes that “even the doctors who preferred to go elsewhere to work would return and work in Romania.” At first glance, it seems reasonable to wish to combat the system’s problems and attain higher standards. Yet, the goals are vaguely formulated, saying little about the future state of affairs and what is expected to be solved. Thus, it is hard to determine to what extent the goal premise supports the proposed course of action. In the second argument, even less focus is given to the description of the goals. Implicitly, health reform aims to tackle the system’s structural issues and stop tragedies from reoccurring. In line with the first argument, the goal premise fails to provide a clear framework for the action. As a result, the specified goals need to be developed or reconsidered.

In a previous study, which I talk about in the first chapter, it has been proven that health reform initiatives lack appropriate goals (Vlădescu et al., 2016). My results confirm precisely this affirmation because the President fails to bring forward a clear image of the future state of affairs.

5.3.3 Is the value premise supporting the goal and the action?

The primary value promoted in both arguments considers a concern for people’s needs. In the first argument, apart from showing his support for those affected by the tragedy, he creates a sense of unity by acknowledging that he, together with others, sees healthcare’s deplorable state. This value can help increase the argument’s appeal to the public because the matter appears to interest everyone. In the second argument, a considerable amount of energy goes into showing gratitude to those who intervened to stop the fire and, on a more general note, to the health personnel. This creates a significant shift from the other argument, which mainly focused on depicting PSD negatively.

The value premise plays a crucial role in motivating the action. The health reform must adhere to the President’s values. Although not directly stated anywhere, given the strong emphasis on the rivalry between PSD and PNL in the first argument, another concern could be

the party's success. The latter interest could conflict with people's needs which would endanger the acceptability of the goal and claim.

5.3.4 Can the claim be challenged?

The first argument claims that the Romanian health system must be reformed. Furthermore, the President emphasizes that this is only possible “with the support of a large parliamentary majority.” As the parliamentary elections are to come, it becomes clear that a sub-claim of the main claim is to vote for PNL. The action proposed is deemed necessary and sufficient to achieve the goals. Nevertheless, the claim can be contested on multiple accounts. In the description of the claim, no real alternatives are considered. Rhetorically convenient, the public is left with the impression that either the liberals gain power, and the situation changes, or the status quo remains untouched. The claim suggests that the fight is only between two forces PNL and PSD, between good and evil. This dichotomic way of presenting the action seems to create a genuine dilemma. However, this is not the case. The governance plans published by PSD and USR-PLUS incorporate extensive measures to improve the healthcare sector (ZiarMM, 2020).

In the second argument, the central claim is similar: “a profound reform of the public health system is needed.” Nevertheless, the action is not any longer conditioned by PNL being in power. Also, health reform is represented as necessary to attain the goals but not sufficient. It is not sure if the action can provide the means needed to tackle the structural issues within healthcare. Next, the President states that he asked the Ministry of Health “to work quickly on a project of reform for the entire health system in Romania” so that he would be able to start it. The fact that there is no clear plan in place for health reform diminishes its acceptability substantially. In addition, the President does not show any awareness of existing or possible objections, counter-claims, and alternative proposals.

5.3.5 Has the argument stood up to criticism coming from journalists?

To this question, I can only answer from the perspective of the first argument. The Press Conference held on November 17, 2020, incorporated a Q&A session with journalists. In this context, the President is presented with an alternative: the current government could resign instead of trying to proceed with the health reform initiative. This option is based on how the

President responded to the Collective fire event in 2015 when he asked the ruling government to leave. In response, the President again accentuates that due to PSD, healthcare is terrible and that PNL wants to repair the wrongs via health reform done with a supportive majority in Parliament. The given answer does not strengthen the argument, as Klaus Iohannis only restates the same things. His argumentation can therefore be considered deceptive as it keeps using rhetorically motivated representations of reality. Throughout the Q&A sessions, the President continues to put PSD in a negative light without advancing real reasons to support that PNL would do a better job than PSD.

Furthermore, I find it interesting to discuss the President's answer to the high infection rate with COVID-19 in Sibiu. On the one side, the President emphasizes that the local authorities needed an "impulse from the center" (the Ministry of Health) to accelerate the implementation of quarantine. As previously accentuated in his argument, the Ministry of Health plays a vital role in tackling the arising issues within the health sector. This shows that the system remains highly centralized as local authorities do not have a considerable say in decision-making. On the other hand, the President states that the people in charge when the situation with the pandemic worsened were laid off. In the context of the Colectiv fire, a whole government was dismissed. These observations allude to the fact that the President might draw on ideological ideas to support his arguments. The Ministry of Health's importance and the tendency to dismiss people from their places when things go bad seem naturalized and easily accepted by the President.

5.3.6 Were there any consequences of the action discussed?

According to Fairclough and Fairclough (2012, p. 132), rational decision-making is about: "eliminating alternatives through critical examination, weeding out the ones that have undesirable consequences, and adopting the alternative that has, on balance, best survived criticism." In the arguments discussed, little to no attention has been directed towards scrutinizing alternatives. Also, neither of the arguments took into account the consequences of the action.

6. Conclusions

This thesis aimed to understand how health reform was portrayed on the Romanian political scene in light of two tragic events. More precisely, it strived to answer two questions:

- What are the constituent elements of Klaus Iohannis' arguments given in favor of health reform?
- Are there any fallacies in Klaus Iohannis' reasoning concerning the call for health reform?

With the help of Fairclough and Fairclough's (2012) version of CDA, this study analyzed the material and attained its goals.

First, before answering the first question, I want to reiterate the particular view on politics that underlies this research project. According to Fairclough and Fairclough (2012, p. 11), politics is primarily about "making choices about how to act in response to circumstances and events and in light of certain goals and values and such choices, and the actions which follow from them are based upon practical reasoning about what should be done." Consequently, the President's replies to the fires were analyzed in terms of premises and conclusions, and, when applicable, other elements such as alternative options and counter-claim were considered.

The first argument can be summarized in the following way: implementing health reform supported by a liberal majority in the Parliament is sufficient and necessary to tackle the structural problems in the health sector. The action context is described in detail, and aside from the already known structural issues, it depicts PSD as the "moral culprit." The values that inform the actions are a concern for people's needs and a possible political interest.

The second argument can be reconstructed in the following manner: reforming the health system is needed to tackle structural issues and avoid tragic events. The circumstances portray the system's deplorable shape as various underlying issues take over. The value supporting this argument also concerns people's needs.

The other research questions strived to point out any fallacies in the argumentation processes. After critically examining the arguments, many areas have proved problematic. First, multiple fallacies were identified at the level of premises. In the first argument, the portrayal of PSD as the root of all problems in the health sector is not reasonable. It is naïve to believe that only PSD is guilty of the current terrible situation.

Furthermore, both arguments lacked clear goals. This observation has been portrayed in previous research, and the results of my evaluation enforce it. In the first instance of argumentation, there is also a possibility that political interests inform the President's call for reform.

In both cases, the arguments very poorly support the claim itself. In the first case, the success of reform was strictly associated with a particular electoral outcome which created the impression that there is only one choice to make. However, a good decision-making process involves considering multiple alternatives and counter-claims and presenting valuable points in favor or against a specific action. Even though the President could defend his position on multiple occasions, he continued to repeat the same ideas. In the second argument, the need for reform is advanced; however, without a plan, it is hard to determine when and if the action will reach the goals (which are already vaguely specified). According to Meijer (2019), many initiatives concerning health reform are based on inadequate data. Although President's call for reform is not necessarily based on wrong information, it is not backed up by a clear plan and, therefore, a relatively open call. The consequences of the claims have not been discussed, and therefore, in this context, there is no reason not to want to pursue the action in this context.

Discourse can influence social life and, as a result, contribute to social change. CDA helps reveal the hidden ideologies, power relations, and instances of manipulation embedded in discourse. In this study, I was able to identify rhetorical definitions and emotive terms that can prove deceptive. Moreover, I found that the status of the Ministry of Health and the tendency to dismiss people with decision power when things go wrong seem to have ideological value. These elements are integrated into the premises of the arguments and have the power to shape practical reasoning and, contingently, decisions and actions.

To conclude, this study provided an in-depth understanding of how health reform was supported by a key political figure, the President, in response to two tragedies. Consequently, this thesis fills a research gap concerning the representation of health reform in PD. Having approached the matter of healthcare issues and health reform from a humanistic point of view helped shine a light on the fact that not enough effort is made to support proposals for action. Politicians need to carefully weigh other options, counter-claims, consequences when presenting a solution to a problem. Good decision-making needs to start with good practical reasoning.

Given the restricted time frame, this thesis was limited to only two texts concerning the representation of health reform on the political scene. It could be exciting to compare how other political actors, especially from PSD, argue for health reform for future research. Another possible research topic would be to examine the changes in politicians' argumentations for health reform over time. In my study, I have noticed various changes in President's rhetoric between the two events. In the future, with the proper methodological tools, it would be interesting to determine why his argumentation differed.

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