

would be unable to fulfill his or her prescription and that the cost of health services would significantly affect their family budget. Thus, they resort to self-treatment, which is seldom appropriate. This is one of the main reasons for the high percentage of untended, complicated or chronic cases. A small group of more affluent Roma visit private doctors because they do not trust their general practitioner or they have not received adequate help on previous occasions. Most of the respondents think that private medical services are better than those subsidized by the state. Only 30% of Roma like their general practitioner as a person. The rest think that their physicians do not care about their problems and treat them rudely and negligently. The communication between doctors and patients is often very difficult, which further demotivates Roma to seek help from their general practitioners.

Discrimination and Violations in the Provision of Healthcare Services

Discriminatory practices towards Roma still exist in the regional hospital. Many young women who have been hospitalized in the maternity ward report that nurses separate pregnant Roma women from other patients – a practice, which has aroused the indignation of several Bulgarian patients in the ward.

Some severe violations of medical practice and doctor's ethics have also been reported. One of the general practitioners was on a sick leave for a whole month but arranged for no one to replace him. Each day his patients queued in front of the locked office not knowing whom to turn to for help. It was also discovered that people who have chosen other general practitioners and have never applied to the Regional Health Insurance Fund in Kyustendil to change their family physician, suddenly find themselves listed among the patients of the above mentioned doctor (according to the Health Insurance Fund database). When he first established a medical practice in the neighborhood, he hired two nurses, one of whom was Vassilka Alexandrova. After working without payment whatsoever for six months, they both quit. The patients also want to leave this physician and shift to another one, but the Regional Health Insurance Fund informed them that they have to wait until the end of the year. In the meantime they would probably have to rely on their natural immunity. It also became clear that when this physician did work, he treated his patients in an extremely crude, vulgar and even criminal fashion. When some of them were unable to pay the required fees, he charged them one leva interest per day, and when the amount due grew bigger and the patients failed to clear it off, he beat them with a baseball bat. No one dares to complain officially, however, because the doctor is known for his connections with the local mob. The only solution for the patients is to fight bureaucracy and shift to another physician.

Another case of negligent behavior, malpractice and even deliberate refusal to provide medical services to Roma involves a surgeon from the regional hospital who treats his patients without confirming their diagnose and without performing the necessary lab tests. He also refuses to refer them to specialized health establishments, as a result of which the patients' condition worsens. Some of his colleagues in the same hospital demand money from Roma patients who have been issued a referral and need surgical treatment.

Health Status of Roma in the Iztok District

Research on the health status of Roma in the Iztok District showed that pathological conditions are most often associated with pulmonary diseases: bronchitis, bronchial pneumonia and chronic obstructive pulmonary disease (COPD). 3% of Roma suffer from chronic pulmonary diseases. Chronification in most cases is the result of delayed, insufficient or inadequate treatment. Hypertonia comes second with 1% of the population experiencing such problems. In reality, however, this percentage is probably much higher because we were left with the impression that there were many unidentified cases. Even patients who have been registered are not being treated systematically, mainly for financial reasons. This leads to early secondary