BETWEEN INFORMATION AND ACCUSATION: ANATOMY OF CRISIS JOURNALISM IN THE CASE OF ST. "PANTELIMON" HOSPITAL IN BUCHAREST

RADU MIHAI DUMITRESCU

Crises in the healthcare system that take on a criminal dimension generate intense media attention and can have significant effects on public trust, the professions involved, and institutional legitimacy. The article analyses how the Romanian press constructed the discourse around the case of the "St. Pantelimon" Emergency Clinical Hospital in Bucharest, a case of high public visibility, at the intersection of health, justice and public morality. The research is based on a qualitative content analysis of 60 online press articles, examining headlines and leads (the first 2–3 sentences) as the main units for establishing the interpretative framework. The analysis is guided by the framing typology proposed by Semetko and Valkenburg, operationalised by identifying explicit linguistic markers associated with generic frames.

The results indicate a clear predominance of the attribution of responsibility frame, often overlaid with moral evaluations and elements of dramatization, while frames oriented towards the systemic and institutional context remain marginal. Media reporting repeatedly relies on official sources and definitions provided by judicial authorities, contributing to the judicialization of public discourse and the simplification of the complexity of medical practice in intensive care units. The article discusses these findings in relation to the literature on crisis journalism, the mediatisation of justice and professional stigmatisation, highlighting the implications for journalistic ethics, public trust and the symbolic vulnerability of the medical professions. The study contributes to understanding how the media participates in constructing the social reality of medical crises in Romania.

Keywords*: crisis journalism; media framing; health and justice; responsibility and guilt; professional stigmatisation; Romanian press; institutional trust.*

INTRODUCTION

Crises in contemporary health systems are a privileged terrain for analysing the relationship between the media, public opinion and institutional trust. Events involving suspicions of malpractice, medical errors or criminal liability of

Address of the corresponding author: Radu Mihai DUMITRESCU, University of Bucharest, Faculty of Sociology and Social Work, Address: 90 Panduri Street, District 5, 050663, Bucharest, Romania; Medicover Romania, Address: 8 Pechea Street, District 1, Bucharest, e-mail: radu.dumitrescu@medicover.ro.

CALITATEA VIEȚII, XXXVII, nr. 2, 2026, pp. 137–159, https://doi.org/10.46841/RCV.2026.02.03

healthcare personnel are repeatedly covered in the media in an urgent, dramatic and moralising tone, which amplifies the social impact of journalistic reports (Allan 2010; Wahl-Jorgensen 2019). The media is often analysed as a powerful institution that can enlighten the public, but can also obscure their perspective (Curran and Seaton 2018). At the same time, news has been understood as a specific type of product, drawing attention to the economic, political, technological, social, cultural and organisational frameworks of its production (Deuze and Witschge 2018), and the idea of the crucial role of news in a democratic society underpins many academic discussions about news, explicitly or implicitly. News journalism can be considered a "public good", serving as common ground for citizens and functioning as a basis for civic engagement and the construction of an informed citizenry (Clark and Marchi 2017). In this context, the press not only informs, but also actively participates in constructing the social meaning of the crisis, defining the legitimate actors, causality and moral framework of events.

The case of the "Sfântul Pantelimon" Emergency Clinical Hospital in Bucharest, which received intense media coverage between 2024 and 2025, provides a relevant example of journalistic coverage of a medical crisis with criminal implications. Suspicions of aggravated murder raised by the judicial authorities against medical staff in the Anaesthesia and Intensive Care Unit (ATI – in common local terminology) generated extensive media coverage, characterised by accusatory headlines, frequent references to the criminal investigation and the use of highly emotionally charged elements, such as transcripts and wiretaps. This high visibility raises legitimate questions about respect for the presumption of innocence, pluralism of sources and the social responsibility of journalism in sensitive contexts.

The purpose of this article is to analyse how the Romanian press constructed the Pantelimon case discursively through headlines and the first 2–3 sentences (leads), with a focus on identifying dominant frames, recurring themes and discursive strategies used. The analysis focuses on the textual dimension of journalistic reporting and does not assess the veracity of the accusations or the outcome of the ongoing legal proceedings.

The research objectives guiding the study sought to identify which interpretative frames dominate the headlines and leads of articles about the Pantelimon case, which are the recurring discursive themes (transposition into the legal sphere-judicialization, moralisation, sensationalism, systemic contextualisation, how often they appear) and to what extent media coverage privileges the attribution of individual responsibility to the detriment of institutional and systemic contextualisation.

The article does not aim to directly measure the psychological or behavioural impact on the public or the medical profession. The psychosocial effects are discussed exclusively at the level of theoretical implications, based on existing literature, and formulated as directions for future research.

LITERATURE REVIEW AND THEORETICAL FRAMEWORK

Crisis journalism in the field of health

The literature on crisis journalism emphasises that high-risk situations (epidemics, medical accidents, institutional scandals) are often presented in an accelerated, personalised and emotionally charged manner, which can lead to an oversimplification of causes and responsibilities (Allan 2010; Ulmer *et al.* 2010). In the field of health, this tendency is amplified by the asymmetry of knowledge between professionals and the public, which makes journalistic interpretations dominant landmarks for understanding events (Briggs and Hallin 2025).

The literature on media coverage of medical errors indicates a recurring tendency for the media to construct narratives centred on individual responsibility and conflict, to the detriment of systemic or organisational explanations. Early analyses of how the press reports medical errors show that news stories favour dramatic cases and the identification of human culprits, while the structural causes of errors are rarely explored in depth (Jackson 2001). Subsequent studies, based on the perspectives of journalists and health professionals, confirm that a lack of medical expertise and the pressure of news values often lead to oversimplification of events and personalisation of responsibility, making it difficult to communicate publicly about the systemic factors that contribute to adverse events (Whitten *et al.* 2008). At the same time, the literature in the field of patient safety highlights the existence of a persistent tension between approaches oriented towards a "culture of blame" and those focused on system responsibility, showing that although medical errors are largely the result of organisational deficiencies, public discourse continues to favour individualising explanations (Bell *et al.* 2011). From a broader perspective on contemporary journalism, research on framing and accountability in the media shows that reducing the complexity of social issues to individual stories is a mechanism frequently used to make topics accessible to the public, but which has the side effect of marginalising structural and institutional explanations (Figenschou *et al.* 2023). Together, these studies support the idea that personalisation and individualisation of blame is a stable pattern in media coverage of medical errors, with important implications for public understanding of medical practice and professional responsibility. Overall, media coverage of medical errors seems to lean towards a preference for narratives centred on individual guilt and conflict, to the detriment of systemic or organisational explanations. This orientation contributes to what is described as "trial by media", in which public judgement precedes or substitutes legal deliberation (Greer and McLaughlin 2012).

Framing as an analytical tool

The concept of framing refers to the process by which the media selects and emphasises certain aspects of reality, guiding the public's interpretation (Entman

1993). For the analysis of journalistic content, one of the most widely used typologies is that proposed by Semetko and Valkenburg (2000), which identifies five generic frames that recur in news stories:

- Responsibility frame – attributing causality or responsibility for a problem;
- Human interest frame – personalising and emotionalising the narrative;
- Conflict frame – emphasising the opposition between actors;
- Morality frame – explicit moral evaluations;
- Economic consequences frame – financial or resource impact.

This typology is widely used in studies on crises, including in health, because it allows the operationalisation of the interpretative framework through concrete linguistic indicators, especially in headlines and leads (de Vreese 2005). In medical crises that take on a dimension of investigation, sanction or even punishment, the literature shows that public narratives tend to combine attributions of responsibility (who is to blame, who should be held accountable) with moral judgements (indignation, "shame", "scandal", delegitimization), which can produce accusatory and stigmatising accounts. Research on health news production shows that journalists frequently resort to frameworks that privilege individual responsibility and "stories" accessible to the public, to the detriment of socio-political or systemic framing, which creates fertile ground for moral judgements on the actors involved (Hodgetts *et al.* 2008). In the same vein, classic analysis of medical error reporting notes that the press often focuses on human tragedy and identifying those directly responsible, with little room for contextual analysis, which reinforces the logic of moralising and "guilt" (Jackson 2001). At the institutional level, studies on the "economics" of transparency and regulation show how public exposure can turn into a veritable "guilt industry", fuelled by the intersection of media, control mechanisms, and legal interests, with adverse effects on professional practice and organisational cultures (McGivern and Fischer 2010). The literature on healthcare scandals also indicates that episodes of "scandal" produce pressure for "accountability" responses, in which the search for culprits and symbolic reparation become central, even when the causes are rather organisational or systemic (Goodwin 2018; Mannion *et al.* 2019). Finally, the literature on applied ethics and patient safety shows that such contexts are accompanied by public outrage and tension between "responsibility" and "blame", suggesting how accountability can slide into moral blame when events are treated as "scandals" (Parker and Davies 2020). Summarising all these observations, we can appreciate that in the context of medical crises with a criminal dimension, the literature shows a tendency for the "responsibility frame" and the "morality frame" to overlap, which favours accusatory and stigmatising narratives.

Moral panic, spiral of silence and dehumanisation

To interpret the social implications of these frames, the concepts of moral panic (Cohen 2011), spiral of silence (Noelle-Neumann 1974) and dehumanisation

(Bandura 1999) are relevant. Moral panic describes the processes by which certain professional groups are constructed as symbolic threats, while the spiral of silence explains the absence of alternative voices in contexts dominated by apparent consensus. Dehumanisation, in turn, provides a framework for understanding language that reduces social actors to negative moral labels, facilitating the acceptance of public sanction. These concepts are not used as direct coding tools, but as interpretive lenses for discussing the ethical and social implications of empirically identified frames.

METHODOLOGY

Research design and corpus

The study uses qualitative content analysis with descriptive quantitative elements, focusing exclusively on the headlines and leads (the first 2–3 sentences) of press articles related to the case of the "Sfântul Pantelimon" Hospital. The choice of this textual level is justified by the central role of the headline and lead in establishing the interpretative framework and reading agenda (Dor 2003).

The corpus consists of 60 articles published between August 2024 and June 2025, identified by the Google search engine using the terms "Spital Pantelimon", "ATI" and "știri" (news). The collection was carried out incognito, without authentication, in order to reduce the effects of algorithmic personalisation. Articles from the generalist, online and audiovisual press are included, representing a mix of mainstream, commercial and tabloid publications. This sampling strategy aims to capture high-visibility media coverage, not the exhaustiveness of the entire media universe. The limitations associated with Google selection are acknowledged and discussed below.

Unit of analysis and coding scheme

The unit of analysis is the article, and the unit of coding is the title together with the first 2–3 sentences. Each article was coded with a single dominant frame, according to the typology (Semetko and Valkenburg 2000), based on the number and intensity of explicit linguistic markers. In accordance with the proposed framing typology, the analysis sought to identify explicit linguistic markers present in headlines and leads that signal the activation of one of the generic frames. For the "responsibility frame", formulations that directly or indirectly attribute responsibility for the event to individual or institutional actors were considered relevant, such as: references to judicial authorities ("prosecutors", "prosecutor's office", "investigators"), verbs of accusation ("decided", "caused", "intentionally reduced"), legal qualifications ("murder", "premeditation", "incitement", "guilty"), as well as structures indicating punishment or liability ("arrested", "detained", "criminal investigation"). The "morality frame" was identified through the use of

explicit moral judgements and normative or stigmatising language, including adjectives and phrases such as “horrors”, “shocking”, “outrageous”, “unacceptable”, “monstrous”, as well as constructions implying ethical judgements (“decided who lives and who dies”, “inhuman behaviour”). The “human interest frame” was signalled by personalising events and appealing to emotion, by introducing dramatic or conversational details (“transcripts”, “wiretaps”, colloquial quotes), references to suffering, death or emotional shock, as well as by focusing on individual characters and their traits. The “conflict frame” was associated with markers of opposition and confrontation (“conflict”, “war”, “dispute”, “mutual accusations”), although it appeared marginally in the analysed corpus. The “economic consequences frame” (or “systemic”) was identified through references to resources, institutional capacity and structural consequences (“staff crisis”, “lack of doctors”, “overwork”, “collapsing system”). Each article was coded based on the presence and density of these markers in the title and lead, and the dominant frame was established as the one supported by the most explicit indicators, even if secondary elements of other frames were simultaneously present.

At the same time, recurring discursive themes were coded: judicialization, explicit criminal accusation, appeal to sensationalism, use of transcripts/wiretaps, systemic contextualisation and politicisation.

The coding was done manually, assisted by exploratory lexical analysis (building a list of linguistic markers, as exemplified above) to support the identification of dominant markers.

Reliability criteria and selection of examples

To increase analytical transparency, the corpus was recoded after a 4-month interval, discrepancies were clarified, and the final coding was also reported in the frequency register. The examples cited in the results section were selected based on frequency and typological clarity, not on their sensational value.

RESULTS

Analysis of the headlines and leads (first 2–3 sentences) of the 60 articles included in the corpus indicates a relatively homogeneous discursive structure, dominated by interpretative frames oriented towards judicialization and the attribution of individual responsibility. The results are presented below according to distinct analytical dimensions.

Dominant frames in headlines and leads

The coding of the dominant frame, according to the typology (Semetko and Valkenburg 2000), shows a clear prevalence of the “responsibility frame”, identified as dominant in 48 of the 60 articles analysed (80%). In these texts, the

event is primarily introduced as a criminal act, through explicit references to the prosecutors' investigation, legal qualifications and the individual responsibility of the doctors involved.

The headlines and leads frequently contain terms such as "accused", "aggravated murder", "premeditation" and "incitement", which set the interpretative framework from the very first lines. For example, the headline "Four doctors from "St. Pantelimon" Hospital accused of aggravated murder with premeditation in the case of deaths in the ICU" (Niculescu 2025) introduces the event exclusively from the perspective of criminal classification, without reference to the clinical or institutional context. A similar formulation appears in "Doctors decided who lives and who dies / Prosecutors talk about a plan to cause the death of some patients" (Stanciu 2024), where the attribution of intent is presented as a central element of the narrative.

The second most frequent frame is the "human interest frame", dominant in 7 articles (11.66%). These texts are characterised by the personalisation of events and an emphasis on emotion and shock, often through the introduction of transcripts or wiretaps. An illustrative example is the headline "Shocking transcripts in the Pantelimon case: some doctors complained that patients were no longer dying" (Arambescu 2025b), where the emotional evaluation is explicitly stated in the headline itself.

The "systemic consequences" frame appears as dominant in only two articles (3.33%), such as "St. Pantelimon Hospital left with only four intensive care doctors" (Arambescu 2025a), in which the issue is introduced as one of resources and institutional capacity. The "morality frame" is dominant in two articles (3.33%), in which moral assessments are expressed directly ("horrors", "unacceptable behaviour"), without legal mediation (Cana 2024).

Although the articles were methodologically framed within a certain "frame" (depending on the terms identified in the title and in the first reading units), viewed as a whole, most of the titles are constructed in an emotional and accusatory register, highlighting the seriousness of the alleged facts. Example: "Shocking transcripts in the Pantelimon case: some doctors complained that patients were no longer dying" (Arambescu 2025b); headline on Realitatea.net: "Shocking transcripts in the case of deaths at Pantelimon ICU! How doctors planned who would live and who would die" (Redacția Realitatea 2025) directly suggests premeditation, without doubt or medical contextualisation. The subtitles reinforce the accusatory narrative, using terms with criminal or moral connotations. The subtitles (or references to other articles focused on the subject) have a similar structure; in some cases, a politicisation of the references could be observed: "Rafila [Minister of Health], caught in Pantelimon's vise – called to report to Ciolacu [Prime Minister] and with a criminal complaint to the DNA" (Redactia SpotMedia 2024), "Ciolacu [Prime Minister] announces tough measures in the

Pantelimon deaths scandal: I will not hesitate to demand resignations from top to bottom in the ministry" (Ion 2024).

The predominance of the attribution of responsibility framework is closely linked to the structure of the sources used in the articles analysed, as the dependence on institutional sources associated with the criminal investigation provides not only factual information, but also the primary angle of interpretation of events. The analysis of source pluralism indicates a marked dependence on sources from the prosecution. Approximately 80% of the articles analysed use exclusively institutional sources associated with the criminal investigation (prosecutors, official statements, excerpts from the case file or transcripts), without including alternative positions or independent medical explanations. References to the defence are rare and, when they do appear, they are succinct and placed peripherally in the text, usually towards the end of the article. For example, in an article in Libertatea, the lawyers' position is conveyed in a single sentence: "These are medical discussions, rather. They are exactly the same evidence that... Look through the papers!" (Arambescu 2025b), without being contextualised or developed. In contrast, the statements from the prosecution are extensive and recurrent, such as the statement: "The sudden reduction in noradrenaline doses triggered the chain of events that led to the patients' deaths" (Oanta 2025). This asymmetry of sources supports the activation of the individual responsibility attribution frame as early as the presentation of the facts.

In this analysis, interpretative frameworks are not treated as abstract entities, but as discursive structures identifiable by recurring linguistic elements in headlines and leads. Framing is operationalised through the selection of sources, the types of speech acts privileged, explicit evaluations, and the manner of presenting the evidence. Thus, the frames of attribution of responsibility, moralisation and human interest are manifested concretely through the predominance of institutional sources associated with the criminal investigation, the use of evaluative and dramatizing language, and the integration of conversational fragments (transcripts) with high emotional impact. In this sense, a recurring element of the narrative construction is the use of transcripts and fragments of informal conversations, presented as central evidence of the seriousness of the situation. These are usually introduced without clinical contextualisation or explanations regarding the professional or situational language specific to intensive care settings. The selected lines are short, colloquial and highly evaluative, inducing a framework of cynicism and lack of empathy. Examples include phrases such as "let's leave him", "the old man is dry", or "we can't get rid of her" (Arambescu 2025b). In some articles, fragments of conversation are reproduced in full, with emoticons or expressions typical of informal communication in messaging apps [such as:")))" or "full force!"], which contributes to emphasising the drama and activating the framework of human interest (Redacția Realitatea 2025).

The constant use of evaluative language functions as a discursive mechanism to support the moral framework and the framework of attribution of responsibility, as the emotional evaluation of facts precedes and guides their legal or professional interpretation. An analysis of the language used in headlines and leads indicates a high frequency of evaluative and emotional terms that go beyond the descriptive or technical register. Adjectives and phrases with strong axiological connotations, such as "shocking", "hallucinatory", "earth-shattering", "evil" or "crime", are constantly used to mark the seriousness of the situation and amplify the emotional impact of the report. Examples include phrases such as "shocking testimonies" (Florescu 2024), "the doctors' statements were mind-boggling" (Redactia Realitatea 2025), "details with a strong emotional impact" (Stanila 2024) or synthetic labels such as "the hospital of death" (Cristescu 2024), which are recurrently found in publications such as Adevărul, Realitatea.net, Digi24 or Evenimentul Zilei. Neutral or technical language is rarely used, and medical explanations are marginal, which indicates an editorial orientation towards dramatization and moral evaluation.

Analysis of the materials indicates a high degree of convergence between the information provided by judicial sources and the journalistic presentation of the case. Most articles are based on official press releases from the Prosecutor's Office, excerpts from criminal investigation files or transcripts, without including alternative positions from the defence or independent experts. Under these circumstances, passages from judicial documents are presented as indisputable factual descriptions, such as statements such as: "Prosecutors: doctors intentionally reduced doses to kill patients" or "acting with the intention of ending his life, they reduced his dose of noradrenaline" (Ionescu 2024). The headlines also reflect the same narrative, for example: "Four doctors from 'Sf. Pantelimon' accused of premeditated murder in the case of deaths in the ICU" (Niculescu 2025) or "Judge: They decided who should die in the ICU" (Editor C.L.B. 2024), without specifying the stage of the proceedings or the provisional nature of the charges.

Recurring discursive themes

Beyond the dominant framework, the thematic analysis of headlines and leads highlights the recurring presence of specific discursive themes.

Judicialization is present in 44 articles (73.33%), marked by explicit references to prosecutors, the public prosecutor's office, investigations or procedural measures. For example, the article "The investigation at St. Pantelimon Hospital deepens. One of the doctors is suspected of incitement to murder" (Oanta 2025) begins with information about the expansion of the investigation, thus establishing the main framework for interpretation. Explicit criminal charges appear in 32 articles (53.33%), usually in the headline or first sentence. In "The horrors at Pantelimon Hospital: other doctors accused of premeditated murder"

(Cana 2024), terms with criminal and moral connotations are combined to emphasise the seriousness of the event.

Lexical sensationalism is identified in 19 articles (31.66%) through the use of markers of emotional intensity. Headlines such as "Shocking testimonies from the St. Pantelimon case" (Florescu 2024) or "Shocking transcripts in the case of the deaths at the Pantelimon ICU" (Redacția Realitatea 2025) exemplify this strategy.

Systemic contextualisation is present in only 10 articles (16.66%), usually subordinate to the criminal framework. Even in articles that mention the staff crisis, such as "Pantelimon Hospital in crisis due to lack of ATI doctors" (Arambescu 2025a), this dimension does not become a dominant interpretative angle in the overall coverage.

The narrative structure of leads

Sequential analysis of the leads indicates the existence of a recurring narrative pattern, identifiable in most articles dominated by the "responsibility frame". This pattern usually follows four steps: (1) introduction of the judicial authority; (2) formulation of the accusation; (3) qualification of the seriousness of the act; (4) mention of a procedural measure.

For example, in the article "Reasons for the arrest of the two doctors from St. Pantelimon Hospital. Judge: They decided who should die in the ICU" (Editor C.L.B. 2024), the lead starts with the authority of the judge and establishes a substantive conclusion right from the outset. A similar structure can be found in "Prosecutors: doctors intentionally reduced doses to kill patients" (Ionescu 2024), where the accusatory statement is introduced before any contextualisation.

Legal distancing formulations ("prosecutors claim", "according to investigators") are present, but often appear in a discursive context dominated by narrative certainty, which reduces their role as epistemic caution.

Absence of medical and institutional contextualisation

References to the complexity of clinical decisions in the ICU, treatment limitation protocols or organisational constraints are rare in the headline and lead. Even when they do appear, they are formulated succinctly and without elaboration. For example, the article "Sfântul Pantelimon Hospital in Bucharest is in crisis due to a shortage of doctors and ICU beds: Please support us" (Arambescu 2025a) explicitly introduces the issue of resources, but this type of approach remains exceptional in the corpus. In most articles, medical decisions are presented exclusively through the lens of criminal intent, with no mention of the ethical or clinical framework of medical practice in intensive care. This absence of medical contextualisation suggests an editorial preference for simplified narratives focused on the individual and guilt, to the detriment of multidimensional explanations.

Summary of results

Overall, the results indicate media coverage dominated by judicialization, attribution of individual responsibility and the use of emotional devices, reflected even in the title and lead. Frames oriented towards the systemic and institutional context are marginal, and explanatory pluralism is limited. This distribution confirms the existence of a relatively homogeneous editorial angle in the reporting of the Pantelimon case.

DISCUSSION

This section discusses the results of the analysis in relation to the literature on crisis journalism, framing in health, and the relationship between the press and the judiciary. The discussion is organised around the stated objectives of the study: to identify dominant frames, recurring narrative patterns, and the ethical and institutional implications of this type of media coverage.

The dominance of the judicial frame and the attribution of responsibility

The main result of the analysis is the predominance of the "responsibility frame" in the headlines and leads of articles about the Pantelimon case. In more than four-fifths of the texts analysed, the event is introduced primarily as a criminal matter, with direct references to prosecutors, investigations and accusations of murder or premeditation. This finding is consistent with the literature showing that, in crisis situations with high moral potential, the press tends to favour frames of blame attribution and identification of individual perpetrators (Entman 1993; de Vreese 2005).

The literature on media reporting of medical errors and health scandals suggests that the media tends to favour personalised narratives, centred on individual guilt and direct responsibility, while systemic or organisational explanations are frequently marginalised. This orientation is explained by the greater compatibility of personalised framing with traditional news values, such as drama, conflict and the identification of responsible actors, but also by the difficulty of communicating complex structural causes to the general public (Jackson 2001; Hodgetts *et al.* 2008; McGivern and Fischer 2010; Mannion *et al.* 2019). The present results confirm this trend in the Romanian context and suggest that judicialization functions as an "implicitly legitimate" interpretative framework that confers narrative authority on journalistic reporting.

Emotional frames and the use of impact devices

Although secondary in frequency, the "human interest frame" plays an important role in intensifying the moral significance of the narrative. The use of transcripts, wiretaps, and evaluative adjectives in the headline or lead contributes to the personalisation and dramatization of the event. The literature shows that these narrative devices are frequently used in crisis journalism to capture attention and generate emotional involvement (Allan 2010; Wahl-Jorgensen 2019).

In the case analysed, the "human interest frame" does not appear in isolation, but is often superimposed on the judicial frame, amplifying the effect of certainty and gravity. This overlap is relevant from an ethical perspective, as the excessive emotionalization of an ongoing investigation can reduce the space for ambiguity and nuance, which are essential elements in a state governed by the rule of law (Greer and McLaughlin 2012).

Absence of systemic and medical contextualisation

A notable finding of the analysis is the low frequency of references to the institutional and systemic context of medical activity in the field of anaesthesia and intensive care. Even when mentioned, issues such as staff shortages, overcrowding or organisational constraints are introduced marginally, without constituting the main framework for interpretation.

This finding is consistent with research showing that the media tends to underrepresent structural explanations in favour of personalised ones, especially in areas characterised by technical complexity, such as health (Briggs and Hallin 2025). From this perspective, media coverage of the Pantelimon case reflects an editorial orientation that privileges individual and criminal responsibility at the expense of a multidimensional understanding of medical practice in critical situations.

Although the analysis focused on how the press constructs individual responsibility, the journalistic material indirectly provides relevant clues about structural tensions in the healthcare system, especially in intensive care units. Sporadic references to severe staff shortages (such as the mention that St. Pantelimon Hospital "was left with only four ICU doctors") appear marginally in the corpus and are not integrated into a systemic explanation of the working context (Arambescu 2025a). This absence of institutional contextualisation contrasts with the centrality of accusatory narratives and suggests a reduction of organisational complexity to individual behaviours. Similarly, the informal language captured in the transcripts is presented predominantly as an indication of individual moral pathology, without being discussed in relation to professional exhaustion, burnout, or organisational culture in highly demanding medical environments. Although the literature indicates links between chronic professional stress and the deterioration of institutional communication, these dimensions

remain invisible in the media discourse analysed. Another marginalised theme is the absence of coherent public explanations regarding treatment limitation protocols or end-of-life decisions. The press does not distinguish between medical ethical dilemmas and criminal acts, which reflects not only editorial choices but also the lack of transparent institutional communication frameworks in the healthcare system.

Politically, the crisis is addressed rather through symbolic gestures (calls for resignation, statements of firmness), without investigating systemic consequences or administrative responsibilities. This dynamic supports the idea of a "public sacrifice" intended to calm outrage, in the absence of an institutionalised debate on reform, management and working conditions. Overall, the media reflects the visible symptoms of an organisational and moral crisis, without exploring the structural causes or possible solutions, thus contributing to a fragmented representation of the healthcare system.

The press and the judiciary: consolidating the "primacy of official definitions"

The results support the existence of a close relationship between judicial and media discourse, manifested by the adoption of definitions and interpretations provided by the investigating authorities as the starting point for journalistic reporting. This phenomenon, described in classical literature as the "primacy of official definitions" (Hall *et al.* 1978), limits interpretative pluralism and reduces the critical role of the press. In this model, institutions with symbolic authority provide not only information, but also the angle of interpretation, which is taken up and amplified by the media. In the context analysed, this transfer of narrative authority contributes to the construction of an image of guilt from the early stages of journalistic coverage, before a final verdict is handed down. From this perspective, the Pantelimon case illustrates the structural tension between the logic of judicial information and the role of journalism in a functional democracy, particularly with regard to respecting the presumption of innocence and maintaining a critical distance from institutional definitions of the situation.

In the context analysed, leads that begin with phrases such as "prosecutors claim that" or "investigators have established" quickly set a framework of certainty, even if the legal process is in its early stages. Although markers of legal distance are formally present, the volume and intensity of accusatory information tend to neutralise their protective function, raising questions about respect for the presumption of innocence in media discourse (Greer and McLaughlin 2012).

Ethical and institutional implications of media coverage

Although the study does not directly measure the effects on the public or the medical profession, the results can be discussed in relation to the literature on

occupational stigmatisation and institutional trust. Research shows that professions based on expertise and public trust, such as medicine, are particularly vulnerable to discursive delegitimization in the context of highly publicised scandals (O'Neill 2002; Freidson 2001).

In this sense, the dominance of the accusatory framework and the absence of systemic contextualisation can contribute to reinforcing a public image of the doctor as an isolated moral agent, solely responsible for the failures of a complex system. The literature on moral panic suggests that such representations can lead to disproportionate social reactions and demands for symbolic punishment, without necessarily generating sustainable institutional solutions (Cohen 2011).

It is important to note that these considerations are theoretical implications, not empirical conclusions about psychological impact. Direct assessment of public or health professional reactions requires complementary methods, such as comment analysis, interviews, or quantitative research.

The psychosocial implications of media representations on the medical profession

Dominant accusatory and moralising media narratives can have profound psychological effects on medical professionals. When doctors are portrayed as "executioners" or "killers", the public's perception of the medical profession suffers significant erosion. This can contribute to a decline in trust in hospitals, avoidance of medical services, or even demotivation and exodus of qualified staff. The phenomenon is part of what the literature refers to as "occupational stigma" (Link and Phelan 2001), a phenomenon exacerbated in the context of the pandemic and post-pandemic. Medical staff may also experience what Maslach defines as emotional burnout, amplified by a lack of institutional protection and excessive media pressure (Maslach 1982). In line with the thematic gaps identified at the international level (Dumitrescu 2025), the media discourse analysed in the Pantelimon case privileges the figure of the doctor as solely responsible, frequently ignoring the institutional dimension or the role of the patient in conflict prevention. Terms such as "patient perspective", "institutional accountability" or "shared responsibility", which are also absent from global scientific literature, are missing from the Romanian media narrative, contributing to the consolidation of an individual-centred "culture of guilt".

The dominant accusatory and moralising media narratives identified in this analysis can be discussed, in theoretical terms, as risk factors for the professional stigmatisation of healthcare workers. The literature shows that public representations that constantly associate a profession with moral or criminal guilt contribute to the erosion of occupational prestige and a decline in social trust (Link and Phelan 2001). In the context analysed, presenting doctors through extreme labels or moralising language reduces the visibility of the complexity of the

medical act and favours an individualised interpretation of responsibility. Classic research on burnout indicates that public pressure and lack of institutional support can amplify the emotional exhaustion of professionals in high-exposure fields (Maslach 1982). Furthermore, recent scholarship has increasingly emphasized the intersection between public exposure, psychological risk, and institutional fragility. Evidence from Romania demonstrates that professionals operating in highly visible roles – such as journalists – are frequently subjected to verbal abuse, intimidation, and digital attacks, in a context marked by weak institutional protection and limited accountability (Vasilendiuc *et al.* 2025). Such conditions contribute to heightened emotional strain and professional insecurity, reinforcing theoretical accounts that link burnout not only to individual workload but also to structural and discursive environments. Although the present study does not directly examine physicians lived experiences, the patterns identified here resonate with these broader mechanisms of occupational vulnerability and stigma. This aligns with broader findings in burnout research emphasizing the role of organizational constraints and external pressures in shaping professional vulnerability. Evidence from Romania further supports this perspective; recent studies report that over one-third of physicians are at high risk of burnout, with more than half experiencing personal or professional exhaustion (Ciuciuc *et al.* 2025). Structural factors such as inadequate working conditions, time pressure, and exposure to critical care settings have also been identified as key contributors (Dura *et al.* 2024). Although the present study does not directly investigate the subjective experiences of doctors, the discursive patterns identified are consistent with mechanisms described in the contemporary literature on occupational stigma and professional vulnerability.

Implications for journalistic ethics and social responsibility

The following discussion does not aim to provide a comprehensive or systematically grounded analysis of journalistic ethics, a field that has been extensively theorised across multiple disciplinary traditions. Rather, it proposes a set of interpretative reflections derived from the discursive patterns identified in the present study. As such, the observations advanced here should be understood as exploratory and indicative, intended to situate the findings within a broader normative and professional framework, rather than to offer an exhaustive engagement with the existing theoretical or empirical literature on media ethics. A central component of this analysis is the questioning of journalistic practices in relation to the ethical norms of the profession. Journalistic ethics require balance, verification of sources, informational pluralism and respect for the presumption of innocence. However, in the cases analysed, the following can be observed: accusatory and biased headlines prior to a legal conviction, the use of quotes taken out of context and the "sensational" transformation of language, the uncritical adoption of the prosecution's position. These practices contribute to what has been called "manufacturing consent" (Herman and Chomsky 2019), a distortion of

public debate in favour of a unilateral narrative. In addition, an information climate is created in which consumers are not encouraged to think critically, but to react emotionally. In this sense, journalism can lose its role as a democratic guardian and unwittingly become an agent of moral and social pressure rather than a mediator of contextualised truth.

Contributions

By integrating the typology Semetko and Valkenburg (2000) into an analysis focused on headlines and leads, this study contributes to the literature on framing in health crises, demonstrating the usefulness of the generic framework in specific national contexts. The results are compatible with international research on crisis journalism, but add a contextual perspective on how the Romanian press handles the intersection between health, justice and public morality.

This article makes an empirical, theoretical and methodological contribution to studies on crisis journalism and public communication in the field of health, with a focus on the Romanian context. First, the empirical contribution consists of a systematic mapping of the dominant interpretative framework in media coverage of a major medical crisis with criminal implications. Through an exclusive analysis of headlines and leads, the study demonstrates that the Romanian press overwhelmingly favours the responsibility frame of Semetko and Valkenburg (2000), oriented towards judicialization and the attribution of individual responsibility, to the detriment of systemic or institutional frames. This finding is supported by clear frequency data and replicable coding criteria, addressing a frequently reported gap in qualitative analyses of the Romanian press. Secondly, the theoretical contribution of the study consists in articulating the relationship between judicial framing and journalistic ethics, by highlighting how the attribution of responsibility, combined with elements of "human interest" and "moralisation", can produce an effect of "narrative certainty" before the completion of legal proceedings. Without assessing the impact on the public, the study shows how the discursive structure of news creates the symbolic conditions for the erosion of the presumption of innocence, confirming theoretical observations in the literature on "trial by media" and "media–justice nexus". Thirdly, the methodological contribution consists in the consistent application of the Semetko and Valkenburg typology in a specific national context, with the adaptation of indicators to the particularities of Romanian online journalism (emphasis on transcripts, evaluative headlines, extensive citation of judicial sources). This approach demonstrates the usefulness of generic framing frameworks for analysing health crises in Central and Eastern Europe, where the intersection between the media, justice and politics has distinct features.

Limitations of the study

The results presented should be interpreted in light of some explicit methodological limitations. First, the analysis is limited to headlines and leads, which means that it does not capture any nuances or contextualisation introduced later in the body of the articles. However, this methodological choice is deliberate and justified by the literature, which shows that the headline and lead are the main elements that set the interpretative framework and influence reading (Dor 2003). Secondly, the corpus is built on the basis of the visibility offered by the Google search engine, which implies a potential algorithmic selection bias. Although measures to reduce personalisation (incognito mode, uniform criteria) were applied, the results primarily reflect the high-impact press, not the entire Romanian media universe. Thirdly, the study does not include data on audience reception (online comments, surveys, interviews) and cannot draw empirical conclusions about the psychological or behavioural effects of media coverage. Any reference to the impact on professional trust or stigmatisation is formulated as a theoretical implication, not as a proven result. Finally, although coding verification procedures were applied, the analysis remains interpretative, specific to qualitative research. The results do not aim at statistical generalisation, but at analytical and explanatory validity.

Comparison of results with academic literature relevant to Romania

Although Romanian literature on framing in medical crises is limited, the results of this study are in line with trends identified in local research on the relationship between the media, justice and vulnerable professions.

Sociological and legal studies conducted in Romania show that public discourse tends to excessively personalise responsibility in cases of malpractice or medical conflict, marginalising the institutional and systemic dimension (Dumitrescu, Dan, and Ilinca 2023; Dumitrescu 2025). The present results confirm this orientation and extend it to the sphere of crisis journalism, showing that the attribution of individual blame is already discursively established in the headline and lead, before any public or judicial deliberation.

Furthermore, Romanian literature on the stigmatisation of medical professions, especially in contexts of institutional and litigious pressure, indicates the existence of a climate of heightened symbolic vulnerability (Dumitrescu and Dan 2024). The present analysis offers a concrete discursive mechanism for this vulnerability: the dominance of the judicial framework and the absence of explanatory pluralism in the first units of news reading.

In relation to studies on the media coverage of justice in Romania, our results are compatible with the observation that the reporting of criminal cases is frequently based on information from authorities and on “file” materials (excerpts, transcripts, verbatim renditions), which are then intensely commented on and

interpreted in the media, sometimes in ways that can erode the presumption of innocence ("telejustice") (Stanescu 2015; Popirtaru *et al.* 2012). In addition, the literature on crime news production indicates a professional routine whereby journalists privilege "legitimate" (institutionally recognised) sources as definers of the situation, which makes it likely that the interpretative framework provided by the public order/justice system will be adopted (Marinescu 2008). From this perspective, the Pantelimon case can be discussed as an update of a broader dynamic: the convergence between the judicial agenda and the media agenda, amplified by audience logic and public participation (including online) in symbolic trials ("People`s Court") (Filimon-Benea 2025).

Future directions for research

The results of this study open up several relevant avenues for further research. One avenue involves analysing public reception by examining online comments, reactions on social media, or through experimental surveys that test the effects of different frames on perceptions of guilt, trust, and professional legitimacy. A second direction consists of extending the analysis to the entire body of articles in order to assess whether and to what extent any nuances in the text can counterbalance the effect of the frame established by the headline and lead. A third direction involves comparative analyses: between different medical crises in Romania, between the Romanian press and that of other European countries, or between types of media (tabloid *versus* quality press), in order to assess the degree of national specificity of the patterns identified. Finally, an important direction is the integration of the perspective of health professionals, through interviews or qualitative research, in order to understand how they perceive and manage media exposure in contexts of criminal crisis.

CONCLUSIONS

This study analysed how the Romanian press constructed the discourse on the case of the "Sfântul Pantelimon" Emergency Clinical Hospital through headlines and leads, using the typology of framing proposed by Semetko and Valkenburg. The results show media coverage strongly oriented towards judicialization and the attribution of individual responsibility, with an overwhelming prevalence of the responsibility frame, while systemic and institutional explanatory frames remain marginal.

By focusing on the first reading units of the news items, the analysis highlights the decisive role of headlines and leads in establishing the dominant interpretative frame. Even when legal distancing formulas are used, the discursive structure and density of accusatory information contribute to creating an effect of narrative certainty, in which the event is presented primarily as a clearly defined

criminal fact. This finding is relevant for understanding how the press participates in shaping the public agenda in contexts of medical crisis with moral and legal implications.

The study confirms observations in international and Romanian literature regarding the media's tendency to personalise responsibility and reduce the systemic complexity of medical practice in crisis situations. In the Romanian context, this orientation is amplified by the structural dependence on official sources and the close intersection between journalistic and judicial discourse. The Pantelimon case thus becomes an emblematic example of how crisis journalism can contribute, even unintentionally, to the erosion of fundamental ethical principles, such as the presumption of innocence and interpretative pluralism.

Without drawing empirical conclusions about the psychological impact on the public or the medical profession, the article highlights the discursive conditions that can favour professional stigmatisation and institutional delegitimization. In doing so, the study takes an analytical, rather than a normative, position and emphasises the need for critical reflection on journalistic practices in sensitive areas such as health and justice.

Overall, the conclusions of this study suggest that crisis journalism is not only a channel for transmitting information, but also a central actor in the construction of the social reality of medical crises. The professionalisation of journalistic discourse, the strengthening of institutional communication and the development of a media culture oriented towards balance and contextualisation remain essential conditions for protecting public trust and professional legitimacy in the health system.

AI Use Statement

The initial version of the manuscript was translated from Romanian into English using DeepL (www.deepl.com). DeepL is an artificial intelligence–based translation platform that relies on neural machine translation models, using artificial neural networks trained on large multilingual corpora to generate context-sensitive and fluent translations. These systems process entire sentences rather than word-by-word substitutions, allowing for improved semantic coherence and linguistic accuracy. The translated text was subsequently reviewed and revised by the authors to ensure fidelity to the original meaning and compliance with academic standards.

REFERENCES

Allan, Stuart. 2010. News Culture. Third Edit. New York: Open University Press.

Arambescu, Dana. 2025a. "Spitalul „Sfântul Pantelimon" Din București Este În Criză de Medici Și de Locuri La ATI: „Vă Rugăm Să Ne Sprijiniți"." Libertatea, February 26, 2025. https://www.libertatea.ro/stiri/spital-sfantul-pantelimon-bucuresti-criza-personal-locuri-ati-5210579.

Arambescu, Dana. 2025b. “Stenograme Revoltătoare În Dosarul Pantelimon: Unii Medici Se Plângeau Că Pacienții Nu Mai Mor.” Libertatea, June 6, 2025. https://www.libertatea.ro/stiri/stenograme-dosarul-pantelimon-medici-se-plangeau-pacientii-nu-mai-mor-5335502.

Bandura, Albert. 1999. “Moral Disengagement in the Perpetration of Inhumanities.” Personality and Social Psychology Review 3 (3). https://doi.org/10.1207/s15327957pspr0303_3.

Bell, Sigall K., Tom Delbanco, Lisa Anderson-Shaw, Timothy B. McDonald, and Thomas H. Gallagher. 2011. “Accountability for Medical Error: Moving beyond Blame to Advocacy.” Chest 140 (2): 519–26. https://doi.org/10.1378/chest.10-2533.

Briggs, Charles L, and Daniel C Hallin. 2025. Making Health Public: How News Coverage Is Remaking Media, Medicine, and Contemporary Life. Second Edition. New York: Routledge. https://www.routledge.com/Making-Health-Public-How-News-Coverage-Is-Remaking-Media-Medicine-and-Contemporary-Life/Briggs-Hallin/p/book/9781032457741.

Cana, Petrisor. 2024. “Ororile de La Spitalul Pantelimon: Alți Medici Acuzați de Omor Cu Premeditare.” Oficiul de Stiri, April 4, 2024. https://oficiuldestiri.ro/ororile-de-la-spitalul-pantelimon-alti-medici-acuzati-de-omor-cu-premeditare.

Ciuciuc, Nina, Eugenia Maria Lupan-Mureșan, Alexandra Ioana Roșioară, Monica Popa, Dana Manuela Sîrbu, Daniela Curșeu, Codruța Alina Popescu, and Bogdana Adriana Năsui. 2025. “Burnout Syndrome Among Primary Care Physicians in Romania: A National Overview.” Healthcare 13 (22): 2966. https://doi.org/10.3390/HEALTHCARE13222966.

Clark, Linn Schofield, and Regina Marchi. 2017. Young People and the Future of News: Social Media and the Rise of Connective Journalism. Cambridge: Cambridge University Press.

Cohen, Stanley. 2011. Folk Devils and Moral Panics: The Creation of the Mods and Rockers. Folk Devils and Moral Panics: The Creation of the Mods and Rockers. London: Routledge. https://doi.org/10.4324/9780203828250.

Cristescu, Emma. 2024. “Întorsătură de Situație În Cazul Sf. Pantelimon. Cine Este Adevăratul Vinovat Spitalul Sf Pantelimon București.” Evenimentul Zilei, August 14, 2024. https://evz.ro/intorsatura-de-situatie-in-cazul-sf-pantelimon-cine-este-adevaratul-vinovat.html.

Curran, James, and Jean Seaton. 2018. Power Without Responsibility: Press, Broadcasting and the Internet in Britain. Eighth edi. New York: Routledge.

Deuze, Mark, and Tamara Witschge. 2018. “Beyond Journalism: Theorizing the Transformation of Journalism.” Journalism 19 (2): 165–81. https://doi.org/10.1177/1464884916688550.

Dor, Daniel. 2003. “On Newspaper Headlines as Relevance Optimizers.” Journal of Pragmatics 35 (5): 695–721. https://doi.org/10.1016/S0378-2166(02)00134-0.

Dumitrescu, Radu-Mihai, and Adrian-Nicolae Dan. 2024. “Revealing the Hidden Vulnerabilities of Psychiatrists: Insights from the Romanian Health System. A Sociological and Empirical Study.” Sociology and Social Work Review 8 (1): 79–102. https://doi.org/10.58179/SSWR8105.

Dumitrescu, Radu Mihai. 2025. “MEDICAL LIABILITY BETWEEN CLINICAL PRACTICE AND LITIGATION: A BIBLIOMETRIC THEMATIC ANALYSIS.” Romanian Journal of Legal Medicine 33 (2): 171–78. https://doi.org/10.4323/rjlm.2025.171.

Dumitrescu, Radu Mihai, Adrian Nicolae Dan, and Corina Ilinca. 2023. Medici În Alertă! Căutăm Tratament Pentru Schimbare! Percepţiile Medicilor Privind Legislaţia Medicală Şi Sistemul Sanitar Din România. Rezultatele Unei Cercetări Sociologice. București: Tritonic Books.

Dura, Codruța, Kinga Șoldea, Maria-Madela Abrudan, and Dorina Niță. 2024. “Burnout among the Healthcare Professionals from The Petrosani Emergency Hospital.” In Proceedings of The 18 Th International Management Conference "Management in the Algorithmic Era: Harmonizing AI Mastery and Human Collaboration”, edited by Ion Popa, Cosmin Dobrin, Ovidiu Iulian Bunea, Cristina Dima, Sorina Ioana Misu, Cristina State, and Radu Uszkai, 499–516. Bucharest: Editura ASE. https://doi.org/10.24818/IMC/2024/05.04.

Editor C.L.B. 2024. “Motivarea Arestării Celor Două Doctorițe de La Spitalul Sf. Pantelimon. Judecător: Au Decis Cine Trebuie Să Moară În Secția ATI.” Digi24, August 14, 2024.

https://www.digi24.ro/stiri/motivarea-arestarii-celor-doua-doctorite-de-la-spitalul-df-pantelimon-judecator-au-decis-cine-trebuie-sa-moara-in-sectia-ati-2894405.

Entman, Robert M. 1993. "Framing: Toward Clarification of a Fractured Paradigm." Journal of Communication 43 (4). https://doi.org/10.1111/j.1460-2466.1993.tb01304.x.

Figenschou, Tine Ustad, Kjersti Thorbjørnsrud, and Daniel C. Hallin. 2023. "Whose Stories Are Told and Who Is Made Responsible? Human-Interest Framing in Health Journalism in Norway, Spain, the U.K. and the U.S." Journalism 24 (1): 3–21. https://doi.org/10.1177/14648849211041516.

Filimon-Benea, Anamaria. 2025. "Le Rôle Des Médias Sociaux Dans La Médiatisation de La Justice En Roumanie." Essachess – Journal for Communication Studies 18 (1(35)): 217–41. https://doi.org/10.21409/11q2-0034.

Florescu, Remus. 2024. "Mărturii Cutremurătoare Din Dosarul „Sf Pantelimon": „E de Lăsat" Era Sintagma Prin Care Ar Fi Fost Condamnați La Moarte Pacienții." Adevarul, August 8, 2024. https://adevarul.ro/stiri-interne/evenimente/marturii-cutremuratoare-din-dosarul-sf-2380561.html.

Freidson, Eliot. 2001. Professionalism, the Third Logic On the Practice of Knowledge. Chicago: University of Chicago Press.

Goodwin, Dawn. 2018. "Cultures of Caring: Healthcare 'Scandals', Inquiries, and the Remaking of Accountabilities." Social Studies of Science 48 (1): 101–24. https://doi.org/10.1177/0306312717751051.

Greer, Chris, and Eugene McLaughlin. 2012. "This Is Not Justice': Ian Tomlinson, Institutional Failure and the Press Politics of Outrage." The British Journal of Criminology 52 (2): 274–93. https://doi.org/10.1093/bjc/azr086.

Hall, Stuart, Critcher, Chas, Jefferson, Tony, and Clarke, John. 1978. Policing the Crisis: Mugging, the State, and Law and Order. London: Macmillan.

Herman, Edward S., and Noam Chomsky. 2019. Manufacturing Consent: The Political Economy of the Mass Media. New York: Pantheon Books.

Hodgetts, Darrin, Kerry Chamberlain, Margaret Scammell, Rolinda Karapu, and Linda Waimarie Nikora. 2008. "Constructing Health News: Possibilities for a Civic-Oriented Journalism." Health: An Interdisciplinary Journal for the Social Study of Health, Illness and Medicine 12 (1): 43–66. https://doi.org/10.1177/1363459307083697.

Ion, Ioana. 2024. "Stenogramele de La Spitalul Sf. Pantelimon: „Doamne Ferește! În Cazul În Care Se Aude Sau Vine Cineva Peste Voi Să Nu Le Acoperiți!"." Adevarul, August 8, 2024. https://adevarul.ro/stiri-interne/evenimente/stenogramele-de-la-spitalul-sf-pantelimon-2380519.html.

Ionescu, Maria. 2024. "INTERCEPTĂRI Sf. Pantelimon. „Am Creieru-n Menghină". Ce Vorbeau Între Ele „Doamna Cu Coasa" Și Cealaltă Doctoriță ATI Când Au Descins Procurorii În Spital." HotNews, August 9, 2024. https://hotnews.ro/interceptari-sf-pantelimon-am-creieru-n-menghina-ce-vorbeau-intre-ele-doamna-cu-coasa-si-cealalta-doctorita-ati-cand-au-descins-procurorii-in-spital-1767888.

Jackson, Trevor. 2001. "How the Media Report Medical Errors." BMJ : British Medical Journal 322 (7285): 562. https://pmc.ncbi.nlm.nih.gov/articles/PMC1119759/.

Link, Bruce G., and Jo C. Phelan. 2001. "Conceptualizing Stigma." Annual Review of Sociology 27. https://doi.org/10.1146/annurev.soc.27.1.363.

Mannion, Russell, Huw Davies, Martin Powell, John Blenkinsopp, Ross Millar, Jean McHale, and Nick Snowden. 2019. "Healthcare Scandals and the Failings of Doctors." Journal of Health Organization and Management 33 (2): 221–40. https://doi.org/10.1108/JHOM-04-2018-0126.

Marinescu, Valentina. 2008. "View of Media Coverage of 'Grassroots' Violence against Women: A Comparative Analysis for Romania and Canada." Brazilian Journalism Research 4 (1): 140–58. https://bjr.sbpjor.org.br/bjr/article/view/138/137.

Maslach, C. 1982. Burnout: The Cost of Caring. Edited by Englewood Cliffs. New Jersey: Prentice-Hall.

McGivern, Gerry, and Michael Fischer. 2010. “Medical Regulation, Spectacular Transparency and the Blame Business.” Journal of Health Organization and Management 24 (6): 597–610. https://doi.org/10.1108/14777261011088683.

Niculescu, Mihai. 2025. “Patru Medici de La „Sf.Pantelimon”, Acuzaţi de Omor Calificat Cu Premeditare În Cazul Deceselor de La ATI.” Stirile ProTV, June 5, 2025. https://stirileprotv.ro/stiri/actualitate/inca-patru-medici-vizati-in-dosarul-deceselor-suspecte-de-la-spitalul-pantelimon-zomor-calificat-cu-premeditare.html.

Noelle-Neumann, Elisabeth. 1974. “The Spiral of Silence a Theory of Public Opinion.” Journal of Communication 24 (2): 43–51. https://doi.org/10.1111/j.1460-2466.1974.tb00367.x.

O’Neill, Onora. 2002. A Question of Trust. Cambridge: Cambridge University Press.

Oanta, Ovidiu. 2025. “Ancheta de La Spitalul „Sfântul Pantelimon” Se Adâncește. Unul Dintre Medici Este Suspectat de Instigare La Omor.” Stirile ProTV, June 5, 2025. https://stirileprotv.ro/stiri/actualitate/ancheta-de-la-spitalul-zsfantul-pantelimon-se-adanceste-unul-dintre-medici-este-suspectat-de-instigare-la-omor.html.

Parker, Joshua, and Ben Davies. 2020. “No Blame No Gain? From a No Blame Culture to a Responsibility Culture in Medicine.” Journal of Applied Philosophy 37 (4): 646–60. https://doi.org/10.1111/japp.12433.

Popirtaru, Mădălina, Adriana Ștefanel, and Daniela Roventa-Frumusani. 2012. “Coupable Jusqu’à La Preuve Contraire: Analyse Sémio-Discursive de La Médiatisation de l’acte de Justice.” Revista Romana de Jurnalism Si Comunicare - Romanian Journal of Journalism and Communication, no. 1: 33–40. https://ideas.repec.org/a/foj/journl/y2012i1p33-40.html.

Redactia Realitatea. 2025. “Stenograme-Șoc În Dosarul Deceselor de La ATI Pantelimon! Cum Plănuiau Medicii Cine Trăiește Și Cine Moare: Am Început Cu Detubatul, Toți MORTICEII Hopa Sus !” Realitatea.Net, June 6, 2025 https://www.realitatea.net/stiri/actual/stenogramesoc-in-dosarul-deceselor-de-la-ati-pantelimon-cum-planuiau-medicii-cine-traieste-si-cine-moare-am-inceput-cu-detubatul-toti-morticeiii-hopa-sus_6842eb9b2c3af625ee6e0914.

Redactia SpotMedia. 2024. “Cazul Pantelimon: Război Total Între Colegiul Medicilor Și Legiști.” SpotMedia, August 19, 2024. https://spotmedia.ro/stiri/eveniment/cazul-pantelimon-razboi-total-intre-colegiul-medicilor-si-legisti.

Semetko, Holli A., and Patti M. Valkenburg. 2000. “Framing European Politics: A Content Analysis of Press and Television News.” Journal of Communication 50 (2): 93–109. https://doi.org/10.1111/j.1460-2466.2000.tb02843.x.

Stanciu, Cornelia. 2024. “Medicii Decideau Cine Trăiește Și Cine Moare / Procurorii Din Dosarul Spitalului Sf.Pantelimon Vorbesc de Un Plan de a Provoca Decesul Unor Pacienți.” FirstNews, August 7, 2024. https://firstnews.ro/medicii-decideau-cine-traieste-si-cine-moare-procurorii-din-dosarul-spitalului-sf-pantelimon-vorbesc-de-un-plan-de-a-provoca-decesul-unor-pacienti/.

Stanescu, Georgiana Camelia. 2015. “Telejustice - a Phenomenon at the Border between the Right to Information of the Public and the Right to Image of Accused Persons.” Social Sciences and Education Research Review 2 (1): 91–99. https://ideas.repec.org/a/edt/jsserr/v2y2015i1p91-99.html.

Stanila, Ionela. 2024. “Iubitul „Doamnei Cu Coasa”, Doctorița ATI de La Spitalul Pantelimon Arestată, Găsit Inconștient Într-o Toaletă Publică Din Brașov.” Libertatea, August 16, 2024. https://www.libertatea.ro/stiri/iubitul-doamnei-cu-coasa-doctorita-ati-de-la-spitalul-pantelimon-arestata-gasit-inconstient-intr-o-toaleta-publica-din-brasov-4989318.

Ulmer, Robert R, Timothy L Sellnow, and Matthew W Seeger. 2010. Effective Crisis Communication: Moving From Crisis to Opportunity. Second Edition. Thousand Oaks: SAGE Publications.

Vasilendiuc, Natalia, Alexandra Bardan, Antonia Matei, Rodica Melinda Șuțu, Andrada Fiscutean, Gheorghe Anghel, Bogdan Oprea, and Carmen Ionescu. 2025. “How Safe Is Journalism? Unpacking Risks and Implications for the Profession in Romania.” Journalism Studies 27 (4): 482–502. https://doi.org/10.1080/1461670X.2025.2594654.

Vreese, Claes H. de. 2005. "News Framing: Theory and Typology." Information Design Journal 13 (1): 51–62. https://doi.org/10.1075/idjdd.13.1.06vre.

Wahl-Jorgensen, Karin. 2019. Emotions, Media and Politics. Cambridge: Polity Press.

Whitten, Pamela, Mohan J Dutta, Serena Carpenter, and Graham D Bodie. 2008. "News Media and Health Care Providers at the Crossroads of Medical Adverse Events." In Advances in Patient Safety: New Directions and Alternative Approaches, edited by K Henriksen, JB Battles, and MA Keyes. Rockville: Agency for Healthcare Research and Quality. https://www.ncbi.nlm.nih.gov/books/NBK43609/.

Crizele din sistemul de sănătate care capătă o dimensiune penală generează o atenție mediatică intensă și pot avea efecte semnificative asupra încrederii publice, a profesiilor implicate și a legitimității instituționale. Articolul analizează modul în care presa românească a construit discursul din jurul cazului Spitalului Clinic de Urgență „Sf. Pantelimon" din București, un caz cu vizibilitate publică ridicată, la intersecția dintre sănătate, justiție și moralitate publică. Cercetarea se bazează pe o analiză calitativă a conținutului a 60 de articole de presă online, examinând titlurile și introducerile (primele 2–3 propoziții) ca unități principale pentru stabilirea cadrului interpretativ. Analiza este ghidată de tipologia de încadrare propusă de Semetko și Valkenburg, operaționalizată prin identificarea markerilor lingvistici expliciți asociați cu cadre generice.

Rezultatele indică o predominanță clară a cadrului de atribuire a responsabilității, adesea suprapus cu evaluări morale și elemente de dramatizare, în timp ce cadrele orientate către contextul sistemic și instituțional rămân marginale. Reportajele media se bazează în mod repetat pe surse oficiale și definiții furnizate de autoritățile judiciare, contribuind la judiciarizarea discursului public și la simplificarea complexității practicii medicale în unitățile de terapie intensivă. Articolul discută aceste constatări în raport cu literatura despre jurnalismul de criză, mediatizarea justiției și stigmatizarea profesională, subliniind implicațiile pentru etica jurnalistică, încrederea publică și vulnerabilitatea simbolică a profesiilor medicale. Studiul contribuie la înțelegerea modului în care mass-media participă la construirea realității sociale a crizelor medicale din România.

***Cuvinte-cheie**: jurnalism de criză; încadrare mediatică; sănătate și justiție; responsabilitate și vinovăție; stigmatizare profesională; presă românească; încredere instituțională.*

Received: 04.11.2025 *Accepted: 07.05.2026*