

ECONOMICAL AND MANAGERIAL INFLUENCES IN THE PUBLIC HEALTH SYSTEMS

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Abstract

The goal of any healthcare system is to promote health protection which must be pursued not only now, with the available resources, but also in the future, for those to be born, as they have the same right to safety as those that are already living. In this context, the medical profession should be oriented towards care, treatment and prevention of diseases, to protect the health and dignity of any person, rather than to protect personal interests. Our paper tries to describe the healthcare system concept, taking into account the views of acknowledged researchers in the field, focusing on the impact of the changes in the consumption of medical products and services and on the guidelines outlining the medical system post-reform in the European and North American areas.

Key words: national healthcare system, health policy, economic recession, the market of healthcare services.

1. Introduction

The health care systems, the welfare and health condition influence each other, being correlated by very dynamic reports. In the last years, it could be easily seen that a high quality health care system is essential for improving public health, and the recent crisis has demonstrated the necessity for solid health care systems, in order to give adequate answers for each country and

internationally.

At the European level, in 2007, a Swedish workgroup has published a classification of the European health care systems from the consumers' point of view. The classification of 29 European countries' health care systems, according to important indexes for citizens and consumers, was published in the report called "Euro Health Consumer Index 2007". On first place in this classification

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is Austria, due to the best results in medical practice, the access to excellent cures and the survival rate of 5 years per tumor, one of the best rates in the EU. The next countries are: Germany, France, Italy and Greece, where the information on health are very transparent and have an accessible potential, because in practice the public doesn't know these systems very well. The Italian healthcare system is characterized by a "strong" position of the doctors and the experts in this field, which can be translated as a reduced autonomy of the patients that often address to the experts, as intermediaries regarding health issues. In Denmark and Northern countries, there are health care systems that allow the direct access of patients to the necessary medical information [3].

With regard to the quality of the medical services, Spain and Italy have the best results, even if according to this qualification the excellence of the health care systems in the Southern Europe depends a little bit too much on the possibility of the consumers to address to private structures and complementarily to the public health services.

For a lot of indexes taken into account for this classification no improvement is seen, while "the patient's right to health seems to be more and more respected", according to this report. The number of European countries in which health regulations express itself in detail in terms of patients and citizens' rights, is growing, with regard the direct access to personal data and health documents, this becoming an absolutely common practice [9].

2008 has been a rich one in what regards international health policy events: 60 years from the Human Rights Universal Declaration and 30 years from the Alma Ata Declaration. The Global Health Organization actually tries a

comeback in time, to rediscover and re-evaluate the orientations of the international health policies, based on equity, quality and prevention; the objective of these directions is to put the needs of the individual and community in the center of the health care system [2].

The orientation of the international health policy is based on a very simple, but able formula: "health for all". In fact, these are the exact words to conclude the report of the GHS, signed by its General Manager, Margaret Chan: "United in the common challenge of making the primary healthcare principles, which are to make a faster passing towards a health for all."

In the last time, starting from the economical recession in the first years of the 19th Century, the area of the healthcare policy has become more and more uncertain and less harmonically, rising a series of fundamental questions regarding the subjects and principles that contribute to the selection of a healthcare policy type. Obviously, these are not easily reconcilable among themselves (trade/off, equity/efficiency, coverage/costs, efficacy/liberty of choice), and they suppose a debate on the part the state plays between public and private interests of its relations with the market, expectations regarding the welfare sustainability level to the citizens [8].

The main coordinates of the crisis of the health care systems are very well described for the Italian reality, in a document entitled "Documento programmatico di politica della professione", made by the Central Committee of the FNOMCO, entitled "Medicina 2000 nel SSN", there being described the existence of a "generally profound bad stage of this category" defined as being "a perturbation coming by far from a profession that in the last

years has progressively lost the social role and economical status”. Obviously, in the most part, the things are also valid for the health care systems in other countries. [7]

In order to better understand this crisis it is necessary to include it in the most general context of the relation between medicine and society and to track down its evolution in the sphere of the actual industrial societies. This was actually the starting point for this paper, which intends to give a perspective over some aspects of the crisis from a medical point of view, based on the evolution of the medicine and reforms that have been started over the last years in the national health care systems, as an answer to the crisis that affects the relations between medicine and society, even since the half of the 19th century.

2. Compared and International Approach of the Health Care System Concept

In 1998, Guido Giarelly (Ph. D., London University College) tried to identify the main problems the researchers may face when starting the tiring road of comparison. Inspired by its masterwork, we will also try to give some explanations to the problems that have intervened in our research.

Generally, compared analysis does not raise unique methodological problems to sociologic and scientific research. This is why it is difficult and mostly improbable to talk about a “compared method” that can be proper and true for the health care systems, the most used model being considered to be the Ardigo matrix, to which several corrections have been proposed on behalf of other researchers.

Here we shall compare the health care system concept with the “great absent”, that is the non-usage of this concept and

its incorporation, visibly, to the epistemological delimited model, already declaring it as being included in the social system, as it proceeds, leaving way to a series of bogus meanings and hidden senses, excepting the fact that the significant connection possibilities remain lost.

The same Ardigo is constrained to insert this concept in a more detailed manner in its model, analyzing more profoundly the connection between the subject and the person and the healthcare subsystem (1997), when analyzing the evolution of the healthcare system. These were the reasons to separate analytically the health care subsystem from the social system and to put it in the center of the Ardigo square, reconstructing the significant connections with its peaks (A, B, C, D), starting from the subsystem, by specifying their signification.

The health care system concept is not limited only to the institutionalized healthcare system. This tends to be complex and pluralist, including also the set of alternative and community therapies in a certain society.

Starting from such a correlation model of the healthcare system represented graphically as an open model to the surrounding environment interactions, it can easily be highlighted how it is possible to explore various interconnections, which for such a system is created with the four poles that are the tops of the square proposed by Ardigo. Each of these connections appears as being centered towards a certain analytical correlation between the healthcare system and the four conceptual poles.

The description of the system concept, taking also into consideration the most known domain researches’ opinions, facilitates the economic analysis, by targeting all cost categories.

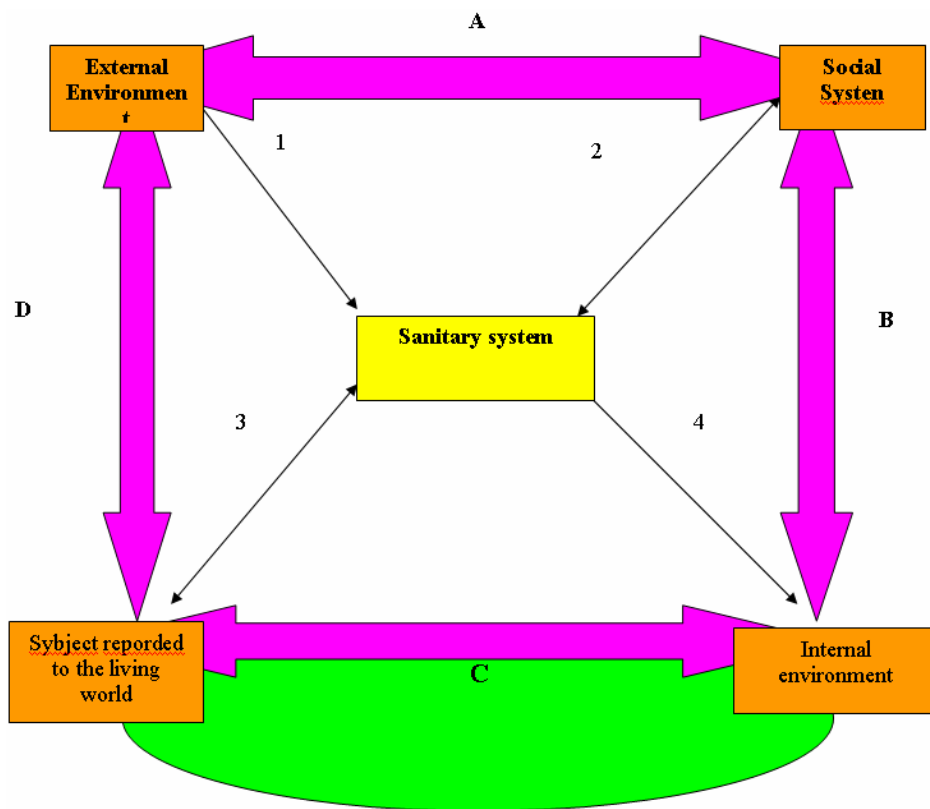


Fig. 1- A correlation model of the healthcare system

Source: *Il malessere della medicina - Un confronto Internazionale*, Guido Giarelli, Editore Franco Angelli

The problem regarding the costs has always been associated to the reforms and the necessity to take into account the needs of a new social subject, be it an individual or a group that is no longer available to have a role, either of a patient or a user of healthcare services, but also of citizens, in general [4].

3. The Impact of the Consumers' Revolution over the Health Care Systems

Even since the '60s and the '70s, in the political area, but mostly in the health

care one, appears the so-called "consumerism" current, imposed as a lobby with a strong valence, first in North America and then in Europe, mostly in Great Britain, where the Consumers' Association is found.

The reasons for making this new pressure group are: mass instruction, access to the media and to the information on the health care system, that contributed to the formation of the new "instructed" patient, more and more aware of the possibilities offered by the healthcare systems, increasing the

expectations and level of demand, especially in what regards the new health technologies [6].

The “consume” concept becomes, in the health care field, but also in other domains, a challenge for the demand, which must face the offer. The consumerism revolution tends to change the role of the patient that becomes almost like a consumer, capable to make his/her choices consciously.

Regina Herzlinger, Economist at Harvard Business School, has highlighted the connection between the new consumerism challenge and a more and more market lead health care system; the best example is the American health care system that actually represents a massive services industry in the USA, requiring from those who want to operate and survive in this system to adjust their services to the increasing needs and demands of the consumers.

This connection is, certainly considered by the new industrial healthcare complex, as it sees an opportunity to enter and promote new health products and services on the market. The motivation is given by the fact that these products have a high technological content, but also correlated prices, and they need to be promoted directly to the consumers in order for them to be purchased, pressing the insurance companies to include them in their health plans [5].

All these have determined a continuously increasing pressure due to quick disseminations of new “hardware” and procedures whose medical efficacy is not at all obvious, with diagnostics induced by inexistent diseases and healthcare procedures that are not necessary, but whose costs raise obvious

financial problems.

Both economic agents and great corporations, that started to provide their personnel with insurance plans, which provided a financial responsibility transfer, have realized that this responsibility was finally transferred to their own account, imposing therefore to take a series of decisions regarding the services to be used.

4. Post-Reform Orientations within Various Healthcare Systems

In most countries, the changes determined by the healthcare reforms within the systems tend to alter the consolidated power balances, mostly between the managers and physicians, generating thus new conflicts between various groups of interests and raising numerous debates.

The effects of the healthcare reforms have created various ways to be applied. The American one is decisively directed towards the managerial approach, in which the manager is in control and the patient is treated as a customer.

The European healthcare systems, except France, that remains dedicated to the medical dominance, have oriented in exchange in a more or less decisive way towards a therapy partnership, in which the preservation of a certain clinical autonomy on behalf of the doctor is conjugated with the patient’s empowerment, as co-producer [1].

We can notice the bureaucracy dominance, typical to the Socialist healthcare systems, in which the State managerial control conjugates with the professionals’ authority to the patients, remains empty.

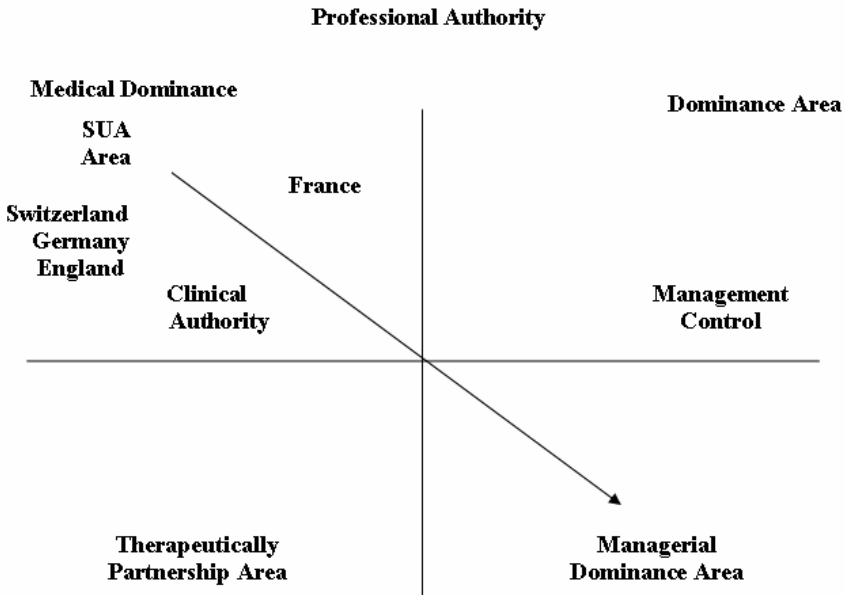


Fig.2 Empowerment of the patient

5. Conclusions

For over 20 years, the healthcare systems in the whole world are put under high pressure, and here we are referring not only to the organizational and institutional aspects of the healthcare systems, but especially to the role of the public healthcare systems, of the professionals that operate in this field and to the citizens' rights.

In this paper, we have tried to explain the reasons, the true roots of these pressures, resorting to certain elements, taking into account the history of the modern healthcare systems, correlating them with political, economical and social events with whom they have interacted, trying to highlight the factors that have mostly influenced their transformation.

Today, everyone who studies, has a cultural or political reason or other interests to confront health and healthcare assistance topics, must resort to international experiences, and analyze the information coming from various sources: the periodical scientific literature, documents published by certain institutions such as WHO, OCSE, World Bank, NGOs and so on. We also highlight importance of various editorial products (e.g. websites), and the information campaigns (academic courses, lifelong learning, congresses etc.).

We have obviously used some of these resources in order to analyze the structure and content of international healthcare systems.

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