Health and Illness in the Neoliberal Era in Europe

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Health and Illness in the Neoliberal Era in Europe

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INVESTOR IN PEOPLE

In memory of Gareth Williams, a greatly missed old friend and colleague.

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Jonathan Gabe is an Emeritus Professor of Sociology at Royal Holloway, University of London. His research interests include pharmaceuticals, chronic illness, health professions and health policy. He has edited or written 14 books (and 2 second editions) and published his research in journals such as *Health*, *Health, Risk & Society*, *Health Sociology Review*, *Social Science and Medicine*, *Sociological Review, Sociology*, *Sociology Compass* and *Sociology of Health & Illness*. He is a past Editor of *Sociology of Health & Illness* and a past Chair of the European Sociological Association RN16, Sociology of Health and Illness. He is also a past President of the International Sociological Association RC15 Sociology of Health and a Fellow of the Academy of Social Sciences.

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About the Editors

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Introduction

Jonathan Gabe, Mario Cardano and Angela Genova

This book is based on papers originally presented at a conference to discuss the configuration of health and illness in the neoliberal era in Europe, organised by the European Sociological Association (Research Network 16 Sociology of Health and Illness) and the Italian Association of Sociology (Sociology of Health and Medicine Section) in Turin in April 2018.

Neoliberalism has had a considerable impact on healthcare policy and practice and on the everyday experience of health and illness throughout Europe and thus deserves serious attention. By focusing on case studies from different European countries, the book offers an overview of the impact of neoliberalism across Europe, highlighting different aspects of a common European policy discourse. National and local case studies from a variety of European countries bring to light the changes and challenges in the social construction of health and illness and therefore in policy, promoting the development of a critical European analytical perspective on neoliberalism.

In the social sciences, neoliberalism is a contested term and has been defined in a variety of ways. It has been viewed as a political economic philosophy (Schmidt, 2018), an ideology (Harvey, 2007) and a transnational process (neoliberalisation) (Springer, Birch, & MacLeavy, 2016) in a class-divided society (Harvey, 2007). Some have sought to combine these elements and more by characterising it as simultaneously an ideology, a set of policies and programmes, a set of distinctive institutional forms and a complex array of normative conceptions of agency and responsibility (Schrecker, 2016; Ward & England, 2007). Given its eclectic application there is a need to avoid using it deterministically and where possible to offer a nuanced account which takes into consideration the context in which it is applied and recognises that it is 'always a partial and incomplete process' (Bell & Green, 2016, p. 242), with an uneven geographical spread (Harvey, 2007). In other words, the concept of neoliberalism used here is meant as a 'sensitising concept' (Blumer, 1969, p. 148) that guides our gaze towards a complex – but not unintelligible – syndrome.

Neoliberalism has perhaps been most enthusiastically applied in Anglophone countries such as the United States and United Kingdom, where policy has been shaped by economists such as Friedrich von Hayek and Milton Friedman and

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by Robert Nozick's provocative philosophy. In the 1980s the political leaders of these two countries, Ronald Reagan and Margaret Thatcher, endorsed neoliberalism as the only solution to the economic crises and stagflation of the 1970s and it has since become so embedded that it has been accepted as 'common sense' in these countries (Monaghan, Bombak, & Rich, 2018). Versions of neoliberalism – sometimes in vernacular form – have also been adopted by European countries such as Germany, Italy and France, with Germany in particular taking the lead in advocating austerity and structural reform in response to the Eurozone crisis and blaming this crisis on excessive public spending (Schmidt, 2018). How these policies reflect neoliberalism will be explained in the following.

For the sake of simplicity, we can identify three overarching tenets of neoliberalism, free markets, individualism and decentralisation (McGregor, 2001). The first of these, the free market, emphasises the primacy of the market as the most efficient form of economic and political organisation. The role of the state is to set the conditions for the market to function efficiently while limiting interference in the market as much as possible and alongside this reducing government bureaucracy, in Nozick's words, acting as a 'night-watchman State' (Nozick, 1974). As Schrecker (2016) and others have noted, however, this does not necessarily mean rolling back all the functions of the state. While neoliberal principles require a 'highly limited state, neoliberal practice requires a strong state that is able to impose neoliberal reform' (Schmidt, 2018). This emphasis on the market, together with the goal of controlling inflation whatever the social costs and balancing the budget have been endorsed by international bodies such as the World Bank and International Monetary Fund who have only agreed loans to governments with struggling economies in Europe and elsewhere if these governments have agreed to implement market-based policies (De Vogli, 2011). Other policies required by these international bodies include deregulating the financial sector (Harvey, 2000; Schrecker, 2016) and the privatisation of state-owned assets such as healthcare (McGregor, 2001). The former is said to have a lot to do with the global financial crisis in 2008 which in turn led to post-crisis austerity policies to reduce government debt and prevent inflation (Schmidt, 2018), with severe cuts to welfare policies in many European countries (Monaghan et al., 2018).

The second tenet of neoliberalism is that of individualism. It is assumed that people act independently of each other and rationally pursue narrow self-interest over any mutual interest (Schmidt, 2018). Self-interest is in turn linked to the idea of individuals rationally choosing between options on the basis of informed knowledge to maximise their utility and minimise loss (Gabe, Harley, & Calnan, 2015). When applied to healthcare the ideal patient is seen as responsible and informed and wanting to choose; failure to act responsibly becomes the patient's responsibility alone (Newman & Clark, 2009; Smart, 2010). Choice is also linked to the policy of creating a market in healthcare. Choice is believed to fuel competition between healthcare providers, thereby enhancing quality and maximising efficiency, even in healthcare systems which are predominantly publically funded such as Sweden, England and Italy (Fotaki, 2007; Peckham & Sanderson, 2012). As Gabe et al. (2015, p. 625) state, 'From this standpoint health and health services are viewed as commodities to be purchased by consumers in the market like any other good'.

The neoliberal emphasis on individual responsibility also chimes with Foucault's notion of governmentality. Bell and Green (2016, p. 240) refer to this as governing at a distance; the emphasis being on 'calculability; and the promotion of self-activating, disciplined, individuated subjects'. Here the focus is on specific forms of government where people wilfully regulate themselves, for example, by taking responsibility for their own health and wellbeing, rather than being overtly coerced into doing so. It has been described as a kind of 'engineering of souls' which involves individuals being governed indirectly through the creation of structures of incentives rather than directly through state intervention (Schmidt, 2018). Paradoxically, this incentivisation of apparently 'untrustworthy' public servants such as doctors, through New Public Management, has arguably undermined the altruism and trust that healthcare systems have long depended on. The response of European governments to the corona virus pandemic by asking people to maintain social distance as a form of self-regulation, incentivised by the promise of an earlier end to the 'lock down', is perhaps a current example of neoliberal governmentality, although some governments have been overtly coercive where people have ignored social distancing rules.

The third and final tenet is that of decentralisation, where power arrangements and accountability are transferred from one level of government to another (McGregor, 2001). The claim is that such decentralisation will improve efficiency and quality of healthcare by containing costs as a result of streamlining, hopefully enhancing coordination of services and better integrating provision across the public and private sectors. These decentralised services are also meant to be more accountable to citizens' needs as it is believed that local representatives will be 'closer to the people and more responsive to regional and local contexts and conditions' (McGregor, 2001, p. 86). The recent Italian health crisis due to coronavirus shows clearly the limits of a strong decentralisation policy (see Giarelli, this volume).

These three neoliberal tenets of markets, individualism and decentralisation in turn relate to the overarching themes of this book; namely health inequities, self-responsibilisation and cost containment. As we will see, neoliberal policies are closely associated with a growth in health inequalities across European societies (Bambra, 2019; De Vogli, 2011) and with the internalisation of ideas about individual responsibility, with all its burdens also in the area of mental health (Ehrenberg, 2010). They are also linked to the emphasis on cost containment as part of a drive to maximise productivity and efficiency in healthcare organisations and systems.

The book also fosters discussion of the impact of neoliberalism on the social construction of health and illness at different societal levels: at a macro level in terms of European or national health policy, healthcare organisations and systems; at a meso level considering sub-national policy and the institutional level (regional or local health policy and practice); and at a micro level regarding the impact on the individual from the point of view of patients and their family as well as the healthcare professions.

The first section on *Inequities* begins with a chapter by Ted Schrecker on 'Neoliberal epidemics'. The chapter opens by challenging the deconstructivist claim that 'there is no such thing as neoliberalism', and notes the complexity

of the social phenomena pointed to by this conceptual tool. Schrecker offers a simple and effectual definition of neoliberalism which underlines two aspects: the identification of the market as the preferable way of organising most forms of human interaction, which is viewed – despite the convincing argument of Karl Polanyi (2001) – as natural, and the definition of the state's role as that of a night-watchman, that guarantees the order which the invisible hand requires to govern society. The chapter pinpoints the reaction of states to the 2008 economic crisis through austerity policies. Austerity – the calling card of neoliberalism – had dramatic consequences which generated insecurity in the job market, in housing but also in the more basic area of food consumption. The consequences of the harshest expression of the neoliberal philosophy, austerity, have been dramatic, exacerbating existing health inequalities. Schrecker observes the consequences of this large-scale social experiment through what he calls the obesity pandemic, a paradoxical expression of inequalities. As we are writing this Introduction, Europe is facing a different pandemic, that of coronavirus. The critical reflections developed in Ted Schrecker's chapter seem appropriate for thinking about the way in which we can tackle the economic and health crisis due to the new unexpected guest, Covid 19.

In Chapter Two, Angela Genova and Simone Lombardini extend and update some of the main outcomes of health inequalities in Europe as a consequence of neoliberal policies, focusing on those aged 65 and over. They take a compositional and contextual approach to geographical health heterogeneities and consider how neoliberalism at a political (macro) level affects individual (micro) and area (meso) health deprivation since the 2008 financial crisis. Drawing on the Eurostat database to gather data on Healthy Life Years (HLY) 65+ (Healthy Life Index over 65 years of age) and the Standardised World Income Inequality Database to obtain Gini index data, they estimate the HLY65+ long-term trend and then associate this outcome with the welfare regime of each country. They report a great variability not only among countries but also among welfare regimes. Moreover, they confirm the negative link already found in the literature between the Gini index and HLY65+ and provide further evidence that inequalities, a product of neoliberal policies, worsen health and are associated with place and welfare regime.

The third and final chapter of this section by Marga Mari-Klose and colleagues focuses on the impact of the economic crisis and austerity policies on young people's mental health in Spain. Despite increasing evidence of the effects of this crisis on the health of the population overall, we lack knowledge of how young people are being affected. High unemployment rates, labour instability, high housing costs and cuts in public services have placed the young in a vulnerable situation. The authors explore changes in the both physical and mental health of young people in Spain between 2006 and 2017 using a variety of health indicators. In doing so, they draw the reader's attention to three elements with a close relationship to neoliberalism: the prominence of social determinants of health, the importance of inequalities and the accumulation of multiple sources of disadvantage in certain groups and individuals, which ultimately condition the course of their lives. In turn, medicalisation is used as a common and legitimised response to these young people's poor mental health.

In Section Two, attention turns to the emphasis given by neoliberalism to *self-responsibilisation*. Chapter Four, by Dino Numerato and colleagues, considers the complexities and ambiguities of health-related citizenship in the neoliberal era, taking the Czech Republic as a case study. Their starting point is a recognition that scholarly investigation of the impact of neoliberalism on health and healthcare has primarily focused on the power of the neoliberal system while paying relatively little attention to the capacity of patients and citizens to act against neoliberal principles. Against this backdrop, they explore the ways in which civically engaged Czech patients and citizens cope with neoliberal governance. The Czech Republic provides an interesting context, as it is not narrowly dominated by market-driven neoliberal logic but blurs the distinction between marketisation and social protection. More specifically, they address the following two questions: What are the reactions of citizens and patients to the imperatives of neoliberalism? What are the implications for our understanding of health-related citizenship in the neoliberal era? Their analysis is underpinned by interviews and observations of public and patient involvement in the Czech Republic. Furthermore, the data gathered from interviews were enriched through a review of available documents, including media articles, policy briefings, political statements and websites. The authors conclude that the neoliberal era is not only connected with the emergence of individualised citizens whose health is governed at a distance, but also with the occurrence of collectively organised, healthcare conscious citizens who problematise the nature of contemporary healthcare governance. They explain how neoliberal ideology is both imprinted on the behaviour of patients and citizens, as well as how these patients and citizens resist and strategically appropriate neoliberal imperatives.

In Chapter Five, Linda Lombi and Luca Mori focus on 'Crowdsourcing in medicine in the Neoliberal Era'. The authors suggest that there are two lines along which this phenomenon is developing: bottom-up projects initiated by non-institutional actors such as patients, their families or ordinary citizens; and top-down initiatives promoted by an institutional matrix composed of government agencies, universities, for-profit organisations or private social services. While the former is basically directed to the improvement of care and the sharing of experiences and information, the latter focuses on scientific research. They argue that each of these manifestations of crowdsourcing in medicine can be read as an indicator of the impact that the neoliberal ethos has had and keeps on having on the therapeutic relationship and the practice of scientific research. On the one hand, the bottom-up version of the crowdsourcing approach can be read as a consequence of the lack of trust in expert knowledge which is implied in the neoliberal dogma of competition. On the other, the top-down trend reveals the secret desire of neoliberal powers to surveil social dynamics through objective data.

Chapter Six by Anna Rosa Favretto and Francesca Zaltron considers how children and their parents reflect on the former's competence to manage illness in the neoliberal era. As has been noted, one of the aspects that characterises neoliberal societies is an increasing attribution of individual responsibility. Citizens are required to commit themselves to adopting 'appropriate' lifestyles and self-manage their health. This individual responsibility translates into forms of knowledge and techniques of self-governance, through which individuals learn

and are expected to act in an increasingly autonomous way in order to prevent or mitigate the health risks. The fostering of self-governance and individual responsibility also affects children and their parents, and in a broader sense, all adults, with parents, called on to transmit a sort of model of 'pedagogy of responsibility', through which children learn to acquire self-management of their health. This scenario becomes complicated if we take into consideration the two usual and contrasting representations of childhood in Western societies: children as active or vulnerable subjects. Their work explores these contrasting representations through which adults' and children's points of view are related to their experience of diabetes type 1 in Italy. By using an innovative methodology, the mosaic approach, which combines visual and verbal instruments, such as focus groups, body mapping and in-depth interviews, the authors depict the light and shade of children's agency in relation to health.

In Chapter Seven, Micol Bronzini and Benedetta Polini focus on illness narrative as a useful lens for analysing neoliberal citizenship at a micro level, from the point of view of patients, family caregivers and healthcare professionals. Indeed, they reveal how people think about and act on their health and disease; they also tell us something about the social context in which illness is experienced, thereby illuminating dominant discourses. According to Mol (2008), health and illness can be thought about and acted on in relation to two logics: the logic of choice and the logic of care. The logic of choice entails the neoliberal principle that people should be allowed to make their own autonomous choices. The logic of care implies an interpersonal process of co-responsibility over one's health and illness. Drawing on Mol's work, the chapter presents a thematic content analysis of 20 illness narratives of patients with multiple sclerosis and their caregivers in Italy, questioning whether these two logics conflict with each other or whether they are intertwined.

In Section Three, we switch our attention to *Cost containment processes* as part of a drive to maximise productivity and efficiency in healthcare organisations and systems. In the first chapter in this section Guido Giarelli considers the Italian National Health Service (NHS) as an interesting example of the kind of problems that neoliberal health policies face when applied to actual historical contexts: the resulting paradoxes are the inevitable consequence of the contradictory ways in which they are applied in the face of real social and institutional forces in the health arena. Through an historical reconstruction of the evolution of health policies in Italy since the foundation of the NHS in 1978, the chapter identifies three main phases in this more than 40 years process during which it is possible to delineate the roots of the subsequent problems and paradoxes affecting it: particularly, in the second phase of these reforms that was mainly inspired by the neoliberal health policy of the internal market. It then examines what can be considered the four main paradoxes of the Italian National Health System: the public de-financing of health expenditures along with a creeping privatisation over time; a corporatisation process which fails to establish a 'quasi-market' and the patchy managerialisation of Local Health Authorities; a schizophrenic regional decentralisation of the NHS between actual devolution and re-centralisation; and achieving a level of performance in terms of health outcomes of the population that is among the highest in the world, despite everything. Lastly, it argues that

these contradictions make the sustainability of the system rather precarious and problematic for the foreseeable future.

Chapter Nine by Mario Cardano and Luigi Gariglio aims to shed light on the 'Neo-liberal politics of otherness in Italian psychiatric care'. Grounded in a team ethnography in six Italian psychiatric wards, the authors consider how one of the most radical forms of otherness, severe mental illness, is tackled in a European country with an advanced system of mental health services. Although Italy began dismantling mental hospitals in the 1970s under Basaglia's Law, recent decades have seen the Italian NHS cutting expenditure, as well as re-organising mental health services, with the goal of increasing economic efficiency and productivity, in line with the logic of neoliberalism. Focusing on the outcome of this extant neoliberal credo, this chapter sheds light empirically on two neoliberal politics of otherness observed in the wards: (i) improper hospitalisation and (ii) extreme body restraint. The first form of otherness involves coercive medicalisation emerging from local responses to global demographic trends such as an aging population, international migration and the consumption of new synthetic drugs by which different types of people are medicalised coercively. The second form, the use of extreme body restraint, on the other hand, is the outcome of the extant neoliberal market rationality which has progressively infected the Italian NHS. In their conclusion, they suggest that the philosophy that informed Basaglia's Law, which centred health policies on the suffering subject rather than on a neoliberal imperative, is being at least partially put to one side in order to achieve new economic targets. Although newer forms of managerialism have come of age and the two politics of otherness have spread all over the country, minority groups of psychiatrists are trying to resist these neoliberal trends by refocusing on patients' needs rather than simply adapting to extant neoliberal economic goals.

In the final chapter, Anastasia Novkunskaya addresses the arrangement of facility-based and state-funded childbirth in Russia, and its change in recent decades, shaped by neoliberal reforms. The state measures introduced in this field have resulted in considerable institutional change, affecting both medical practitioners' working routines and patients' strategies to obtain necessary medical care. Drawing on the framework of neo-institutionalism, the author shows how this change involves the strengthening of both managerial and market regulatory logics. In the maternity field, the model of professional care has become more fragmented, while both geographical and institutional unevenness of maternity services across different regions has exacerbated this, causing new forms of social inequality in terms of accessibility of maternity services.

In sum, the authors of this edited collection have provided a series of case studies across or within different European countries, which illustrate the impact of neoliberalism on the social construction of health and illness at a macro-, meso- or micro level. They have shown that the process of neoliberalisation is often incomplete with an uneven geographical spread and that the policies inspired by this ideology are not necessarily accepted uncritically. As Europe and the rest of the world struggle to deal with coronavirus pandemic at the time of writing this Introduction, the power and influence of neoliberalism is being put to its greatest test to date. Only time will tell if its hegemony survives intact.

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