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Solidarity and the Impact of Market Thinking on Italian Culture. The Case Study of NHS

Section I: Theoretical Framework

- Solidarity: relationship between individual/person and society
- Solidarity/social citizenship/models of welfare in a liberal theory of citizenship
- Solidarity for all or for whom? Different concepts: universalistic and (vs.) selective solidarity
- Social private/social communitarian/voluntary actions/third sector/ family networks and social cooperation

- Multicultural and multiethnic societies: problems of pluralism, life styles, conception of the good: which rights of citizenship (Marshall approach)?
- Scarse resources and overload: problem of choice. Which rights? Old and new rights
- Liberal-democratic vs. social-democratic traditions in the last two centuries
- Third way (new mix between democracy and market)

- What means solidarity with: poor class, middle class, upper (high) class?
- Welfare state and welfare society: distribution of what? Primary needs, post-material needs, other needs?
- Welfare system less redistributive, but also burden of the welfare institution is very high, while output is decreasing
- Is there any way out of this impasse?

- In western countries, we speak of “selective solidarity”
- Redefining the social rights (in an evolutive society and expanded sense: second order social rights)
- More participation by the users (individual choice) and less impersonality of the social good
- Targeting: more selective approach in the provision of social services

Section II: Solidarity in the Italian Welfare System

- Republic Constitution: solidarity model in different traditions: charity vs. solidarity
- Public solidarity vs. private social solidarity
- Voluntary and free initiatives vs. State intervention and its institution
- Reciprocity and horizontal subsidiary : new space for the third sector?
- Universalistic Welfare state vs. particularistic-patronage system

- Number of tension and dilemmas concerning the Italian Welfare State (historical perspective: since II World War)
- **Four cleavages:**

I. Principles vs. Practice;
II. Public vs. Private;
III. North vs. South
IV. Universality vs. Selectivity
V. And the ideology??

Section III: Market thinking on INHS

Some INHS questions

- 1. The recent history of INHS
- 2. The impact of the market on health care outcome (INHS Principles)
- 3. The impact of market thinking on the Italian culture and public opinion
- 4. The impact of the market on health care costs
- 5. The impact of the market on the equilibrium between the public and the private sector

The recent history of INHS: main steps

- 1978: institution of the INHS
- 1992-93: reforms of the INHS; introduction of a more competitive system (*quasi*-market), DRG
- 1999-2002-2011: fiscal federalism and decentralization (growing of the role of the Regions); introduction of ELHC

The INHS Principles (not market-oriented)

- Human dignity
- Protection
- Need
- Solidarity
- Effectiveness and appropriateness of intervention
- Cost-effectiveness
- Equity

Market thinking and Italian culture

- More than 95% of the private sector is under contract with INHS
- People like “Freedom of Choice”
- People (i.e. *middle class*) prefer choosing the private sector without paying for
- People think that the private sector solve the bureaucratisation of INHS
- More attention for private Hospital caring (quick traitment, no waiting list, more kindness, comfortable surroundings)

Market thinking and Italian culture: class orientation

- *Upper class*: exit strategy
- *Middle class*: exit strategy and “Freedom of Choice”
- *Under class*: “Freedom of Choice” and voice strategy

Market thinking and Italian culture: Public Opinion verdict on INHS

- W.H.O. Survey (2000) : the INHS Global Performance 2nd only to France

BUT ….

- 64% Italian People think that INHS offers a bad satisfactory service. … *Why?*

A LOT OF PEOPLE WOULD LIKE TO OPT OUT OF THE INHS AND ENTER A PRIVATE SERVICE

Market thinking and Italian culture: the verdict of the electorate

- ITANES (Italian National Electoral Studies): 2001-2006: most part is for public health sector
- 2001: 40% totally against any private health policy
- 2006: 60% totally against any private health policy
- 2001: electorate agree with private health: center-left coalition (18%) vs. center-right coalition (42%)
- 2006: electorate agree with private health: center-left coalition (8%) vs. center-right

Section III: Market thinking on INHS

Tab. 1. Electorate Agree with Private Management of Health Policy (percentage on overall electorate)

	Center-left coalition	Center-right coalition	Differences
Survey 2001	18	42	24
Survey 2006	8	30	22

ITANES 2001 and 2006. From ITANES (2006)

Tab. 4. Health Care should be in private hands for Self-placement (Centre-left; Centre; Centre-right)

	Self-placement			Total
	Centre-left	Centre	Centre-right	
	781	466	502	1749
"Don't agree"	83,3%	66,7%	56,1%	69,1%
	157	233	393	783
"Agree"	16,7%	33,3%	43,9%	30,9%
Total	938	699	895	2532
	100%	100%	100%	100%

ITANES 2001

Health care costs

- W.H.O. Report (2000) :

Public Health Exp. on Total Exp.	57,1%
Private Health Exp. on Total Exp.	42,9%

⇒(*but under contract with* INHS)

The equilibrium between the Private and the Public sector

Health care in Italy is not market-oriented *even if*

the private purchase of service in recent years has been a major cause of the Private Health expenditure's continous growth,

although

not in a free market