

# WELFARE, HEALTH AND SOLIDARITY

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**Abstract:** *The social and economic situation affecting Italy and other European countries is deeply questioning the functioning of health protection systems. Technological advances and social and epidemiologic changes on the one hand, and fiscal obligations on the other, question the effectiveness of the rights of citizenship and the setting of priorities. Starting from these issues, the following analysis will focus on the evolution of welfare systems in their transition towards the so-called modernity characterized by a large number of freedoms and personal rights, often in contrast with the value of solidarity.*

**Key words:** *welfare, solidarity, sustainability, health, European Union.*

## 1. Introduction

Before analyzing personal rights, notably the right to health, enshrined in the Italian Constitution as a fundamental right (as per article 32), it is necessary to focus the attention on the economic and social situation and on the impact this situation is having on welfare systems in Italy and in the European Countries as well.

A first point that emerges in the international debate concerns health protection with relation to the scientific and technological progress and to the enormous increase in the health care demand. This leads inevitably to the political issue of the welfare systems' sustainability and compatibility.

A second point makes reference to the EU economic and monetary policies and to the fiscal compact that has been imposed to national governments, resulting in a reduction of social protection, especially in the sector of long-term health care for older people. This debate leads to two main

interconnected political questions. The first is about the implementation and the effectiveness of the rights of social citizenship. The second is about the role of politics and political leaders who have to make choices and set priorities.

Starting from these issues, the following analysis will focus on the evolution of welfare systems in their transition towards the so-called *modernity* characterized by a large number of freedoms and personal rights, often in contrast with the value of solidarity.

## 2. New welfare trends and perspectives

Citizens living in developed societies seem not to be willing to accept further limits to their freedoms in order to get higher standards of risk protection. When pursuing social security collides with the increase in freedoms, it is the efficiency itself to be affected. A new model of society – which urges the financial sustainability of the welfare state – emerges.

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For this reason, A. Giddens [16] explains through a very accurate analysis how the shift from the external to the internal risk forces the leaders to think this issue in terms of positive welfare, i.e. a system able to tackle the problems of *life politics*, by orienting life choices. The shift from the Fordist to the Post-Fordist era has changed and is still changing the nature of risks that the State has always wanted to tackle. It is not by chance therefore that the period going from the end of the Second World War to the 70s has been defined as the Fordist Welfare [26]. This period was characterized by a State able to ensure social security within a context of full employment and economic development. In this situation, the State was legitimated to deal with tasks that traditionally were up to the family or the local communities.

According to Giddens, during the transition towards the Post-Fordist period, the very essence of welfare systems – the need to protect the citizen from hardship due to the economic patterns and to people's life events (job, health, etc.) - started to emerge [12].

At the same time, however, this process of modernization has affected the principle of solidarity in Western societies, triggering a process of individualism that can't be separated from freedoms as well as from personal and collective responsibility. In this sense, according to Ignatieff's interpretation, the modern Welfare State should smoothen the contrast between freedom and solidarity [19], two essential values which are at the very heart of democracy but which seem to describe two different social worlds. Social life seen from the point of solidarity may seem limited, but only at a first glance; indeed, on closer inspection, the conquest of personal freedoms, first of all the freedom from need, is precisely the result of supportive behaviour and universal models.

Over the last centuries, the importance of traditional structures has been re-dimensioned in order to leave much room to individuals' life. In other words, the modern Welfare State has been shaped by the evolution of the individualistic process. In terms of relationships, individualism is translated into a growing instability and a deeper variability of personal and intimate social relations. From this point of view, familiar trends are no longer presented as linear, but are characterized by a spiral structure [10]. This structure reorganizes the familiar relations across people's life and weakens the intergenerational solidarity. Concretely, it is about the duty of younger generations to contribute to the expenses necessary to support the older generations' needs. The aging of population and the increase in long-term diseases entail higher costs for financing health systems; at the same time younger generations have to devolve much of their income to taxes in order to provide health services. Solidarity is involved since, when state intervention is more limited in a welfare system, individuals have to make choices, notably in terms of individual responsibility.

W. Arts and R. Ertburg [2] point at the results of a research carried out in the Netherlands showing that, when asked to pay higher insurance premiums to finance health care services, a growing part of the Dutch population declared that not everybody should receive the same treatments, especially when these treatments are very expensive. Similar results have been registered by A. Castell and A. Culyer [9] in a survey carried out in the United Kingdom, where citizens have showed their approval to the idea of introducing criteria meant to ration health services.

Another element that affects the value of solidarity in welfare systems is linked to the new concept of direct co-contribution

to health and social costs for services. Therefore, the objective is to achieve a greater individual responsibility towards a sustainable financing system of social and health services associated to a smaller collective responsibility. This trend, characterizing more and more European Countries, is partly justified by the fact that the individual has to be more aware of his/her consumption of health services and products and to develop a more responsible and pro-active attitude in the protection and preservation of his/her physical and mental well-being.

A considerable factor is represented by consumerism, that is to say the development [11] of individuals' more active role in health management enhanced by the spreading of the Internet and the easy access to information. This factor has resulted, on the one hand, in an increase in the demand and, in the other hand, in the decrease in the available resources.

Differing from the modern perspective of welfare systems, according to the so-called anti-modern perspective [18], in order to achieve a greater social integration [20] the role of the State should be limited in favour of a larger autonomy and responsibility of people and social networks, to avoid the risk of an atomized society [25] [26].

Post-modernists have also joined this debate on the evolution of welfare systems. In line with what had been stated by Wright Mills [32], they have underlined the need to adapt the welfare system to the new obligations imposed by the technologic information society, which leaves no much room for unskilled workers [26]. The post-modern project [20] envisages a larger initiative of social groups and individuals' empowerment through the direct participation to the public debate on welfare objectives and on the definition of needs and priorities.

### 3. Choosing solidarity

It appears therefore more and more useful to think of solidarity in a moment of uncertainty and negative interpretation of the concept of welfare.

For example, the Italian Constitution, as per art. 2, recognizes the inalienable rights, *i.e.*, the natural rights preceding the statute law. Nevertheless, the same article envisages a series of duties up to citizens, the very first being that of solidarity in all its forms (economic, social and political).

Moreover, as per art. 3, the State has to remove the economic and social obstacles to the complete fulfilment of citizens and to their active participation in the political, economic and social organization of their Country.

The Italian founding fathers underlined the importance of social solidarity, as a necessary factor to create a social contract which allows every modern society to structure itself organically, as stated by Emile Durkheim at the beginning of the XX century.

Solidarity becomes then the common denominator and the binding agent permitting to more and more complex societies to acknowledge and guarantee rights and to ensure that some rights, as the right to health, are not weakened.

In the European Union, the concept of solidarity is negatively interpreted as the obligation to help those Countries that did not respect their commitments.

Although interconnected, solidarity and justice are different values, both morally and legally, since solidarity pushes people to do things that they are not obliged to do. Moreover, solidarity [17] differs from ethics too because it refers to, and is linked with, the political community instead of the pre-political nexus of life.

Solidarity, as a consequence, has to be regarded as a common form of political life in the light of a common interest,

personal too, as in the case of health care services.

Throughout the history of welfare state, solidarity expectations have been transformed in legal claims. Only the action of a legislator, truly aware of the legal claims of a democratic citizenship, can transform solidarity into social rights.

When market rules and economic hardship affect human rights, the answer is the fragmented. This means that there is a time for the economy and a time for rights.

It is essential to think of what this dichotomy implies. First of all, it suggests that rights can be granted and protected only when the economic situation allows it, as if they were about a luxury conceded only in particular situations. Therefore, when this happens, it is not only about a contrast between economy and law. It is about people's life under a threat to their certainties, primarily health protection.

The risk society, as described by the German sociologist Ulrich Beck [3] has this tragic aspect, to which it seems necessary to adapt, since there is no change in people's role that, instead, should be put at the very heart of social matters. Science is not meant to meet the needs of science itself, but to meet people's needs.

Nevertheless, if the economic law is let invading the sphere of rights, rights in turn will be denied. In other words, humanity will come back to a period in which the rule of law had still to be even conceived.

Every single right, first of all the right to health, when subjugated to economic logics, becomes a luxury that few people can obtain, notably in difficult periods. This exacerbates the social gaps and inequalities with larger poverty and higher social tension.

If rights do have a cost, they however can't be weakened. The criteria for countries set to use the available resources are established on the basis of political choices and therefore they are not a

problem in themselves. They become so by choice.

Fundamental rights too, such as the right to justice or the right to vote, have a cost, but they are indispensable and they can't be granted only when the economic situation is more suitable to grant them.

It is now evident why this case can't be made in order to justify the lower levels of protection of the social organisation, centred on the figure of the citizen with his/her social rights.

These rights are different from the others not only in terms of quality, but also because they have a cost which it could seem acceptable to reduce even in the light of social duties.

This trend seems to be justified by the economic crisis that has hit the euro area countries. Since the right to health has a cost, that cost too has to be adapted to the available resources.

According to Buchanan and Congleton [6], in the EU, the universalism in the health sector and in the welfare system should be pursued. This theory rests upon the idea that a stable democracy can survive only if its welfare systems are inspired by the principles of generality and universalism. Shortly, if welfare systems discriminate among the social groups, the citizens being tested on their means or the state being operating through taxation or transfers, they end up with weakening the entire support of society to the political process. In fact, the adoption of these programmes encourages the population to invest resources to make sure they will receive preferential treatments or to avoid any kind of disadvantage in the future; and this situation may erode that solidarity pact that is the cement of a stable democracy.

Borgonovi has analysed how "*after the crisis started in 2007, health protection policies in the European countries as well as of the OECD countries have been tailored primarily on short-term needs and*

*on the predominance of economic criteria"* [5].

The importance of the institutional, political, financial and economic variables appears in Streeck's theory [27], according to which in the euro area countries, these variables are precisely those which prevent the centralization and coordination process from going beyond the market structure. That is why solidarity policies are very likely to remain a national matter. Nevertheless, the institutions dealing with these policies are more and more integrated in a context of international competition [15] and more and more controlled by supranational institutions meant to protect the international market. The result of this process is that *"if the political and institutional basis of solidarity are still a national issue, in concrete terms they are rapidly changing under the growing pressure of a stronger and stronger competitiveness"* [27].

The European countries tend to adapt to the growing pressure by abandoning the solidarity model based on protectionist and redistributive policies and replacing it by a model based on a productive and competitive solidarity. The new European welfare which, according to Streeck, reflects a real trend and at the same time stands for the only possible way, redefines the equality in the offer (in terms of human capital and employability) instead of intervening in a second moment when it is about correcting market distortions. Social cohesion therefore is now seen as equal opportunities instead of equal results. Redistributive policies, considered as too much expensive, tend to be replaced by policies investing on individual skills, *i.e.*, on the human capital, in order to contribute to the production of richness as well as to a broader equity and justice. In this sense the expression *egalitarianism of the offer* can be used. In fact, public responsibility is not about correcting the distortive effects of

the market; it is about allowing citizens to be competitive in the same way.

The Directives adopted by the EU do not explain the process of homogenization which is seen as the mirror image of the economic changes determining the redefinition of the concept of solidarity in all countries. In other words, the spreading of a new European social model consists concretely in abandoning the redistributive principles and adopting a new concept of competitive solidarity. Furthermore, the institutionalization of solidarity at the European level [14] is limited and the European institutions have little influence upon this matter, especially when compared to their influence in the economic and monetary spheres. Under the vigil eye of the feared Trojka (EU, ECB, IMF) austerity policies adopted by all European countries, notably Portugal and Greece have generated tragic effects in terms of citizens' access to health services. When a need is said to meet its own sustainability, it means that *"meeting the present needs must not compromise the ability of future generations to meet their own needs"* [29].

That explains why, in the health sector, it is absolutely essential to have a public health, whose knowledge is no longer *"based on scientific evidence, but built upon social values and upon the active role of the interested parties"* [21].

Starting from these premises, the importance of solidarity is evident, together with equity and universalism. Solidarity can be mirrored in health services, needs and resources, as indicated by a large part of international literature. In fact, according to the 2002 report drafted by the Commission of the Future of Health Care, health system sustainability has to be seen as an effective guarantee so that enough resources are available over the long period in order to provide a timely access to high-quality health services

tailored on citizens' needs.

The right balance between the different components is a parameter for evaluating and offering more suitable and economically affordable services to an aging population.

Therefore, talking about a weakened or weakening right to health means justifying, though involuntarily, a decrease in solidarity in the name of a welfare system crisis. But this right is not negotiable since it is an integral part of that social contract that binds a social group.

If in the drawing up of policies, economic logics inspired to neo-liberist concepts continue to prevail, one of the first side effects, as pointed out by Ardigò, will be "*the erosion, if not the dissolution*" [1] of solidarity and common resources.

### 3. Final considerations

A growing gap appears to exist between expectations towards the welfare system and its real ability to meet the demand of services.

The aging of European population has led to a change in the morbidity models (increase in chronic diseases) and to an increase in the health care services demand, especially for long-term health care.

This process, that is characterizing most Western societies, is accompanied by a change in patients' mind. Patients are now more aware of their life and more determinate to receive an adequate response to their needs. These *modern* patients are more skilled and informed on the possible treatments in a market logic that could be defined typical since they act now as consumers demanding the quality of the product or service they have required.

While demand for health care services has changed and increased, European countries have been obliged to respect the

Maastricht parameters, therefore being forced to reduce investments for the welfare state. This translates into a growing shortage of health care services across the EU, notably in the public health sector, as well as into a larger gap between the offer and the demand.

Therefore, the principle of universalism is questioned [22] (and with it, the principles of equity and equality too), as highlighted by the document *Health and Care Act 2012* adopted in the United Kingdom. The reform, or the counter-reform of the National Health System, has truly questioned the main feature of this system, i.e. the universal access to health care. Pollock [23], [24] points at two main consequences. The first concerns the payment for the services; the second is about the introduction of a new denominator for evaluating the state of health which makes more difficult to analyse the differences among social classes and to evaluate consequently the equity of the system itself.

Nevertheless, WHO member states have taken their stance, in a positive direction, on the possible and inevitable consequences of the universalism. In 2005, a resolution was adopted to encourage the member states to develop specific ways of financing the health system in order to create and ensure a universal coverage providing access to health care to all citizens without triggering negative or disastrous economic consequences [7]. The World Assembly of the United Nations too [31] has highlighted the fact that the countries showing better health conditions are those in which a universal coverage is guaranteed. Lastly, and paradoxically, the United States, where the health system has always been strongly based on insurance premiums with unaffordable economic consequences and deceiving results, is carrying out a reform of the health system inspired to the concept of universalism.

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