Communitarianism and Communitarian Claims

Montreal July 2011

Gavin Mooney
Universities of Sydney and Cape Town

Why is it so difficult to get anywhere with priority setting?

Why are health policies failing?

- They fail in operation or to be put in place
- Improvements in health are minimal
- SDH – not a lot happening
- Poverty & inequality continue as major killers
- Neo liberalism fosters inequality & individualism
- The GFC came and went but we learn so little.

The Issue of Power

- A key issue is that of power and who exercises power - and to what end - both in healthcare and in society more generally.

- Astonishingly little written on the issue of power in health care systems and on power with respect to health more generally.

Power and Who Holds it

- Paper examines this question of power - the political economy of health care systems

- First need to establish the principles on which the health care system is to be based

- Second fundamental question of who sets the principles

Power and Justice

- It would be unjust if citizens had no say in judging principles and priorities.

- Yet in practice they seldom do get the opportunity to be involved in making such judgments.

Power Issues

- Argue that power relationships in health care systems often prevent the involvement of citizens

- Can also be barrier to implementing agreed priorities

- Also examines how these problems might be overcome by

  A. treating health care systems as social institutions;
  B. adopting a communitarian value stance; and
  C. using "communitarian claims"

Principles and "the Good"

- Need to set principles before setting priorities

- But is that enough?

- Also the question of what is or what should be "the good" of health care

Priority Setting Question

- 'if an extra $10 million were made available to Canadian health care, where or on what or on whom should it be spent?'

- My answer? where it will do most good.

- But cannot say what is the 'most good' until we know what 'good' we seek!

Power to the People

My starting point in all of this is to look at health care systems as social institutions.

Neo-Liberalism

- Both health care policy and health policy have become much influenced by neo liberalism

- Two key problems

    - growth of selfish individualism and demise of the notion of community

    - exercise of power under neo liberalism in both health care and in society to the detriment of population health and health inequalities

The Malaise of Modernity

- Charles Taylor (1991) argues that the selfish individualism of neo liberalism is a major source of *The Malaise of Modernity*. He writes of what he calls 'the dark side of individualism' which 'centres on the self, which both flattens and narrows our lives, makes them poorer in meaning, and less concerned with others or society'.

The Spread of Neo Liberalism

- Health care systems are too often driven by vested interests

- Too seldom are such systems seen as social institutions

- The public tends to be excluded from debates about what is good for their health, what principles and priorities they want and how to operationalise these

- Governments too often see health improvement as being the responsibility solely of the health care system and ignore the health implications of their other policies

Basic Premise

- There is something very wrong in the way in which most countries are tackling health improvement and health inequalities; much of this is due to neo liberalism.

- Adopting a more community-focused approach can result in major health improvements and reductions in inequalities.

Power

- Key - return health services and health policy more generally to the communities they serve, both nationally and globally.

Communitarian Approach

- Health care systems are important social institutions which are valued as parts of the good of society

- The upkeep of the health of the population is a community obligation

- Acceptance of that obligation by the community in its fostering of solidarity is itself good for population health. Such social solidarity is an important social determinant of health

Hegel and Institutions

- In his conceptualisation of freedom, Hegel emphasised the crucial role of institutions 'so that self-conscious individuals could become more aware of the meaning of the institutions in which they participated – a step towards feeling at home in these institutions'

  Muller 2003 p 150

Hegel Again

- 'It is of the utmost importance that the masses should be organized, because only [by] so do[ing, do] they become mighty and powerful. Otherwise they are nothing but a heap, an aggregate of atomic units. Only when the particular associations are organized members of the state are they possessed of legitimate power.' (Quoted in Avineri 1992 p 166.)

- Hence my concern for seeing health care systems as social institutions is a concern for both community and justice.

- To operationalise? "Communitarian claims"

Basis of New Paradigm

- Citizens set the principles

- Social agents enact policies on the basis of these principles

- Citizens are also potential patients – thus also setting the rules for resource allocation which then have direct bearing on what services they are able to receive

Claims

- 'To take account of fairness we must start by dividing the reasons why a person should get a good into two classes: "claims" and other reasons. By a claim to the good I mean a duty owed to the candidate herself that she should have it.' He continues: 'Claims … are the object of fairness.'

John Broome (1991)

Communitarian Claims

- I have previously proposed that "communitarian claims" be a sub-set of claims more generally where this sub-set is the responsibility of the community to meet or address. Thus the duty in the case of communitarian claims is a duty owed by the community.

Mooney 2009

Strengths of Claims

- The strength of a claim is not a function of an individual's ability to manage to feel harmed. Harms and the strengths of these harms are for the society to judge. They are a matter for "community conscience".

Clarification of Communitarian Claims 1

- The word "claim" is perhaps an unfortunate one in this context as in everyday usage it tends to require an active role for the person who is to benefit from the claim. "I claim" and "you claim" is standard usage where this is shorthand for "I claim on my behalf" and "you claim on your behalf".

Clarification of Communitarian Claims 2

- Here we *the community* determine how resources are allocated on the basis of how we *the community* determine first what constitute claims – what are deemed relevant criteria for allocating health care resources – and how we *the community* see various different groups' or individuals' strengths of claims for the resources involved.

Clarification of Communitarian Claims 3

- It is *our* preferences, the community's preferences, for *their* claims, the various groups' claims, that determine how the resources are allocated. It is *we the community* who also decide what is relevant in identifying and weighting claims in terms of the characteristics of the different potential recipient groups and the community as a whole

Application To Priority Setting

- New paradigm has advantage of being based on community values for setting principles (or constitution) and priorities

- Increases Jan's (2003) "credible commitment" compared with conventional priority setting.

- (This credible commitment involves the idea that the relevant decision makers must commit to some longer term and wider goals than they would in their standard routine decision making.)

Sen's Functionings and Capabilities

- An individual's functionings are 'what he or she manages to do or to be' (Sen 1993)

- "Capabilities" are about freedoms or opportunities to choose. Thus capabilities represent the freedoms that an individual has in terms of the range of functionings that the individual faces by way of choice.

Compassion

- Societies can be differentiated according to how compassionate they are (Sen 2001).

- The same is true of institutions.

- Nussbaum (2001) asks: 'how can the public culture of a liberal democracy cultivate appropriate compassion, and how far should it rely on this admittedly fallible and imperfect motive?'

Nussbaum on Compassion Again

- Nussbaum (2001): 'compassionate individuals construct institutions that embody what they imagine; and institutions, in turn, influence the development of compassion in individuals … institutions teach citizens definite conceptions of the basic goods, responsibility, and appropriate concern, which will inform any compassion that they learn'.

Nussbaum's Capabilities

- Life
- Bodily health
- Bodily integrity
- Senses, Imagination and Thought
- Emotions

- Practical Reason
- Affiliation
- Other species
- Play
- Control over One's Environment

Community Capabilities

Opportunities for *community* functioning. A possible list (Mooney 2009):

- Preservation of community life
- A healthy community
- Reciprocity within the community and between communities
- Sharing of joys and sorrows, responsibilities and rights
- Just distributions of whatever it is that the community wants justly distributed and according to the community's concept of justice
- Democracy and institutions which reflect and/or are built upon community preferences.

Using Community Capabilities

- This set of community capabilities will allow a shift in power to the community over priority setting.

- Also increases 'credible commitment' and thereby the probability that recommendations from priority setting exercises will be implemented.

Whose Values for Equity?

- To date mostly health policy makers or health economists.

- Better that equity and access seen in communitarian terms, through the eyes of the *potential* users i.e. the citizens.

- Equity in terms of <u>opportunity</u> to use, necessary to look to the community for the values

- Community must form judgments about the extent of barriers from using services

- Community must judge importance of heights of barriers

Can This Paradigm Be Made to Work in Practice?

- Early days but…

- I have endeavoured to do so through "citizens' juries"

Citizens' Juries

- Bring together randomly selected citizens
- Get experts to present to them
- Have them quiz the experts so that they become critically informed
- Ask them to deliberate and make recommendations on principles and priorities

Most striking thing from the CJs?

People care!

They care about being citizens.

They care about their social institutions.

They care about their fellow citizens.

Equity Definition from Citizens' Jury

- *Equal access for equal need, where equality of access means that two or more groups face barriers of the same height and where the judgment of the heights is made by each group for their own group; where need is defined as capacity to benefit; and where nominally equal benefits may be weighted according to social preferences such that the benefits to more disadvantaged groups may have a higher weight attached to them than those to the better off.*

Communitarian Claims from a CJ

- Poor health
- People who have had a raw deal
- Being poor
- Rural areas
- Elderly
- Children
- Aboriginality
- Overweight/obese

- Vulnerable/marginalised groups
- Poor access
- Feed back to the community
- Unemployed
- Mentally ill
- Chronic disease
- Prevention/health promotion

Key bases for claims

- Poor health

- Marginalised/ vulnerable populations, especially Aboriginal people and mentally ill people

- Poor access for a range of reasons, but especially poverty and rural

Summary of Strong Claims

- Disadvantage - with poverty, Aboriginality and mental illness being the factors where the health care organisation might best devote its energies and resources.

Weights of Strengths of Claims

- Poor people (average household income of AUD 30,000 pa) compared to rich (average AUD100,000 pa) weight of over 4.

- Poor health (life expectancy of 60) versus better health (life expectancy of 80) weight of 2:1.

- Aboriginal versus non Aboriginal just under 2.

- Other 'strengths of claims':2:1 children to adults; 1.5:1 elderly to adults; and 1:1 men to women.

Conclusion 1

- Setting priorities in health care IS difficult.

- To progress, essential to shift the power base to the critically informed citizenry.

- The citizenry have credible commitment.

- Treating health care systems as social institutions changes the shape of decision making.

- Adopting "communitarian claims" has merit

- But you may not be persuaded to adopt "communitarian claims"

Conclusion 2 Broader Issues

- Health care just one institution in a society

- On efficiency it seems 'the people' want more than health from their health services.

- On equity how can we build more compassionate societies?

Conclusion 3 Yet Broader Issues

What sort of society do we want to build?

Is it a technocratic society where the community becomes more and more passive?

Do we want to rebuild or build anew a sense of community, maybe even a caring community?