

Health reforms in Greece, Italy and Spain: studies on the Mediterranean paradigm

Enrique Perdiguero Gil (*)

(*) orcid.org/0000-0003-0870-3512. Departamento de Salud Pública, Historia de la Ciencia y Ginecología. Universidad Miguel Hernández de Elche. quique@umh.es

Dynamis
[0211-9536] 2019; 39(1): 13-20
<http://dx.doi.org/10.30827/dynamis.v39i1.8664>

Fecha de recepción: 15 de septiembre de 2018
Fecha de aceptación: 16 de diciembre de 2018

This dossier focuses on some characteristics of the health reform processes in three southern European countries —Greece, Italy and Spain— over the second half of the twentieth century¹. We are interested in the proposals, projects and debates that sought to reorganise the health systems of these three countries. The paper on Italy analyses some aspects of the discussion that led to a national health service in 1978. In the cases of Greece and Spain, which both underwent a period of military dictatorship in the second half of the twentieth century, we describe attempts to restructure the system prior to the health reform laws (Greece, 1983, Spain, 1986²).

1. This study is part of the project «Healthcare reform and promotion of health during the late Franco regime and the democratic transition: new cultures of health, sickness and care» funded by the Ministerio de Economía y Competitividad and the European Regional Development Fund (HAR2015-64150-C2-1-P). The dossier is based on the elaboration of the papers presented at the session «Healthcare reforms in South European countries: the ideological fight to improve health systems» held in Bucharest, 30 August – 2 September 2017 in the Conference of the European Association of History of Medicine and Health. A paper on the reform of the Portuguese health system is required for a complete picture of the region, but diverse circumstances have made it impossible in this dossier. On Portuguese health reform and health system, see: Branco, R. *Entre Bismarck e Beveridge - Sociedade civil e estado providência em Portugal (1960-2011)*. Análise Social. 2017; 52 (224), 534-558; Guibentif, Pierre. *The transformation of the Portuguese Social Security System*. South European Society and Politics. 1996; 1 (3): 219-223; Simões, Jorge, coord. *30 Anos do Serviço Nacional de Saúde – Um percurso comentado*. Coimbra: Almedina; 2010.
2. The Greek National Health Service was created by Law 1379 of 1983. See: Filalithis, Anastasas. *The imperative for a National Health System in Greece in a social and historical context*. In: Tzanatos, Zafiris, ed. *Socialism in Greece: The first four years*. Aldershot, England: Gower; 1986. p. 145-168; Venieris, Dimitrios N. *The development of Social Security in Greece, 1920-1990*.

The point of departure of the dossier is the need to define in more detail the health reform processes in the southern European countries from a historical perspective in order to contribute to the understanding of: 1) the characteristics of the health organizations that required reform; 2) the delay in the establishment of systems of universal coverage; and 3) the difficulties in the implementation of the reforms. With historical analysis it is possible to open up new paths in the study of the development of contemporary healthcare systems and to explore the similarities and differences between the three countries.

Sociologists have been analysing the parallels of the health reform processes of Greece, Italy, Portugal and Spain for the last twenty years. Valuable lessons have been learned in the context of the early reforms of the «reformed» health systems in the 1990s, and in the context of the restrictions to welfare benefits³ arising from the economic crisis of 2008 across Europe, which was especially severe in southern countries⁴. Some of the questions raised in these studies have shown the need to understand the role of political, historical, socioeconomic and cultural factors in the development of health systems, with the contribution of all disciplines specialising in these fields. They also point out the need for «microlevel studies» to explore the nuances of the social, historical, political, economic and cultural circumstances of each country⁵. This dossier seeks to make a contribution in this direction.

The historical background of modern healthcare, poor relief and healthcare in southern European countries in the Middle Ages and the Early Modern Period has been studied in detail in collective works⁶ and in

Postponed decisions [PhD dissertation], The London School of Economics and Political Science; 1994; Symenidou, Haris. Social protection in contemporary Greece, In: Rhodes, Martin, ed. Southern European welfare states: between crisis and reform London: Frank Cass; 1997; p. 67-86. For the Spanish health system, see Perdiguero-Gil, Comelles in this issue.

3. Pavolini, Emmanuele; Guillén, Ana. Health care systems in Europe under austerity. Institutional reforms and performance. New York. Palgrave. Macmillan; 2013.
4. Guillén; Ana M, Torres, Estefania. Crisis and healthcare reform in Spain, Portugal and Greece: what universalism is still possible? *Politiche Sociali*. 2014; 3: 373-386; Guillén, Ana M.; Pavolini, Emmanuele. Welfare states under strain in southern Europe: overview of the special issue. *European Journal of Social Security*. 2015; 17 (2): 147-157.
5. Figueras, Josep et al. Health care systems in southern Europe: is there a mediterranean paradigm? *International Journal of Health Sciences*. 1994; 5 (4): 135-146. The work also analyses the crisis of the health systems of Greece, Italy and Spain in the 1990s.
6. See, for example, some chapters of: Horden, Peregrine. *Hospitals and healing from Antiquity to the Later Middle Ages*. Aldershot: Ashgate, 2008; Grell, Ole P.; Cunningham, Andrew; Arrizabalaga, Jon. *Health care and poor relief in Counter-Reformation Europe*. Aldershot: Ashgate, 1999;

a bibliography too abundant to be quoted here. Nevertheless, this is not the case of the modern development of healthcare organisations that have led to the current health systems. Unlike the British National Health Service⁷, and the health systems of France⁸, and central⁹ and northern¹⁰ European countries, those of the southern European countries had received little attention until the turn of the century¹¹.

The situation has changed in the last two decades: the number of studies focussing on the historical development of the welfare states and health systems in Greece, Italy, Portugal and Spain has increased, due, in part, to the need to analyse the successes or failures of the reforms implemented in a first phase in the 1970s-80s, in a second phase in the 1990s, and those that were a consequence of the economic crisis of the last decade.

The sociologist Jesús M. De Miguel was a pioneer in the comparative study of the health systems of southern European countries. In his PhD dissertation (1976), he analysed the health systems of Greece, Portugal, Spain and Yugoslavia¹². In his conclusions he pointed out the main issues

Grille, Ole P.; Cunningham, Andrew; Roeck, Bernd. Health care and poor relief in 18th and 19th century Southern Europe. Aldershot: Ashgate; 2005. For Portugal see: Abreu, Laurinda. The political and social dynamics of poverty, poor relief and health care in Early-Modern Portugal. Aldershot: Ashgate; 2016.

7. Webster, Charles. The National Health Service: a political history. Oxford: Oxford University Press; 1998; Gorsky, Martin. The British National Health Service 1948-2008: a review of the historiography. *Social History of Medicine*; 21 (3): 437-460.
8. Castel, Robert. *Les métamorphoses de la question sociale. Une chronique du salariat*. Paris: Fayard; 1995; The peculiarities of the French healthcare system have attracted the attention of US scholars: Wilsford, David. *Doctors and the State: the politics of health care in France and the United States*. Durham, NC: Duke University Press; 1991; Dutton, Paul V. *Differential diagnoses: a comparative history of health care problems and solutions in the United States and France*. Ithaca, New York: Cornell University Press, 2007.
9. See, for example, Comanje, Karel-Peter et al. *Two centuries of solidarity. German, Belgian and Dutch social health insurance 1770-2008*. Amsterdam: Aksant; 2009; Hennock, E. P. *The Origin of the Welfare State in England and Germany, 1850-1914: Social Policies Compared*. Cambridge: Cambridge University Press, 2007.
10. See, for example, Heidenheimer, Arnold J.; Elvarder, Nils J. eds. *The shaping of the Swedish health care system*. London: Croom Helm, 1980, and the book review: Hubbard, William H. *Public health in Norway 1603-2003*. *Medical History*. 2006; 50 (1): 113-117.
11. As part of its Health Systems in Transition (HiT) series the European Observatory on Health Systems and Policies systematically describes the functioning of health systems in countries of the WHO European Region as well as some additional OECD countries. These reviews offer synthetic historical information.
12. De Miguel Rodríguez, Jesús M. *Health in the Mediterranean region. A comparative analysis of the health systems of Portugal, Spain, Italy and Yugoslavia [PhD dissertation]*. Yale University;

facing these countries in their attempts to improve their health systems: the lack of regionalisation of the services; the need for better preventive medicine; the important role of private physicians, who were usually opposed to health reforms; the power of the pharmaceutical industry; the control over the national health service or other sickness funds; the lack of health planning (especially in the private sector), and the obstacles in the path of the progressive socialization of the health services, which created many conflicts between the health sector and society, for which governments and health bureaucracies were not prepared.

In 1994, a work by Figueras et al. on Greece, Italy and Spain explored the existence of a Mediterranean paradigm of healthcare systems, based on particular historic, cultural, and socio-economic circumstances¹³. One of the components of the «Mediterranean paradigm» was the levels of life expectancy of the countries studied, which were comparatively higher than expected from their socioeconomic development. Another component of the «paradigm» was the political landscape and the institution of new democratic regimes (Spain, Greece) and the influence of socialist parties, either ruling (Spain, Greece) or in coalition (Italy). Another similarity was the preference of the policy-makers for the model of the British National Health Service rather than social insurance schemes. The pattern of healthcare organization and delivery also showed similarities: inadequate provision of beds for long-term care and community services; high rates of doctors and low rates of nurses per 1000 inhabitants; and blurred boundaries between public and private health sectors. The limited extent of health reform was considered puzzling by the authors of the work, who put forward such causes as «[...] the system of patronage involving political parties and interest groups, the shortage of management skills to implement change or the lack of a politically independent civil service to carry out the reforms [...]»¹⁴. The devolution of the management of health services to regions also complicated the implementation of reforms in the cases of Italy and Spain.

In 2002, in her comparative study of the establishment of national health services in southern Europe, Ana M. Guillén highlighted some similarities

1976. See also De Miguel Rodríguez, Jesús M. Policies and politics on the health reforms in southern European countries: a sociological critique. *Social Science and Medicine*. 1977; 11: 379-393.

13. Figueras et al., n. 5.

14. Figueras et al., n. 5, p. 144.

in the health reform processes of Italy, Portugal, Spain, and Greece¹⁵, which had previously been emphasised by Figueras et al. The four countries were relatively late in adopting something akin to the national health service model, which evolved from a health insurance system that was widely perceived as inadequate and outdated both by policy-makers and citizens¹⁶. The main aim of the health reform processes was to achieve universal access to public healthcare, a complex endeavour considering the consolidated health insurance system, the determination of pressure groups to maintain the *status quo*, and the institutional inertia. Another similarity is that the transition from dictatorship to democracy in Portugal, Spain, and Greece occurred within the context of the economic oil-shocks and the electoral victories of left-wing parties. In the cases of Italy and Spain there was another common characteristic: the key role of regionalization, which led to the appearance of new social and political actors. Guillen also studied the causes of the degree of implementation of the reforms, which has been relatively high in the cases of Italy and Spain, while Portugal and Greece have failed to put into practice many of the legally designed measures.

Taking as reference point the previous study by Figueras et al., in 2006, Giarelli investigated the existence of a Mediterranean paradigm of health reform processes¹⁷. The author focussed on the *sistemi di salute* which, by emphasising cultural factors and medical pluralism, goes beyond the usual borders of the research into health systems. This wider perspective is used in order to integrate the diverse dimensions connected with how societies deal with health and diseases: ecological, social, political, economic, cultural, psychological, etc. The similarities of the health reform processes in Greece,

-
15. Guillén, Ana M. The politics of universalisation: establishing national health services in southern Europe. *West European Politics*. 2002; 25 (4): 49-68. It is worth mentioning that when these countries began the processes to achieve universal health coverage the international trends did not support so clearly this goal: Gorsky, Martin; Sirrs, Christopher. The rise and fall of «universal health coverage» as a goal of international health politics, 1925-1952. *American Journal of Public Health*. 2018; 108 (3): 334-342. These authors have extended their arguments in the paper «The International Labour Organisation, Health and Social Security, c. 1930-2000» presented at the European Social Science History Conference, held in Belfast, 4-7 April 2018.
 16. It is worth mentioning the healthcare policies of Italy, Portugal and Spain have been historically strongly influenced by the Catholic Church, and still played a significant role in healthcare in the 1970s, especially in some sectors as mental health care: De Miguel, n. 12, 1976, p. 567.
 17. Giarelli, Guido. Un paradigma mediterraneo? Riforme sanitarie e società nell'Europa meridionale. *Salute e Società*. 2006 (Suppl. 1): 23-51.

Italy, Portugal and Spain (the southern European macro-region)¹⁸ were evaluated according to four *connessioni multidimensionali* (multidimensional connections)¹⁹. The work highlighted problems already described by previous studies. The first connection (ecological) is the imbalance in terms of human resources, with a significant predominance of doctors over nurses. The second connection (structural) is the low level of public expenditure on the health system, in terms both of GDP percentage and per capita income. The third connection (phenomenological) is the important role of the family and social networks in the *sistema di salute*. In the past, this role was centred on the caring role of women in the family, but with the changes in the social role of women, family is important not only as a care resource, but also as «cultural adviser» that guides the decision-making process for the use of other healthcare resources. The fourth connection (biopsychic) is the good general health level of the population, measured by the life expectancy at birth and healthy life expectancy. The first is significantly higher in the four countries under consideration than in the other European macro-regions, especially in the case of Spain. To explain these connections the author underlined several factors already stressed by other studies. One is the weight in the pre-reform health systems of the authoritarian nature of the political regimes of three of the countries analysed and the importance of the democratisation process for the health reforms in the 1970s and 1980s. Another factor is the failure in the implementation of reforms, especially those regarding the funding of the health systems by general taxation, which varies from county to country. Another common pattern is the inefficiency of the health systems due to the low level of management competence which led to «reform the reforms» in the 1990s. According to Giarelli, the success of these reforms has been limited given that the introduction of managerial models imported from the Anglo-Saxon world failed to take into account the peculiarities of the Mediterranean paradigm.

The detailed studies in this dossier are intended to contribute to the comparative approach to health reform in three countries of southern Europe. Giovanna Vicarelli reviews the health reform process in Italy that led to Law 833 which established the National Health Service, and analyses

18. The other European macro-regions considered for comparison purposes are: northern, central-western and eastern: Giarelli, n. 17, p. 24-25.

19. Giarelli, Guido. Sistemi sanitari. Per una teoria sociologica comparata. Milano: Franco Angeli; p. 83-90.

the actors involved, the different proposals, and the conditions that allowed the shift from a social insurance to a universalistic system. The discussions on health reform in Italy had considerable influence on the proposals and debates in Spain in the 1970s. The analysis of these projects, proposed by the «democratic opposition» under the dictatorship of General Franco, is the subject of the work of Perdiguero-Gil and Comelles.

The other two works in the dossier concern the sector that De Miguel signalled as the most deficient in the health systems of southern European countries: mental health care²⁰. Both studies are centred on attempts to reform this sector that were unsuccessful but are good examples of the complexities of the interplay between authoritarian regimes, health institutions and health professionals. Enric Novella analyses the projects and the negligible achievements of the Spanish National Board of Psychiatric Care (PANAP) which sought to replace the old approach of mental hygiene with a new much more ambitious and comprehensive one designed to promote the emotional balance and psychosocial performance of individuals. These initiatives, as is the case of others in the field of health and popular education, were incompatible with the authoritarian and technocratic government strategies of the second Francoist period (1959-1975)²¹. The tensions between experts and the authorities is also the topic of the paper on the Greek mental health care reform. Despo Kritsotaki and Dimitris Poupplidis challenges the idea that this reform was a process confined to the period after the fall of the military dictatorship in 1974, and offers a nuanced study of the early attempts to restructure mental health care in Greece, in the 1950s, 1960s and most of the 1970s. As in the case of health reform in Spain (as described by Perdiguero-Gil and Comelles), the picture is more complex, and the proposals made before mental health care reform was finally implemented deserve analysis.

Together, the four papers help to establish similarities and mutual influences among the attempts to reform the health sector of the three countries under scrutiny. The difficulties facing the introduction of new approaches to mental health care in dictatorial environments are well illustrated by the detailed studies on Greece and Spain. The papers on the

20. De Miguel, n. 12, p. 212-219 and 545-554.

21. Terrón, Aida; Comelles, Josep M.; Perdiguero-Gil, Enrique. Schools and health education in Spain during the dictatorship of General Franco (1939-1975). *History of Education Review*. 2017; 46 (2): 208-223.

Italian and Spanish health reforms show the similarities of the shortcomings and resistance to change in the health insurance systems of both countries. Moreover, in the two cases, reformers sought to introduce national health services with universal coverage, financed out of general taxation and with great emphasis on preventive medicine. In the formulation of these goals, Spanish health experts were clearly influenced by their Italian socialist and communist counterparts. There were, of course, differences in the health reforms of the three countries due to the peculiarities of each one. Nevertheless, the findings of the four studies support the existence of a Mediterranean paradigm of health reform and open new paths for micro-level studies that will allow a better assessment of how the historical peculiarities of the health systems of the southern European countries can help overcome the current critical situation of healthcare in these countries. ■