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EGALITARIANISM IN HEALTHCARE - PROS AND CONS; THE IMPERATIVE FOR INNOVATIVE LENS IN WESTERN BALKANS

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Thematic "public versus private healthcare" has arisen thousands of lively debates through decades and has provoked reactions from academics each arguing for his own viewpoint, yet, in the light of actual healthcare reforms across systems, giving a second thought of "how and where to allocate resources" it is not a waste of time. As to the Western Balkan countries context, the eagerness to catch up with the free market system has been quite an appealing model (due to the historical-political common frame), and turning back to the one tier system would seem like turning back old times. In this viewpoint we strive to outlook and give a panorama of pros and cons of egalitarian-one tier system versus multiple tier system approach; going beyond the efficiency and pragmatist solutions, what does the literature suggest about egalitarianism in the modern society? We opt also to present the of Private-Public Partnership concept (new experiences) as a less discussed trend in these countries.

Keywords: Egalitarianism, healthcare, Eastern Europe, Public Private Partnership

INTRODUCTION:

1. Health - a human right or a financial reward

In his statement "Lasses faire" Adam Smith claimed that capital for the production and distribution of wealth could work most effectively in the absence of government interference. Thus would, in his opinion, encourage the most efficient operation of private enterprises. He also held that individuals acting in their own self-interest would naturally seek out economic activities that provided the greatest financial rewards. Smith was convinced that this self-interest would in turn maximize the economic well-being of society as a whole (Smith, Sutherland 2008).

1.1 Is healthcare an economic good, and as a consequence is health a financial reward?

Under the Multiple tier system-the answer would be – Yes it is! Healthcare is considered an economic good, hence the delivery of healthcare is a business distributed under the market-justice principles (Santerre, R.E, S.P Neum.1996). This philosophy applies mostly in countries with distinguished self- entrepreneurial societies such as USA model. Yet, a diametrical controversial viewpoint considers both health and healthcare as a human right, not a business, any human being deserves a comprehensive care and government is the responsible one providing care. Random this approach is broadly known as an egalitarian approach (Frankfurt, Harry, 1987).

Rooted into the genesis of definition, egalitarianism is considered a "trend of thought that favors social equality for all people". Egalitarian doctrines maintain that all humans are equal in fundamental worth or social status (Stanford Encyclopedia of Philosophy, 2002), moreover it is defined either as a political doctrine that all people should be treated as equals and have the same politic, economic, social and civil rights (American Heritage, 2011). Moreover, egalitarianism might be considered as a social philosophy advocating the removal economic inequalities among people or the decentralization power. So egalitarianism is the point of view that equality reflects the natural state of humanity (Stanford Encyclopedia of Philosophy, 2002).

Every healthcare system has finite resources, restricted budgets which should be appropriately allocated, mostly following the norms of distributive justice (Smith, Sutherland 2008). Under one tier system there would be a financing system in which one entity acts as the administrator; in the case of health care, a single payer system would mean the government would collect all health care fees and pay out all health care costs (Bodenheimer T, Grumbach K 1992). Hence all hospitals, doctors, and health care providers would bill one entity, the government or its designees, for their services.

2. The egalitarian approach in nowadays? Pros and Cons of Egalitarian ideology

"Is an Egalitarian Healthcare Workable?". From the Public Health perspective "Egalitarian Healthcare" would be considered, "what is done in a society, to make sure that the food is safe, that the water is safe, that people don't get injured from pollution or breathing bad air, all this is randomly called prevention.-That indeed has got to be the full meaning of the word "egalitarian" -everyone in society deserves to be equally protected in terms of the fact that they don't get sick from what they eat or from what they breathe. The second point refers to medical care, where egalitarian implies equity at the same time. Thus, everyone, in the society must have access to medical care at a time when they need care at an affordable cost.

Equitable medical care means that not everyone has to go to the same surgeon, but that the surgeon that you have access to, has the skills to the job to treat you for your illness.

2.1 Egalitarian Healthcare workable-but in whose perspective?

Lots of arguments in the literature rely on the idea that equality is a legal concept, not a medical one (Stanford Encyclopedia of Philosophy, 2002). It means equality before the law. When it comes to health, there is more than one player in the system: the patient, the doctor, and the payer, usually the state or insurance company. Substantially, each of these parties has a different idea of what is needed. Therefore, it is not even clear, when one speaks about equality of healthcare, equality as defined by whom? If it's defined by the patient, people want all kind of possible services which might not necessary fit for their situation. If it's defined by the doctor, it's called medical tyranny, "professionalism." And if it's defined by the state, then the state is an organizational power, not only to provide things for people, but to impose it on them.

Table 1 - One tier system- Healthcare is a human right, not a business, any human being deserves a comprehensive care, at an affordable cost; Government is the re-

Pros	Cons
-Comprehensive medical care	-Free market principles violations
-Equitable financing	-Bureaucratic management
-Cost Control	-Queuing for services
-Distributional efficiency	-Limited access
-Reduced cost of care (waste management)	-Groups 'interests and Lobbyists' influence in government decisions
-Prevents escalating untreated health conditions (infectious, communicable disease)	–Lower Quality
-Human right -access to healthcare	–Undermines the individual responsibility

At times governments are subject to the influences of lobbyists and different interest groups and the government might be swayed, for example, by an enticing campaign contribution from a large drug manufacturer;

2.2 A multiple tier system Pros and Cons

Health care is considered as an economic good, thus the delivery of health care is a business. The production, distribution, and consumption of health care are based on free-market principles. Resources must be allocated according to the guiding principles of one's society, ingrained in its' value and belief system. Hence, the health care market works best with minimum interferences from the government. Ought the market rather than the government allocate health resources in the most efficient and equitable way. The implications of this market-based system promotes individual responsibility for health, benefits distributed based on individual purchasing power, private solutions to social problems, and limited obligation to the collective good (Shi, L., & Singh, D. A. , 2001).

As a consequence of consumers' freedom choice and providers' autonomy, quality in care will be maximized and costs will be minimized through fair competition (OECD, 1992)

However, the reality shows that this philosophy is hard to get implemented as health care providers can form monopolies, skim the market so as to minimize their own risks and maximize their profits. In addition, in absence of a strong system of utilization review and quality monitoring, abusive diagnostic procedures might arise as well.

Table 2 - Multiple tier system-(Healthcare is an economic good, and the delivery of healthcare is a business distributed under the market-justice principles)

Pro	Con
-Freedom of choice	–Financial Inequity
-Autonomous providers – Professional incentives	–Economic Inefficiency (waste)
-Competition	–Monopolies of Health industry
-Greater Quality	Unnecessary diagnostic procedures
-Promotes entrepreneurism	–High costs of Marketing
A culture of self-reliance and limited obligation to the collective good	– Asymmetric Information

To tackle health care delivery would be to tackle the *capitalist idea*, moreover at times, medical and scientific evolutions continue to save lives, in merit of individual and corporate investors – all the result of the free-market system.

3. Egalitarian approach in modern Western Balkan context;

Rapid Privatization and free market has been an attractive model for the Western Balkans as they lacked "choice" for decades due to prolonged communism system. But even after the communism fall, resource allocation healthcare has not been not been a priority (in terms that healthcare is not a profitable-rentable area) especially compared to Western Europe or USA (taking into consideration the percentage of GDP

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for health (WHO, 2008, Jacob KS, Sharan P, Mirza I, Garrido-Cumbrera M, Seedat S, Sreenivas V, Saxena S 2007). Decentralization of primary care management, privatization of pharmaceutical sector, dentistry and founding of the Health Insurance Institute (HII) were the main milestones of these reforms. Most of corruption occurring in the health system is considered a reflection of general problems of governance and public sector accountability (Marku M, 2010).

Now speaking, the market percentage that occupies the private sector in care delivery even in e.g. in Albania is rising. There is quite common to find private clinics and hospital service offered by private entrepreneurs bringing expertise (capital) from USA, Turkey, Greece, and Germany mostly.

In the developing countries usually providers in the private sector operate on a for-profit or a not-for-profit basis (Bhattacharyya O, McGahan A, Dunne D, Singer PA, Daar A, 2009). Lately there is a growing number of social enterprises which aim to develop models of pattern-breaking social change that can scale up easily, which can include novel financial strategies (Alex N. 2006).

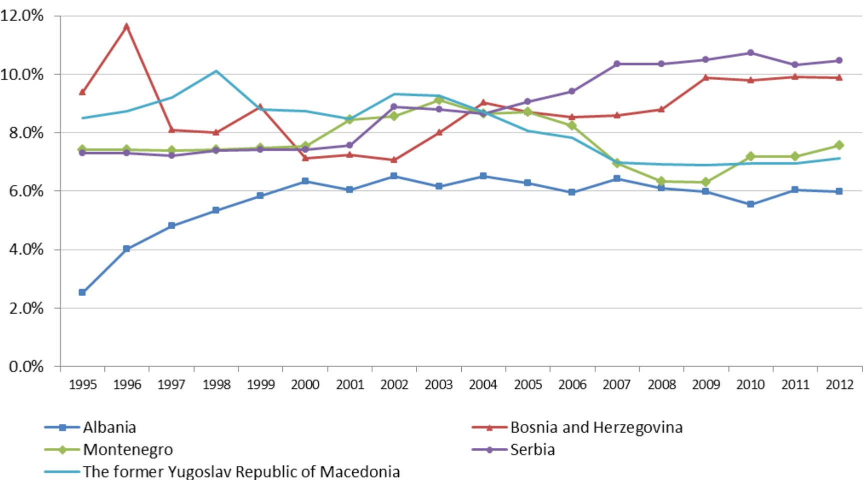
These social entrepreneurs (at times religiously supported by Orthodoxies, Catholic or Muslim foundations) attempt to improve the affordability, availability or quality of care for the poor or at the very best offering a new technologies. Partly, due to gaps in public health services, the private provision of health care has grown at some point competing the public services and causing troubles to workforce dynamics since the same doctors work both in public and private entities damaging quality and safety in the service (Gabrani A, Petela E, Gabrani J 2012, Gabrani A, Gabrani (Cyco) J, Petrela E, Hoxha A, Zaimi E, 2013).

Since these enterprises qualifiedly operate in the market though causing inefficiency to the "collective good" So rationally, Egalitarian approaches must now think ahead and try to reconcile equal access to healthcare with a well-defined basket of services that allows for freedom of choice over one's life or death.

3.1 Which is the trend of healthcare expenditures in western Balkans?

If we give a quick glance on some healthcare expenditure in Western Balkans, we would realize that there is significant differences in expenditure across WB countries. Looking at the data, 1995-2012 time spans, the share of public expenditure on health as percentage of GDP ranged from 3% in Albania (1995) to over 12% in Bosnia (1996), (Graph 1)

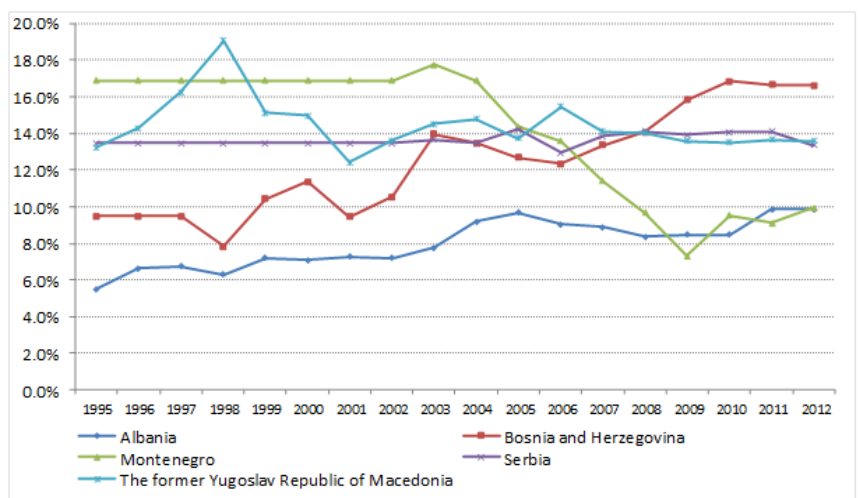
Graph 1 - Trends in total health expenditure (as percentage GDP) in the Western Balkans, comparator countries, 1995-2012



Source: who database, authors calculations

In the Western Balkans, public spending on health gradually increased from 6% of GDP in 1995 (Albania) to about 19% in 1998 (FYROM). This upward trend ratio includes periods of faster and slower growth, showing a pattern of staggered increase over time. Although within a general upward trend, expenditure levels differ substantially across countries, measured either in **total government expenditure percentage** or as a share of GDP (graph 2).

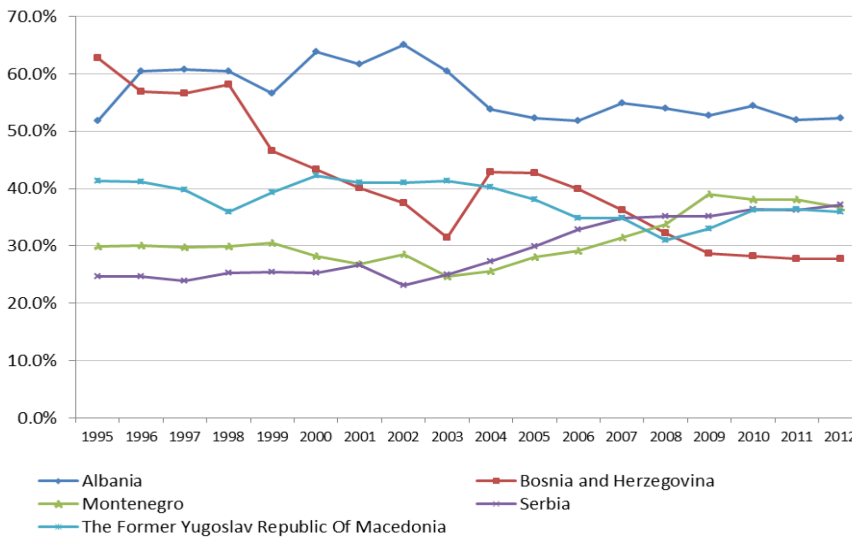
Graph 2 - Public expenditure on health as percentage of total government expenditure in the Western Balkans 1995-2012



Source: who database, authors calculations

The proportion of private health expenditures remains extremely high (Albania 65 %, 2002), when comparing to EU countries, though with a downward trend across years especially Bosnia and Herzegovina (graph 3).

Graph 3 - Private Households' Out-of-Pocket Payment on Health as % of Total Health Expenditure across WB countries in 18 years



Source: who database, authors calculations

Anyhow, even *though individual responsibility for health* may be important in principle, introducing such considerations into actual policy is difficult and will create new problems

The first is related *to asymmetric information about a patient's past behavior*. Typically, the patient knows far more about his or her own past behavior than the doctor.

If this asymmetry is to be corrected there is a danger of jeopardizing the physician–patient relationship. Moreover, the physician being assigned a controlling role might easily intrude on patients' privacy

Secondly, although much is known about the relationship between unhealthy life-styles and disease, this is strongly mediated by genetic and environmental factors. Establishing a causal relationship between behavior and outcomes is difficult for most conditions and it is hard to establish with certainty that a particular type of behavior is the sole cause of the disease in question.

Beyond health care, leaning in Egalitarianism undermines a *sense of personal responsibility* at every level, and across the span of human interaction. For the very notion of equality is contrary to that of what is unique; contrary, indeed, to a moral code that imposes a striving for what is noble, honorable and especially to be esteemed. In tending to pay people merely for existing, it destroys *a work ethic* that always flowed from a realization of *responsibility for one's own wellbeing*; while the concomitant impression of human interchangeability, tends to weaken social benefits from strong group identity--the desire to measure up to family and community standards;--to strive for perfection, not equivalence.

4. Egalitarian approach through Innovative Lens? Crosswise what do narratives about successful or failed experiences tell?

We only need to look to Canada, to the countries of Western Europe, or Medicare system, to see that, indeed, an egalitarian healthcare is workable though with its problematic.

I.eg Britain has a multiple tier system, but they are having problems deciding if people can go in and out of the public system during the same care episode; National Health Service is devoted to the principle of free medical care for everyone though recently it has been wrestling with a problem its founders never anticipated: *how to handle patients with complex illnesses who want to pay for parts of their treatment while receiving the rest free from the health service*? In Canada, there is only a single payer, and at least in the past if the procedure is covered by the system, you cannot go outside the system for quicker care if you self-pay. (That is why many Canadians of means come to the US for faster care)

4.1 A shift toward liberal egalitarian approach

People are born into a certain genetic predisposition and they lose health due to this fact-and it is their destiny, moreover they belong to pre-determined socio-economic status which might affect their health status. Beside this, people behave risky and lose health as well, that is theirs as well as society's loss. The main point is "to what extant should a government design its healthcare policies in the light of this two simple facts"? Should the same treatment be given to all patients? If so, the total cost of treatment will heavily depend on the *people's behavior, so why not to make people responsible for their health through promotion of healthy lifestyles or moreover why not to "punish" through tax?*

4.2 What about Public Private Partnerships?

Defined as a contract between government and private party in which a private party performs an institutional function and/or uses state property in terms of output specifications (Gqoli, S. 2004) recent studies shows that public private partnerships (PPT) *will play a critical role in health financing recognizing the fact that they also oppose their own challenges and risks.* Substantial project risks (financial, technical, and operational) are transferred to the private party and the private party benefits through: unitary payments from government budget and/or user fees.

PPP are based upon a stewardship model in which the private sector takes a more substantial role in aspects of the project to which they had previously been excluded from in the conventional procurement approach, such as design, financing, operations and maintenance. (United Nations, 2008), moreover PPPs are about creating more cost-effective services as well

as nourishing the private sector with new business opportunities (Scheffler R, Pathania V, 2005, Bloom, A. 2010) Internationally, various models have been developed; ieg. In the British model, a company, usually in the construction sector, who build and provide non-clinical services to a hospital. Similar models have been adopted, although on a very much smaller scale, in Canada, Portugal and Spain (MCKEE, Nigel and ATUN, 2006).

As to the Western Balkans, Public-private are not well known in this sub-region. While there is substantial scope for private sector involvement in healthcare financing and delivery, successful involvement will require the careful development of an appropriate legal and regulatory framework, and so this is an issue that needs to be integrated into the larger debate on healthcare reforms in this systems aspiring European adherence (Bredenkamp C, Michele Gragnolati M, 2007). In the next view point we will discuss the benefits and risks opposed by PPT in healthcare and contextualize the findings into the Balkans health systems frame

CONCLUSION:

It seems like a gradually public and private mix system is the destiny even in Western Balkans, though accompanied with skepticism or optimism.

Our research question for future papers is" Should "Egalitarianism through the lens of innovation" be considered as a shift toward liberal egalitarian or Public-Private Partnership, or maybe a regulated combination of both?

There is a need to identify to measure and to benchmark free market initiatives in healthcare delivery in WB and especially weighing their contribution (success) compared to the damage they have caused to the system. This would help in a better regulatory framework in the future

There should be attempts to present cautiously Public Private Partnership concepts contextualizing their diffusion, implementation, and scaling up possibilities taking into account a 1) low (developing) managerial capacity, 2) fragmented Health Information Systems and 3) Estimated high level of corruption, 3) out of date education system 4) less empowered patient voice and patient culture to manage his own finances regarding care.

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