

EDITORIAL PREFACE

Special Issue on the Movement toward Citizen's Choice in Health Care

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The issue of citizens' choices in health care is currently discussed by the politicians in many countries. However, about the idea of shared decision-making anchored as a "patient-centeredness" has been developed by scholars since 1970's. In 1990's health service reforms in Western countries expanded from the concept of 'patient-centredness', fueled by the doctor-patient relationship, to patient and public involvement that emphasized the relationships between patients, health care professionals and organizations. Over the last decade, two different types of citizens or patients choices have been introduced across the Europe: the choice of healthcare professionals and the choice of delivering health care organizations. Intriguingly, at the same time, politicians and policymakers has also been interested in governmental reforms that attempt to influence citizens' health behavior efficiently. In particular, politicians would like have the "nudge reforms",

that motivate citizens to change their 'self-and society' harming behaviors, without imposing further regulations (see e.g. Oliver 2013). The "libertarian paternalism", as Thaler and Sunstein (2008) called it, contend that freedom to choose is the best principle against unhealthy and harmful choices. One form of the nudge policy is a personal health budget, an amount of money to support a person's identified needs, that is said to enable citizens with disabilities to have greater control over the health care and support they receive. As Erica Gadsby and her colleagues describe in this issue personal health budgets are expected to give individuals more choice about care they receive; to expand options for care; to improve outcomes; and to reduce expenditure, but for now there is little in the evidence to suggest that international governments' expectations for personal budget programmes are well-founded.

The Libertarian paternalism is conceptually related to the philosophy of economic individualism. As Bozeman (2007, 4) describes the best-known maxim of economic individualism is: “the government that governs least governs best”. In other words, the economic individualism highlights more the values and interests of the individual than the values of the society or government institutions. Almost all reforms forms of public services, and especially health services, are influenced by the key values of economic individualism. First, such concepts as public involvement, co-production, shared decision making, patient choices are related to the values of mans, not society. Likewise, the principle of human centered action is crucial for the philosophy of economic individualism. Second, the second principle of economic individualism, public organizations are expected to only satisfy individual needs, goes along with the idea of personal budgets or tailor-made services for a special group of citizens (e.g. chronic diseases). Thirdly, it seems that the individual as a supreme value manifest itself in the reforms of personalized public services. However, as Erica Gadsby with her colleagues write the health budget programmes that require at least spending plans to be authorized, and require expenditures to be accounted for, seems to work better than the others. In practice, the theoretical level of individual autonomy can be high in some countries, but the actual degree of choice can be very limited. In addition, if governments do not have any control over the

personal budgets, costs may rise where people use the budget for things previously bought out of pocket (the ‘substitution effect’). For example Matic Kavič and Majda Pahor (in this issue) describe that doctors and some political parties favour further privatisation, but NGOs and other political parties defend the public model of healthcare. According to them, there is a lack of a broader social debate about the fundamental elements of the present and future healthcare system and the welfare system in general. Therefore, much more research is needed globally, in particular to examine the public values of current service reforms and, perhaps, counterbalancing economic individualism in the future.

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