Life as we Know it and Policy Reforms

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The history of every civilization is paved with a series of well-intentioned reforms, each of them presented to people as the one that delivers benefits and removes the evil, abuses and dead wood. Reform is easier to sell to people than either inaction or revolution as the very concept includes the idea that everything that has proved valuable will be preserved while the focus is on the improvement and giving the people what they need. Furthermore, ‘reform’ in English has the association with reforming the wicked and pointing the right way. Reforms are for the God and country while only the parasites and Oblomovs should feel threatened by them. In fact, a call for reform also opens doors for manipulation and power struggle – and, cooperation. In short, ‘reform’ (Latin *reformare*) is an ingenious political innovation that keeps people and societies busy while the results range from total disasters to years of milk and honey. No reform or public policy is safe from the real world, which sooner or later reveals the hubris. After a crisis people must start again, usually with another reform. Whether it is the ten plagues of Biblical Egypt or the triple shock of Japan in 2011, the human societies are repeatedly shown how vulnerable and unprepared they and their leaders are. Life as we know it and policy reforms are closely connected.

The current drive to make welfare services more consumer-friendly or even personalized is reshaping public services across the world. However, cutting public spending in the name of productivity may cause more harm than benefit. By and large, the issue of market efficiency is taken for granted even if the private service providers have no intention of promising to preserve services for citizens in the long run. The problematic hegemony of market efficiency belief is well summed up by John Lister in his article: “It is important to distinguish between spending cuts, which are occasionally loosely termed as ‘reforms,’ and structural reforms.” Yes, the reforms of our time are all too often based just on vague ideologies and have very little to do with the simple and noble task of cost-cutting.

Whatever our opinion is about the impact of consumerism and citizen involvement on more responsive public services, the emergence of personalized public services has expanded across the world. Raymond K. H. Chan is presenting a lively description and analysis of the situation in Hong Kong. While the society is changing the citizens of Hong Kong have become increasingly skeptical about their government and are motivated to challenge its policies. The new politics will be the battleground of people representing different
values while the technical plans and modest ‘reforms’ that once seemed like the highest virtue leave most people dissatisfied. The most likely outcome will be that there will be new forms of cooperation between the new private and voluntary stakeholders to solve problems while the public sector and public policies will gradually be adjusted to the new realities.

Reibling and Wendt in their article found evidence that the gatekeeping that forces patients to choose a general practitioner for a longer period of time, indeed, reduces the extent of specialist healthcare used and also inequality of specialist utilization among educational groups. Reduced healthcare utilization means reduced costs, but also reduced healthcare for many. The article leads to most important discussion on the issue of who possesses the cognitive ability to distinguish between necessary and unnecessary use of care. The cost sharing regulations, which require patients to participate in the payment of care often follow the logic that becoming aware of the costs motivates to use care more efficiently. That is fine as long as the patients beat the doctors in the ability to make decisions about care and if they have the extra money needed to pass the gate.

The governments are cutting services and at the same time more personalized services are provided to citizens. It will take a long time for all the societies and all the parties to learn to live with the new situation and make the best out if it. Tiina Tiilakka’s article sheds light on the way that medical doctors and nurses at health centres themselves see how their role has changed as the result of health care reforms. This reform process will continue to transform our understanding of public policies, including welfare care, permanently. Instead of years we may well be talking about generations when it comes to cultural and social change. By saying all this does not mean that shared decision-making in health care is not possible (Edwards & Elwyn, 2009) or that all “reforms” are doomed. It just takes time to learn where we are going and what is means for us.

In a frame of managerial paradoxes, Farson (1996, p. 13) argued that many reforms will not work, because they fail to appreciate the complexity and paradoxical nature of human organizations. At the level of policy analysis we could say that policy-makers, on the top of their many sins, cannot appreciate ‘wicked problems’, those that are ‘ill-defined, ambiguous and associated with strong moral, political and professional issues’, that are complete opposite to tame problems. We suggest here that we should probably develop this branch of policy science more seriously from the point of cultural theory in order to construct better understanding of reforms, because wicked problems are real and we cannot choose our problems (Rittel & Webber, 1973; cf. Hood, 1998). The developing cultural understanding will be needed also at the professional level, because market conformity may have strong influence on the ethics of health care professionals. For this reason, Tiina Tiilakka’s article is a very good timely reminder of this. The interviews also illustrate well complexity and richness of human nature and issues related to communication.

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REFERENCES
