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Health sector under supervision: political legitimacy, institutional trust, and the role of mass media

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Abstract
This paper starts by mapping the relationship between the *mass media* and the health sector, after which the role that the *mass media* play and the information they divulge is discussed and the information they convey, using as an example the framework of change and overall convergence of the health systems in Continental and Southern Europe. Thereafter the implications information may have and the role that it plays in affecting public trust in the public health sector and in the implementation of new policies, and their political legitimacy is analysed.

Keywords
Political legitimacy, mass media, health systems, Continental and Southern Europe, public trust

Introduction

This paper starts by mapping the relationship between the *mass media* and the health sector, after which the role that the *mass media* play and the information they divulge is discussed and the information they convey, using as an example the framework of change and overall convergence of the health systems in Continental and Southern Europe. Thereafter the implications information may have and the role that it plays in affecting public trust in the public health sector and in the implementation of new policies, and their political legitimacy is analysed.

Health in the mass media

Presently there seems to be no scarcity of medical or health themes in the *mass media*. Heath sector visibility, or, in particular, its function and the design of public policies has gained prominence in the *media*, either through current journalism, such as news and reportages, or through opinion articles authored by social actors coming from many different areas related to the sector. The themes portrayed are highly variable and cover a wide spread of issues: health policies and reforms being made which concern the performance and management of the system; topics concerning financing, technical/hu-

man resources, medicines; or issues related to access to system utilities and services.

Due to its visibility, one cannot underestimate the role *mass media* may play, and the impact that information and opinion channels may have over issues related to the heath sector. As producers of information, *mass media* are decisive in the symbolic production of any topic. They select the events and build a hierarchy of issues which will deserve public attention; they assume a paramount role in the propagation of meanings and in opinion-making; and they constitute the most important channel/forum for political communication. Therefore, they are able to influence the public and governmental agenda and policies by choosing which issues they consider relevant to the general public, and, consequently, can influence policy change or shape the political environment on which such changes have to be grounded (WOLF, 1995). Because of divulgation in the *media*, the abbreviation SNS (which stands for Nation Heath Service in Portuguese) is today deeply rooted in the public discourse as the solution for the population health problems. Nonetheless, one may ask whether people are aware of the role political impact of mass media may have in the system's functioning and management. It is important to stress that the forms of practical and political understanding of the functioning of SNS rely to a great extent on the information they get from mass media - which goes, for the majority of the population, far beyond direct and/or indirect experience with the system of medical care.

The development of this linkage between mass media and the different sectors comprising the health system is occurring in the context of a rapid change in the field of the *media* themselves (ATKIN et al., 1991). First, the changes that have been going on in the very nature of the social communication media must be accounted for, giving place to hybrid information products, in both form and contents (SORLIN, 1997; POSTER, 2000; MANCINI et al., 1996). On the one hand a general diversification and blurring of each type of news genre can be seen; on the other, as the public interest in health issues has increased over the last decade, a rising convergence is taking place between health related content and market and publicity needs of *mass media*.

Concerning the press, despite the considerable volume of articles on health issues, many subjects, otherwise considered important, are given little or no attention at all (ATKIN et al., 1991) – and a gap is emerging between what the editors judge as worthy of being published, under specific formats and contents, and what the specialists in the area think is essential to be made public. It is important to recall here some major patterns that characterise informational trends (BENNETT, 1988): 1) the tendency for the personification of the news, a result of journalists bias for giving special importance to individual actors and human interest angles, with loss of more institutional or political considerations which may help to explain the social context of the facts portrayed; 2) a dramatization of the news that enhances some aspects such as crises over continuity, conflict over consensus building, dissent over agreement, the image over the substance, present over past, or the future; 3) fragmentation of news- it is presented in isolation, lacking background story or context, making it difficult for the public to get an integrated vision; 4) the tendency to present pre-formatted news, which proceeds from the journalists' dependency on official sources of information or otherwise reliable sources, offering formatted interpretations of the events.

Thus, *media* coverage tends to give information in an incomprehensible format and to disregard the complexity of the social realm, giving special attention to situations of personal and individual character, extrapolating from there to the general framework and pushing people to the formulation of dubious judgements over the particular cases portrayed. The emotional side of patients and general public may thus, be over-exploited, using a friendly tabloid format, and giving no relevant information at all about the issues at stake related to the health sector (which needs another type of understanding, namely, about the function and management of the system). The tendency to glorify the *miracles* of medical science without any consideration for the costs, the impacts or the collateral effects can also be observed (SEALE, 2002; ATKIN et al., 1991).

The *mass media* and the National Health Service (NHS)

In Portugal, the health sector is seen today as one of the most problematic areas of the government. As the study *Health and Disease in Portugal* showed (CABRAL et al., 2002), the health sector was, compared with previous studies conducted (CABRAL, 1997, p.105), considered in 2001 the top priority for governmental intervention by 75% of the population.

This change is happening at the same time the sector's visibility in the media has been growing[1] (CABRAL et al., 2002). In short, political agreements and disagreements at the government level, and all the information about the way SNS works, mark the vision the citizens have of the country's health system. The information diffused to the public refers primarily to the problems and troubles in the sector, most of the times linked to alleged State inefficiency or to the incompetence of the authorities or professional staff– without ever producing a vision reflexive enough over the health sector as a political and institutional field.

As we mentioned, there are some issues more suitable than others to become news in the *mass media*. The most referred to themes in the study quoted above and those that better satisfy these conditions, particularly by their potential for negative arguments and dispute. Both the selected themes and the relations among the actors involved in the public debate projected a very negative image of the sector during the period the analysis was made. With the exception of the announcement of the building of or up-grading of infrastructures, most of the

news articles studied reported a less than favourable perspective of the public health sector (CABRAL et al., 2002, p.90-91).

Therefore, it becomes indispensable to take into consideration the political context and the *media*'s agenda when looking at the importance the general public assigns to questions related to the health sector, as well as the gap between the negative image portrayed by the *mass media* and the existence of significant differences of evaluation held by individuals with an effective experience of the sector (either direct or indirect, e.g., from close relatives) and those who have no such experience[2].

The contribution of the *mass media* to the convergence of public policies on health

Taking into account the characteristics of the information on health issues, let us look at the way by which the media contribute to the convergence of health policies. The Portuguese health system is currently going through its third phase of fundamental reforms (MIGUEL et al., 2002), catching up with the global movement of convergence in the objectives and activities of health systems in Europe (MECHANIC et al., 1996). The convergence of the systems is being accomplished through the implementation of measures aiming at controlling the State's expenditures on health, at enlarging market mechanisms, either in the allocation of resources or in the management of the institutions, applying at the same time a process of de-concentration of the public sector and more rigorous auditing (MIGUEL et al., 2002). In the background, other issues deserve political attention, such as the quality of care, the attempt to reduce inequalities in the access to health care, and the stimulus to enable more citizen participation in the design of health policies.

This method has been followed by several Portuguese governments, is an outcome of processes of globalization and the setting of an international political agenda mediated by the European Union. The health system was founded in the late 1970s according to principles quite different from those that orient the present reforms: principles inscribed in the notion of citizenship and in the need to protect health care (an essential benefit, both individual and social) from market forces, ensuring universal access to care and tackling inequalities in health and disease. HESPANHA et al. (2001, p.22) have written «*if the euphoria of the second half of the seventies has left any project of ambitious action in some way materialised in the programmatic dispositions of the Constitution [of the Portuguese] Republic, such a project has never been truly carried out and, by the middle eighties, became slowly and deliberately dismantled, notably in certain domains where the pressure from the citizens or civic organisations were stronger or where they opposed corporate interests or other types of solidly vested interests in key domains of the economy and Portuguese society*».

The USA and some affluent European countries have been providing the model to follow and the justifications for the retraction of the Portuguese social project. However, it suffices to compare a few social indicators to understand that Portugal has never reached other European countries' degree of social protection, and the policies aiming at the rationalization (of expenditure) touch inevitably the more vulnerable part of the population and provoke immediate negative effects on issues of poverty and social cohesion (HESPANHA et al., 2001, p.22).

Thus, new models of regulation took off at the beginning of the nineties, with the establishment of mechanisms for a greater rationalization of costs, in line with a neo-liberal political agenda, new barriers were introduced to citizens' access to health services (such as restrictive budgets, the creation of waiting lists, the selective use of technologies, the experimentation with different forms of payment, pushing the responsibility of such decisions to health professionals), and establishing forms for costs to be partially supported by the users. Such measures are part of the policy for convergence and harmonization which risks creating inequalities, exclusion and citizenship deficits (CARAPINHEIRO et al., 2001, p.102).

The need to implement a bigger rationing in health policies and the temptation to limit universal access to health services emerge as possible means to deal with rising expenditures in this area, caused primarily by an aging population, the rise in costs of medical technology, and also because of higher expectations about the type of care which individuals can access. However, and for many authors, these factors may not in the only factors behind the growth in public expenditure, or, at least, not to such levels that make them untenable by the state; expressing their doubts about the very need for such measures of rationing (HARRISON et al., 2000), they should be seen more as cultural factors whose correction is possible and less as financial factors exclusively, only solvable by the previous explained rationing measures. The accent should, therefore, be put first of all on the misuse of the health system, by both providers and population, with the contribution of the *mass media*. To conclude, the institutions related to the National Health Service can and should be well managed for the benefit of the users, without affecting either its universal character or the quality of the services provided.

To go deeper in such a discussion is, at the moment, not relevant here, and we intend solely to emphasize that other analyses or measures may be capable of being pursued (HIGGS et al., 2001). Nevertheless, the downsizing of public (collective) expenditures and the ever more widening space to private entrepreneurship are, in practice, the only instruments with public and media visibility. Despite the fact that this public debate is certainly among those of utmost importance, with strong implications in the social, political and economic spheres, the policy measures seem to move in only one direction: the adoption of restrictive policies on the universal access of citizens to health services.

The justification for the acceptance of such rationing as a fundamental measure, lies in the fact that it

represents a national response, taken as neutral and natural, to the crisis of the welfare state. However, the arguments in favour of rationing express one particular form of rationality, which minimizes different other rationalities and standpoints in order to analyse and solve the problem at stake, and, at the same time, it draws a shadow on the moral, political and social implications of inequities originated by these type of policies (HIGGS et al., 2001). The imposition of public rationing on health services and the end of their universal scope cannot be understood out of the larger context of processes and interests: our times are characterised by the increasing globalization of exchanges, the advent of neo-liberal ideas and the consequent pressure on welfare state size and expenditures. The concentration of capital at a global scale gives rise to the emergence of a small number of corporations who «*control the nature, (the) opportunity, (the) quantity and (the) location of the investments in the production of goods and services*» of worldwide consumption (HESPANHA et al., 2001, p.14). The health sector, because it has been mainly under the umbrella of the state and because of the volume of resources involved (both organizational and financial), is one of the most likely to be absorbed by the spiralling global pressures towards austerity and withdrawal, and simultaneously unleashing the market into health sector, turning health care into a marketable and profitable good as any other.

The same can be said about mass media (and information/communication in general) which, through their economic power and ideological importance, are given and assume a central role in the globalization process. As Cabral (2000) stated, globalization stands on «[the] *diffusion of a media culture whose latent ideological function, when not otherwise displayed, is precisely the one giving legitimacy to the assumptions of economic and technological order of the current globalization processes, as well as to the political, highly differentiated, and contradictory cultural effects* ». Studies done on the media coverage of the health sector have shown how it can, involuntarily, lead to public acceptance of the idea of the inevitability of more rationing in health policies. FREEMANTLE et al. (1993) identified a trend, mainly in the popular press, of presenting oversimplified perspectives, one-dimensional and lacking any socio-political basis about the dilemmas concerning the issue of rationing health resources. The problem doesn't lie solely in the sensationalism of this popular press, but also in what is identified as the technocratic myth of the press of reference: by de-personifying the questions, they render the problems as merely one of budget accountancy for the states; in other words, the problems linked to the rationing of services are not presented as having an impact on issues related to citizenship and social rights[3].

The debate as staged in the media over the rationing of health services can hardly offer, through the characteristics of the information and discussion presented, a proper environment for these policies to be implemented in a democratic way. Relying on rational and critical debates may have the consequence of showing that it is the right of all citizens to have access to the health care provided by the welfare state that is at risk. If not for the characteristics of the information on health issues and the framework of the debate about those political measures, how deeply could societies accept the limitation on the guarantee of universality in the provision for health care as is now being done, notably through the changes underway in the health systems meant to incorporate more rationality into the functioning of the system by a bigger rationing of resources? Would there be public consensus on this necessity or considerable disagreement?

The *hypothesis of convergence*, nevertheless, «*does not imply that medical systems, which develop out of the particular historical and cultural background of a nation and its dominant ethos, will not continue to have distinct social and cultural characteristics reflecting the ideological orientations and social-cultural context of a country*» (MECHANIC et al., 1996, p.242). Many factors of social and historical relevance can therefore affect the particular arrangements of any health system, and no exact organizational form is inevitable; there exist partially alternative ways that can be followed, without the need for adopting an automatic change in only one direction, out of course of the historical and political dynamics of any actual society[4]. In a word, (national) institutions are path-dependent. Notwithstanding, what the hypothesis implies is the narrowness of systemic options resulting from constraints put forward by forces that are often out of reach of the national political actors.

The mass media are an important means of pressuring public policy, as they raise expectations and demands on health care by the public, either for the medical and technological knowledge, or for the quality of and access to health services. The constant presence of the media in contemporary daily life and the rising literacy of populations has led to a perception about what is possible to demand from health care, be it at the local, national or international level. Also, one may add that this evolution of the health sector mostly relies on the role of media as ideological operators that, in many ways, enable this convergence - even if not as an outcome of a deliberate strategy. So, at the same time they give a negative image of what exists (contributing to the fall in confidence in public services), they end up legitimizing the political measures that work towards that convergence. The particular historical and cultural features of both health systems and the societies in which they operate are rarely analysed or explained by the media. These tend to replicate the dominant thinking about the reforms, thus contributing to that convergence, as the alternatives have no visibility and are not discussed. This is even more relevant when we know that the more developed the systems of media are, the more individuals depend on their information for solving problems at critical moments (NIMO et al., 1993).

In regard to health concerns, the media will tend to strengthen the social and economic dispositions of the present (ATKIN et al., 1991). This is of particular significance, as the news covered by the media has a central role in the establishment of the public agenda and gives legitimacy to the policies for health that are

being discussed, opening the way to alternatives that are intended for implementation. Media can influence the public agenda in many ways as they are able to draw public attention (and redirect it) to specific problems, individuals or incidents, thus being used as channels to persuade (for the purpose of making certain policy measures acceptable, for instance); they also have the power of publicising them, and simultaneously acknowledging particular individuals or groups (e.g., the agents and institutions attached to the private sector of health production). News structuring is done in order to give the impression that what is being portrayed is in fact already reality; but news coverage, with its inherent representations and metaphors, is not arbitrary, reflecting instead structures of power. In order to study these processes, it is necessary to account for how ideas and images circulate and spread across society to give rise to specific knowledge, which contributes to establishing a discourse about the health sector. Mass communication must be understood as a circuit including the mass media, their audience and other actors, such as those working in the government or working in political parties, professional groups or associations. Once we look at the full circuit of communication and the relationships established between the various elements, the media's active role in the construction of narratives and their significance becomes more perceptible.

Trust and legitimacy

As for trust in the health sector, it is today a permanent focus of attention - in particular, several studies have demonstrated that such trust is growing smaller and smaller (DAVIES, 1999; MECHANIC, 2001; SEGALL, 2000; WELSH et al., 2001). "Trust" can here be defined in general terms as the expectation the users of the health system have that they will be adequately treated whenever they need access to it; these expectations can be built relying on personal experience, on direct communication of the experience through others or via mass media messages (STRATEN et al., 2002).

The analysis of public trust is justified by two main motives: firstly, at the micro level, people's trust on the system and on medical care may help inform which option they take in precise circumstances when considering or in need of using the system; secondly, at the macro level, the level of trust may be a good general indicator of the way people will react to possible reforms in the health system. At both levels, media's role is crucial in order to enhance or erode this trust, particularly when no direct (or scarce) experience of the system exists (GILSON, 2003). If media information on health issues conforms essentially to the dominant news-values, one is easily led to the conclusion that media may strongly contribute to reduce citizens' trust in the public sector, making them potentially more receptive to certain changes/structural reforms.

This leads the analysis to the centrality of legitimacy (here another word for "trust") in every process of management and/or change. Whether supporting the existing system or promoting reforms, the State also needs legitimacy in the eyes of public opinion and of other actors in the health sector, and this depends on a trust-building process that is actively produced and negotiated and that should never be (completely) taken for granted (LUHMANN, 1996; GIDDENS, 1995; TAYLOR-GOOBY, 1999). Thus, trust-building concerning health systems requires that, at the level of individual behaviour, inter-personal trust can be nurtured (for instance, in doctor-patient interactions); secondly, it needs the management of health organizations to allow for those interactions to take place in environments that can promote dialogue and negotiation between individuals; thirdly, there should be a protection of the less favoured social groups, guaranteeing the links between health system and the through political processes that shape the practices of organization and management already referred (GILSON, 2003). It is also acknowledged that one of the keys for efficient governance relies on the technical and political capabilities and the instruments for information, negotiation and decision needed for policy implementation. These instruments are better employed under a strategic context established in a coordinated and transparent way, in order to elucidate their technical basis and to achieve social support for the measures proposed (FIGUERAS et al., 2000).

However, when it is broadly recognised that political systems go through a crisis both of representation of broad interests and of capability to master change, the media's role in the dissemination of adequate information seems to be far from being capable of accompanying these trends. This is all the more relevant when various system reforms trigger strong reactions from interest groups that try informally to capture the media's agenda and, consequently, influence the agendas of decision-makers and public opinion.

As a way of conclusion, we can state the hypothesis that: on the one hand, information covered by the *media* fuels the process of convergence (as a reflex and outcome of the gradual withdrawal of the State's role in the provision of health care) in a rather deterministic mode (silencing possible palpable alternatives); on the other, due to the general patterns of media information, it also tends to trigger an erosion of the public trust in the health system, the outcome of which is the de-legitimisation of the existent configuration of the system and the opening of legitimate space for the emergence of new reformist policies - a crucial process nowadays after all, as the advent of neo-liberal strategies and globalization press for a constant confrontation between forces of privatization and traditional welfare state universal-based schemes.

Notes

1. These comprises articles on: the diagnosis and debate on health issues; the constant claims for the need of reforms; the discussions about funding and deficits of the sector; but, most of all, the lack of working conditions for the professionals, in open struggle with the political power

(successive pronouncements of strikes and other forms of legal demonstration), not to mention reported cases of particular bad assistance or ill functioning and access.

2. According to our survey, the group with no experience of the system expressed a more negative opinion about the SNS than the group with direct/indirect experience.

3. At the same time, voices that make themselves heard tend in defence of the latter to be treated as lacking any legitimacy.

4. As some actors linked to the health sector with specific interests (who diffuse the information as a mean to justify certain orientations) want both the politicians and the public to believe.

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