EDITORIAL

Giovanni Moro[*]

The relationship between citizenship and health seems so obvious that it would actually not require any attention. At the very end, indeed, the Marshallian-based systematization puts the access to health services among the main contents of social citizenship, though leaving open the question of the degree of implementation of this entitlement in an age of financial constraints in Italy as well as in the other "European Social Model" countries.

This view, however, is less and less able to interpret and explain what is going on in the relation between citizens and health services, not only in Italy. As this volume of *Salute and società* shows through essays, articles and interventions, nowadays the question goes well beyond the Marshallian *vulgata*, according to which citizenship means that the state delivers services and the citizens benefit from them on an equal footing, financially contributing in proportion to their income.

The renewal of citizenship studies – the "return of citizenship", according to the Bryan Turner's wording – that took place in the last decades for a number of reasons, not least the institution of European citizenship, in 1992-93, allows us to grasp the link between citizenship and health services in a richer and wider way.

There is, first of all, a new vision of Marshall's contribution in dynamic and non trivially evolutionary terms. As Richard Bellamy has recently clarified, the core of the English sociologist's contribution is that citizenship is essentially the "right to have rights", thus a base of an

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[*] Sociologist of Politics; professor at Faculty of Political Sciences, University of Macerata.; chairman of the european think tank FONDACA. His last book is: *Citizens in Europe. Civic activism and the democratic communitarian experiment* (Carocci, Roma 2009). g.moro@fondaca.org.

unending political struggle. The fact that the rights presently at stake are different both in terms of content and way of use, claimed by actors different from those that lead the 20th century welfare policy and regarding, so to say, unexpected forms of citizenship, sheds light on this feature that emerges from a non-scholastic reading of Marshall.

Just the observation of citizens-health services relationship shows a dynamic that consists not only in the claim of new rights regarding health assistance or in the struggle for enlarging their field of application (it is the big issue of welfare provisions for immigrants in Europe). It consists also in the definition of a catalogue of rights that concerns the way of delivering and using services and that raises operational but not less relevant questions as those focused in the 2002 European Charter of Patients' Rights: right to preventive measures, to access, to information, to consent, to free choice, to privacy, to respect of patients' time, to the fulfillment of quality standards, to safety, to innovation, to avoid unnecessary pain, to a personalized treatment, to complaint, to compensation.

It must also be mentioned the trend of overcoming the controversial elements that divide the liberal, communitarian and neo-republican approaches to citizenship. These approaches, usually dealt with in the theoretical debate as reciprocally alternative, are increasingly recognized as thematizations reflecting essential components of citizenship: namely, the dimensions of rights, of belonging and of participation.

This step forward allows to better grasp what amount of contemporary citizenship is at stake in the relationship between citizens and health services. Beside the already mentioned dimension of rights, the access to health services and their quality degree clearly divide "who is in" and "who is out" the community, that is, the base of belonging. Moreover, the access to services, especially in the EU territory, is linked to collective identity, which is an essential part of belonging to political community.

As for participation, the third dimension of citizenship, what is new is the enlargement of the participative dimension from voting to the definition and implementation of public programs and services.

This new participative dimension is thematized by various literatures: from the one on political participation to the one of interest groups, from the one on governance to the one on co-production of services; from the one on participatory and deliberative democracy to policy analysis, from the one on civil society to the one on social movements, from the one on stakeholder engagement to the one on territory planning and management. Though with different shades and stresses, these approaches emphasize the common element of an active role of citizens, between one election and the other, to face public issues that directly affect them, in forms and ways that are different from representative democracy standards. The reflection and discourse on this phenomenon are fed by scholars, experts, activists and practitioners, often in a rich mix of roles.

Not all is clear, however, in this phenomenon, which is in a sense the most important in the present age. In order to fully catch it, it is necessary to overcome reductive approaches and theoretical as well as empirical confusions, and even put under discussion elements taken for granted but no longer relevant.

The most important step to be done, from this point of view, is in my opinion avoiding the reduction of participatory dimension to an institutions' program. According to this view, institutions do decide if and when including the citizenry in the delivery of administrative acts, addressing more the individuals than the organizations, deciding in advance what can be discussed and what cannot, managing the process and influencing its conclusions.

What is at risk, in this reduction of the field, are precisely the distinctive elements of the new participatory phenomena, first of all the fact that the definition of citizenship does not come only from institutions' decisions, but also from citizens' "practices" (Antje Wiener).

In the field of health services, civic participation is a consolidated phenomenon, deeply established and wide, if it is considered not under the principle of representation but rather the one of intervention (Ulrich Beck). It's a matter of citizens existing in a variety of organizational forms, raising from their autonomous initiative in those public situations that affect them and not from an institutions' invitation; that participate not at the end of producing outputs (such as an administrative act) but outcomes, that is, impacts on reality; that do operate mainly in the implementation phase of public policies and not only in the decision one (the dimension that is often considered the only place of citizens' inclusion); that are present as groups, organizations and networks rather than as individuals; that tend to affirm their own agendas rather than simply accepting those coming from others; that often act more effectively as autonomous political interlocutors or as watchdogs rather than as participants in the deliberative arenas (or so supposed).

Nothing to say against participatory democracy programs, of course: they are a relevant changing factor for institutions, as long as they produce results that are relevant and different from the initial purposes (and it does not always happen). The point is that the issue of participation cannot be reduced to a "laboratory experiment", especially if it implies to ignore the "field experiments" that citizens themselves, organized in groups, movements and associations produce and that would be, if taken seriously, sources of information of crucial importance. Not all the literature on participatory democracy shows these problems, especially the North-American scientific production on this topic (see for example the work of Archon Fung). The European one, however, is often characterized by a mistaken normative approach, according to which is the reality that must conform to theories and not theories that must try to describe and interpret reality; and, extensively, that citizens must conform to institutions' policies and never vice versa.

The risk to be taken into account and to beware is (to paraphrase the title of a Paul Ginsborg's book) to be concerned of the "citizenship that does not exist", instead of studying and taking seriously the one actually existing.