The purpose of this chapter is to present the theoretical framework underlying the accounts presented in the following chapters. The chapter is in three parts, beginning with an examination of the European Welfare State regimes (Esping-Andersen 1990). The middle section moves the focus from the regimes to the professions, with an analysis of medicine and nursing. This involves an assessment of Weberian and Marxian approaches to the sociology of the professions. In the final part the focus shifts from health professions to health care organisations, with a discussion on European public sector management reforms which will draw on the ‘new institutionalism’ approach (Powell and DiMaggio 1991) with some emphasis on the notion of social embeddedness (Granovetter 1992; Moran 1999:10–12). The three parts will be integrated through a Foucauldian-tinted lens and reference to actor network theory.

Welfare state regimes and health care systems

In his ground-breaking book The Three Worlds of Welfare Capitalism (1990), Esping-Andersen he presents us with a description, some history and an analysis of the variants of the welfare state in Europe and North America. The basic assumption is that states have found it necessary or desirable for social stability (or solidarity) to circumvent the market and to make available social and health services directly to their population, a process referred to as ‘de-commodification’. The form this de-commodification takes systematically varies according to a three-fold typology of welfare state regimes: Liberal; Conservative Corporatist; Social Democratic. This was derived from the analysis of large and impressive data sets collected over several years by Esping-Andersen.
Despite the methodological strengths of the study, however, it does suffer from a particular weakness, and that is he overemphasises the ideal typification of USA, Germany and Sweden (Bagguley 1994:78–9) thereby underplaying or ignoring important variations and complexities within and between the regimes. Moreover, his approach tends to pay insufficient attention to the supporting pillars to the regimes, which, in addition to the state, include the market, community and family (Goodin and Rein 2001), a point that has particular relevance to any discussion of health care systems.

First, let us examine the question of the ideal typification: the Liberal model based on modest, means-tested provision for a low-income clientele and, in health care, Medicare and Medicaid services for the poor and elderly; in short, the US approach. It is, however, an appellation also extended to the UK although the regime is much more of a hybrid, with co-existing sedimentary elements of social democratic forces that played an important role in the establishment of the National Health Service (NHS). Esping-Andersen (1990:166–67) suggests that this very success created institutional barriers to the further growth of social democracy because it was impossible to forge any alliance between organised labour (trade unions) and the welfare state. In some ways this is insightful for it does account for the modest achievements (and underresourcing) of the NHS in the UK. This does not mean, however, that the UK welfare state regime is wholly a liberal archetype.

The second type, Conservative Corporatist refers to those continental European countries who, in the area of health care services, opted for a hypothecated system of funding based on ‘sickness funds’ (that is, mutual insurance associations commonly based on occupation). Particularly important in the development of this model was Bismarck, the German Chancellor of the nineteenth century. In contra-distinction to both the Liberal and Social Democratic models, the corporatist version was a conservative response to the threats of Marxism and socialism. The organisation of, for example, the sickness funds emphasised status distinctions based on occupation at the same time as it provided support. The conservativeness of these corporate regimes need not be overemphasised for all of them have had to adapt to social democratic and socialist governments and programmes, and the corporatist system has had to adapt and change to reflect this. Nevertheless there remains an underlying commitment to social solidarity historically based on the church and family (‘subsidiarity’) over liberal concerns for market efficiency or social democratic ones for equality.