HEALTH CARE AND PUBLIC HEALTH
IN WESTERN DEMOCRACIES

Political Science, Fall 2012
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Fridays, 5–7pm
Sep 7, 14, 21, 28; Oct 5, 12, 19, 26; Nov 16, 23, 30; Dec 7
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Room S11

Why study health politics? In Western countries, health care expenditure represents large fractions of the gross domestic product—the United States alone spends over $2 trillion per year on health care, and Barack Obama’s recently passed health insurance reform has polarized American politics to the extreme. Health issues at the beginning and the end of the life cycle are amongst the most politicised issues—compare, for example, abortion and euthanasia legislation in France and Spain, or conflicts and scandals over the National Health Service in the UK. As Western populations age, chronic disease such as cancer and diabetes will become an increasingly frequent experience. Finally, think of the ‘obesity epidemic’ and its implications for society at large.

This course will explore the politics of health care and public health in Western democracies. It is also intended to introduce theories and concepts useful for studying health policy in affluent countries. Its sessions will touch upon the funding and organisation of health systems, power relations between social movements in health, pharmaceutical policy and public health issues such as AIDS or tobacco control.

By design, this course will approach health care through the comparative method: why do different governments adopt different policies? What are the forces behind common goals and policies in Europe and in other Western democracies? How do different institutions and ideas shape political conflicts over health issues? Historical insights will often provide helpful background in answering these questions, as well as perspectives from health economics and basic epidemiology. No previous knowledge in any of these domains is required for taking the course, but some curiosity in every of them will prove useful.
COURSE ASSIGNMENTS

Students are expected to be regular and active participants in the course, and to complete required readings prior to class meetings. Course sessions start with a 30-minute introduction, after which two pairs of students will each give an oral presentation of roughly 15 minutes, followed by a 15-minute discussion in both cases. Presentations should make extensive use of their specified readings to offer a concise, synthetic, descriptive and explanatory account of the topic under examination.

Students with a specific interest in the course material can hand in an optional research essay of roughly 3,500 words on the last day of class. In the absence of truly exceptional circumstances, there will be no time extensions. In the essay, students are required to expand on one of the sessions in which they presented by reading an additional set of ‘review’ texts, and by adding a strong analytical component to the issue under examination. If the essay receives a higher grade than any of the two presentations, then the essay grade will be swapped with the lower presentation grade to compute the final grade.

Refer to the end of the syllabus for additional guidance on oral presentations and research essays, and feel free to ask in class for additional guidance. However, do so in class, and do not wait for the last minute. Use email for individual matters, and include the “HPH:” prefix at the beginning of your email subject. The grading policy for the course is 40 points for each presentation or for the optional essay (see above) and 20 points for attendance and participation. Further expectations about coursework will be outlined at the first meeting. Finally, I highly value your personal feedback on the course, so please provide some!

COURSE SUMMARY

Introduction

Part 1  Actors and Institutions
   Medicine and the Medical Profession
   Introduction to Health Systems
   Patients and Health Movements

Part 2  Regulating Health
   The Political Economy of Health Care Provision — I. Western Europe
   The Political Economy of Health Care Provision — II. North America
   Modern Epidemics: Before and After AIDS
   State Responses to Chronic Diseases
   Birth and Death as Political Issues

Part 3  International Health Politics
   Developments in Pharmaceutical Policy
   The Europeanization of Health Politics
   Global Health and the West
ESSENTIAL READINGS

Most core textbooks have been taken out of reserve (see shelf marks in brackets below) and are available in multiple copies, thanks to Anne-Marie Magnard at the Sciences Po Library.

Main readings


Reading guide: Baggott, Blank & Burau and Salter introduce the political forces at play in health policy; Freeman and Moran offer empirical and theoretical perspectives for the political analysis of health systems; and Nathanson analyses public health as a political struggle. These texts are strongly recommended readings.

Additional readings


Reading guide: Smith et al. and Walshe are accessible introductions to health economics; Nettleton and Lupton review current perspectives in the sociology of health & illness; and Bourdelais and Porter summarise the history of modern public health in affluent countries.

Websites

European Observatory of Health Systems and Policies
http://www.euro.who.int/observatory

OECD Health Data, Information and Working Papers
http://www.oecd.org/health
COURSE READINGS

All sessions feature some core readings that should be read by all students before class. Each presentation then comes with two additional readings for the presenters to cover. Finally, the 'Review' texts should be read, analysed and critically discussed by students who are writing their essay on the session’s topic.

Session 1  Health in the West


Part 1. Actors and Institutions

Session 2  Medicine and the Medical Profession

Readings: Blank and Burau, *Comparative Health Policy*, ch. 5.


Presentations:

- Doctors & Collective Action: The French and American Medical Professions

  **Note:** this is the first presentation, and it has some of the longest readings; to make your task easier, you should concentrate on the creation of medical associations in France and in the United States, which is covered in the first chapters of each book.

- Negotiating with Doctors: The 1958 Hospital Reform in France

Session 3  
Introduction to Health Systems

Readings:  
Blank and Burau, *Comparative Health Policy*, ch. 3.
Freeman, *The Politics of Health in Europe*, ch. 2.

Presentations:  
  


☐ Selecting a Health System: The Origins of the French Health Care System, 1945
  


Review:  


Session 4  
Patients and Health Movements

Readings:  

Presentations:  
☐ Patient-Based Advocacy: Patient-Support Groups and the AIDS Epidemic
  


☐ How Much ‘Patient Power’ Exactly? Patient Involvement in the British NHS
  


Review:  
Part 2. Regulating Health

Session 5  The Political Economy of Health Care Provision—I. Western Europe


□ Health Reforms in Bismarckian Welfare States: France and Germany, c. 1990–today


Session 6  The Political Economy of Health Care Provision—II. North America


□ Get Insurance or Die Trying: The Clinton and Obama Health Care Plans, 1996–2010


Note: this presentation covers two events that have been extensively studied at book and article lengths, during and after their occurrence; you should concentrate on Steinmo and Watts for ‘Hillarycare’, and Hacker for ‘Obamacare.’ For post-enactment coverage, see also the blog posts published by Dan Hopkins, John Sides and others at The Monkey Cage: http://themonkeycage.org/blog/category/health-care/


Session 7 Modern Epidemics: Before and After AIDS

Readings: Bourdelais, Epidemics Laid Low, chapters 2 and 5.

Nathanson, Disease Prevention as Social Change, ch. 2.
Presentations: □ Disease as a Threat to Social Order: Cholera in Europe


□ Medicine as a Threat to Social Order: Refusing Vaccination


Bourdelais, Epidemics Laid Low, ch. 6.


Session 8 State Responses to Chronic Diseases


Presentations: □ Fighting with Legislation: Tobacco Control in the U.S. and in Europe


□ Waging War on Fat: Tackling Obesity in America


**Session 9**  
**Birth and Death as Political Problems**

**Readings:**  


**Presentations:**  
- **Birth & the Unborn: What Made Abortion Legal in the Netherlands?**  
- **Death & the Dying: What Made Euthanasia Legal in the Netherlands?**  

**Review:**  

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**Session 10**  
**Issues in Pharmaceutical Policy**

**Readings:**  

Presentations:  □ The Politics of Explicit Rationing: The Controversial Role of NICE in Britain


Session 11  The Europeanization of Health Politics


Presentations: □ A Two-Level Game: EU Health Services Policies in Britain and France


□ A Multi-Level Game: Tobacco Control in EU Member-States


Session 12  Global Health and the West


Note: the presentations in this session will focus on the spread and treatment of infectious disease, and what Western democracies can do about it. To get an accurate picture of current challenges in global health, the readings add some information about chronic disease and policy.

Presentations:

☐ The North/South Divide of Disease: NGOs and HIV/AIDS in (Sub-Saharan) Africa


☐ The North/South Divide of Drugs: Access to Antiretrovirals in Developing Countries


Thanks for attending!

Please submit feedback on the course,
and best wishes for the future ☐
ORAL PRESENTATIONS

Presentations should last 15 minutes. The only way to respect such a time frame is to rehearse your presentation at least once before giving it to the class. Presentations should follow a simple outline that helps the audience understand your argument.

Assume that the audience knows nothing about the topic, except for the information contained in the session readings. Your presentation should develop an informative and structured argument around a research question that offers an intellectual challenge about the issue under examination.

Your topic might be a case study or comparative case study. Avoid a purely chronological presentation of the facts, or a “Case 1, Case 2” divide; instead, identify recurring themes in your sources (the readings), select their most important aspects, and present them in short lists of simple, three-sentence items.

Your research question (or problème) should identify a puzzle or paradox that emerged from both your readings. The puzzle or paradox should address a generic health policy issue by contextualising it through a case study. Each section of your presentation should provide part of your answer.

Your introduction should introduce the speakers and then briefly state what the issue under scrutiny is, what makes it hard to handle from a knowledge and policy perspective, and how the different sections of your argument aim at answering that research question. Finish your talk by summarising your findings.

Your support material should make your talk accessible. You are encouraged to print a handout for the class: include the title of your presentation as well as your full names and sources, a detailed outline of your argument, and any additional graphs and tables. You might want to use slides along with that.

If you are planning to use slides, remember to bring them on a USB key, make sure that they are readable on a relatively small screen, and simplify them so that they offer the right amount of information for the audience to read as they simultaneously listen to you. My rule of thumb is “3 items, 6 lines” per slide.

The discussion is an important part of your talk (and thus of your grade too). You might use the first five minutes to take a first round of questions, and then answer them selectively. After that, you might open the floor for ten minutes of general discussion. Always give priority to students who have not yet spoken.

When speaking in public, things get more complicated to handle. Make sure that you have simple notes printed in Arial or Helvetica in 14pt instead of long and small-written paragraphs. Use simple sentences in plain English that you can improvise if needed: never rely on reading your notes.

☐ Class rules for all students during presentations: keep silent during the talk, and give a brief round of applause at the end. Prepare short questions in advance: if you did not understand a particular part of the argument, or if you have grounds to disagree, ask the presenters for details or additional points.

☐ Class rules for myself during presentations: I will show a sign when you have only three minutes left, and then one minute left, for your talk. During the discussion, I will intervene to add some points of my own. If you later email me your handout and slides, I will send feedback and a tentative grade in return.

☐ A final note on language. This course is entirely taught in English: take it as an opportunity to train yourself in that language. I will not grade your accent or your pronunciation. I only take into account the amount of effort that every student manifests in order to be fully understandable to the rest of the class.
RESEARCH ESSAYS

Your research essay discusses the readings assigned to one of the course sessions in which you presented. This includes all readings from the session. There is no obligation to add references other than the ones listed in the course syllabus for that specific session, although you should certainly feel free to do so.

The discussion should focus on the scientific approach to your session topic: what is our knowledge of the topic, and what methods were used in assembling it? Along with the facts, what are the theories that structure the topic, and how do they underlie the political dimension of health care and public health?

The outline of your essay is entirely left to you: like your presentation, it should be balanced and clear to the reader. You should add a title to your essay, as well as a final paragraph that includes critical thoughts on the topic, as well as on the methodological relevance of the course readings regarding that topic.

Scientific style is impersonal and neutral in tone—a style that you should learn to produce for your own work. Take inspiration from the course readings, which are all written in that format. The spelling, grammar and syntax of your essay should have been checked at least twice.

Academic references should appear every time you use material from the readings. Use an inline author-year citation format – “As Starr (1982: 107–9) mentions, …” – with the full formatted list of references appearing at the end of your essay. Refer to the course readings for examples of academic citation styles.

Official reports from international organizations (e.g. the OECD and the World Health Organization), national agencies (e.g. the English Department of Health) and think tanks (e.g. the King’s Fund and the Nuffield Trust in Britain) should also be acknowledged in the bibliography if you end up citing them.

Finally, please remember that essay has a limit of 3,500 words and a precise deadline for submission, both of which are intangible. Please include a word count with your essay, and send it by email as a PDF file. Ask for additional guidance in class if necessary. Good luck, and see you soon!