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**The Erosion of Citizenship in the Irish Republic:
the case of healthcare reform**

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“... a State which dwarfs its men, in order that they may be more docile instruments in its hands, even for beneficial purposes – will find that with small men no great things can easily be accomplished.”

John Stuart Mill On Liberty

1. Introduction

The late Tom Barrington, first Director of the Institute of Public Administration, in a prophetic paper entitled “The Civic Deficit in Ireland” written in 1992 used John Stuart Mill’s epigraph from On Liberty, as cited above, when he described “the civic deficit in Ireland” as “the leaching away of people power and its transfer to the power hoarders of central government”.¹ The Humanities Institute of Ireland, with its broad theme of ‘Identity, Memory and Meaning in the Twenty-First Century’ and its interdisciplinary research programmes, is well placed to address key issues concerning citizenship in the Irish Republic. For as Barrington noted

The “civic deficit” is not a single thing. It is the accumulation of the deficits, the liabilities over the assets, in our civic culture. That civic culture contains in itself a number of intertwining subcultures – the civic, the intellectual, the democratic, the institutional and the moral. We can say that, taken together with perhaps some others, these constitute our attenuated civic culture.

In this paper I seek to explore the erosion of citizenship in the Irish Republic using as a case example the key domain of health and our healthcare system.² In such an exploration it seems to me that we must bring together the insights and contributions of a wide range of disciplines which often appear at present to be pursued in separate silos in our academies: political philosophy, political science, public administration, public policy studies, ‘third sector’ studies and, of course, the evolving sciences associated with healthcare and healthcare systems. Indeed history, and in particular I suggest our colonial inheritance, is particularly relevant to our current view of ourselves as citizens and to the way public governance operates in the Irish Republic.

Perhaps I might map out briefly what I want to say in the form of 5 theses as a kind of propositional summary:

- A. That Irish democracy is decayed and suffers from a loss of vision; it is operating sub-optimally
- B. That public policy outcomes are generally poor, but starkly so in healthcare, in large part because of the democratic deficit in the formulation and implementation of such policies.
- C. That, as a society, we need a new public narrative which will involve a re-imagining of citizenship – essentially from a ‘passive’ to an ‘active’ citizenship – if the significant challenges we face are to be addressed.
- D. That civic republicanism as a political theory offers a normative standard for the kind of active citizenship required and helps to point towards a practical reform agenda in key policy domains such as healthcare. Such an agenda might be informed by insights from the recent discourse about deliberative democracy.
- E. That the new paradigm required is the shift from the managerial controlling state towards a participative enabling civic republic.

2. The Current Context

The evidence supporting my five theses is extensive and growing: many thoughtful people and a number of organisations have addressed some of the very large issues they raise. In this paper I can only point to where this literature may be found.

The first major audit of Irish democracy, using an internationally recognised comparative methodology, was published in 2007 entitled Power to the People? Assessing Democracy in

Ireland³ This key audit follows an independent Democracy Commission Report entitled Engaging Citizens – The Case for Democratic Renewal in Ireland, published in 2005.⁴

In April, 2006 the Government established The Task Force on Active Citizenship which issued its Report in March, 2007. In addition a further independent Dialogue on Democracy Seminar, with a senior panel of participants from the Oireachtas, Community and Voluntary Sector, the Public Service and others, and chaired by Brendan Halligan has published a book authored as a result of the Seminar by Edmond Grace SJ, Democracy and Public Happiness and it is now planned to initiate a ‘National Conversation on Democracy’ initially at local government level.⁵

At the very least such works highlight the sense of growing unease about Irish democracy in the twenty-first century.

To summarise, somewhat crudely, what is eroding the practice of citizenship in the Irish Republic are the 4 Cs: centralisation, clientalism, corporatism (as practised by our current social partnership arrangements and the very rapid growth of non-departmental public bodies) and corruption. Despite the apparently favourable statistics for active engagement thrown up by some recent surveys, I think we should dwell long and hard on the comments in a Background Working Paper published by the Taskforce on Active Citizenship entitled Statistical Evidence on Active Citizenship in Ireland

Two significant problems are identified. First, a large majority of the population is not engaged actively in any community organisation or form of regular volunteering. Similarly, only a minority of persons engage in at least one type of civic-political engagement. Second, the pattern of engagement is very unevenly spread across the population with particular groups being much less involved than others.

This study points out that over 2 million adult citizens are inactive in their communities and a greater number, 2.3 million, are not involved in any regular volunteering. Many Irish citizens are simply disengaged from the public realm and have no input into public policies. As the Working Paper just cited notes:

‘It may be that we are focusing too much on some measurable aspects of social capital such as volunteering, membership and trust among persons and not enough on more subtle issues around people’s sense of empowerment, participation in decision-making and the way that political power and decision-making is distributed in the population, especially by age, gender, socio-economic status and migrant status.’⁶

In any event the evisceration of Irish local government (in opposition to the principle of subsidiarity) combined with the opaque and almost impenetrable network of new public bodies provides the background for disillusionment, disenchantment and substantial disengagement amongst Irish citizens.

In parallel with this ‘sub optimal’ level of participation we find gross failures to deliver in terms of public policy outcomes. In a recent study Terry Craddon chose to examine seven examples of such failures:

- The Dublin Airport capacity conundrum
- The driving test fiasco
- The e-voting saga
- The hospital trolley waits
- The problems in policing

- The problems in prisons
- The heritage administration – the demise of Dúchas

Of course, the list could be so easily extended to schools, infrastructure, broadband and into most aspects of our healthcare service (in terms of comparative health outcomes). There can be much debate on why the outcomes are so poor but, as Craddon observes, there is an absence of “any overarching world view” in our debates as to who steers and who rows and, of course, the ultimate cause of failure is to be found in the quality of our political decision-making.⁷

3. An Overarching View? Civic Republicanism and ‘Deliberative Democracy’

“There has been an explosion of interest in the concept of citizenship among political theorists” Thus began a significant survey of recent work on citizenship theory in 1994.⁸ Western democracies depend upon the qualities and attitudes of its citizens

for example, their sense of identity and how they view potentially competing forms of national, regional, ethnic or religious identities; their ability to tolerate and work together with others who are different from themselves; their desire to participate in the political process in order to promote the public good and hold political authorities accountable; their willingness to show self-restraint and exercise personal responsibility in their economic demands and in personal choices which affect their health and the environment. Without citizens who possess these qualities, democracies become difficult to govern, even unstable. As Habermas notes “the institutions of constitutional freedom are only worth as much as a population makes of them”⁹

Michael Sandel has observed

Political community depends on the narratives by which people make sense of their conditions and interpret the common life they share... At a time when the narrative resources of civic life are already strained – the sound bites, factoids and disconnected images of our media saturated culture attest – it becomes increasingly difficult to tell the tale that orders our lives. There is a growing danger that, individually and collectively, we will find ourselves slipping into a fragmented, storyless condition. The loss of the capacity for narrative would amount to the ultimate disempowering of the human subject, for without narrative there is no continuity between present and past and, therefore, no responsibility and, therefore, no possibility of acting together to govern ourselves.¹⁰

In relation to the Irish Republic we urgently need to construct a new public narrative around the story of how our official commitment to equal citizenship has developed in the past and how it might be further developed: this will involve reinvigorating the concept of the common good and that of active citizenship as they are understood in civic republicanism and by theorists who have debated ‘deliberative democracy’.

In recent decades new and innovative thinking about democracy is concerned both to extend political equality and citizenship to all adults and to deepen the scope of democracy in economic, social and cultural domains. There is a serious quest in the literature to improve the quality of democracy by enhancing the nature and form of political participation and to escape from current political practices involving the clash of personalities, celebrity politics, sound-byte ‘debates’, ‘spin’ and the naked pursuit of vested and self interest. The quest is to design democratic processes which will enable citizens to exercise a fully informed judgement on issues in the interests of the common good which will be qualitatively better than simply a periodic aggregation of votes. Deliberative democratic theorists would make the point that

legitimacy stems from the quality of the process of forming judgement about public matters rather than simply the fact that the people can speak generally by election once every five years. There needs to be a learning process in and through which people come to terms with the range of issues they need to understand in order to form and exercise a sound and reasonable political judgement. For example, in healthcare policy decisions there needs to be regular community-based fora and other methods of public participation employed to facilitate this and if there were not only would the policy decisions have more legitimacy, the policy outcomes would also be greatly enhanced because the quality of decision-making is better.

The rest of this paper is, therefore, concerned with a brief outline of civic republicanism and more extended exploration of our recent health reform process as it bears on the concept of active citizenship and the common good.

4. **Civic Republicanism**

The Task Force on Active Citizenship produced a very useful Background Working Paper on The Concept of Active Citizenship in March 2007. It is one of the most valuable products of the work of the Task Force. It anchors the concept of ‘active citizenship’ in the political philosophy known as civic republicanism which has had such a major revival in recent decades as the poverty of liberalism in western democracies became so apparent.¹¹ Philip Pettit’s seminal work, published in 1997, is fundamental with his conception of republican freedom as non-domination which requires that no-one is able to interfere on an arbitrary basis – at their pleasure – in the choices of the free person. This contrasts with freedom as non-interference which is central to liberalism.

Civic republicanism emphasises the civic virtues of participation, democracy, liberty, equality and social solidarity. Civic republicanism acknowledges the mutual interdependence of all those who belong to a society or community while recognising the possibility of different identities within or across societies as well as overlapping and multiple identities. Civic republican citizenship is about the practice of citizenship rather than citizenship as legal status. In the story of the emergence of modern democracies the struggle so far has achieved formal rights such as the franchise for all adults in a representative democracy, but we are still very far from the kind of participatory republic of equal citizens which civic republicanism envisages.

The Background Working Paper The Concept of Active Citizenship refers to

the voluntary capacity of citizens and communities working directly together or through elected representatives to exercise economic, social and political power in pursuit of shared goals

This capacity obviously depends upon the knowledge, skills and attitudes of each citizen and these have to be developed in various fora in civil society. The Working Paper very valuably associates active citizenship, as understood by civic republicans, with the concept of ‘social capital’ as it has emerged in the literature of Robert Putnam, James Coleman and Pierre Bourdieu. Coleman underlines three crucial components of social capital as

- obligations and expectations
- information sharing in social networks; and
- sanctions and norms in social networks

‘Social capital’ depends upon the norms and networks being present which facilitate people to co-operate together on common goals.¹² Two dimensions are present in all of Coleman’s discussions of social capital (i) social structure; and (ii) facilitation of social action by individuals within a given structure.

Civic republicanism is based upon a view of the human person as a choosing, responsible, moral agent who has motivations other than mere self-interest: human beings are largely socially constituted and flourish best when acting together. It provides, I will now suggest, the optimal approach to the development of our healthcare services. This will be seen to be so in at least two key respects:

first, in terms of public participation and involvement in the governance, management and delivery of services; and

secondly, in addressing the key social and economic determinants of health so as to raise the health status of the population.

5. The Irish Health Reform Process and the Citizen

Since 2001 the Irish health system has been the subject of a remarkable number of Government health policy statements.¹³ In addition there have been a number of new critical studies of the Irish health services.¹⁴ There continues to be a deep and general malaise in respect of the structure and performance of our healthcare services.

The Health Strategy published by the Irish Government in 2001 introduced the new principle of ‘people-centredness’ in addition to equity, quality and accountability as the governing principles of Irish healthcare provision. The Health Strategy influenced the production of two highly valuable papers: *Community Participation Guidelines* published in December 2002 by the Health Boards Executive in response to Action 52 of the Health Strategy that ‘provision will be made for the participation of the community in the decisions about the delivery of health and personal social services’ and *Public and Patient Participation in Healthcare A Discussion Paper for the Irish Health Services* published in December 2002 by the Office for Health Management. The new horizons and new vision behind the Health Strategy employed remarkable rhetoric about a new ‘people-centred’ approach; this is the vision set out for the Irish health system:

“A health system that supports and empowers you, your family and community to achieve your full health potential.

A health system that is there when you need it, that is fair, and that you can trust

A health system that encourages you to have your say, listens to you, and ensures your views are taken into account.”

The Health Strategy describes a “people-centred health system” as one which

- identifies and responds to the needs of individuals
- is planned and delivered in a co-ordinated way
- helps individuals to participate in decision-making to improve their health

It states: “The ‘people-centred’ healthcare system of the future will have dynamic, integrated structures which can adapt to the diverse and changing health needs of society generally and of individuals within it. These structures will empower people to be active participants in decisions relating to their own health.” From this rhetoric it would appear that a public participation perspective had triumphed in the widespread consultation and detailed preparation undertaken in preparation for Ireland’s new Health Strategy in 2001. The reality of practical implementation since 2001 totally belies the rhetoric.

The major structural reforms announced in *The Health Service Reform Programme* by the Irish Government in June 2003 consolidated a growing democratic deficit in Irish healthcare provision. The indirectly elected regional health boards were abolished and a new single Health Services Executive was established to manage the national health system as a centralised single

entity. In fact this major reform of the Irish health system is following a classic late twentieth century ‘modernising government’ agenda with these key characteristics

- central co-ordination/control
- use of ‘value for money’ rhetoric
- use of business models and ‘consumer’ language
- seeking to have public sector services compete with a private sector freshly supported by the State

It is perhaps not surprising that the rhetoric of the Health Strategy was so quickly subordinated to the prevailing neo-liberal ideology.¹⁵ In Ireland, as noted by Barrington and others, a civic culture of ‘active citizenship’ is weak and the very centralised Irish political system has a deeply ingrained clientalist culture: in this regard users or potential users of public services rely very heavily on political representatives and their ‘advice centres’ to secure access. Eligibility to ‘medical cards’ for free health services is one clear example where political representation can help secure the ‘medical card’ as there exists some discretion as to who may qualify. In return politicians expect their “clients” to vote for them.

Centralisation and clientalism both erode the concept and practice of active citizenship especially for the large socially and economically excluded population groups in Ireland. They serve to personalise ‘grievances’ or needs and encourage people to ignore systemic analysis and rational discourse about public policy. Public service reform in Ireland, including health reform, has been strongly influenced by ‘new public management’ ideology particularly the attempt to apply market principles and terminology to the provision of public goods and services. So the language is about ‘customers’ or ‘consumers’ rather than citizens. The administrative reform process in Ireland, known as the Strategic Management Initiative (SMI), whatever gains it has made in respect of efficiencies, has undoubtedly further weakened Irish democracy. As Neil Collins observes

The SMI has put in place customer type mechanisms for complaints, suggestions and the expression of views, but has sought to write out politicians as citizens’ agents. Parliamentarians are designated roles as debaters of policy and scrutinisers of performance, even though the political science literature attests to the public’s wish to use them in more localist, brokerage and particularist ways. Similarly, the SMI seeks to emulate the private sector’s use of market research, information technology and performance indicators to speed decisions and underpin policy, whereas democracy values deliberation, accountability and transparency, all of which impede the rapid response to change so valued in the private sector.¹⁶

In the key documents and reports issued after 2001 on Irish health reform there are simply no State supported proposals to develop citizen engagement and participation in Irish healthcare. The effects of a centralised political culture are reinforced. The Irish health reform process illustrates a controlling state and the further erosion of citizenship.

There are many frustrated community and local groups, such as local hospital action groups, struggling in this ‘command and control’ health system to have a say or to protest about lack of consultation. By and large it is true to note that they exercise negative ‘blocking’ power such as in the case of the proposed Hanly reform of hospital structures, but there are almost no consultative and continuing channels for citizen engagement in the design and delivery of Irish health services. Recently the Health Services Executive (HSE) has mooted the establishment of Expert Advisory Groups described as follows:

These independent groups will enable health professionals and clinical experts, patients, clients and service user groups play an active role in healthcare policy development, implementation and monitoring within the HSE. Each group will focus on a specific area such as diseases (e.g. cancer), conditions (e.g. mental health), practice (e.g. surgery) and users (e.g. community care).¹⁷

While such Expert Advisory Groups may have a valuable role as part of public participation, they fall far short of rectifying the democratic deficit in Irish healthcare. The Health Act, 2004 provides for 'Public Representation and User Participation' in Part 8 of the Act, including a National Health Consultative Forum, Regional Health Forums (for local authority members) and it empowers the HSE to take "such steps as it considers appropriate to consult with local communities or other groups about health and personal social services."¹⁸ While the Act makes possible fuller public participation it is solely at the discretion or invitation of the Minister for Health and Children or it is controlled by the HSE itself.

The approach to Irish health reform in respect of public participation underlines the almost total lack of appreciation of the essential benefits to be obtained by such participation in healthcare. The table below summarises what has been well established in practice in other health systems to result from effective public participation¹⁹

Table 1: The value of greater public participation in Irish healthcare

Benefits to the health services

- Restoration of public confidence
- Improved outcomes for individual patients
- More appropriate use of health services
- Potential for greater cost effectiveness
- Contribution to problem resolution
- Sharing with the public responsibilities for healthcare

Benefits to people

- Better outcomes of treatment and care
- An enhanced sense of self-esteem and capacity to control their own lives
- A more satisfying experience of using health services
- More accessible, sensitive and responsive health services
- Improved health
- A greater sense of ownership of the HSE

Benefits to public health

- Reduction in health inequalities
- Improved health
- Greater understanding of the links between health and the circumstances in which people live their lives
- More healthy environmental, social and economic policies

Benefits to communities and to society as a whole

- Improved social cohesion
- A healthier democracy – reducing the democratic deficit
- A health service better able to meet the needs of citizens
- More attention to crosscutting policy issues and closer co-operation between agencies with a role to play in health promotion

An OECD Report published in 2001 entitled Citizens as Partners Information, Consultation and Public Participation in Policy Making (OECD, Paris, 2001) eloquently set out the evidence and rationale that engaging citizens in policy making is both a sound investment and a core element in good governance. To our continual detriment in so many policy areas we have ignored such a valuable contribution to better governance.

6. **A Paradigm Shift? From a managerial State towards a participatory civic republic**

In considering how a civic republican approach to citizenship might lead to a paradigm shift from a centralised managerial and often ineffective State towards a devolved participatory and more effective republic, it is good to be reminded of some words of Siedentop in his book Democracy in Europe

Those concerned with the nature and operation of political systems...have by and large ceased to operate with any conception of human well-being... They shun passion... The sources and goals of political activity are neglected in favour of analysing observable trends... This withering of the ambition of political thought has paved the way for the domination of economic language... [in] public policy... an economic idiom has become the habitual idiom not just of economists and civil servants but of politicians and commentators.²⁰

In respect of the key domain of healthcare the fundamental issues relate to what ought to be the relationships between our citizenship (both rights and duties), the State and the demand and need for healthcare.

The social constitution of human beings which is a characteristic insight of civic republican ‘active citizenship’ is increasingly confirmed by epidemiologists, such as Michael Marmot and Richard Wilkinson, as being fundamental to human health and well-being both individually and at societal levels. In particular social standing and income inequality affects health outcomes and the health status of particular social groups in a decisive way.²¹ Social epidemiology has now made more explicit that how we organise our lives, or have them structured by society, affects our health and that of the people around us. It is the structures that enforce inequalities in human capabilities that we need to focus upon if better health outcomes are to be achieved – central to these capabilities are autonomy and social participation. This is especially relevant to how people are able to exercise such capabilities in respect of healthcare. Epidemiological research is rediscovering what civic republican political theory recognised as vital to human flourishing as Wilkinson has illustrated in The Impact of Inequality: How to Make Sick Societies Better, published in 2005. The evidence now available as to the social determinants of health outcomes makes it imperative to consider how citizens relate to each other (whether equally or not) and also how citizens are effectively engaged in shaping their own lives and how they share responsibility for healthcare services. This requires a fundamental change of perception in the design of the governance, management and delivery of healthcare from a centralised “command and control” model towards a devolved public participatory model, albeit one which is highly integrated as to standards and available supports to responsible local providers.

Engaging citizen-based community and voluntary organisations and fostering social networks with the norms and values that facilitate co-operation becomes a paramount requirement in what will be, in effect, a new population health model to secure better health outcomes and to raise the health status of the whole population. Fine Gael’s policy on health Restoring Trust A Health Plan for the Nation, published in November 2000, contained an innovative set of proposals on ‘citizen involvement in the health services’ and details of a new covenant of patient rights and responsibilities; this policy called for ‘citizen-based boards’ for all healthcare providers in a reformed Irish healthcare system and for a Voluntary Activity Division within the Department of Health and Children to provide active partnership arrangements with the community and voluntary healthcare sector. This latter proposal echoes the stalled White

Paper entitled *Supporting Voluntary Activity*, published in 2000, which stated that such Units would be established. The only resources that people have for voicing their needs and for exercising influence over the health services they require is through their social relationships, social networks, community and voluntary organisations or through their political representatives. It is especially important in healthcare, as in other key domains of life, to recognise that the rights of marginalised or excluded social groups may only be vindicated through their own forums of collective action to achieve optimum health and well-being. It is important to understand that the State is not a neutral force in respect of citizenship development. The policies and actions of the State greatly influence the possibilities of “active citizenship”: the state shapes its citizens. Healthcare is a fundamental part of what Janoski calls ‘the social mechanisms to create citizenship’.²² The scope provided by State structures for voluntary action by citizens to create and provide public goods and services is the critical factor in this regard.

In *On Liberty* John Stuart Mill famously draws attention to the great dangers of government replacing citizen action

‘... a State which dwarfs its men, in order that they may be more docile instruments in its hands, even for beneficial purposes – will find that with small men no great things can really be accomplished.’²³

Citizen-based voluntary organisations have been described as ‘oases of civic initiatives’ which invigorate and complement representative democracy.²⁴ In healthcare such organisations are essential in any society which values the principles of freedom, plurality, inclusion, equality, participation and social solidarity. They are also crucial if we are to achieve optimum healthcare outcomes. Citizen buy-in to the ‘smoking ban’ is an obvious example where citizen co-operation is vital to better health outcomes.

Active citizenship in the first instance will require ‘the recovery of civism in public administration’.²⁵ This will mean challenging the ‘managerial’ mindset which currently pervades public service reforms and processes. As Frederickson observes, the effective public administration of the future “should be intimately tied to citizenship, the citizenry generally and to the effectiveness of public managers who work directly with the citizenry”. He spells this out clearly

For public administration both in practice and in education, this will mean a return to an emphasis on the *public* aspects of the field and to the basic issues of democratic theory. If public administration is to be effective, persons who practice it must be increasingly familiar with issues of both representational and direct democracy, with citizen participation, with principles of justice, and principles of individual freedom.²⁶

Tocqueville had the crucial insight that *administrative* centralisation ‘which would restrict the self-regulation of free associations’ would frustrate ‘the competence and responsibilities of citizens who participate in these associations’.²⁷ Tocqueville’s concept of the role of the state in facilitating active citizenship is echoed in Oldfield’s work on civic republicanism in respect of the need for appropriate constitutional settings for the practice of citizenship:

There have to be arenas where potentially everyone can take part, where everyone can do something. In the modern state, this means the decentralization of political tasks and functions... What is to be sought is the creation and widening of opportunities for responsible self-government by citizens... Self-government can refer to any public tasks and activities that a community wishes to engage in.

A range of conditions need to be met for the practice of citizenship; these are summarised by Oldfield:

These conditions are that individuals need resources: they need empowering – in terms of knowledge, skills, information, time and well-being – to become effective agents in the world. They need opportunities – in terms of the decentralization of both political and economic power – in which they can be effective agents, that is citizens. Finally, they need to be provided with the required motivation to take the practice of citizenship seriously, in terms of performing the duties which they owe to the political community of which they are members.²⁸

The Irish experience in healthcare reform illustrates the impoverished consequences of inadequate citizenship theory and of unexamined assumptions when using rhetoric such as ‘people-centredness’. In fact Irish society is characterised by a very extensive citizen-based voluntary or ‘non-profit’ healthcare sector.²⁹ The failure of the current health reform process to engage with this extensive and diverse citizens-sector to deliver better health outcomes must surely rank as a major ‘blind spot’ in regard to the potential value of the community and voluntary sector.³⁰

The Health Strategy 2001 adverted to the concept of ‘social capital’ but did not sufficiently develop the policy implications of this concept for citizenship development in healthcare. Active citizens and citizen-based organisations which seek to provide or meet health needs represent precious social capital and indeed are essential to secure desired health outcomes and to raise the health status of various groups in the population. There is, indeed, as we have seen, a close association between the civic republican concept of the ‘active citizen’ and the concept of social capital. As has been noted one of the key aspects of civic republicanism is the belief in ‘the common good’ which is achieved through the exercise of ‘civic virtue’ by the citizenry as well as by ‘institutional design’ whereby the best institutions are developed to facilitate citizens in seeking the ‘common good’.³¹ ‘Civic virtue’, as the disposition to further public good over private gain as outlined in republican theory, is one crucial way to set out the ‘shared norms, values and understandings’ of citizens that facilitate co-operation within or among groups as they seek the common good and secure their ‘self-interest properly understood’ to use Tocqueville’s phrase.

A key element in both civic republicanism and in the literature of social capital relates to trust and how to develop trustful relations in society. We need social and political institutions that through public participation facilitate citizens in judging where to place their trust: we need to trust our health systems perhaps even more than other systems given that health and well-being is at stake. The recent history of Irish healthcare is replete with examples of the breakdown of trust whether in regard to doctor-patient relationships, such as evidenced by the *Lourdes Hospital Inquiry Report* (Jan 2006), or by State failure to vindicate rights of citizens as evidenced by the failure of the Department of Health and Children in relation to nursing care payments since the 1970s documented in the Travers Report in 2005. Accountability mechanisms and increased regulation appear not to generate trust; in fact as Onora O’Neill has argued they may serve to diminish or erode trust and good governance. Healthcare is complex and reforms based upon simplistic modernising agendas fail to recognise the public policy implications of a ‘complex adaptive system’ such as healthcare.³² As a warning to the mindset which produces centralised bodies like the new Health Services Executive in Ireland Onora O’Neill has wisely observed:

We try to micro-manage complex institutions from the centre and wonder why we get over-complex and inadequate rather than good and effective governance.³³

It is through civic engagement and participation in health care services that social trust is most likely to be developed and sustained. The evidence for this may be traced in the social capital literature but common sense and experience would make it intuitive in any event: frequent interactions and experience of co-operation lead us to be able to trust those we encounter more than those we do not meet or know. Civic virtue has a positive relation towards social trust.

If we put the logic of social capital at the centre of healthcare systems then the ‘empowered citizen’ has a central role. The key to success in health outcomes is the active capacity of people and their organisations for self-transformation: the capacity within organisations, communities, and within whole societies to learn and to turn that learning into adaptive change. It is important to link this with what has been learned about governance and public policy. The seminal work of Rhodes indicates that policy outcomes should not be sought in the actions of central government. Governance best occurs as a function of self-governing networks of disparate interests and agencies negotiating and collaborating for agreed outcomes.³⁴ Such an approach leads to more innovation, flexibility and adaptability to local circumstances. This means empowering citizens and their organisations to undertake a comprehensive range of services and actions affecting lifestyle and all the social determinants of health. This poses a key challenge for existing centralised structures: they have to let go of some power and authority and see this redistributed into other networks. The state must become ‘an enabling state’ rather than a ‘controlling state’. It is not possible to advocate the positive development of social capital in order to achieve better health and at the same time hold onto the inherited state structures and the instinct of central top-down authority and power.³⁵ Outcomes and solutions in public policy rely at least in part on the citizens themselves and their capacity to take shared responsibility for positive outcomes. Citizens can and will participate if they see that their efforts make a real and positive difference. Strengthening the overlapping spheres between voluntary action, public service and democratic representation not only will enhance social capital but it will at the same time improve the quality and the outcomes of public services and it will transform the quality of our democracy.

The National Economic and Social Forum’s Report Improving The Delivery of Quality Public Services (Report 34, December 2006) sets out new concepts of ‘public value’, the ‘adaptive state’ and the need for people’s involvement in public services and describes the shift in the paradigm we need to make. (See Appendix 1 ‘Approaches to Public Management’)

Active participation by citizens is itself one of the healthiest things that people do. Robert Putnam states that “of all the domains in which I have traced the consequences of social capital, in none is the importance of social connectedness so well established as in the case of health and well-being.” Active citizenship and social connectedness is a powerful determinant of health and well-being.³⁶

Civic republican ‘active citizenship’ has very profound and practical consequences for public policy and services. As a normative theory of active citizenship in health care civic republicanism requires healthcare policy makers and practitioners to make a major cultural shift in perspective towards what has been called ‘the adaptive state’ – a state which develops public services through citizen engagement and participation to create more ‘public value’.³⁷ A key distinction between the current approaches to health systems and their development, as exemplified by the Irish case, and a ‘public value’ approach to public services is the way in which individual members of the public – the citizens – are regarded. As Chapman observes

Within economic theory the public are regarded as consumers, expressing their individual preferences in their actions and purchases. This focus has been incorporated into the new public management (NPM) as an emphasis on public choice - The view of the public from the public value perspective is much richer....³⁸

Civic republican 'active citizenship' invites a 'much richer' consideration of the human person than one who simply 'consumes' health services. It sees the person as a citizen who engages in healthcare in a multi-dimensional fashion: as a citizen who requires that taxes are spent appropriately, as a citizen with an interest in issues of equity and fairness, as a 'co-producer' of the outcomes of health services, as a participant in governing healthcare organisations and as an active voice in health policy formulation at various levels. 'Active Citizenship' ought to be the next 'big idea' for public services in healthcare if health outcomes are to be the measure of success:

At no point in the modern history of public services have there been more resources, or a better range of tools, to use in the creation of public value. But if public services are going to achieve their full potential over the next generation, they must be reshaped through an open, evolutionary process. This process will not arise from the perpetual efforts to restructure existing arrangements without changing the dominant assumptions governing models of organisations.³⁹

I suggest that the key 'dominant assumption' that needs to be changed in healthcare is the one we make about the human person as citizen.

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Appendix 1

Approaches to Public Management

	Traditional public management	'New public management'	Public value
Public interest	Defined by politicians/experts	Aggregation of individual preferences, demonstrated by customer choice	Individual and public preferences (resulting from public deliberation)
Performance objective	Managing inputs	Managing inputs and outputs	Multiple objectives - Service outputs - Satisfaction - Outcomes - Maintaining trust/legitimacy
Dominant model of accountability	Upwards through departments to politicians and through them to Parliament	Upwards through performance contracts; sometimes outwards to customers through market mechanisms	Multiple - citizens as overseers of Government - customers as users - taxpayers as funders
Preferred system for delivery	Hierarchical department or self-regulating profession	Private sector or tightly defined arms-length public agency	Menu of alternatives selected pragmatically (public sector agencies, private companies, community interest companies, community groups as well as increasing role for user choice)
Approach to public service ethos	Public sector has monopoly on service ethos, and all public bodies have it	Sceptical of public sector ethos (leads to inefficiency and empire building) - favours customer service	No one sector has a monopoly on ethos, and no one ethos always appropriate. As a valuable resource it needs to be carefully managed
Role for public	Limited to voting in elections and pressure on elected representatives	Limited – apart from use of customer satisfaction surveys	Crucial – multi-faceted (customers, citizens, key stakeholders)
Goal of managers	Respond to political direction	Meet agreed performance targets	Respond to citizen/user preferences, renew mandate and trust through guaranteeing quality services.

Source: Strategy Unit 2002, Creating Public Value, London: UK Cabinet Office and NESF Report No 34 Improving the Delivery of quality Public Services (December 2006)