

CAN WELFARE BE “WELL” AND “FAIR” AGAIN?



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SOME YEARS AGO I DID A ETHNOGRAPHIC
STUDY ON THE QUALITY OF PALLIATIVE CARE...



AND I FOUND STUFF LIKE THIS

- It was difficult for Abdul to get around. His feet are severely swollen and he can't move up and down steps. He lives on the third floor of a council block with no lift. He lives and stays in one room. The room, he says, is a *“living room, pharmacy, bedroom, whatever you want”*. This gets him down and despite frequent letters and bids through the housing system; they are still stuck in this accommodation. They also have to find room for their two sons. They were desperately looking for a way out of their accommodation but there were waiting lists and, as I left, Polly showed me an old lottery ticket which she had bought in an effort to get out of their situation. *“I tried to win 100,000 but have not had any luck yet”* [Field notes]

CARER: GRACE AGED 26, FATHER DIED OF WEAKENED MUSCLES, CRIPPLED RESPIRATORY SYSTEM AND DIETARY PROBLEMS

- Grace's father who had learning difficulties was living in supported accommodation with two other girls with similar difficulties. She found the standard of care low for someone with her brother's difficulties:
- *“Every day, there were new agency people from privatized companies, sitting on the sofa, talking a language we didn't understand and one person didn't know how to order a taxi – there were too roommates living with my brother and they were all roommates – I used to go there and cook for them all because the food they provided was like crisps and pot noodle. He needed all these drugs but the council said they were too expensive. I said to one of them my brother needs to go to the doctor and they said we took him last week and I said well he has three holes in his heart, he needs to go regularly.”*

THIS CONVERSATION BETWEEN ADAM, HIS CARER AND SON TIM, AND MYSELF, HIGHLIGHTED HOW UNHAPPY ADAM WAS ABOUT THE DELAYS TO HIS TREATMENT – ADAM DIED TWO MONTHS LATER

- **Adam:** *That letter never turned up [for an appointment] and when it did, after I went to my own doctor again to get these appointments going again. Three months later, then when I did get it, it was showing up towards the Christmas and when I visited the Charing cross, it was too close to Christmas [2008] and they had to wait. Waited for the scan after Christmas and got a horrible result that it had spread.*
- **Dan:** *Do you attribute that to the delay?*
- **Adam:** *Yes I do. It is lost. The people are good but it is the wait.*
- **Dan:** *So it is the process.*
- **Adam:** *If it was caught up front [the cancer] then it could be treated.*

WHAT CAN WE TAKE FROM THESE EXAMPLES?

THE FOLLOWING:

- There are generally poor, vulnerable people being left in shambolic conditions without support (lack the correct drugs, carers put under social, financial and emotional pressure, etc)
- The bureaucratic mechanisms – based on self commitment and individual motivation – exacerbate their vulnerability and, at the same time, pressure on patients, carers and other medical staff to deliver quality care
- Bureacracy is a result of privitisation = supposed improving the efficiency of a service which removes human and moral element from the way care services are delivered and replaces them with outcome-focussed performance measures and, as a consequence, regimental interactions
- This comes as a result of austerity programmes and reduced funding among local councils = wider imbalances in national political economy
- Obviously its not all like this but increasingly it has been like this for some years and this will continue because of the following...

LOOK AT HISTORY: WHAT HAS HAPPENED HEALTH SECTOR IN GENERAL?

- Health care expenditure as a share of GDP in the UK rose steadily from 6.5% in 1997 to 9.7% in 2009, and then fell to 9.2% in 2011, where it remained in 2012 = it has since been massively reduced
- Department of Health were also set a target of generating £20 billion of efficiency savings between 2011-12 and 2014-15, to help the NHS cope with the increasing demands for health care
- As a means of disguising reduced funding and streamlining NHS efficiency:
 - Emphasis switched to “patient choice” and “patient empowerment”
 - Enhances care nexus between “deserving” and “undeserving”
- But why is this taking place then?

WIDER CHANGES TO HEALTHCARE SYSTEMS AND GLOBAL DRUG COMPANIES

This is a deliberate process to loosen the barriers to more profit but it comes at a human cost



Pharmaceutical giant 'plotted to destroy cancer drugs to drive prices up 4,000% (The Independent, 15th April 2017)

US pharmaceutical company defends 5,000% price increase (BBC, 22nd September 2015)

THIS IS BECAUSE LARGER POLITICAL ECONOMIC FORCES ARE AT WORK

- A society which has not learned the lessons from the crisis of 2008
- Inequality has in fact massively increased and the public are footing the bill for the security of the rich
 - Dominance of powerful global companies and corporations in continued pursuit of more profit
 - Economic neo-colonialism resulting in resource wars and debt accumulation
 - Powerful and established networks of corruption
 - Migration/refugee movement
 - Faltering legitimacy of the social democratic project and its inability to concede to its own weaknesses
- This is widening the pool of people at the bottom of society at a time when they are being asked to muster up their own motivation to escape their own destitution
- Towards an 80/20 society
- The crisis is not something independently organic but it is the crisis of capitalism as it approaches the limits of its own functioning

THE STREETS OF LONDON

- On the opposite side of the road, three of these characters sit close to each other and swig alcohol from a brown paper bag; one seems to have fallen asleep over himself and his beer seems spill on the floor and it puddles below him as if he has urinated himself. As I approach, it turns out he is actually urinating himself. Under the seat, however, they have similar bags and items so they it seems are not the owner. Set back from them, sitting on some steps of a grand building are four others, at separate ends. As I look on they watch the people who look and dress like me cruise past as if they are following a tennis match. In the corner, it looks like they seem to have made a small housing construction outside which sit more bags. Can't be theirs. Some 10m further up, a young man of around 30 sets up a piece of cardboard on the pavement and starts to write as clearly and neatly as possible with a felt tip pen under the dim light "Homeless Please Help". He takes so much care that his tongue sticks out in concentration. He has to go over it a few times to try and underline the fact of his predicament but also in the hope that it will therefore stand out and attract a donation. [Field notes]

TO THE DRUG MARKETS OF MADRID



- María, aged 28: *“I am poor, I live in poverty and I am already dead”*

AND IN THE REFUGEE CAMPS ACROSS THE WORLD



SO...CAN WELFARE BE “WELL” AND “FAIR”
AGAIN?

NO, NOT FOR A LONG TIME

- Its clear that the both the communist project and the welfare society model – both key elements of the 20th century – are quickly disappearing in all this
- Leftist socialist movements which could advocate a version of welfare support are dwindling as factions within their own camp show their true colours and commitment to neoliberal capitalism
- Rise of the right = looser restrictions on profit generation = more and more people having less stake in society
- So hold tight, maybe its time to face the inevitable and hope for rescue...

