Title:
Debate about Monitoring and public health policies

Author: Abbas Jedariforoughi (MD)

abbasjedari@yahoo.com

Abstract:
Talking about public health and politics needs clarification and understanding of some basic and principle concepts that will be discussed in initiating this manuscript.

Keywords: social welfare,dichotomy, gradient, health policies, inequity, liberalism, universalism,paternalism, socialism.

Discussion:
We start our Debate with social categories in public health research and politics.

Categorising can form viewpoints and description of oneself and others' understanding of each other .

Category originates from other past resources that was not gathered by the same reason that the Category focused on.

Categorization ground can be considered according to :
Income
Education
Work
Social class
Race
Nationality
Sex

Categories do not necessarily point to casualties.

Health measuring: (inequity in health)
Mean lifetime, functionality and general daily ability , dead, …
But functionality is the most health inequity in the community.

Interaction between research and politics:

Who will be most affected inequities:

Dichotomy model with divide people in 2 group .for example unemployed and rest of community.
Gradient models divide people in more groups. For example according to
Different types work levels.

A Word can have different meaning in different contexts (this is a example to description of different types of categorization). For example:
Vulnerable/ resource deficient/ marginalised/ exposed

Division in group can change categories according to education or income.

Some aspects of Nordic welfare politics:

Insurance, equity, trust to government, correlation between need and resource , right to receive resource because of nationality. Solidarity.

Universalism according to welfare state:
equity .Access for all despite individual necessity and economy. Folk pension for all in the community in pension age. Dentology care for anyone under 18. Obstetrics care for all pregnant.

Selective discretionary welfare state politics:
(according to individual economy and income) For example :Private pension

Pre or post hoc financial capacity:
Need according to rules and instruction .
Financial necessity because of economic weakness.

Allocation (division and distribution of resources to all according to professional assessment)

All people older than 65 have the right to influensa vaccin.

Membership: (rights) residence permit right to access to state welfare health service

Universal welfare service
Yes (tax payment satisfaction). Easy to administration. Less stigma.
No (unequity) because of resource to the rich that not need to the service. The weak receive less than that really need.

Ethic principles in prevention health research :

Liberalism : people is independent. Right to choose . Freedom until harm the others. Individual Responsibility.

Paternalism (conservatism)
Someone decides for the others despite individual freedom for people benefit. People feels not completely free.
Wise and power should support and responsible for weak part (vulnerable)of community.

Socialism (solidarism, republicanism)
People depends on a well functioning society.

Conclusion:
Policy making needs evidence, but evidence cannot replace political judgements. Like politics, research will always be guided by certain ideas about politics and the nature of man. It will thus always be a politically or morally guided decision whether inequalities are considered unfair, unnecessary, and possible to avoid. Ideological beliefs also influence the extent to which inequalities are seen as a problem. To those with a liberal standpoint a certain inequity in health may not be desirable, but may be considered an inevitable effect of the desirable individual freedom of action. Securing this freedom and autonomy limits possible state interventions in the life of the individual. To people valuing solidarity and equality, inequalities are a sign of society's failure in the task of creating reasonable conditions for all citizens, i.e. treating all citizens with equal concern and respect. [3,4,5]

There is not one Scandinavian model in public health policy but several: a Danish model mainly adhering to liberal ideals, a Norwegian one that could tentatively be labelled social liberal, and a Swedish model adhering to more social democratic ideals [2].

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