## DIALOGUE

# THE END OF CARE WORK

The work of giving care has turned into a service-based job where patients are the recipients of a set of services – diagnostic, therapeutic, support – that are hyper-fragmented and provided by "anyone" with the goal of achieving the maximum output with the minimum input.

TEXT BY / GAVINO MACIOCCO / DEPARTMENT OF HEALTH SCIENCES, UNIVERSITY OF FLORENCE

In the second issue of *Health and Development* (then "CUAMM News"), in 1989, it was something of a "scoop" when we reported a document from the World Bank that suggested how developing countries should finance their health systems.[1]
An anonymous, seemingly technical document – brought to light by Maurizio Murru's intuition – soon proved to be a cornerstone of global health policies for decades to come.
It gave a simple, yet ruthless recipe for countries that depended on the World Bank because of their debt to it: drastically cut public spending, especially health spending, make public services for pay, foster the privatization of health services, promote private insurance, and decentralize the level of health government to provinces or districts.
The World Bank, true to the dominant liberal ideology, sent two clear, solemn messages with this recipe: 1. States should not be interested in the health of their citizens; 2. A lot of money can be made off of health and especially illness, which is why the market should handle it.
From the 1980s on, with every debt crisis, states dealt heavy blows to their public health systems because, as Naomi Klein has described in many different situations, "Those opposed to the welfare state never waste a good crisis."
A new "good crisis" started in 2008, caused by U.S. banks' speculative policies on real estate mortgages, spreading quickly to the rest of the world and sparking a severe global economic crisis. This recession brought European countries to their knees, already weakened by unfavorable global competition that had also heavily indebted them. The countries most affected were Portugal, Italy, Ireland, Greece, and Spain (the origin of the odd acronym PIIGS). The recipe that the "Troika" (the European Central Bank, the International Monetary Fund, and the European Union) concocted to deal with the crisis was much like the one adopted two decades earlier by the World Bank for developing countries: austerity policies, public spending reduction, cuts to health and education, and privatization of public goods. The social costs of this recipe were, predictably, extremely high, including the rise of unemployment, poverty, and social inequality added to the difficulty of accessing health services, reduced public health supply, and increased co-pays.[2]
Unlike in other countries, the Troika did not intervene in Italy. The letter from the European Central Bank (August 2011, signed by Trichet and Draghi) sufficed, ordering the Italian government to cut public spending and favor privatization. The decisive blow to our national health system was stopping personnel recruitment, which led to the loss of 50,000 employees over ten years, including doctors and nurses. This led to the reduction of the public health supply and the heavy recourse to the private sector, terrible inequality in access between those made to wait months to see a doctor (or to do without) and those who pay to cut to the front all lines. But the attack on the human capital of the national health service had an even more serious consequence: the "work of giving care" in which health workers always worked in a specific field, knew each other, and worked together to give patients effective care – became a "service-based job" where patients are the recipient of a series of services – diagnostic, therapeutic, support – that are hyper-fragmented and provided by "anyone" with the goal of achieving the maximum output with the minimum input.
Health managed by the market damages people's health – especially that of the most vulnerable and poorest – and the field becomes unattractive for health workers, who are overworked, exploited, and underpaid. In Italy and in the entire world, this is why there is a shortage of doctors and nurses (according to the Lancet, the global shortage of nurses before the pandemic was estimated at 6 million and might reach 13 million in coming years due to the increase in demand for health care and the low personnel recruitment[3]).

### NOTES

1 The World Bank. *Financing Health Services in Developing Countries, An Agenda for Reforms*. Washington DC, USA, 1987.
2 https://www.saluteinternazionale.info/2014/10/ttip-e-dintorni-il-liberismo-in-sanita-per-chi-suona-la-campana/
3 Editorial, *The future of nursing: lessons from a pandemic*, Lancet, 2023; 401:1545 (May 13, 2023).