

Conflict or Harmony? Individual rights and accountability in Swedish and British health care. (Swedish title: Konflikt eller harmoni? Individuella rättigheter och ansvarsutkrävande i svensk och brittisk sjukvård.) Swedish text. English summary. Lars Karlsson, Department of Political Science, Göteborg University. Göteborg Studies in Politics 81. Cefos, Göteborg University, Box 720, SE 405 30 Göteborg. Göteborg 2003. 326 pages. ISBN 91-974333-2-2, ISSN 0346-5942.

Abstract

Why has the traditionally generous Swedish welfare state not developed individually enforceable rights, when the traditionally less generous British welfare state has developed such rights for example in the Citizen's Charter reform 1991? This is the question that is answered in the thesis. The question is answered through an analysis of the relationship between the citizens and the public health care system in Sweden and Britain.

In order to answer the question, the thesis begins with a clarification of what rights in the welfare state may entail. It is argued that in order to be meaningful, rights in the welfare state must have a high degree of enforceability. If rights have this degree of enforceability they strengthen the individual citizen's character as a legal subject. Individually enforceable rights are also connected to the concept of accountability. In the thesis this kind of rights are perceived as a way of claiming accountability in the welfare state.

These distinctions constitute the foundation for the explanation of the differing uses of individually enforceable rights in the Swedish and the British welfare state. It is argued that the explanation lies in different normative conceptions of citizenship. These normative conceptions of citizenship are characterised as either harmony-oriented or conflict-oriented. A harmony-oriented relation is characterised by the absence of conflicting interests. A conflict-oriented relation on the other hand is characterised by different parties having different interests which at least potentially are in conflict. The need for individual rights is more salient in the latter type of relationship.

This explanation is based on a type of institutional theory in which ideas are regarded as potentially powerful. In the thesis it is argued that ideas are institutionalised in institutions and revealed in the way actors talk about these institutions. The normative conception of citizenship consists of ideas about the relationship between citizens and the welfare state, and these ideas are institutionalised in welfare state institutions.

The empirical analysis consists of three parts. The first analyses the overall arrangement of democratic accountability. Secondly, the institutions that deal with rights and accountability in the public health care are analysed. These institutions are for example the Medical Responsibility Board in Sweden and The Health Service Commissioner in Britain. The third empirical analysis examines the parliamentary debates about the above mentioned institutions.

The empirical analyses show that the conception of citizenship in the Swedish case is harmony-oriented while the conception of citizenship in the British case is more conflict-oriented. In the thesis it is argued that these differing conceptions of citizenship explain why the traditionally generous Swedish welfare state has not developed comprehensive individually enforceable rights, while the contrary is true in the less generous British welfare state.

In light of this interpretation, the state traditions of the two countries are compared. The findings are that the harmony-oriented conception of citizenship is dominant in Sweden, while the conflict-oriented conception of citizenship is dominant in Britain.

Key Words: welfare state rights, individually enforceable rights, patients' rights, public health care, accountability, normative conception of citizenship, institutional theory, institutionalised ideas, norms, state tradition.