



6 de Marzo de 2009

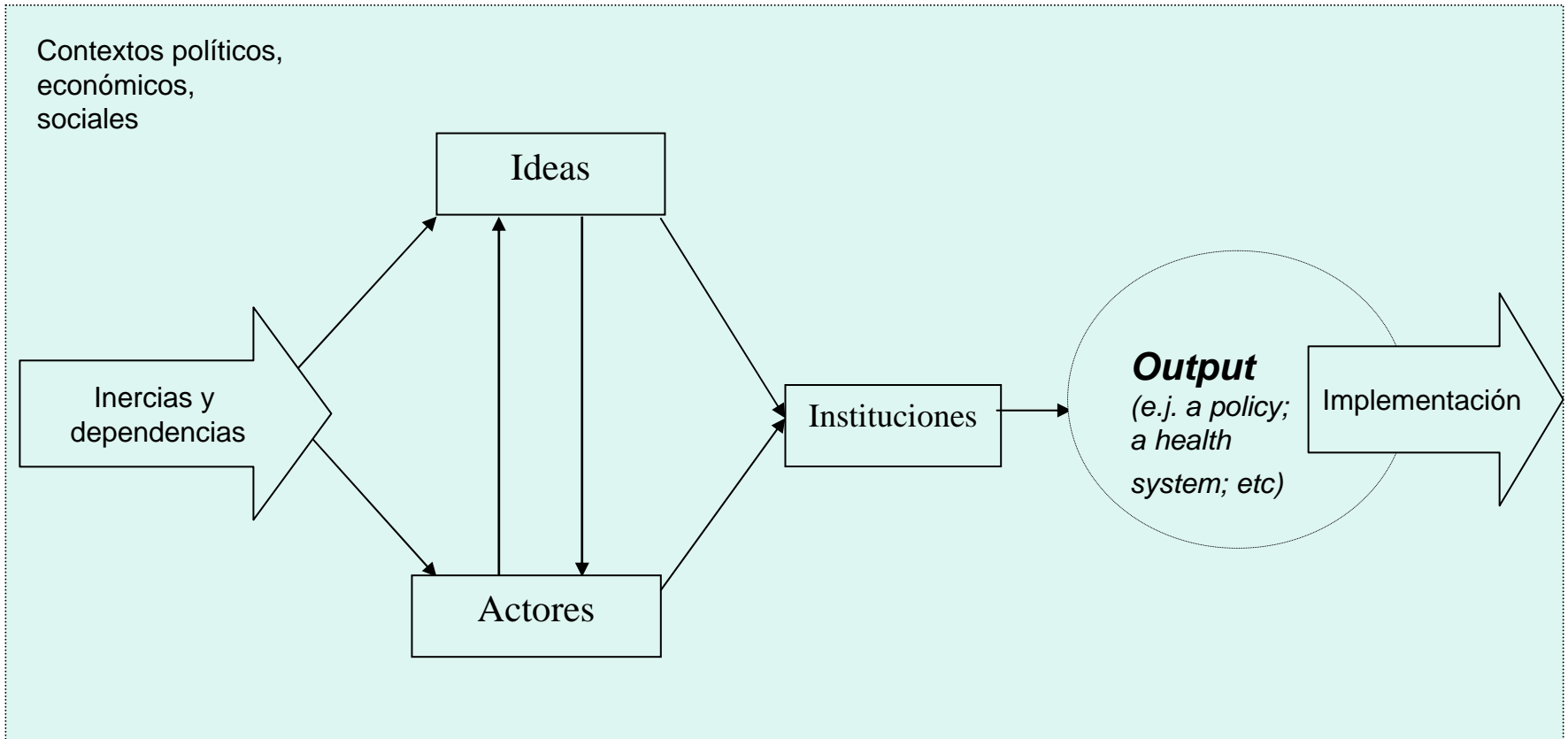
La toma de decisiones diagnósticas en primaria

Un contrapunto desde la Ciencia Política

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Técnicas de Salud



UN MARCO DE ANÁLISIS DEL PROCESO DE FORMACIÓN DE POLÍTICAS SANITARIAS





Una narrativa en el origen de los sistemas sanitarios modernos

- Institucionalización del arreglo corporativista entre el estado y los “intereses estructurados dominantes” (Alford, 1975)
- “El modelo medicalizado” (Harrison, 2001)
 - Se impuso en proceso histórico de lucha política
 - *“Ill-health equals individual pathology, and medical interventions are individual ones”*
 - Traducido en la arquitectura de los sistemas sanitarios contemporáneos




La especificidad de la APS

La APS no logró defender su identidad, roles y praxis esenciales:

el lenguaje, la concepción de intervención médica para tratar patologías individualizadas, el método diagnóstico duro y la serie de prácticas clínicas propias de la especializada fueron adoptadas por el primer nivel.

“El médico de APS se considera el eslabón más sensible de la cadena” (Laura B.)



Hipótesis sobre la problemática del diagnóstico en APS

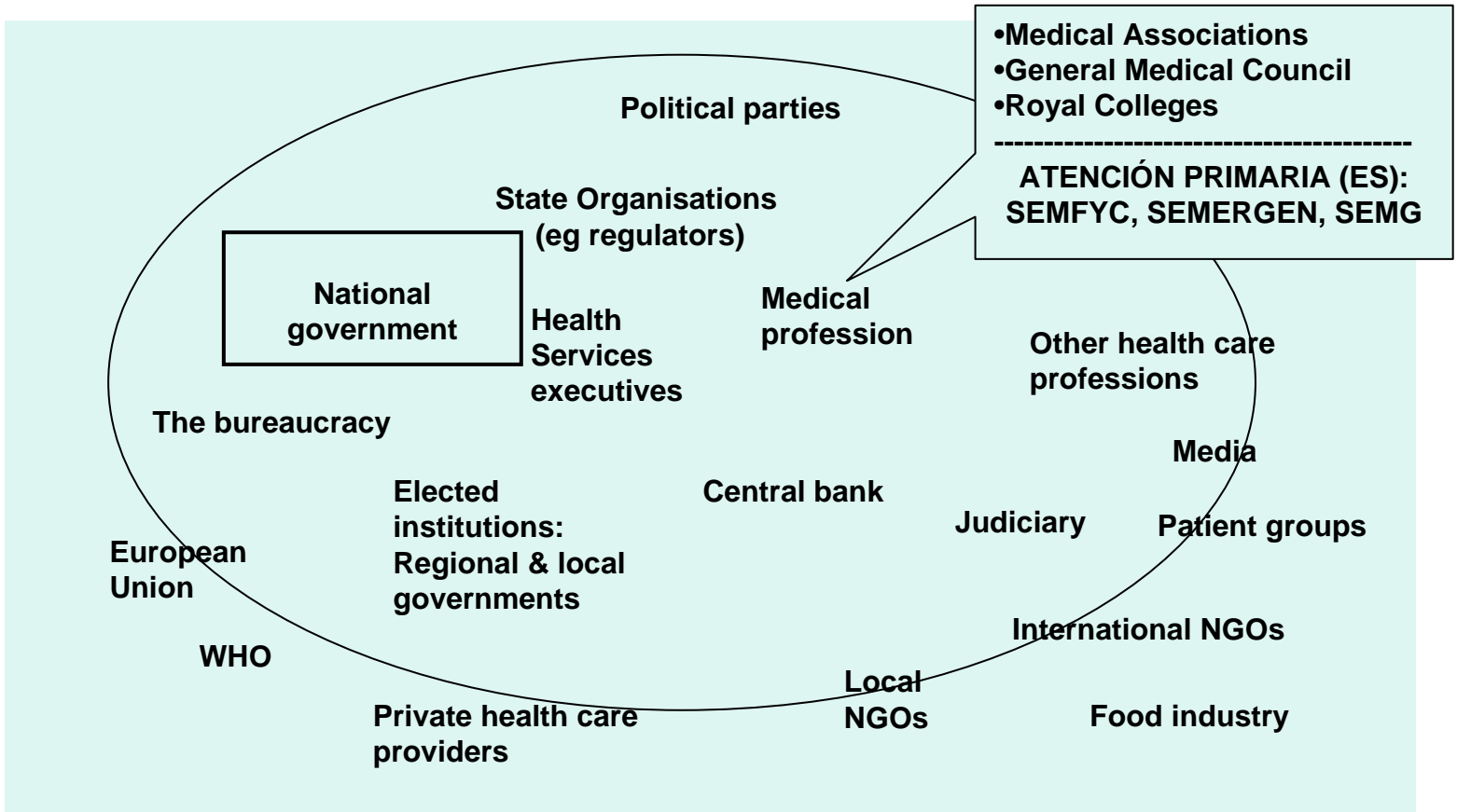
La sobre-utilización de pruebas diagnósticas y el uso de tecnología sanitaria cara es una manifestación de un problema más general:

el fracaso de la APS por obtener el reconocimiento de su especificidad.

“¿Tenemos nosotros claro que el producto debe ser un individuo adecuadamente manejado en su problema de salud y no un diagnóstico brillante?” (Victoria A.)



Actores en un sistema sanitario (APS)



Adaptado de Peckham, S. (2008) *Lecture Health Policy Process and Power* (no publicada).



Intereses e innovación tecnológica

La innovación tecnológica en el sector sanitario les fascina a muchos

Médicos

Gerentes

Industria

Reguladores

Pacientes



El control del despilfarro sólo le preocuparía al pagador

Rutten, F.F.H., G.J. Bonsel, (1992), High cost technology in health care: a benefit or a burden? *Social Science and Medicine* 35, 567-577



Discurso y poder

Policy is a contest between forms of discourse which are based on the quest for power and the search for meaning. Political actors articulate narratives, images and symbols. Participants in politics contest these ideas and seek to define the boundaries and classify the concepts

(John, 1998, *Analysing Public Policy*)

Interesante: Russell, Greenhalgh, Byrne and McDonnell (2008) "Recognising rhetoric in health care policy analysis", *Journal Health Services Research and Policy*, 13 (1)



Tecnología y telos

Muchas reformas sanitarias se justifican con un discurso teleológico como consecuencia “lógica y normal” de un proceso histórico, imparable e impuesto por la tecnología, abierto y democrático

(Morrell, K. (2006) Policy as narrative: New Labour’s reform of the NHS, *Public Administration*, 84 (2), 367-85)

La tecnología suele aparecer es un elemento troncal de este discurso



Tecnología y telos

*The domestic and global business **environment is evolving rapidly**, and both Government and the industry need to **be able to keep pace with new technological advances so that we can provide a modern health service**. The needs and preferences of patients are changing too, with greater life expectancy, the emergence of different disease patterns and **increasing demand for information and choice**. All these factors suggest that a closer working relationship between Government and the private sector is necessary to ensure that there is a better understanding of how industry can help Government meet its objective of a stronger patient-centred focus within the public health agenda.*

(Healthcare Industry Task Force, 2004, Better health through partnership)



Inglaterra: Darzi Review

Staying ahead: a pioneering NHS

37. Clinical practice is constantly improving, offering new opportunities to improve the quality of care. This means that if quality is really at the heart of everything we do, **accepting, embracing and leading change is an imperative, not an option. Innovation must be central to the NHS.** We established the Health Innovation Council to champion innovation for the NHS and help us develop the innovation proposals in this report.



¿Cómo influir hoy?

- *What approaches can we take to narrow the power gap?* (Tiago)
- ¿Debemos meternos a políticos o infiltrarnos en los medios de comunicación? (M^a Pilar)

From government to governance

The UK health policy process has changed profoundly over the last two decades. The former policy making process in which policies were almost exclusively drafted by civil servants who then submitted them to ministers for their approval before being introduced in Parliament - all taking place in a closed environment, isolated from major external influences - has been criticised as an inappropriate description for current British politics and policy processes.

‘Governance’, instead of the old style of ‘government’, has instead been suggested as a concept which ‘sensitises us to the numerous actors, the variety of terrains and the different relationships involved in the policy process of governing’.

The policy process is now crowded with more and new actors such as delivery agencies, international organisations and new social groups such as health consumer groups. Ministers and civil servants engage with other actors, exchanging resources and thus establishing stable patterns of interaction in the form of ‘policy networks’. Globalisation, Europeanization, devolution and decentralisation (to local authorities and arm’s length bodies) have opened up policy arenas which were previously limited to the central government level.