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**The Universalist Utopia  
The creation of the NHS in Italy (1961-1978)**

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## *The protagonists of the health reform*

Years 1940-1960

The first hypothesis of health reform in Italy stems from the commitment of a small core of **igiene professors** at the University of Milan, Rome and Perugia, which affect:

- the projects developed in September 1945 by the triveneto Consortium for the National Liberation Committee (CNL) of Upper Italy;
- health reform projects developed by Confederal Trade Unions (CGIL and CISL) and the Italian Communist Party (PCI) between 1956 and 1958 ;
- the "Health Reform Movement" which started in 1961;
- the "Economic Development Plan" for 1965-69, which presents for the first time an organic framework of health reform;
- the final report, in December 1967, of the "General Advisory Commission for the Basic Health Reform", created by the Ministry of Health.

1970s

During the 1970s **new social** actors emerge in favor of the reform:

- psychiatrists, psychologists, social workers, teachers, pedagogists. These are new emerging professionalisms that are seeking their own work identity in the refoundation of the the health system;
- the social movements of this period: feminist, labouring, for the psychiatric reform;
- urbanists and architects in search for new territorial structures;
- regional and municipal administrators who experiment the new ideas of health services organization at territorial level.

## *Claim for change*

The change of actors transforms the content of the debate on health reform which starts to endorse **political questions**:

- establish "Local Health Unit" (USL) for a uniform management of all population health and health care services;
- entrust USLs' management to the Municipalities in a logic of administrative decentralization;
- overcome the Italian society dualisms (i.e. between the mountain and the valley, the city and the countryside, the small and the big Municipality, the city centers and the suburbs), guaranteeing homogeneous conditions throughout the national territory;
- overcome the fragmentation of the Municipalities (the 8,000 Municipalities and their huge demographic heterogeneity) with either new forms of association between small municipalities or the deconstruction of the bigger ones;
- ensure the direct and democratic participation of citizens by initiating a progressive democracy from which it would have been possible to start a further transformation of the Italian society.

integrate **managment questions**:

- reorganise the services through planning and integration of social and health services;
- articulate the activities through group work and leadership collegiality.

All proposals aimed at the realization of a professional and horizontal structure, instead of a bureaucratic and vertical one, capable of enhancing operators' skills and autonomy as well as demands of end-users.

emphasise **social and health questions:**

- foster forms of preventive and social medicine whose benefits would have affected not just the working classes but the entire population;
- support patients' forms of "self-management" and "self-care";
- undertake interventions dictated by a global vision of the human being instead of specialized and fragmented skills aimed at single diseases or organs' care;
- entrust doctors of general medicine with the responsibility of the care of their patients.

*The crucial points of the new institutional and organizational model*

The questions expressed by the various actors in the health reform call for the resolution of **some crucial points**.

**The first** point concerns the legal nature of USL:

1. a technical body of the Municipalities  
or
2. a self-governing body similar to public or municipal agencies

Almost all supporters of the reform line up against the second hypothesis:

- due to the bad experience of the welfare and health organizations of the previous age;
- for the fear of the prevalence of merely technocratic driving criteria in the business configuration

This does not, however, imply any unconditional trust in the functionality of the Municipalities, whose limits and deficiencies are well known.

A **second** point concerns the realization of basic districts:

1. simple administrative offices of the USL (the district-counter)

or

2. networks of local services (the Basic District-Polyclinic)

or

3. a system of integrated and participatory interventions

Reformists support the latest hypothesis but are unable to formulate appropriate standards and guidelines.



### *The actors against the reform*

Despite the vast movement in favor of the health reform, many are against it:

- the Italian Republican Party (PRI), the Bank of Italy and the National Committee of the Economy and Labor (CNEL), which denounce a strong underestimation of the costs of the future National Health Service;
- the Christian Democracy Party (DC), which proposes to reject the idea of a universalist healthcare system and to establish, alternatively, a "national public health service". A proposal aimed to recognize, alongside a unified and renewed mutualistic structure, a further national body with prevention and public hygiene tasks.
- the mutualistic institutions (mutue) which engage in a strong opposition to the project;
- some medical associations that fear that doctors could be turned into "employées" and are worried to loss prestige and authority over patients.

### *The approval of the hospital reform*

Many, in recent years, agree that it is best to proceed with the hospital reform, which is **the most urgent** and **easiest** to realize, and requires **lower costs**.

The truth is that many of the involved actors hope of getting immediate benefits from the hospital change:

- the mutualistic institutions (le mutue) hope to cope with the deficit depending increasingly from hospital spending;
- doctors see in the reform a way to fix their often precarious employment position;
- the DC too considers the hospital an area of possible patronage interventions;
- the scientific community requires adaptation of hospital structures, to be managed not just like charity bodies often inadequate and malfunctioning;
- public opinion highlights the enormous territorial differences in hospital care, whose shortage in terms of beds and medical staff is, however, a homogeneous element throughout the country.

In conjunction with the administrative elections in February 1968, the hospital reform was launched (**Law 132**).

The law is the result of numerous compromises, that however, introduces **elements of great novelty**

:

- every citizen has granted the right to be admitted to a public hospital in the territory in which he/she lives;
- the board of directors is almost exclusively composed of members appointed by the Region, Provinces and Municipalities;
- medical staff enter massively in the new public service, through public competitive exams and with good salaries;
- governmental parties, in postponing each programming and control instrument, bend hospitals to their interests, either through the excessive localization of interventions (for example by indiscriminately enhancing the services or by duplicating them), and through the choice of the members of the Board of Directors, which are strongly politicised or barely technical.

The hospital reform, in fact, ratifies the **centrality of hospitals** and **specialistic medicine** against all the ideas of the promoters of the National Health Service.

## *The establishment of the National Health Service*

In the 1970s, however, some events accelerated and made the establishment of the new healthcare system possible:

- 1. the economic crisis of the mutualistic institutions (mutue) and hospitals.** Following hospital reform, between 1969 and 1974, hospital spending tripled with average annual increases of 24.6%. This results in a sudden borrowing from insurance bodies for hospitals which, by December 31, 1973, claim credits for the hyperbolic figure of 3,000 billion (compared to 300 in 1969);
- 2. the perception that public opinion** has through a huge mass media campaign;
- 3. one of the most critical phases in the Italian election history.** The poll shows, in fact, the effects of the intense social mobilization at the end of the previous years, clearly supporting the PCI and penalizing the DC that comes out of shaken, though not entirely defeated;
- 4. The Italian scenario in the second half of the 1970s,** dominated by concerns about the stability of the State, given the rise in terrorist attacks since 1977, and about the endurance of the economy, undergoing a long period of crisis, marked by an increasing inflation rate.

**As a consequence:**

- in 1974, the decree on financial rebalancing of hospitals (afterwards Law No 386 of 7 August) provides, in addition to the transfer of hospital care to the regions by 31 December of the same year, for the dissolution of the boards of directors of the mutualistic agencies and the appointment of special commissioners by 1 July 1975. At the end of a two-year period from that date, the mutualistic regime would be extinguished and its functions assumed by the State, Regions and Territorial Entities;
- again in 1974 a government bill was drafted in Parliament for the establishment of the National Health Service (DL.L. No. 3207 of 12 August);
- in 1975, Law 382 was passed, covering regulations on regional law and the organization of public administration;
- in 1977 the Decree of the President of the Republic no. 616 obliges all regions to determine the appropriate territorial areas to the management of social and health services by promoting forms of cooperation between local territorial authorities.
- in 1977 the law no. 349 which implements Law 386, impose temporary rules for the transfer of Health Functions to the Regions and for the stipulation of staff agreements.

In 1978 **Law 833, which established the National Health Service**, was finally voted by all political parties with the exception of the Italian Liberal Party (PLI).

Italy, however seems to almost not realize this event, being distracted by other great events of that year related to:

- the government change;
- the referendum on public order and funding of political parties;
- the death of the DC Senator Aldo Moro assassinated by the Red Brigades;
- the resignation of the President of the Republic and the election of a new Socialist President;
- the death of two popes and the election of the new one.

Along with the approval of health care reform, **change also the main actors of the Italian scene** and, as it will become clearer in the following year, also the political and social cycles that have supported it and made it possible.

The health reform must be made operational in an entirely new economic, political and social context, dominated by **Neo-liberalism** rather than universal and welfare driven motivations.

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