

## PREFACE AND ACKNOWLEDGMENTS

The welfare state and its solidaristic arrangements of health and social care have already been under strain since the 1980s and 1990s. While the demand for health and social care services rises sharply due to demographic developments and the increasing pace of the medical technological progress, the supply of care provision lags behind. The mounting pressure on the system of health and social care has induced attempts in many European countries to revise the terms of the contract on which the system was built. Such revisions may eventually challenge the consensus on its fundam

ental values, whereby the implicit contract itself and not just its terms might be questioned. Such a challenge may provoke a growing tension between changing notions of solidarity as a fundamental value and actual developments within the institutionalised forms of solidaristic care arrangements.

This Volume is the outcome of an EU Project entitled: 'Solidarity and Care within the European Union' (SOLCARE) which started in April 1998 and ended in November 2000. The project was sponsored by the European Union in the framework of the BIOMED-2 Program. It addresses the question whether the process of individualisation leads to a decline of solidarity in modern European societies and if so to what degree. How far has the process of individualisation advanced, how are the patterns of solidarity spread across Europe and do they diverge or converge? The project wanted to research whether solidarity might still serve as a concept for health and social care policy, not only in view of the process of individualisation, but also with regard to other social, economic and policy developments. Such as the shift of collective to more private forms of financing, a shift from viewing care primarily as a collective responsibility to a larger appeal on the individual responsibility, the increasing role of market operation in health care provision, the scarcity of care resources and the rising demand for elderly care.

The research group consists of seven multidisciplinary research centres in the social sciences and philosophy in: Austria, Germany, Italy, the Netherlands, Sweden and the United Kingdom. The project is jointly co-ordinated by the Dutch Institute for Bioethics at the University of Maastricht and the Dutch institute TISSER/WORC (Tilburg Institute for Social and Socio-Economic Research / Work and Organisation Research Centre) at Tilburg University.

The Volume contains a unique mixture of social science and philosophical research. The *social science research* addressed the question as to the reasons for solidarity and solidaristic behaviour. The answer to this question is fundamental for understanding solidaristic behaviour: why do people make their personal interests subservient to the interests of others in the community?

Ultimately, public attitudes toward solidarity are reflected in the welfare institutions such as those in health and social care. For this reason, the contributions in Part One of the Volume review the empirical evidence on policy changes and care reform proposals during the 1980s and 1990s in the six countries under scrutiny. This is pursued from the perspective of how popular support for care has evolved over time and how changing views about solidarity might have shaped health and social care institutions.

The *philosophical* contributions addressed the question as to the added value of the concept of solidarity to other concepts, like distributive justice, freedom of choice or communitarian values? Another issue dealt with is whether solidarity with the weakest in society can be reconciled with values like autonomy and self-realization, which get more emphasis as a result of the individualisation process. The philosophical research, which is reported in Part Two, does not limit itself to traditional moral philosophy, but has the aim to integrate moral theory and social theory.

The Volume might help policymakers in the fine tuning of social policies concerning health and social care by providing evidence on solidarity at an empirical level on the one hand and, on the other, by a critical review of the theoretical perspectives based on principles of fairness, justice and solidarity. We hope that the reader not only gets a better insight in the concept of solidarity as a fundamental value in modern societies, but also that we offered him or her a new approach which might better deal with the challenges of the health and social care system in the decades to come. In the Epilogue we have formulated a set of recommendations how to take up these challenges, particularly with regard to the supply of formal and informal care and the role of social capital in this respect.

### *Acknowledgments*

There are many to whom the editors are indebted for the production of this Volume. First of all, we want to thank the contributing authors for providing us with wonderful materials and challenging views about the notion of solidarity. Next we are indebted to Rob Houtepen and Rudi Verburg for their valuable assistance in the editing process. We thank Professor H. Tristram Engelhardt Jr. for showing interest in our project and his willingness to include the Volume in the Series Philosophy and Medicine. We are very much indebted to Angelique Heijnen, secretary of the Institute for Bioethics, who managed to create order in the huge pile of draft and final versions of papers with varying formats, font styles and layouts. We are indebted to Angelique too, for her managerial assistance in the organisation of the workshops and management meetings of the project, in which the papers for this Volume were presented and discussed. We also want to thank those who supplied the additional funds for this European project, including the health care insurance companies CZ Group (Tilburg) and 'Zorg en Zekerheid' Leiden, as well as the Universities of Maastricht and Tilburg.

August 2001

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Solidarity in Health and Social Care in Europe

Editor-in-chief: ter Meulen, R. - Arts, W.; Muffels, R.  
(Eds.)

2001, XXII, 506 p., Hardcover

ISBN: 978-1-4020-0164-2