



# Active citizenship, public sector and the markets: Freedom of choice as a state project in health care

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## ABSTRACT

Changing statehood concerns not only the spatial and territorial structures of the state but entails also re-conceptualisations and reworking of citizenship. However, studies on state transformation have focused less on the ways in which the reconfigurations of the idea of citizenship are entangled with the political restructuring processes of the state. This article develops such an approach by inquiring into the ways in which state spatialities and forms of citizenship are reconstituted in health care reforms. This is empirically concretised in the context of Finland by analysing freedom of choice in health care as a political technology of re-regulation through which state power is redirected. It is also demonstrated that freedom of choice works as a technology of subjectification designed to construct 'desirable' citizen-subjects. The paper suggests that the reconstitution of state power and the production of new forms of citizenship are mutually constitutive of the socio-spatial transformation of the state, and that their entanglement may be examined through a context-sensitive analysis of tangible policy reforms.

## 1. Introduction

The idea of citizenship is conventionally attached to the relationship between state power and population within a certain territory and defined by reciprocal rights and responsibilities. Recently, it has been increasingly argued by scholars in human geography and other social sciences that the penetration of neoliberalism, which is often viewed as a key political rationality according to which states and societies have been transformed during the latest decades, has not only changed the role of the state in the governing of a population and individuals, but has also been of remarkable significance for the recalibration of the relationship between the citizen and the state (e.g. Soysal, 2012, 13). Accordingly, the target of governing is seen to be shifting from the biopolitics of a population to ethico-politics, i.e. individual self-governing (see Rose, 1999). That is to say that these shifts are seen to be related to the new imaginaries of 'actually existing citizenship' (Stæheli, 2011, 394–395), which is conceptualised, for example, as 'active' (e.g. Rose, 1999; Dean, 2010), 'neoliberal' (e.g. Hindess, 2002), 'aspirational' (Raco, 2009) or 'consumer' (e.g. Clarke et al., 2007) citizenship. In this regard, contemporary citizenship is often viewed by scholars as reflecting forms of neoliberal government which emphasises citizen's calculative capacities to act upon not only their security, well-being and quality of life but also the dynamic market conditions under contemporary neoliberal governmentality (see e.g. Peck and Tickell,

2002; Brenner, 2004; Ong, 2006).

This paper approaches the issue of reconfiguring the idea of citizenship in the context of state transformation, a variegated restructuring process of state spaces relating not only to the territorial structures of the state and socio-spatial relations within and beyond the state boundaries, but also entailing reconceptualisations of citizenship (e.g. Brenner et al., 2003; Moisiu and Paasi, 2013). However, as Raco (2009, 443) points out, studies on restructuring of Keynesian welfare states have focused on the neoliberalism-driven reconfiguration of state institutions and governance structures rather than on debates over citizenship and the ways in which citizen-subjects are actively sought to be reshaped by a variety of political projects (see, however, e.g. Brenner, 2004; Gordon and Stack, 2007; Isin and Turner, 2007; Moisiu and Kangas, 2016). In other words, it has been proposed that the focus should be on neoliberal modes of subject reformation and governmental strategies rather than on illustrating an administratively bounded neoliberal state (Brenner et al., 2010, 199). In this regard, I suggest that the interdisciplinary literature on state transformation may be enriched through a context-sensitive analysis of tangible state reforms, which have been a central political priority of national governments across the OECD world during the latest decades, resulting in new spatial and institutional forms of the state. I therefore argue that inquiry into various policy reforms disclose the seamless interconnection between the reconstruction of socio-spatial relations of the state and the new

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formations of citizenship. In this view, reconstitution of state power and reworking of citizenship are thus seen here as intertwined and mutually constitutive elements of state restructuring produced within policy reforms rather than as separate and asynchronous transformative processes.

In order to develop such an approach to state spatial transformation in the context of political geography, the paper focuses on health care reform as a state-orchestrated project designed not only to reconstruct the existing state spatialities but also to create new market spaces and new kinds of citizen-subjects. In the field of health and medical geography in particular, geographies of health care systems and health policies have long interested a multiplicity of scholars (e.g. Joseph and Phillips, 1984; Rosenberg, 1988; Moon and Brown, 2000; Brown, 2003; Prince et al., 2006; Curtis, 2008; Crooks and Andrews, 2009; Curtis and Riva, 2010). Thus, there exists insightful geographical literature on health care restructuring with respect to the ‘neoliberalisation of health’ (Carter, 2015) and the resultant marketisation of health services as well as the changes in the role of health service users. In this regard, Kearns and Barnett (1997, 1999; also Barnett and Kearns, 1996; Kearns et al., 2003; Barnett and Brown, 2006), for example, have conducted considerable work exploring the influence of neoliberalism in recasting public sector health services in terms of consumerism and place marketing. This literature thus focuses on the transformation of patients into consumers and on the commodification of public sector health services. However, fairly little attention has been paid to the role of citizenship in health care reform and in political restructuring more broadly. What I therefore suggest here is that the ‘new’ citizen-subject should not be seen as a passive result of the reformation of policies but rather as an active contributor to state power in the reconfiguring of spaces of health care.

In this view, as a statist social practice, health care is seen here not only as a key element of the spatial constitution of the state but also as one of the multiple social sites of citizenship formation through which citizenship is defined and given meaning in particular political and geopolitical contexts (cf. Mitchell, 2006; Staeheli, 2011). From this angle, of particular interest is the notion of freedom of choice, which has become a key discourse of health care policies and an integral element of neoliberalism-driven health care reforms worldwide (e.g. Clarke et al., 2006; Nordgren, 2010; Gabe et al., 2015). (In the context of health care, the term ‘health care choice’ is used in the paper as synonymous with ‘freedom of choice’). This is because of its explicit linkages to mutations in citizenship and the new perceptions of desirable characteristics and behaviour of individual citizen-subjects who are increasingly viewed as economic-rational individuals making choices in the marketplace of health services (e.g. Clarke et al., 2007; McDonald et al., 2007; Fotaki, 2011). Health care choice is thus discussed here primarily as a citizen’s right to choose between public and private health service providers. Premised on the above, the principal research questions are formulated as follows: (1) How does the choice discourse contribute to the political rationalisation behind the contemporary socio-spatial transformation of the state? (2) How is state power reconstituted through health care reform? (3) What kind of citizenship is sought and how can it be produced through health care choice?

Through an empirical discussion of the reformation of health care choice, concomitant with the ongoing health care reform in Finland, the paper opens up one possible avenue to understand the ways in which changing statehood and new articulations of citizenship come together in various policy reforms. What makes the Finnish context interesting is that in Finland, like in other Nordic countries, the national health care system administered by public authorities explicitly symbolises the so-called Nordic model of statehood (Moisio et al., 2011). However, at present a massive state-orchestrated political process is seeking to fundamentally reorganise the existing system of public sector health services in Finland. That is that the previously created socio-spatial structures of the state are to be reconstructed through health care

reform. One of the key aspects of the reform is that state power will be reconstituted by transferring the financing of the health care sector from the local governments to the state. Another fundamental change related to health care financing is that the citizens will be entitled to choose between public and private service providers, i.e. the state will direct public funding also to private health companies. Therefore, this paper argues that health care reform is designated to give rise to new forms of governing: health care choice should be understood as a political technology of government that not only enables the restatisation of health care governance, but also necessitates the reformulation of the idea of citizenship.

The remainder of the paper is structured as follows. In the next section, the paper combines the issues of state transformation, health care reform and citizen-subject formation by conceptualising health care choice on the one hand as a technology of re-regulation and on the other as a technology of subjectification by which the state attempts to reconstitute its internal spaces and social relations as well as to produce ‘ideal’ citizen subjectivities. The third section introduces the empirical research material and method of the study. Section four turns to analysing health care reform and the related extension of citizens’ freedom of choice in health care through the contextual example of Finland. The section starts with a brief overview of the key features of the Finnish health care system and its pending reform, and then continues with an empirical analysis based on the research material. Finally, concluding remarks and suggestions for future research follow in the fifth section.

## 2. State transformation, health care reform and citizen-subject formation

Over the past 30-plus years, previously constructed ‘welfarist’ state spatialities and citizen subjectivities have been sought to be transformed into new forms through reformative processes of national health care systems. Health care reforms have been typically designated to restructure health policies around neoliberal political rationality (e.g. Moon and Brown, 2000; McGregor, 2001; Prince et al., 2006; Larsen and Stone, 2015) alongside which the notion of freedom of choice has become increasingly emphasised in health policies and health systems worldwide (e.g. Clarke et al., 2006; Gabe et al., 2015). Consequently, the shift towards more extensive health care choice has redefined the relationship between citizen and the state, and led to rethinking of the idea of citizenship (e.g. Dent, 2006; McDonald et al., 2007; Fotaki, 2011). It may therefore be argued that socio-spatial transformation of the state, health care restructuring and new formations of citizenship become integrated in health care reform in such a specific way which should be understood as contributing to a shift from one systemic configuration of statehood to another.

In this section, the paper focuses particularly on health care choice which is viewed here not only as one of the key elements of health care reform but as embedded in broader social and political systems of governing. Drawing on the governmentality approach, health care reform is understood here as a calculative political technology of state space that is constitutive of the reconfiguration of existing welfare state structures and remaking of citizen-subjectivities through policy-making (cf. Kangas and Moisio, 2012, 202). Premised on this, two overlapping but analytically distinguishable key dimensions of health care choice are highlighted here. Firstly, I suggest that health care choice may be seen as a technology of re-regulation through which state power is reconstituted in terms of health care governance. Secondly, I propose that health care choice may be viewed as a technology of subjectification connected to the will to reshape the characteristics and behaviour of individuals and thus produce particular kinds of citizen-subjects. In this framework, the paper seeks to demonstrate the complex interconnections between changing statehood, statist social practices of health care and political production of citizen-subjects under contemporary neoliberal governmentality “which produces subjects, forms of citizenship and behaviour, and a new organisation of the social” (Brown, 2005,

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