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The Discourse on the "Crisis of the Health Care System" and the New Governance Model of Health Care in Quebec

SABINA STAN
Dublin City University, Ireland

During the last decade, public discourse on the "crisis of the health care system" in Quebec and Canada soared to the extent that the crisis has come to be seen by many Quebecers and Canadians as an enduring feature of their health care sector. Based on analysis of articles from the Quebec written media, the article shows that the crisis discourse contributes to promote a market-like governance model of the health care sector and to foster the acceptance of market-oriented health care policies.

Key words: health care, governance, discourse, crisis, neoliberalism

1. Introduction

Social scientists have recently devoted attention to the popular reception of "health news stories" (Adelman and Verbrugge, 2000; Brodie et al. 2003; Seale, 2004; King and Watson, 2005). But while health policy scored second among the health news stories which most captured the interest of the American public, the importance of media in shaping "public views about the health care system" has only started to be envisioned (Davin, 2005; Henderson, 2010). This article takes as a case of study the discourse on the "crisis of the health care system" developed in the Quebec francophone print media in the last two decades and tries to unveil the manner in which it might have contributed to health policy in Quebec and Canada.

The article starts from the premise that media discourse on the "crisis of the health care system" offers a privileged perspective for dealing with matters at the intersection of media discourse, health policy, organisational ensembles

and social problems. Indeed, as this article will show, the period during which the crisis discourse developed was both preceded and followed by some of the most important reforms that affected the Quebec health care sector since its constitution at the beginning of the 70s. The first was the Rochon reform of 1996-1997, which tried to answer to increased strain on public funds with the "ambulatory turn" and the corresponding reduction of total hospital capacity (Bernier and Dallaire, 2001). The second reform started in 2003, after the discourse had reached its peak, and stressed the need to change the health care sector along management and market lines. This article aims to show that, while the crisis discourse was triggered by reactions to the first reform, it also contributed to the lean acceptance of the marketising stance present in the second reform. This article will analyse, in the first part, the media discourse on the "crisis of the health care system", and will address, in its second part, issues pertaining to its production and to its ideological effects.

2. Discourse, Social Problems and Policy

A number of social scientists have rejected a conception of social problems as simply "objective and identifiable societal conditions". Social problems were seen as "products of a process of collective definition" (Hilgartner and Bosk, 1988; Spector and Kitsuse, 2006), with discourse playing a major role in their construction (Herdman, 2002: 162). Following these approaches, this article sees "the crisis" and "the health care system" not as objects existing out there in a separate material world, but as objects of political and managerial intervention that are constructed through discursive practices.¹

I envision discourse as a class of related texts that exists "beyond the parts which compose it", the unity of which is given by their common production in a particular social field (Chalaby, 1996: 689, 690). The meaning of a particular discourse is given not only by its component texts, but also by its relationship with other discourses, as well as by the social conditions and structural context of its production (Chalaby, 1996; Fiss and Hirsch, 2005). Moreover, as discourse has a processual (Purvis and Hunt, 1993: 496) and performative (Kuipers, 1989: 103) character, its meaning is also informed by the manner in which it unfolds in time, by its temporal dynamics. Discourses furnish frameworks for envisioning, and, in fact, systematically shaping not only the problems that span a certain domain of activity, but also the causes of these problems, their possible solutions, and, finally, the object of political and managerial intervention (Foucault, 1971: 71). From the standpoint of public policies and organisations, discourses supply the parameters that fashion the architecture of policy objects, as well as the frames for thinking of the possibility of public intervention (Bridgman and Barry, 2002).

Discourses also take part in the symbolic struggle for the production of the common sense and for the "monopoly over legitimate processes of naming" (Bourdieu, 2001: 307). It is thus important to dwell on their dynamics and on the manners in which they are articulated as hegemonic at different moments (Torfing, 1999: 101). One of the most current techniques in this respect is to render their propositions natural and taken-for-granted (Purvis and Hunt, 1993:

¹ A focus on discourse does not mean denying the existence of real problems in the health care system, but it does imply approaching these problems from a perspective that takes into account the constructed, situated and conjunctural nature of these problems.

478, Bourdieu, 2001: 209).²

In modern societies, state bureaucracies and their representatives were traditionally considered to be the most important producers of social problems and discourses (Bourdieu, 1994: 2). But in contemporary Western societies, states no longer retain the monopoly to influence public opinion, policies or discourse. In our societies, media acquired a leading role in the production of discourses and of social problems such as "crises" (Hilgartner and Bosk, 1988).

3. Methodology

The field of discursive production I have chosen is the written francophone press in Quebec. The study used as a selection tool the database *Biblio Branchée* of the media server *Eureka.cc*.³ The database includes only three of the five main francophone dailies in Quebec province, namely *La Presse*, *Le Devoir* and *Le Soleil*, leaving outside the two main tabloids *Journal de Montréal* and *Journal de Québec*. It is due to these limitations in the selection of the journals that the present study does not claim to be representative of all print media. Instead, it aims to highlight some, albeit significant, discursive developments taking place in at least part of the Quebec written media field. Further research on the two tabloids would need to be carried out in order to attain representativeness as well as to investigate further the hypothesis advanced in this article.

The limitations present in terms of representativeness are balanced out by some positive gains in terms of significance. Thus, while the three chosen dailies are surpassed in terms of circulation by the two tabloids, they constitute nevertheless important authoritative voices in domains of national importance such as health

² By seeing discourse as actual "networks of communication" (Purvis and Hunt, 1993: 485), I dwell on its character as lived, concrete practice. But I still seek to unveil its "ideological effects" (Purvis and Hunt, 1993: 485) by tackling the issue of domination and hegemony. Thus, my approach to discourse departs from Foucaultian ones and nears neo-Gramscian perspectives such as the one advanced by Laclau and Mouffe (see Torfing, 1999). Recognising that discourses do not strictly correspond to class divisions, that they have diffuse frontiers and that they are indeterminate and produced by a multiplicity of centres, does not prevent us from recognising that, in historically situated moments of time, certain actors and institutions have a hold on the articulation of particular dispersed discourses into a hegemonic one, and, consequently, in negating and repressing alternative meanings (Bourdieu, 2001, Chalaby, 1996, Torfing, 1999).

³ See their website at *Eureka.cc* for more information.

care.⁴ The chosen dailies also reflect various divisions inside the Quebec written media field. Thus, while *La Presse* and *Le Devoir* are both published in Montreal, *Le Soleil* is published in Quebec City. And while *La Presse* and *Le Soleil* belong to media empires Power Corporation and Hollinger, and promote more right wing positions, *Le Devoir* is an independent daily ever since its foundation and is known for left-leaning affinities.

Articles were selected using the "LEAD = crise ET système ET santé" search of the database. This option searches for articles where the first two paragraphs simultaneously contain the words *crise*, *système* and *santé* (crisis, system and health, respectively). The search gives a good approximation of the evolution of articles that include references to the crisis of the health care system, while also restricting itself to those media utterances that are most likely to have an impact on readers. The selection was further refined by dropping articles that were not referring to the crisis of the health care system.⁵ The principal body of data is comprised of 139 articles covering the period 1988-2003. The analysis was based on three careful successive readings of the articles conducted by myself that paid attention to the articulation of the meanings of "the crisis", its causes, its object ("the system") and its solutions.

In addition to this search, I performed several other searches that sought to place the "crisis of the health care system" in a wider discursive field, by looking at discussion on the crisis of other possible related objects or on chaotic events that affected the system. I thus selected the articles that, during the same period, made references to the crisis of the health care sector ("*crise du secteur de la santé*"), the crisis of health care ("*crise des soins de santé*"), the crisis of health care services ("*crise des services de santé*"), the crisis of the health care network ("*crise du réseau de santé*"), the emergency room crisis ("*crise des urgences*") or "hospital

⁴ As in other countries, in Quebec also the three dailies are seen as being more "intellectual" than the more "popular" tabloids.

⁵ A total of 64 articles were dropped from the initial body of 203 articles. While *Le Soleil* sometimes duplicates articles from *La Presse*, the number of duplicates in my corpus of data was limited to 5 articles. I chose to keep *Le Soleil* duplicates in my corpus because, considering the definition of discourse I am using in this article, they constitute equally worthy texts that contribute to the constitution of discourse. Whereas from a quantitative point of view they are the same with the original, and should be dropped, from the qualitative perspective adopted here, they are different texts and should be counted as separate.

closing" ("*fermeture d'hôpitaux*"). Analysis of the resulting data sought to uncover the number of articles, per year, that mentioned the respective phrases.

As *Graphic 1* shows, the yearly numbers of articles referring to the crisis of the health care system are relatively low up until 1997 (they vary between zero and five). The incidence increases significantly beginning in 1998 (14 articles), reaches a peak in 2000 (39 articles), after which it decreases while still remaining at significant levels (12 in 2001; 24 in 2002; and 16 in 2003). The passage from scattered statements to a full-blown collection of utterances, i.e. a discourse, occurs then only after 1998. 1998 is thus the date of birth of the crisis discourse.

This development is apparent not only in the swift numerical intensification of utterances, but also in the qualitative change in their textual contexts. These textual contexts can be divided between, on the one hand, short news texts (*actualités*), and, on the other hand, editorials and longer articles that discuss and analyse in length the fate of the health care system. For the entire ten-year period 1988-1997, our body of data included only 14 texts of the second type. By comparison, during the six-year period 1998-2003, the number of more consistent texts dedicated to the health care system multiplies by more than seven, to reach 102.

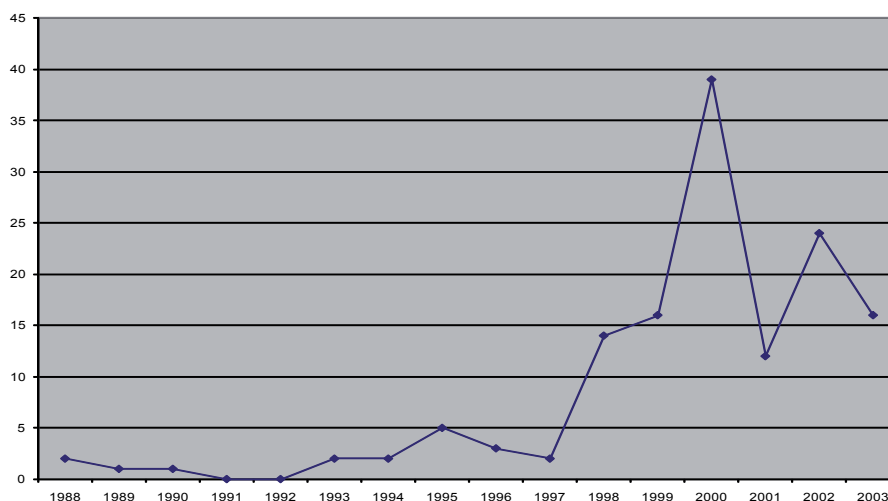
In the process, a new vision of the problems affecting the health care system ("the crisis") imposes itself in the francophone media. Before 1998, the crisis was seen mainly as a partial and temporary phenomenon. As much as half of the articles from the period 1988-1997 refer to crises IN the health care system (9 out of 18). There are emergency rooms crises (when patients overflow emergency rooms' capacity), personnel crises (when lack of sufficient numbers of physicians and nurses is considered dramatic) and labour relations crisis (when physicians or other health care personnel engage in strikes). As they occur in certain precise points of the health care system (a hospital, an emergency room, a regional health board), these crises have rather precise organisational boundaries. Moreover, as such, they are viewed as circumscribed and partial.

On the other hand, the other half of the articles from the period 1988-1997 that refer to a crisis OF the health care system construct it either as a future event or as a temporary situation. At the very beginning of the period, in 1988, several articles refer to the crisis of the health care system as a possible future event.

4. The Development of the Crisis Discourse

In the specific form it takes in the Quebec written media, the discourse on the crisis of the health care system has quite distinct temporal boundaries.

Graphic 1 Number of articles, per year, referring to a crisis of the health care system in *La Presse*, *Le Soleil* and *Le Devoir*, between 1988 and 2003



Worried voices warn against the menace of the crisis if measures are not taken to prevent it. Yet, the crisis is not a current, ongoing reality, neither an imminent one. Its advent is predicted only in five or ten years.⁶ Later in this first period, articles start to conceive of the crisis as an already present phenomenon. But the crisis has yet to acquire a durable, long-term character. Rather than an intrinsic characteristic of the system, the crisis is seen as a temporary phase through which, unfortunately, the system happens to pass. Indeed, if there are "states" and "situations" of crisis, "moments and picks of crisis", and even a plurality of crises,⁷ all of these can be regulated, mastered and overcome. Like the "transition crisis" that affects the system after the Rochon reforms of 1996-1997,⁸ these situations of crisis are, by definition, transitory.

As other previous years, 1998 begins with an "emergency room crisis", which, just as before, is expected to wane once passed the winter peak. But it does not. In January the same year, the unexpected ice storm crisis prolongs it

into a longer, more disquieting crisis, marking in the process the beginning of a new era in thinking about the health care system and the crisis.

This new vision sees the crisis as a general phenomenon that affects the system in its totality and traverses all its internal sectors. During the period 1998-2003, articles referring to a crisis OF the health care system are more than twice as numerous as articles referring to a crisis IN the system (83 vs. 38). At the same time, even crises IN the health care system are no longer seen as circumscribed, limited crises. Articles that refer to these internal crises see them rather as symptoms and illustrations of the more general crisis that shakes the system. The punctual, localised crises dissolve into a unique, generalised crisis of the system as a whole. For example, the emergency room crisis of the winter 1998-1999 is seen as being only "the tip of the iceberg, a bottleneck that reveals the system's dysfunctions".⁹ One year later, the emergency room crisis is represented as "perpetual", and as a larger, more encompassing crisis, which is "not only a crisis of the hospitals, but a crisis of the extra-hospital medical sector",¹⁰ and, as such,

⁶ *La Presse*, February 12, 1988: A8; *La Presse*, October 30, 1988: A3

⁷ *Le Devoir*, July 22, 1993: A4; *La Presse*, December 6, 1994: A4; *Le Devoir*, March 28, 1996: A7;

⁸ *La Presse*, February 27, 1997: B2

⁹ *La Presse*, February 13, 1999: B2

¹⁰ *La Presse*, March 24, 2000: B3

constitutes itself into "a window to the fragility of our system".¹¹

Thus, after 1998, the crisis is conceived of as a quasi-permanent feature of the system. If in the spring 1998, there is a "very profound crisis that touches the health care system",¹² at the beginning of 1999, there is a "perpetual state of crisis"¹³ that in several months transforms itself into "the most profound crisis of the last ten years [assaulting] our health care system".¹⁴ At the beginning of 2000, the problems of the health care system are no longer "conjectural",¹⁵ and later it is restated that the health care system is in "a permanent state of crisis".¹⁶ One year later, one is summoned to take notice of the crisis' gravity and of "how profound a crisis our health care system goes through".¹⁷

Thus, after 1998, a new vision of the crisis develops, takes hold of media discourse and becomes the dominant way to qualify the system as a whole in this field. Indeed, now, discussion on the crisis is conducted in a matter-of-fact manner that renders its existence evident and natural. In the new vision, the crisis of the health care system is just there. It is a taken-for-granted, normal phenomenon, the existence of which does no longer need to be proven, but only, at most, illustrated. This generalisation and naturalisation of the idea that the health care system is in crisis can be seen as indicative of its institutionalisation and of its transformation into a dominant vision of the present state of the health care system.¹⁸

This vision of the crisis supplies the framework for conceiving of the problems of the health care system ("the crisis") as permanent, general and profound ones. But the crisis discourse offers not only a framework for envision-

ing the problems of the health care system; it also comprises visions of the causes of these problems.

5. Articulations: The Causes of the Crisis

In order to grasp the manner in which the crisis discourse envisions the causes of the crisis, I will make a couple of distinctions. On the one hand, I distinguish between causes external and internal to the system, that is, between causes that lie in the system's environment and causes that lie in the functioning of the system. On the other hand, I also distinguish between causes that are seen in terms of agency (i.e. originating in the action of real, identifiable actors, such as, in this case, the government, pharmaceutical companies or physicians), and causes that are seen in terms of abstract processes or entities (such as demographic and economic trends or "the structure"). Within the crisis discourse, few voices seriously consider the contribution of external factors to the development of the crisis. Among external factors, what we could call "external agents" is very marginal. In fact, only two articles explicitly see the crisis as resulting from the actions of real, concrete agents – namely, the Quebec government, and physicians and pharmaceutical companies, respectively.¹⁹ Among external causes, the pivotal place is accorded not to identifiable agents, but rather to trends which are seen as inherent in the evolution of our contemporary societies. These are global trends that drive up health care demand and thus health care costs: the ageing of the population, technological developments in medicine, the invention of new drugs and new contagious diseases like SARS (in 2003). It is due to their sheer amplitude that these trends imprint themselves on the health care system so as to render it "an abyss without bottom".²⁰

In this way, the crisis discourse takes a natural and abstract turn, as real agents that could be made accountable are discharged in favour of abstract forces for which nobody can be blamed. Thus, the crisis itself is rendered natural, ineluctable, caught in the current, given, order of the world. As one article states, "the pressures that threaten us in the future [ensure that] we are heading for a crisis".²¹

As external abstract causes are natu-

11 *Le Devoir*, April 1, 2000: F4

12 *Le Devoir*, April 20, 1998: A1

13 *La Presse*, February 24, 1999: B3

14 *Le Devoir*, July 13, 1999: A6

15 *Le Devoir*, February 5, 2000: A12

16 *La Presse*, March 24, 2000: B3; *La Presse*, June 21, 2002: A10

17 *La Presse*, May 23, 2001: A16

18 The dominance of a new vision of the crisis is also compounded, paradoxically, by the fact that voices that contest the existence of the crisis also intensify during the period 1998-2003. Marginal as they are (of the total articles analysed here, only nine include a negation of the crisis), these voices almost double their strength after 1998. Denials of the existence of the crisis can be seen not so much as participating in a powerful counter discourse, but more as mere reactions to a powerful vision that imposes itself as the prism through which the health care system is read.

19 *Le Devoir*, July 13, 1999: A6, *Le Devoir*, April 12, 2003: B7

20 *La Presse*, May 23, 2001: A16

21 *La Presse*, June 5, 2000: B2

realised as given, they become a context for more fundamental causes that are related to the specificity of the health care system in Quebec and Canada. After 1998, it is causes internal to the system that are seen as the true roots of the crisis. The debate is thus shifted from external pressures on the system (diminishing resources, increased demand-induced costs) to the internal functioning of the system. As stated in one article, the cause of the crisis rests in "the allocation and the use of resources inside the network. In sum, what causes the problem is less the sum of money than the manner in which the latter is spent".²² Vital causes are thus seen to be not "conjectural financial problems", but "serious structural problems" of the system.²³

The crisis discourse constructs these internal causes by referring once more to abstract notions, such as "structure", "organisation", "management" (*gestion*), "(governmental) bureaucracy", "political interference", or "technocratic approach". All of these notions are seen as laying at the origin of the vicious functioning of the system, transforming it into "a vast impersonal structure" and a "bureaucratic monster".²⁴ The "archaic", "anachronistic", "lazy and rusted" system is characterised by the "fundamental vices" which are a "rigid network" and a "blind, insulated" and "superfluous" central bureaucracy.²⁵ It is a "big steamship difficult to manage", plagued by "waste, bad choices and, especially, paralysis".²⁶ In sum, the system has become inefficient, as is characterised by "a heavy bureaucracy, a much centralised decision mechanism and rigid collective conventions".²⁷

By using an abstract language that does not lend itself easily to decoding by outsiders, this vision puts forth causes that cannot be easily attributable to the concrete action of specific actors. Who, exactly, has a "technocratic approach", what is "the structure", and who is and who is not of the "bureaucracy"? A more attentive analysis unearths nevertheless some distinctions. There is, thus, on the one hand, the "structure(s)" of the system, a rather vague notion that seems to go along with "bureaucracy" and "organization", and that seems to include the administration of hos-

pitals, community centres (CLSCs), the Regional district boards (RRSSS) and the ministry.²⁸ On the other hand, there is "health care" ("*les soins de santé*"), a notion that covers rather unambiguously "services offered in the private offices of physicians".²⁹ Like two opposing poles, the two are characterised by contrasting qualities. At one pole, there are "heavy" and "rigid" "structures". At the other, there are "lighter and less expensive"³⁰ health care services.

Thus, the structure(s), the organization and the management (i.e. the domain of governmental reforms and of public interventions) are set in contrast to "programmes and processes of [health] care" (i.e. the domain of physicians' private interventions).³¹ The first are bad, the second are good. The causes of the crisis of the system lie in the first package, which thus gets equated with the system's deeper essence. In the end, the system becomes the equivalent of (the bad) structure, organization and management, or of a badly conceived and badly managed object of public intervention.³²

6. Articulations: A New Object of Intervention and New Solutions

The emphasis on structure, organisation and management serve to construct symbolically a specific object of public intervention: the system. That the system, as defined above, is the true object of the crisis is also proven by the fact that the crisis is much more associated with it than with other possible objects. Indeed, phrases like "health care" ("*soins de santé*"), "health care sector" ("*secteur de la santé*"), "health care network" ("*réseau de la santé*") or "health care services" ("*services de santé*") are much less prone to be seen as an object of the crisis in the Quebec francophone media. A search for associations between each of these phrases and the term "crisis", during the same 1988-2003 period, gave numbers significantly lower than those found for the association between "the health care system" and the "crisis".³³

²⁸ *Le Devoir*, November 16, 2002: G5.

²⁹ *Le Devoir*, February 13, 1999: A8.

³⁰ *Le Devoir*, February 13, 1999: A8.

³¹ *Le Devoir*, August 6, 1999: A9

³² Thus one can see at work within the crisis discourse discursive operations (Torring, 1999: 96-98) of constructing both relations of difference (between "health care" and "bureaucracy") and relations of equivalence (between bureaucracy, public services and bad management) around the discursive "nodal point" of "the system".

³³ Namely, there were 15 articles for "the health care

²² *La Presse*, February 24, 1999: B3

²³ *La Presse*, March 24, 2000: B3

²⁴ *La Presse*, June 3, 2000: B2; *Le Devoir*, 25 June 1999: A9.

²⁵ *La Presse*, February 13, 1999: B2; *La Presse*, March 24, 2000: B3; *La Presse*, June 7, 2000: B2

²⁶ *La Presse*, June 9, 2000: B2

²⁷ *Le Devoir*, May 3, 2000: A7

While, within the crisis discourse, other domains of public intervention are obscured and ignored, the system becomes the focal point toward which the problems of the health care sector converge. The costs that matter are not "the costs of health care" ("*les coûts des soins de santé*") but "the costs of the public health care system" ("*les coûts du système de soins public*").³⁴ Building on organic metaphors so much used in social sciences (Purvis and Hunt, 1993: 485), the system becomes an organic-like entity that is endowed with an anatomy ("the structure") and a physiology ("management"). It becomes even a subjective agent. Indeed, there is a "loss of trust in the health care system"³⁵ (and not in physicians or politicians). What needs to be healed are the "evils of our health care system"³⁶ (and not of the medical-industrial complex). Finally, when the SARS crisis bursts out in 2003 in Toronto, it is the system that has to deal with the crisis³⁷ and that thus makes errors, and it is it which is "submerged" and "causes havoc"³⁸ (and not health care personnel, hospital administrators, officials or politicians).

The symbolic production of a new object of public and managerial intervention, "the system", is compounded by the articulation of the new visions of the crisis and of its causes that are developed after 1998. Seeing the crisis as general, permanent and intrinsic, as well amenable to internal, structural causes, leads to a totalising vision of the health care network. "The system" becomes an indivisible entity, of which one can talk as of a singular, identifiable whole. It is seen as homogenous totality and unity, an entity, the functioning and characteristics of which can neither be reduced to its constituent, differentiated, parts, nor emanate from its environment. Instead, they are put into motion by an internal principle of structuring, organisation and management. As it is contrasted with the private intervention of physicians or of companies, this principle could be called, even if it is not formulated as such in the crisis discourse, the public regulation principle. Underlying the crisis discourse is the idea that public regulation of health care services and of public services in general,

sector", 54 for "the health care network", 23 for "the health care services" and 47 for "health care". These numbers were obtained after subtracting from the initial sums the articles that also include the term "system".

34 *Le Devoir*, April 1, 2000: F6

35 *La Presse*, June 3, 2000: B2

36 *La Presse*, September 13, 2000: B2

37 *Le Soleil*, June 1, 2003: A3

38 *Le Soleil*, September 22, 2003: A5

is bad, and can only lead to the general ills of "bureaucracy" and of "political intervention".

This new vision of the crisis, and of the system that bears it, conveys images of a permanent and amplifying crisis that calls for imminent solutions. Constructing the problems of a domain of public intervention as profound, inherent and permanent, envisioning the object of this intervention as a totalising system propelled by a functioning principle, and conveying the feeling of the urgency to act, all contribute to the subtle imposition of a certain set of solutions as good, legitimate, and in need of rapid application. In this vision, the solution follows obviously and naturally from the diagnosis. The system has to be transformed profoundly, and more precisely through a change in the principle that rests at its basis. "The public" has to give way to "the private".

In line with the diagnosis of "rigid structure", the call is for "lightening the structures"³⁹ on a model based on private physician cabinets, i.e. by limiting public intervention into the system. In the same vein, the diagnosis of "rigid framing" (read "public" framing) calls for introducing in the system "technological and scientific progresses and the new management modes" that form the basis for the increase in productivity in other sectors.⁴⁰ Considering that these "new management modes" are the ones current in the private, market sector, what are called for are more "private" and more "market" in the public health care sector.

Thus, we can see that the matters at stake in the different symbolic struggles stirred by the crisis discourse are the very foundational principles of the system. The conflicts revolve around one of the most debated themes in health care in Canada and in Quebec, that is, the balance between the private and the public in the health care system. These conflicts pitch the promoters of what I will call "marketisation" (i.e. the idea of rendering more market-like the health care system) against the defenders of the public character of the system. Therefore, I use marketisation as a short phrase for calls for "giving a stronger place to the private sector".

39 *La Presse*, February 24, 1999: B3

40 *La Presse*, April 27, 1999: B3

Marketisation constitutes one of the most frequent topics tackled in the articles analysed in this article. More than a third of the articles (48/139) do not restrict themselves to diagnosing the health care system, but also give solutions by either proposing or opposing its radical change through marketisation. *Graphic 2* shows that, after 1998, in parallel with the rise of a new vision of the crisis and the system, there is also a rise of marketisation as one of the main concerns of the crisis discourse.⁴¹

Moreover, "marketisation" becomes the main solution promoted by the crisis discourse. Of the total number of articles explicitly referring to marketisation (48), only a third opposes it (16), whereas the large majority adopts positions favourable to it (32 articles).

Interestingly, the marketisation debate does not neatly follow the right-left divide among the chosen dailies. Indeed, if *La Presse* is the most fervent promoter of marketisation, with 22 pro marketisation articles against only 4 counter marketisation articles, *Le Soleil* shows a more balanced picture, with a corresponding score of 4 vs 4. However, most surprisingly, *Le Devoir* does not oppose marketisation with the same gusto as *La Presse* promotes it. Indeed, with a score of 6 vs 8, it engages, considering its left-leaning renown, only half-heartedly in the attack on marketisation. This indicates that the cause of marketisation has transgressed classical political frontiers, as its progress is facilitated not only by its strong promotion in right-leaning dailies but also by the left-leaning daily's reluctance to engage with the topic as well as by its frequent embrace of it.

The cutting across of political frontiers of the pro-marketisation position is compounded by its discursive fuzziness. Indeed, "marketisation" covers a rather ambiguous discursive place, as articles do not, contrary to academics and policy makers, dwell on elaborate or even on any definition at all. As we have seen, in the articles analysed here, marketisation is reflected in calls for "giving more place to the private sector". It is because of the inherent fuzzy discursive contours of these calls that they can resonate both with positions, advocated by some self-alleged left-wing Quebec experts, that defend the introduction of a market-like governance (that would re-

41 The only time after 1998 when marketisation was no longer an issue in the crisis discourse is 2003. At this point, an expectative attitude towards the policies of the new government (*Parti libéral*, elected in April 2003) and the quasi-monopolisation of the discursive domain by the SARS crisis contributed to what can be seen for now a paranthesis in debate.

linquish to the private sector only subcontracted auxiliary services that are not seen as "the core" of health care services), and with the positions, advocated by right-leaning experts, that militate for the outright privatisation of the system by allowing private hospitals and clinics and private insurance.⁴²

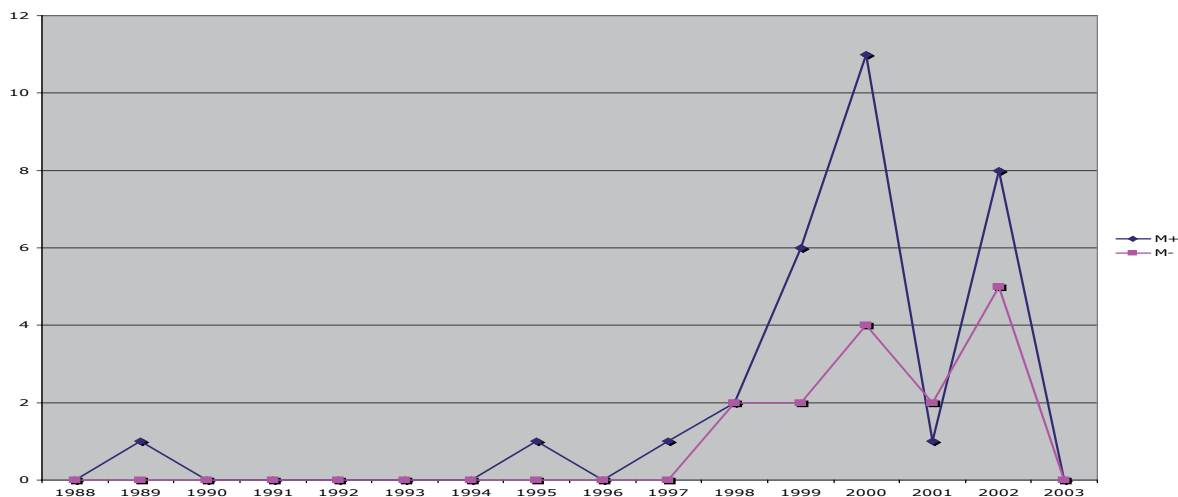
It can thus be said that the discourse on the crisis of the health care system, as developed in Quebec written media, serves mainly as a vehicle for the promotion of the idea of marketisation of the health care system. Indeed, while the crisis discourse was not produced solely by right-leaning privatising voices in media, political and expert circles, and left-leaning analysts have not managed to prevent the imposition and final dominance of a marketisation stance within this discourse and within the larger policy arena. By constructing the system as a public domain disjointed from private health care provision, and, as such, prone to crisis, the crisis discourse made space for a neat articulation of marketisation propositions.

Moreover, "marketisation" becomes the main solution promoted by the crisis discourse. Of the total number of articles explicitly referring to marketisation (48), only a third opposes it (16), whereas the large majority adopts positions favourable to it (32 articles).

Interestingly, the marketisation debate does not neatly follow the right-left divide among the chosen dailies. Indeed, if *La Presse* is the most fervent promoter of marketisation, with 22 pro marketisation articles against only 4 counter marketisation articles, *Le Soleil* shows a more balanced picture, with a corresponding score of 4 vs 4. However, most surprisingly, *Le Devoir* does not oppose marketisation with the same gusto as *La Presse* promotes it. Indeed, with a score of 6 vs 8, it engages, considering its left-leaning renown, only half-heartedly in the attack on marketisation. This indicates that the cause of marketisation has transgressed classical political frontiers, as its progress is facilitated not only by its strong promotion in right-leaning dai-

42 It could be further argued that the distinction many promoters of the new public management make between the "introduction of market mechanisms" (such as competition, contracts and outsourcing of auxiliary services to the private sector) and outright "privatisation" (which they define as the introduction of private hospitals and cabinets and of private insurance) is in itself a manner of promoting not only marketisation, but also at least a partial privatisation of the health care system (in the sense that some parts of the system are brought under the control of private interests). See, for such an alternative view on the privatisation of the health care system, Armstrong and Armstrong (1996, 2008) and Lewis et al. (2001).

Graphic 2 Number of articles, per year, defending (M+) or opposing (M-) marketisation in *La Presse*, *Le Soleil* and *Le Devoir*, between 1988 and 2003



lies but also by the left-leaning daily's reluctance to engage with the topic as well as by its frequent embrace of it.

The cutting across of political frontiers of the pro-marketisation position is compounded by its discursive fuzziness. Indeed, "marketisation" covers a rather ambiguous discursive place, as articles do not, contrary to academics and policy makers, dwell on elaborate or even on any definition at all. As we have seen, in the articles analysed here, marketisation is reflected in calls for "giving more place to the private sector". It is because of the inherent fuzzy discursive contours of these calls that they can resonate both with positions, advocated by some self-alleged left-wing Quebec experts, that defend the introduction of a market-like governance (that would relinquish to the private sector only subcontracted auxiliary services that are not seen as "the core" of health care services), and with the positions, advocated by right-leaning experts, that militate for the outright privatisation of the system by allowing private hospitals and clinics and private insurance.⁴³

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7. Whose Discourse?

The notion of a crisis was applied to social phenomena ever since analysts tried to make sense of the political, economic and social transformations that shook the Western world at the end of the 18th century. Consequent to its steady success over time, the notion was transformed, in the second half of the 20th century, to an "all-pervasive rhetorical metaphor" (Holton, 1987: 502-503) and a "ready-made catchword"

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(Starn, 1971: 13). But, while the notion of crisis is all pervasive and is used to advance diverse political agendas, it has nevertheless been mobilised with more success by the right. Indeed, as it was applied with a vengeance in analyses of post oil crisis developments in Western societies, the notion was turned into a major component of neo-liberal bashing of the welfare state.

In this discursive process, the discipline of management played an important role. Thus, on the one hand, in the struggle over the legitimate definition of and scholarship on the notion of crisis, management succeeded in gaining hold on the notion by transforming it into another of its domains of expertise.⁴⁴ On the other hand, the late 20th century also witnessed the introduction of management theories in public administration. The resulting "new public management" brought into conjunction both systemic and crisis visions of public services. This conjunction transformed older strains of meaning of the notion of crisis. Indeed, older dramaturgical, historical and medical meanings construct the crisis as a key but temporary moment in a developmental cycle (Holton, 1987: 504, Masur, 1975, Starn, 1971). By contrast, in the health care crisis discourse analysed above, the crisis is seen as a permanent state and an inherent condition of the system.

In a wider perspective, the discourse on the crisis of the health care system developed in Quebec can be seen as contributing to the wider discourse on the crisis of public health care systems, which is itself part of the even wider discourse on the crisis of the welfare state. As with the latter, the discourse on the crisis of the health care system is a global one. Indeed, the last decade witnessed the development of a transnational neo-liberal "reforming common sense" in respect to health care (Serré and Pierru, 2001). Produced by international financial and health organisations, this new consensus is based essentially on an economic and managerial vision that obscures and disqualifies political approaches to health issues. Through the production of

⁴⁴ This was specifically done through the "crisis management" branch. See, for example, the special number of the *Journal of Business Administration* edited by Smart and Stanbury in 1978, under, significantly for the merger between management and public policy, the Institute for Research on Public Policy. The special number was titled *Studies in Crisis Management*. Ever since the beginning of the 90s, a journal was, specifically dedicated to the topic under the title *Journal of Contingencies and Crisis Management*. It is interesting to note that management studies' take-over of crisis scholarship and expertise continues the 20th century predominance of classical economy in the handling of the notion of crisis (Masur, 1978: 590).

international data, statistics, classifications and comparisons, these organizations dramatise the dysfunctions of existent public health care systems by diagnosing them with an "efficiency crisis" having its cause in their bureaucratic organization⁴⁵ (Serré and Pierru, 2001).

This global discourse on crisis provided, to a wide range of actors, a ready repertoire for talking about problems in the health care sector. Evans noticed, for example, that the decline in hospital use, that followed, in Quebec, the Rochon reforms, has led to increasing claims, particularly from hospital workers, that "the system is falling apart". For him, the declining position of hospital workers drove them, once "the strongest supporters of Medicare,⁴⁶ into an inadvertent alliance with its traditional enemies" (Evans, 2000: 894). These enemies are "powerful interest groups" that include providers of care (physicians, private insurers and corporate providers), higher-income Canadians, as well as "ideological entrepreneurs" that "champion the interests of the wealthy, cheerleading for the private marketplace" (Evans, 2000: 894-896; also, Evans, 2008). Additionally, according to Hutchinson and his colleagues, crisis statements can also be fostered by less ferocious foes of the public system. For example, policy makers keen on effecting change in the atomised primary care sector often have recourse to propositions for radical change. For them, crisis statements serve to secure public and political support to "big bang" approaches (Hutchinson et al., 2001).

These diverse statements, claims, and interests have collided with media campaigns that have made the Canadian health care crisis their battle horse. Some analysts saw thus the crisis discourse as mounted in explicit "disinformation campaigns" of a "policy warfare" originating in the neighbouring United States (Evans, 2000: 894, 895, Marmor, 1999). The campaigns developed at the beginning of the nineties "as a

⁴⁵ The more so, as some analysts point out, when media's search for sensational revelations weigh the balance towards the darkest scenario. Thus, for example, when Canadian media made their selective reading of the 2000 WHO report, and chose to downplay a still respectable 7th place ranking in terms of goal attainment occupied by the Canadian health care system, for its 30th rating in terms of achievement relative to potential. For some analysts, this choice has contributed to further "promoting an air of crisis" (Lewis et al., 2001: 926).

⁴⁶ In English Canada, "Medicare" is used in reference to what Quebec terms as "*le régime d'assurance maladie*" and sometimes as a synonym for "the health care system". It would be interesting to analyse, in a comparative perspective, the English media use of "the system" in its discourse on the health care sector.

side effect to achieve health care reform in the United States" and inevitably spilled over into Canadian media and health services academic and policy literature.

But why, for all matters, did the crisis discourse only enter the Quebec health care arena only at the end of the nineties, and why it has taken this particular form? Of course, the turbulent changes effected during 90s led the Canadian health care system to "an apparent state of crisis" marked by contradictory measures, services slashing and disorganising restructurings (Lewis et al., 2001: 926). Still, reading the appearance of chaos as a "crisis of the health care system" was not the only reading available. Elements of the chaos could still have been read as separate ones, and not necessarily as taking part in a more total, encompassing crisis of the system.

For example, one event with important chaotic consequences for the system, "hospital closings" ("*fermeture d'hôpitaux*"), saw its media notoriety reach a peak in 1995,⁴⁷ but faded away before the take off of the crisis discourse in 1998. By comparison, the more visual events of "emergency room crises" ("*crises des urgences*") had a media evolution that closely preceded the crisis discourse (as it took off in 1998 and reached its peak in 1999⁴⁸). It seems that, as media coverage of emergency room crises intensified, it fuelled a more encompassing systemic discourse on the crisis. How did it happen, and why did the crisis have to be systemic?

The particular meaning of the crisis discourse stems from larger ideological transformations (i.e. the turn from Keynesianism to neo-liberalism), but also from the conjectural internal struggles of the social field in which they are produced (Chalaby, 1996: 691, 694), namely in this case the francophone journalistic field. In Canada and Quebec, the end of the nineties saw internal competition inside the field mount in intensity, as francophone and Anglophone media alike went through a process of renewed concentration.⁴⁹ Moreover, the continuous trend of

the diminishing importance of the written press vis-à-vis other media (television and internet) put further pressure on editors and journalists inside the written media field.

The media's propensity to offer a more schematic and dramatic presentation of issues was compounded with an appearance of chaos in the health care sector, a strengthening of right wing positions in the Canadian media (Hackett and Gruneau, 2000: 204) and intensified internal competition in the journalistic field, to produce discussion of on an encompassing, systemic crisis. By claiming expertise on the health care domain (through powerful statements on the systemic crisis affecting it), media executives and journalists not only gave voice to marketising interests, but also enhanced their own positions and established a new symbolic territory ("the health care system") inside a shrinking journalistic field.

Of course, media discourses are not only the domain of journalists and editorial boards. One, they are overlapping with and are participating in larger discourses, such as those developed by governments, experts, or other media. Two, media discourses are not produced solely by the media, as discourse producers are always multiple (Chalaby, 1996: 695). In fact, most of the articles analysed here include (cited or authored) utterances not only of journalists, but also of other social actors, such as politicians, officials, experts, representatives or members of different professional and labour groupings. Journalists are part of a bigger chorus of voices, as they "give form to concerns and problems of other social worlds, in particular the political and the administrative ones" (Pierru, 2004: 2).

Therefore, we can say that the discourse on the crisis of the health care system in Quebec is produced by a variety of actors and forces: the global neo-liberal ideology of welfare state bashing, essays by health care policy makers on advancing more radical reforms of the health care sector, the intensification of struggles inside the francophone journalistic field, as well as contestations by actors inside the health care field triggered by health care reforms.

of press concentration" (Fleras, 2003: 110). Even if this concentration affected less the written Quebec francophone media, it certainly affected the manner in which Quebec journalists perceived their field.

⁴⁷ The 1995 peak registered more than 160 mentions of the phenomenon in the three dailies considered here.

⁴⁸ In 1999 there was a peak of 60 articles mentioning "the emergency room crisis" ("*la crise des urgences*").

⁴⁹ The dailies analysed here were subject to earlier processes of concentration. While *Le Devoir* always remained an independent journal, *La Presse* was bought by Quebec media mogul Paul Desmarais in 1967, and *Le Soleil* was purchased by the Hollinger group of Conrad Black in 1987 (Gingras, 1999:115, 118). But at the end of the 90s, Canadian media underwent a series of important mergers and buy-outs, leading to "one of the world's highest degrees

8. Effects of the Crisis Discourse

The crisis metaphor not only "gives full vent to feelings as to the intolerability of the present" (Holton, 1987: 504), but also contributes to the cultural construction of this feeling. Moreover, the crisis discourse is not necessarily "suggestive of [...] a 'critical' standpoint" (Holton, 1987: 505), but rather, as the case analysed here showed, a sign of utopian politics calling for a radical "dissolution of the public realm" (Clarke, 2004) through the thorough institution of the idea of the Market (Carrier, 1997; Newman and Clarke, 2009).

Appealing to a crisis discourse to qualify "the system" is also a powerful manner to claim knowledge and "truth". While any discourse embodies claims to knowledge (Torning, 1999, Foucault, 1971), the notion of crisis always potentially evokes its older meanings of "moment of truth", of revelation of the deeper essence of a phenomenon (Starn, 1971: 16). "The crisis of the health care system" offers, in this perspective, the revelation of the true nature of the system, construed in this case as being in the same time evil and bureaucratic (i.e. "public").

The discourse on "the crisis of the health care system" contributes to the adoption of policies with very concrete effects. In Quebec, the crisis discourse succeeded in radicalising and limiting policy horizons, by making marketisation seem not only justifiable but also an inevitable component of health care reforms. The ideological effects of the crisis discourse can thus be seen as advancing a more or less hidden marketisation agenda of "powerful interests". While witnessing a real privatisation of health care through the private provision of services not covered by public funds (Lewis et al., 2001: 927) and discontinuing the historically feeble overt political support for privatisation, the end of the 90s saw a powerful current in official, academic and media discourse in Quebec and Canada to giving "more and more prominence to private sector delivery of health care" (Bernier and Dallaire, 2001: 130; Armstrong and Armstrong, 2008). Thus, when the *Parti libéral* took power in Quebec in April 2003, it committed itself to a marketising and privatising reform the public acceptance of which was prepared by previous years of media crisis discourse.

Both the *Parti libéral* commitment to a privatising stance towards the health care sector and the public acceptance of this stance were fully revealed by the July 2005 Chaoulli ruling (Crawford, 2006). On this occasion, the

Supreme Court of Canada overthrew Quebec laws banning the purchase of private insurance for medically necessary services. Seizing the occasion, the *Parti libéral* ignored possibilities of blocking the ruling and further expanded its effects by announcing only months later that it will consider shortly what part the private sector should play in health care. At the same time, public reactions to the ruling and to the government's position vis-à-vis the ruling have not yet managed to consolidate in a powerful movement against privatisation. Thus, the crisis discourse might have realised just this: to trigger maybe not so much deep adhesion to privatisation as indifference and a wait-and-see attitude to the policies of a government determined to transform along market lines the health care sector.

Following Mintz, we can distinguish two meanings of the crisis. On the one hand, the "outside meaning" (Mintz, 1985) of the crisis pertains to the meanings the crisis has for different power holders. Thus, if for government officials, the crisis might constitute a means for legitimising reform, for private companies, the crisis is a means for legitimising health care privatization, and, tacitly, profits derived from health care provision. On the other hand, the crisis has also an "inside meaning" (Mintz, 1985), one that points towards its meanings for health care workers and patients. In this article I concentrated on the crisis' outside meaning, the one related to power and to powerful actors, to policy shifts and to envisioned gains. Its inside meanings remain yet to be studied and constitute an interesting angle through which to approach contemporary health care transformations. In fact, the inside meaning of the crisis of the health care system points to the novel temporality of the flexible phase of capitalism, particularly, in health care, to shifts in patterns of care away from the hospital and to shorter stays inside the system. Documenting this temporality of accelerated "people-processing" inside the system and its consequence for the manner in which the system is lived by those who are inside it or who are just passing through it, constitutes a fruitful agenda for future research.

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Diskurs o „krizi zdravstvenog sustava” i novi model upravljanja zdravstvenom zaštitom u Québecu

SABINA STAN

Gradsko sveučilište u Dublinu, Irska

Tijekom prošlog desetljeća, javni diskurs o „krizi zdravstvenog sustava” u Québecu i Kanadi narastao je do takvih razmjera da je u očima mnogih Kvebečana i Kanađana kriza postala trajna značajka sektora zdravstvene zaštite. Na temelju analize članaka iz kvebečkog tiska, članak pokazuje kako diskurs o krizi pridonosi promicanju tržišno orijentiranog modela upravljanja zdravstvenom zaštitom te potiče prihvaćanje tržišno orijentiranih politika u zdravstvu.

Ključne riječi: zdravstvena zaštita, upravljanje, diskurs, kriza, neoliberalizam