

Globalization and its Effects on the Public Health and the Professionalization of Healthcare Professions in Societies in Transition

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One of most important features of dentistry is its autonomy, based on the sound social contract of respect for patient's interest to be given the highest standard of care he/she actually needs and explicitly demands. This did not change during the years of social development since the second half of 19th century. Paradoxically, today, even the noticeable market character of the dental care provision, under the Covid 19 challenge, we are eye witnesses of another trait of the dental profession - the growing idea of a social service based on the solidarity and understanding of social expectations and trends in public health and public healthcare.

Being involved in tremendous reforms during decades, we come across the thorough shift from collective towards autonomous model of professional healthcare provision, while keeping the sense of social responsibility. Now, this dilemma became global. Therefore, we would like to share some experience with professional education of dentists based on the concept of professionalism accepting the integrating role of social medicine for the professionalization of dentists.

In this connection we offer to your attention a text included in the introductory part of our textbook "Essentials of social medicine and medical ethics" entitled "Globalization and its effects on the public health and the professionalization of healthcare professions in societies in transition". Your comments are welcome.

After the end of the cold war (the 90es), the growth of the industrial and financial markets acquired a global character. The acceleration of the process of mutual penetration and integration of the economies in the world became possible due to the widespread introduction of information technology. The term of "Globalization" defined a total and universal process of economic, technological, political, social and cultural changes occurring simultaneously in all parts of the world. The main features of globalization were the liberalization of markets and democratization of societies, fundamental for the "free movement of goods, services, capital, people and information".

According to data of the United Nations Research Institute, information technologies have caused a revolution in the consumption of goods and services, but at the same time they are favoring slowly but steadily the boost of liberal democratic societies in transition.

Global processes of allocation of markets, including the market of healthcare services and supplies, created new centers of power and influence with new players in the field of social and health policy. Globally, such players are the international and intergovernmental organizations and coalitions.

Impact of globalization on health policies

Within countries, apart from government, such new players come from nongovernmental organizations, professional societies, local community management and other individual and collective centers of decision making. This new situation is implying a partnership approach rather than a pyramidal structure of National Health Service organization.

The processes of globalization created opportunities but also challenged the public health, as part of the social organization, in particular, in countries in transition in Eastern and Central Europe. Reformation of healthcare systems in those countries generated major problems pertaining to the transformation of ownership on healthcare entities, legalization of new socio-professional statuses, and education of the public and professional communities in terms of democracy and free market. Along this process the populations and the states in these countries faced severe economic constraints and resources shortage. Other problems are generated by the uneven distribution of resources and the dictate the world monopolies of medical products and medical equipment exercise on the local healthcare markets.

How does globalization affect the determinants of health and the spread of diseases from one country to another or the formation of the health services market and how do these factors remodel public health practices in a country? Most common “global issues” consist of spread of diseases as a result of the displacement of large groups of people, social and economic inequalities and ethno-cultural differences in attitudes, which causes professional, legal and ethical concerns. This is the great challenge, governments, professional communities and populations in all countries, including ours, face now. The new task of public health, developing under the conditions of global marketplace and liberal governance, seems to relate to the definition of health risks in a broader socio-economic context. Finding proper socio-medical responses to the dramatic inequalities consists of provision the population with access to adequate health care. Such problems occur usually when citizens of the EU live and work in a specific city of a member state but consume social and healthcare services at different places in or outside the state of citizenship. A major emphasis has to be put on health policy, considering the criteria of freedom of movement and the establishment of new partnerships and new alliances.

For many years, epidemiological studies were the only instrument of the medico-social research. The growing complexity of health issues and the evolving personalized care enhanced the need for the implementation of the interdisciplinary approach and the international cooperation.

The health professions and their development under the global influences

In post-industrial societies, along with material and positional inequalities and the growing complexity of division of labor, the absolute importance of financial power decreased, raising the importance of human achievements in the context of shared values in society: professionalism, solidarity, justice, and tolerance. The role of medical professions is very important in these processes. On one hand, professional social groups constitute the backbone of the upper middle class by virtue of income and social prestige. On the other hand, the healthcare professions have the mission to provide the population with care and education.

Typically, professional organizations supervise the legitimacy of practicing. They are responsible for the respect of professional and ethical standards by their members, the control over the access to professional practice. They also plead for the good material rewards to members. In many cases, professional organizations, leading the autonomous professional groups, have the right to participate in the monitoring of professional and paraprofessional schools and the intake number determination (*Numerus clausus*).

In countries of Eastern and Central Europe before 1990, gradually, somewhere dramatically, the principles of professional autonomy were violated and professional groups were prevented from the right to private liberal practice for a large part of twentieth century. Today, in these countries, steps are being taken towards the restoration of the attributes of autonomous professional occupation: professional organizations, representing and protecting the rights of members, standardization of education, together with recognition of autonomy and authority of the professions by public and state institutions. In the new conditions, professionals and professions are facing two trends regarding their autonomy. One is going toward limitation of the individual practitioner decision making competence, due to the growing importance of team work and third party payment models implemented in healthcare. The individual professional may lose

his/her autonomy as well if he/she gets employed in a larger organization. Professional communities must accept the limitation of their authority in respect of consumers of services, who are no longer content being passive shoppers but assume the role of partners in the process of the elaboration and the follow up of their treatment plans. The intervention of financial “intermediaries” between professionals and their customers and attempts at professionalization of allied quasi-professions threatens the social position of the professions. And vice versa - the constant development of new knowledge and technologies, and the rapid development of services provide amplification of the position and the role of professional groups in the society. A major challenge medical/dental practitioners face now consists of the restriction of social resources and, as a result, the restriction of the access to healthcare services for part of the population. This problem is going beyond the humanistic approach and/or the professional competence of the individual dentist and the dental organization.

More in: Lydia Georgieva-Petkin Katrova Essentials of social medicine and medical ethics ©First edition ISBN 978-954-90363-5-0
Editor: Lydia Katrova, “Leading technologies in dentistry” Sofia, Bulgaria–May, 2017.

The book had been awarded by the GSK and ADEE fellowship 2020 “Sociology in dentistry. It represents the first part in a series under the common title “Professionalism for dentists globally”.

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